

creating and sustaining diversity within communities



melbourne | 15-18 october 2014

# contents

Welcome from our CEO.....	3
Contact.....	4
From our Patron.....	5
From the Minister for Health.....	6
Opening ceremony.....	9
Presentation of graduates.....	10
Day one.....	12
Entertainment.....	14
Keynote speakers.....	15
Invited speakers.....	16
Program.....	17
Notes.....	29
Day two.....	32
Invited speakers.....	34
Program.....	36
Notes.....	44
Day three.....	46
Invited speakers.....	47
Program.....	48
Conference dinner.....	52
Notes.....	54
Member/stakeholder survey.....	57
Trade displays.....	58
Scholarship programme.....	60
Undergraduate remote placement scholarships 2014.....	61
Thanks to.....	62
Maps.....	62



# welcome



On behalf of the governing Board and staff, I warmly welcome you to the 32nd CRANaplus Conference in the beautiful southern city of Melbourne. We pay our respects to the people of the Wurundjeri Tribe, the custodians of this land.

The CRANaplus Conference is renowned for being a supportive venue for new presenters to 'give it a go', an opportunity to hear about new research that is changing the way in which we do business and a time to make new friends and catch up with old.

It is imperative that we have an opportunity to debate the challenges and barriers we face in providing healthcare in some of the toughest conditions in Australia. Likewise we owe it to our colleagues to celebrate and describe the innovation, passion and successes that we see routinely in remote and isolated practice.

I encourage you to make the most of your visit to Melbourne, hop on a tram and explore this great city, seek out the superb shopping and dining or visit the beautiful surrounding areas and tourist attractions on offer.

Please ask questions and engage with the many wonderful presenters and exhibitors that are here to impart their knowledge and are always keen to chat with attendees; or seek out any of the CRANaplus staff that are here to make sure you have a fun, educational and reinvigorating time.

Thank you for attending and I hope you enjoy the Conference.

**Christopher Cliffe**  
CEO, CRANaplus



# contact



## Cairns office

Street address:  
Lot 2, Wallamurra Towers,  
189-191 Abbott Street, Cairns, QLD 4870

Mailing address:  
PO Box 7410, Cairns, QLD 4870

Phone: (07) 4047 6400  
Fax: (07) 4041 2261

## Alice Springs office

Street address:  
1/1B Stokes Street, Alice Springs, NT 0870

Mailing address:  
PMB 203, Alice Springs, NT 0872

Phone: (08) 8959 1111  
Fax: (08) 8959 1199

## Adelaide office

Street address:  
Unit 1/81 Harrison Road, Dudley Park, SA 5008

Mailing address:  
PO Box 127, Prospect, SA 5082

Phone: (08) 8408 8200  
Fax: (08) 8408 8222

Attendance at this entire program  
provides 16 CPD points

Photo: Marcus Mok.

## from our patron

Dear Delegates

I welcome the delegates to the CRANApplus Conference, 2014.

I am very proud to serve as Patron.

I admire the work that members of CRANApplus perform to make the principle a reality, as stated in Eleanor Roosevelt's Universal Declaration of Human Rights, that everyone should have access to essential healthcare where ever they live and whoever they are. This is the aspiration and promise of our humanity.

I remember my own participation in a CRANApplus Conference a couple of years back. I discussed an issue that had been raised in the Global Commission on HIV and the Law of the United Nations Development Programme. I served as a member of that Commission. The question was whether great dangers of the HIV epidemic warranted introduction of secret mandatory testing. I was reassured by the response to the question. If we did that to our patients, they said, they would never trust us again. It is wrong and unprofessional.

I was full of admiration for this response. Medical care, as given by CRANApplus members, upholds the dignity and rights of all people. That is why I am proud to be associated with you.

Michael Kirby  
Patron of CRANApplus

# from the minister for health



Welcome to Melbourne and the CRANAp<sup>plus</sup> 32nd Annual Conference.

Quality healthcare that is accessible to all Australians remains a key priority area for governments across the nation, including the State Government of Victoria. When referring to 'all Australians', we need to constantly remind ourselves of those people living in the most remote areas of Australia, those people requiring healthcare and those who deliver the services.

Issues of poorer health status and difficulty accessing quality and safe health services continue to be areas of concern for all those involved in providing healthcare to Australians living in remote areas.

While Victoria has fewer remote locations than some of our partner jurisdictions, we certainly share issues and challenges that impact the health of all rural and regional Australians including issues of distance, available transport and variations in workforce, socioeconomic status and infrastructure.

The *Victorian Health Priorities Framework 2012–2022: Rural and Regional Health Plan* is part of the Victorian government's commitment to developing a long-term plan for a sustainable Victorian healthcare system. The framework establishes the key outcomes, attributes and improvement priorities for the delivery of healthcare in Victoria. The actions in this plan have been designed to address the variability in health status and health outcomes through:

- prevention targeted at the local level;
- better support for implementing evidence-based care; and
- greater emphasis on teaching, training and professional development to support a capable and appropriately distributed workforce.

Since 2012, the Victoria Government has invested more than \$500 million in developing the capabilities and capacity of its health workforce to further support, strengthen and expand our health and mental health workforce, the Victorian Government launched the *People in Health* initiative in January 2014. The initiative represents the Victorian Government's continuing investment and ongoing commitment to develop Victoria's health workforce, with a focus on ensuring health professionals in Victoria receive the best education and training at every stage of their career. It is underpinned by a record \$238 million to train and educate the state's future doctors, nurses and our other health professionals, and is supported by our existing investment of \$28 million for learning and development programs to support the alcohol and drug and mental health workforce. Under *People in Health*, partnerships will be strengthened across government, health services, the education sector and professional bodies to ensure Victoria's health professionals are equipped with the best skills, competencies and attributes to deliver high-quality health care for all Victorians.

This investment includes, support for undergraduate nursing, midwifery, medical and allied health placements – this translates to an increase of 45 per cent in funding and delivers an extra 200,000 training days for health students over four years, as well as 600 additional graduate nurse positions over four years.

The Victorian Government is committed to providing safer and more secure workplaces for our valuable health care staff. A range of initiatives has been implemented to prevent and manage violence and aggression, including the introduction of new legislation which sends a strong message to the community that violence and aggression against health workers is not acceptable.

This new legislation complements existing legislative provisions for assault through the *Crimes Act 1958* and *Summary Offences Act 1966* which protect all members of the community.

The Sentencing Amendment (Emergency Workers) Bill 2014 will provide a statutory minimum sentence for assaults on emergency workers. This legislation will apply to any offender who attacks a nurse, doctor or other staff member who delivers emergency care in a health service.

The Justice Legislation Amendment (Confiscation and Other Matters) Bill 2014 recognises that aggression against health practitioners can occur in a range of settings, not just in our emergency departments.

This Bill makes it an offence to assault a registered health practitioner who is employed, self-employed or engaged to provide care and treatment to a person when a practitioner is on-site in the hospital or on the hospital premises (the practitioner does not have to be providing or supporting the provision of care for this offence to apply), or when providing care or treatment to a person in a location other than a hospital, including private consulting rooms and during home visits.

CRANAp<sup>plus</sup>, in its various forms over the last 30 years, has continued to educate and support health professionals in remote areas with the aim of assisting these professionals in managing the unique challenges that arise when trying to provide safe and quality healthcare in a timely manner to even the remotest areas of Australia.

This 32nd CRANAp<sup>plus</sup> Annual Conference provides a wonderful platform for you to hear about the latest advances in areas such as health policy, remote healthcare delivery and advances in technology. In addition, the Awards Dinner will be an opportunity to forge new partnerships and friendships and to recognise and celebrate some of the great improvements and achievements in remote healthcare.

I wish you a very successful conference and I hope you enjoy your time in the most liveable city in the world.

Yours sincerely



Hon. David Davis MP  
Minister for Health, Victoria

# More people in health and community services choose HESTA for their super



Your super fund can make a lifetime of difference

- ✓ Run only to benefit members
- ✓ Low fees
- ✓ A history of strong returns

[hesta.com.au](http://hesta.com.au)



H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, the Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. Product ratings are only one factor to be considered when making a decision. See [hesta.com.au/ratings](http://hesta.com.au/ratings) for more information. Investments may go up or down. Past performance is not a reliable indicator of future performance. For more information, call 1800 813 327 or visit [hesta.com.au](http://hesta.com.au) for a copy of a Product Disclosure Statement which should be considered when making a decision about HESTA products.

## opening ceremony

The Official Opening Ceremony will feature a welcome to country by a Wurundjeri Elder and Didgerido performance and will be held at the venue – the Pullman Melbourne with a backdrop of the lovely Albert Park Lake.



### Wednesday 15 October

12:00 pm	Registration desk opens
4:00 pm	Registration desk closes
6:00 pm	Conference Opening Ceremony (Sponsored by HESTA) in the Lakes Room, Pullman Melbourne Albert Park
	Welcome to Country by an Elder of the Wurundjeri Tribe
	Presentation of Graduates to the Chief Nurse and Midwifery Officer for Victoria, Ms Alison McMillan
	Cocktails and canapés
8:00 pm	Finish



# presentation of graduates

Each year at Conference there is a presentation of graduates to their peers in academic gowns. This year we will be joined by the Chief Nurse and Midwifery Officer for Victoria, will officiate at

the ceremony, which will be held on Wednesday 15 October during the Official Opening Ceremony. This is a great opportunity to celebrate the academic achievements of our colleagues.



Photo: Courtesy of Pullman Melbourne Albert Park.



## Alison McMillan, Chief Nurse and Midwifery Officer for Victoria

Alison has more than 25 years' experience as both a clinician and an executive in the public healthcare sectors of the United Kingdom and Australia. In her role as the Chief Nurse and Midwifery Officer for Victoria, Alison provides strategic leadership to the public health sector and plays a pivotal role in collaborating with other state and territory counterparts on national issues and initiatives relating to the fields of nursing and midwifery. Alison's other professional interests relate to quality and safety within the public health sector and health emergency management. She previously held the role of Director, Quality, Safety & Patient Experience, and is the Deputy State Health and Medical Commander, Department of Health in Victoria.

Bush Support Services 1800 805 391 Toll Free Support Line



## BSS face-to-face counselling

### Something on your mind?

Need to talk to someone who understands what it's like to live and work in remote Australia?

Whatever the topic – work or personal – now's your chance to meet face-to-face with a BSS professional psychologist at the Melbourne Conference. Bush Support Services is offering FREE one-on-one confidential counselling at a convenient, discreet and private venue.

To avoid disappointment you are encouraged to book an appointment early via email ([scp@crana.org.au](mailto:scp@crana.org.au)) or mobile (0458 635 888).



Photo: Courtesy of Pullman Melbourne Albert Park.

# day one

Photo: Courtesy of Pullman Melbourne Albert Park



The Conference will be officially opened by Senator the Hon. Fiona Nash, Assistant Minister for Health and Deputy Leader of the Nationals in the Senate, also officially representing the Hon. Tony Abbott MP, Prime Minister of Australia.

Over the three days of sessions you will hear from both national and international distinguished Keynote and Invited Speakers and presentations from colleagues and we believe this full program will be both entertaining and informative.

This is a perfect opportunity to join colleagues from all over Australia, from all areas of remote health care, to get the latest news and developments affecting our professions – and, of course, to have fun.

We will be joined this year by regular and new sponsors and exhibitors showcasing their products and services.

You can take this opportunity to inform and update yourself about the range of products and the latest developments in technologies, therapeutic treatments, products and services for personal use and career opportunities.



## Senator the Hon. Fiona Nash, Assistant Minister for Health and Deputy Leader of the Nationals in the Senate

Senator Nash was first elected to the Senate for the NSW Nationals at the 2004 Federal Election, and was re-elected in 2010. She has held a range of Parliamentary and Senate Committee positions, including being responsible for instigating a Community Affairs Committee inquiry into workforce shortages in rural and regional areas in the Community.

She became Assistant Minister for Health in 2013. As a resident and representative of regional Australia, Senator Nash has a deep understanding of the challenges faced by people living outside metropolitan Australia. Minister Nash and her husband, David, have two sons, William and Henry, and operate a mixed farm near Young in south-west NSW.

## Thursday 16 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	<b>Session 1</b> Chair: Christopher Cliffe
9:00 am	Welcome by CRANAp/plus President Janie Smith/Housekeeping
9:05 am	Senator the Hon. Fiona Nash, Assistant Minister for Health
9:35 am	Keynote speaker Tim Wilson, Australian Human Rights Commissioner
10:20 am	Keynote speaker Christine Nixon APM, Former Chief Commissioner Victoria Police
11:00 am	Morning tea (30 mins)
	<b>Session 2</b> Chair: Kathryn Zeitz
11:30 am	Business Jet Travel Sponsor presentation
11:45 am	Sarah Ward <i>Women want to know: alcohol consumption and pregnancy</i>
12:05 pm	Margaret Dawson <i>Healthy smiles – The integration of oral health into primary health care</i>
12:25 pm	Michelle Ryan <i>Hear and say: Providing early intervention, audiology and school support for children with hearing loss via telepractice</i>
	Questions
12:50 pm	Presentation from Hot Pans (10 mins)
1:00pm	Lunch (60 mins) Hot Pans steelband performance
	<b>Session 3</b> Chair: Janie Smith
2:00 pm	Invited guest speaker Dr Rosemary Bryant, Commonwealth Chief Nurse and Midwifery Officer
2:30 pm	Student presentations Sarah Cox <i>Creating diversity in Far North Queensland</i> Emma Bugden <i>Adventures in Alice – a placement to remember</i> Stephanie Jeremy <i>Finding the voice of Student and Novice Nurses of Australia</i>
	Questions
3:15 pm	Afternoon tea (30 mins)
	<b>Session 4</b> Chair: Janie Smith
3:45 pm	Claire Boardman <i>Rheumatic heart disease in Australia – a Dickensian disease still prevalent in the Top End</i>
4:05 pm	Kylie Tune <i>Rheumatic heart disease in pregnancy – a national issue</i>
4:25 pm	Geoff Crack <i>Understanding the gap in life expectancy: It's a bloke thing</i>
4:45 pm	Cath Nolan and Mel Dunstan <i>Maternal and child health – A Far North Queensland perspective</i>
	Questions
5:10 pm	Wrap up and close



## entertainers

### **Pans on Fire – Murrindindi's own Steelband Out of the Fire... And into the Pans**

'Pans on Fire' was started in November 2009 as a Marysville and Triangle district Black Saturday bushfire recovery project.

With the aid of many pan enthusiasts, the project has grown into a vital community asset that crosses cultural territories as widely different as Switzerland, Trinidad, Africa and of course Marysville and the Triangle district.



We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical. Playing at many music festivals in Melbourne and regional Victoria we have released our first CD entitled "Recovery" in 2011.

To celebrate the newly rebuilt town, we organised the inaugural Australian Steelband Festival in Marysville in 2013, featuring nine steelbands from interstate and overseas (New Zealand and Oman).

## keynote speakers



**Tim Wilson** was appointed Australia's Human Rights Commissioner in February 2014. Dubbed the "Freedom Commissioner", Tim is a proud and passionate defender of universal, individual human rights. As Commissioner he is focused on promoting and advancing traditional human rights and freedoms, including free speech, freedom of association, worship and movement and property rights.

Prior to his appointment Tim was a public policy analyst and a policy director at the world's oldest free market think tank, the Institute of Public Affairs. He has also worked in trade and communication consulting, international aid and development, as well politics.

He has served as a Board member of Monash University's Council and on the Victorian Board of the Australian Health Practitioner Regulation Agency. Tim is a Director of Alfred Health.



Former Chief Commissioner of Victoria Police, **Christine Nixon APM** was appointed in February 2009 to chair the Victorian Bushfire Reconstruction and Recovery Authority and tasked with the oversight and coordination of the largest recovery and rebuilding program Victoria has ever faced.

Under Christine's leadership, the Authority worked with communities, businesses, charities, local councils and other government departments to help people rebuild their lives and communities.

Since August 2010, Christine has moved into a role as the Victorian Government's Advisor on Bushfire Reconstruction and Recovery, a voluntary role. She continues to support communities, to work with the bereaved community, and remains a member of the Victorian Bushfire Appeal Fund panel.



# invited speakers



**Dr Rosemary Bryant** commenced in the position of Commonwealth Chief Nurse and Midwifery Officer in July 2008. She was formerly Executive

Director of Royal College of Nursing, Australia, a position she held for eight years.

She has had a broad career in acute hospital and community nursing, as well as extensive

experience in policy development in nursing, midwifery and the broader health sector.

Rosemary is a Fellow of the Australian College of Nursing, is Emeritus Director of Nursing at Royal Adelaide Hospital and is the immediate past-President of the International Council of Nurses, an organisation which represents 19 million nurses worldwide. She was awarded the degree of Doctor of the University by the Queensland University of Technology in 2010 and by Flinders University in 2012.



Photo: Courtesy of Pullman Melbourne Albert Park.

# program

## Session 1

Chair: Christopher Cliffe

**Welcome** by CRANApus President Janie Smith/  
Housekeeping

**Official opening** by Senator the Hon. Fiona Nash,  
Assistant Minister for Health

## Keynote address

**Tim Wilson**

Australian Human Rights Commissioner

## Keynote address

**Christine Nixon APM**

Former Chief Commissioner Victoria

**Morning tea** (30 mins)

## Session 2

Chair: Kathryn Zeitz

Business Jet Travel *Sponsor presentation*

## Sarah Ward

*Women want to know: alcohol consumption  
and pregnancy*

**Sarah Ward** has worked in the alcohol and other drugs sector for over 10 years, particularly focused on alcohol policy development. Sarah's career has included both government and non-government roles in Australia. Sarah is currently a Senior Policy Officer with the Foundation for Alcohol Research and Education.

## Abstract:

This presentation aims to inform delegates about a new national project *Women Want to Know*, which encourages health professionals to talk to women who are pregnant or planning pregnancy about alcohol consumption and provide advice consistent with the National Health and Medical Research Council's Australian Guidelines to reduce the health risks from drinking (Alcohol Guidelines).

Research by the Telethon Institute for Child Health Research in 2004 found that while most health professionals believe that women

should be informed of the effects of alcohol consumption during pregnancy, less than half (45%) routinely asked women about their alcohol consumption and most did not provide advice on the effects of alcohol consumption during pregnancy.

To address this situation the Australian Government Department of Health commissioned the Foundation for Alcohol Research and Education to develop *Women Want to Know*. This was developed over 18 months of extensive research and consultation.

A literature review and audit of existing resources was undertaken, as well as consultation and a pre-intervention survey with 300 health professionals (General Practitioners, Midwives, Aboriginal Health Workers and Obstetricians and Gynaecologists) on current practice.

The pre-intervention survey found that most health professionals (70%) indicated that they do discuss whether alcohol is safe to drink during pregnancy but that over half (56%) expressed having difficulties in undertaking these conversations. In addition only 33% were familiar with the content Alcohol Guidelines.

*Women Want to Know* aims to overcome barriers experienced by health professionals by providing resources relevant to them to enable them to initiate conversations about alcohol. These include accredited online training through peak health professional colleges, demonstration videos of conversations with women and brochures for professionals and consumers about alcohol and pregnancy.

**Margaret Dawson**

*Healthy smiles – The integration of oral health into primary health cares*

Mrs Margaret Dawson is a Registered Nurse and Midwife with qualifications in Child and Family Health, Immunisation Program (QLD), Health Promotion and Education, and Business. She holds Certificates IV in Training and Assessment and Project Management.

Margaret's professional career has provided Community Child and Family Health services, parent education and community engagement and development to families in urban, rural and remote areas of Victoria, New South Wales and Queensland.

Her current position is with the Royal Flying Doctor Service as the Nurse Manager Child and Family Health Training, supporting the Statewide child and family health programs in rural and remote communities from Cairns, Charleville, Mount Isa and Townsville.

She is a member of the Northern Child and Youth, and Maternity and Neonatal Clinical Networks and the State-wide Maternity and Neonatal Clinical Network. Margaret is a wife, mother of two adult children and nan to two beautiful grandchildren.

**Abstract:**

Oral health is an important component of overall wellbeing. Poor oral health and untreated oral conditions have an adverse affect on quality of life, including the ability to eat nutritious foods, speech difficulties, lowered self esteem and systemic infections. Dental caries are the single most common chronic disease of childhood.

Around 50% of pre-school aged children in Australia have already had some experience of tooth decay by the time they commence school.

There is a strong link between socio-economic status and health and this is often reflected in patterns of oral health and disease.

Aboriginal children, on average, have twice the dental decay as non-Aboriginal children. Oral disease is a preventable condition and there is opportunity for further improvement.

The 'Healthy Smiles Training Program' provides education and training to PHC nurses to develop skills and knowledge in the application of fluoride varnish to children aged 18 months to 5 years in rural and remote communities.

RFDS (Qld) utilised the Northern Territory Oral Health Services 'Healthy Smiles' training package and on-line tools to train non-dental health professionals in Queensland.

This involved our stakeholders and partners with Aboriginal and Torres Strait Islander health workers and Indigenous community leaders.

As a result of the training, participants will

- have an increased knowledge and understanding of early childhood care and dental anatomy, childhood dental caries, risk factors, consequences and implications on oral and general health;
- participate in skills assessment to apply fluoride varnish; and
- deliver oral health information and activities in rural and remote communities.

The Healthy Smiles training program provides inter-professional training and improves working relationships. It is an extension to the

oral health assessment, 'Lift the Lip' and health promotion on dental care and teeth cleaning. 'Healthy Smiles' is a public health program based on preventative care.

**CRANAplus**

MAJOR SPONSOR



*Have you received your golden ticket?*

*The girls are back as a Major Sponsor and looking forward to catching up with our CRANAplus family at the Pullman in Melbourne!*

Panda Pearls Australia P/L  
99 Buckland Rd  
Nundah Qld 4012  
(07) 3256 8418  
info@pandapearls.com.au

*Panda Pearls  
australia*

'like us on facebook'



www.pandapearls.com.au



---

### Michelle Ryan

*Hear and say: Providing early intervention, audiology and school support for children with hearing loss via telepractice*

Michelle Ryan graduated from the University of Queensland in 1999 with a Bachelor of Speech Pathology.

She has a background of clinical experience in working with children and adults in the hospital and community health settings within Australia and the United Kingdom.

Michelle has been working at the Hear and Say Centre for Deaf Children since February 2007 and became a Certified Auditory-Verbal Therapist in December 2010. Michelle's work as an Auditory-Verbal Therapist has included a caseload of both face-to-face and TelePractice clients.

Her role as Regional and Remote Team Leader at the Hear and Say Centre has included the development and refinement of its TelePractice or eAVT (e-Auditory-Verbal Therapy) and Outreach Program, and the establishment of remote mentoring practices within the organisation (eMentoring of staff in regional locations).

Michelle has presented papers and delivered workshops on conducting Auditory-Verbal Therapy via Tele-Practice, at national and international conferences.

#### Abstract:

In order for the benefit of early diagnosis of hearing loss and advances in amplification options (through hearing aids, cochlear implants, and other implantable devices) to be optimised for all clients with hearing loss, regardless of geographical location, clinicians need to seek innovative ways of providing effective Audiology, Auditory-Verbal Therapy and Education.

Advances in technology are changing the way clinicians are able to provide quality services to clients with hearing loss, and subsequently child outcomes in terms of listening and spoken language development.

At Hear and Say, TelePractice is providing clinicians with exciting and rewarding opportunities to provide Auditory-Verbal Therapy and Audiology services to families of children with hearing loss, wherever they may be throughout rural and remote Queensland and beyond. It has changed the context of our connections with these children, families, adult clients, and other professionals that support them- it has changed the location, frequency and quality of our service delivery with positive outcomes.

This presentation will outline details of Hear and Say's model of care for children with hearing loss and the families/professionals who support their listening and spoken language development:

- eAuditory-Verbal Therapy – the provision of early intervention and school support services for children with hearing loss via Tele-Practice
- eAudiology – the provision of cochlear implant/ implantable technologies programming (Tele-MAPping) using the e-Hab TeleRehabilitation system
- eTraining and Education – the provision of parent and professional training, education and mentoring via online videoconferencing platforms

Hear and Say's Research outcomes for both eAuditory-Verbal Therapy and eAudiology will be outlined in this presentation. Anecdotal evidence and video footage will also be used to demonstrate the processes involved and the outcomes achieved.

### Questions

Presentation from Hot Pans (10 mins)

**Lunch** (60 mins)

Hot Pans steelband performance

---

### Session 3

Chair: Janie Smith

#### Invited speaker

**Dr Rosemary Bryant**

#### Student presentations

---

##### Sarah Cox

*Creating diversity in Far North Queensland*

Sarah Cox, 4th Year James Cook University Undergraduate student of Bachelor of Nursing Science and Bachelor of Midwifery. Sarah grew up on a cattle station in Northern Queensland approximately an hour west of Mackay. Due to the isolation of the property she attended boarding school in North Brisbane for five years. Upon completing high school in 2010 she moved to Townsville, a large town in far North Queensland, to begin studying nursing and midwifery. She is now in her final year of study and hopes to return to a rural or remote community in her future nursing and midwifery career.

#### Abstract:

The Bachelor of Nursing Science/Midwifery Degree offered at James Cook University, North Queensland, encompasses unique subjects that I believe are imperative in creating and sustaining diversity within rural and remote communities across Queensland and Australia. Within Queensland eighty percent of the townships are considered to be rural and a further sixty percent of those are considered very remote (Australian Bureau of Statistics, 2013). There are many wonderful nursing and midwifery opportunities available in these areas.

The experiences I have had over the past four years have consolidated my belief that rural and remote practice is where I will choose to base my career. Fundamental to this development were two subjects I studied; 'Rural and Remote Issues in Midwifery and Health Care Access.' as well as 'Midwifery Care for Aboriginal and Torres Strait Island Women and their Families.'

There are over half a million Aboriginal and Torres Strait Islander people living in Queensland and over fifty percent live in a rural or remote area (ABS, 2013). This course element was written and taught by Dr Lynore Geia from the Bwgcolman Tribe of Palm Island.

Her in-depth understanding of Aboriginal and Torres Strait Islander culture gave me new insights that greatly influenced my midwifery philosophy. Both of these subjects are key in creating diversity within remote communities as they equip new graduate midwives, such as myself, with a broader depth of knowledge and issues that are crucial in promoting and respecting the centrality of the person to the care I provide.

I believe that because of these subjects I have a sound appreciation of the requirements that a registered nurse and midwife must possess to work in rural and remote environments.

---

##### Emma Bugden

*Adventures in Alice – a placement to remember*

Emma Bugden has been an EN in Adelaide for the past three years. Having lived in four countries and raised two children she is passionately interested in cross cultural relationships and building strong communities. Currently in her final year of a Bachelor of Nursing at Uni SA, Emma is keen to experience working as an RN in rural and remote areas. To this end she successfully applied for a placement at Alice Springs Hospital and this will be the subject of her presentation.

**Abstract:**

When I requested a placement in Alice Springs I didn't expect to hear dingoes howling at Simpson's Gap! It is interesting what defines the experience of a place. For the last two decades I have been attached to a motor vehicle on a daily basis. Arriving in Alice with only a bicycle exposed me to unexpected benefits! Lovely crisp morning air, gliding along wide pathways over a flat landscape with the sky turning softly pink over Billygoat Hill...

Clinically it was a breath of fresh air. Aboriginal people form over 80% of the patient load here. They often do not behave the same as the largely

domesticated patient body in the CBD tertiary hospital I am used to! The nursing challenges of responding to this have created some of the interesting differences I have experienced during my placement. Patients are not mollycoddled at ASH – they are not neglected either. But as soon as they can be released from medical care they are ready to go. I felt that this system actually demonstrates more respect for patient's autonomy and personal choice.

Overall my experience was one of beauty, insight into a profound culture clash and interaction with vibrant communities of many different types. I would love to share some of it with you.

**Stephanie Jeremy**

*Finding the voice of Student and Novice Nurses of Australia*

Stephanie Jeremy was first introduced to CRANApus as a second year nursing student and National Rural Health Student Network (NRHSN) member in 2009. Since then Stephanie has been the Nursing Rep for the NRHSN, the nursing rep on the interim and then Inaugural Council for Future Health Leaders, and been on the CRANApus student and new graduate sub committee. Steph has gone on to be the founder and now Co-President of the Australian Student And Novice Nurse Association known as ASANNA, whilst being a Mum to two teenagers, and allegedly working as a registered nurse in the ICU at Canberra Hospital.

**Abstract:**

An increasing number of issues are directly impacting student and novice nurses, such as the shortage of graduate employment opportunities, competition for placements, continuing poor access to rural and remote placements, lack of access to and value of leadership training and skills just to name a few... Yet student and novice nurses were finding it exceedingly difficult to have their views heard, facing a lack of nationally coordinated peer representation.

The Australian Student And Novice Nurse Association (ASANNA) is an independent organisation that is driven and created by passionate student and novice nurses across Australia. Our focus is to facilitate the positive growth of future nursing leaders through support, community engagement and advocacy. This will ensure the future workforce has a voice in the decisions being made today that will affect them, and their communities, tomorrow.

ASANNA is a national network of student university clubs and novice regions. We aim to support students and novice nurses throughout

their studies and early nursing careers, to provide national representation and an interface for collaboration with professional health care organisations. ASANNA will provide mentorship and networking opportunities to members to grow future nursing leaders.

ASANNA contributes to the positive development of novice nursing leaders, through mentorship, leadership training, representation, and collaboration with relevant organisations such as CRANApus, CONNO, CATSINaM, APNA, NMC, NRHSN, ACN and ANMF to name a few.

ASANNA has achieved a lot since our unofficial launch last year. This presentation will share the creation of the ASANNA community and our achievements. We will share with you our plans for developing and sustaining diversity, to capture and develop the national nursing student and novice voice.

**Questions**

Afternoon tea (30 mins)

**Session 4**

Chair: Paul Stephenson

**Claire Boardman**

*Rheumatic heart disease in Australia – a Dickensian disease still prevalent in the Top End*

Claire Boardman is the RHD Australia Deputy Director, based at Menzies School of Health in Darwin where she works with jurisdictions and Indigenous health communities to improve healthcare outcomes for those affected by acute rheumatic fever (ARF) and rheumatic heart disease (RHD).

Claire has been privileged to work with Aboriginal and Torres Strait Island communities in public health and infection prevention across 22 health service sites in far north Queensland.



Claire has a background in surveillance, epidemiology, healthcare economics and public health. She has worked in complex disaster, developing nation settings and Indigenous health. Claire has held a number of State and National appointments and is the immediate past President of the Australasian College for Infection Prevention and Control (ACIPC).

Claire chairs several external committees and is a senior lecturer at Griffith University. In 2013 she won one of four prestigious Council of Executive Women scholarships to attend the Australian Graduate School of Management Women in Leadership course at UNSW which has assisted her in developing her leadership skills and executive presence.

#### Abstract:

Acute Rheumatic Fever (ARF) is an autoimmune sequelae of group A streptococcal (GAS) infection mostly affecting children 6–14 years of age. Recurrent episodes of ARF lead to cumulative heart valve damage and the development of rheumatic heart disease (RHD). RHD is a chronic, sometimes fatal disease that often requires heart valve surgery. It is estimated that RHD affects 15.6 to 19.6 million people worldwide and causes 233,000 to 492,000 deaths each year. ARF and RHD are particularly prevalent in remote Aboriginal communities.

RHDA was established to support RHD control programs in the Northern Territory, Queensland, South Australia and Western Australia by providing technical assistance, advocacy and policy development. RHDA has established a data collection and reporting system to measure the quality of local health service delivery and to provide epidemiological data across participating jurisdictions.

In partnership with the National Heart Foundation and the Australian Cardiac Society

the evidence based Australian Guideline for Prevention, Diagnosis and Management of ARF/RHD was developed and disseminated and, translated into an iPhone and Android app platform for use in clinical and remote settings. RHDA also works to increase community awareness and prevention of ARF/RHD with a particular focus on primordial prevention through the development of resources that have been designed specifically for use in Aboriginal & Torres Strait Islander (ATSI) communities following a process of community engagement.

ARF and RHD remain a major health problem in indigenous people in the top end with rates remaining the highest in the world. The Australian Northern Territory has the highest rate of ARF in the world with RHD affecting approximately 25 Aboriginal people in every 1,000 of which 45% require heart valve surgery in Australia, most of whom are less than 25 years old.

Timely diagnosis of an initial ARF episode and subsequent use of antibiotic prophylaxis is the best method of preventing RHD. This paper summarises current strategies to improve health outcomes for ATSI drawing on international and Australian experience.

#### Kylie Tune

*Rheumatic heart disease in pregnancy – a national issue*

Ms Kylie Tune is a Territorian, and has worked as a nurse and midwife in the Darwin region since 1991. Having trained as a midwife at Royal Darwin Hospital, Kylie saw first hand the impact of RHD on pregnant women.

The opportunity to work on this national study, attracted her attention. Having worked at Menzies School of Health research for 4 years, Kylie is proud to be part of a bigger team working towards improving Indigenous health.

#### Abstract:

**The Purpose:** Increase awareness of Rheumatic Heart Disease in pregnancy.

**Nature and Scope of the Topic:** The impact of Rheumatic Heart Disease (RHD) in pregnancy is under-researched, with most recommendations based on generic studies of severe RHD in non-pregnant adults.

A group of Aboriginal and non-Aboriginal researchers are studying RHD in pregnancy using the AMOSS (Australasian Maternity Outcomes Surveillance System) at nearly 300 maternity units across Australia and New Zealand (ANZ). AMOSS studies targeted rare conditions, using a negative reporting system.

#### Aim:

- Using the AMOSS surveillance methods, collect data on RHD during pregnancy and review the outcomes across Australia and New Zealand. The quantitative arm is considered low-risk with no consent required from participants. Data collection commenced in January 2013. Data is being collected on the following areas:
  - Remoteness
  - Access to services
  - Basic demographics
  - Medical history
  - Obstetric history
  - Rheumatic heart disease management
  - Postpartum and infant outcomes
  - Immunisation
- Conduct a qualitative study in the Northern Territory which explores the lived experiences of pregnant women with RHD. In the Northern Territory a qualitative study has commenced using in-depth semi-structured interviews and observation with pregnant women who have RHD. Themes may include health literacy, access to translators, distances women have to travel and access to culturally safe care.

The issue or problem under consideration: Complicated access to health records; highly mobile patients; high turnover of remote staff; limited access to health services are issues in remote settings. In the urban setting different problems arise: limited knowledge/awareness of the disease for example.

**The outcome or the conclusion reached:** This is the largest study done in RHD in pregnancy in Australia, Using the proven model of AMOSS, it is well placed to provide solid evidence of best practices in caring for women with RHD in pregnancy.

\* Funding gratefully acknowledged from NHMRC 20122015 (#1024206).

#### Geoff Crack

*Understanding the gap in life expectancy: It's a bloke thing*

Geoff Crack is a PhD student at the University of Tasmania, supervised by Professor Isabelle Skinner (Utas) Professor Timothy Skinner (CDU) and Dr Judie Parson (Latrobe).

Geoff has also been practising as a registered nurse and midwife for 40 years, a remote area nurse and a locum remote area nurse for 38 years and a lecturer in nursing for 30 years.

#### Abstract:

**Background:** As a category, men experience poorer outcomes than women across a broad range of health and illness indicators.

This phenomenon has been termed 'the gender paradox' where men die earlier than women despite men having access to more socioeconomic resources.

This presentation explores the role of masculinity in diabetes (DMT2) and details some of the implications for the management of chronic diseases in rural and remote Australia.



**Methods:** This paper is based on the secondary analysis of a subset of The Diabetes MILES Study the largest ever-Australian survey on living with diabetes.

**Results:** Social support and communicating with health professionals, as measured by the validated health literacy measure HeLMS, is significantly affected by gender and by age but the differences may be explained by the participants level of education.

However statistically significant differences between genders in understanding health information and accessing health services remain significant after controlling for both age and education.

**Conclusion:** Hegemonic masculinity is a useful heuristic model in trying to understand and explain the constellation of behaviours that consistently arise through a range of studies and research on men and various health/illness conditions. These behaviours are learned and rehearsed and may include and range from patterns of physical exercise, to food preparation and diet to help-seeking and self-referral and the utilisation of health services – these, and similar behaviours are critical to the success of the developing self-management and empowerment models for the management of diabetes (DMT2) and other chronic diseases. The very foundations of diabetes management – exercise and food have been and remain profoundly gendered activities.

---

**Cath Nolan and Mel Dunstan**  
*Maternal and child health –  
 A Far North Queensland perspective*

**Cath Nolan** has been a registered Nurse since 1991 and Midwife since 2002. Cath has lived and worked remotely, with her family, in Western Australia, Queensland and Victoria. A large portion of her nursing career has been spent working in indigenous health, both in hospital and community settings. Cath has been working with the people of the Cape and far north Queensland since 2010. She currently visits Pormpuraaw, Western Cape York and Mornington Island.

**Mel Dunstan** has been a registered Nurse since 1998 and a Midwife since 2002. She became

a Maternal Child Health Nurse in 2010. After completing Midwifery in Melbourne, she moved to Mildura and worked as a Midwife, working with Pregnant Teens and families from diverse backgrounds. She worked at the Mildura Aboriginal Health services for a number of years and this led her to work with Indigenous Families in Remote areas of Queensland. She packed her belongings and Cat and began working with RFDS Cairns in 2012. Mel currently visits Mornington Island and Pormpuraaw.

**Abstract:**

Melanie Dunstan and Cath Nolan work with the Royal Flying Doctor Service, based in Cairns, and servicing communities and towns in Cape York, The Gulf Country, and Far Western Queensland. An area more than twice the size of Victoria.

The Cairns RFDS base is the largest Primary Health Care team of all the RFDS bases. There is more to the RFDS than emergency retrievals, but providing the finest care to the furthest corner is the main aim. A comprehensive Primary Health Care Team of Medical Officers and Nurses delivers GP clinics, Womens Health, Child Health, Midwifery Care and Mental Health Services to those living in Remote areas as well as Stations and country towns.

Mel and Cath will discuss their experiences working with the diverse families of this region. They will also examine the changes to their practice, which has occurred since working in rural Victorian settings.

How, as child health nurses, do we impart important knowledge to families within the cultural frameworks, making the information acceptable and safe, to these families while fostering and developing relationships with these families.





**REGIONAL, REMOTE & NATIONAL  
TRAVEL CERTAINTY**

[www.businessjettravel.com.au](http://www.businessjettravel.com.au)

Sarah Ward: Sarah.Ward@fare.org.au  
Margaret Dawson: mdawson@rfdsqld.com.au  
Michelle Ryan: michelle@hearandsay.com.au  
Sarah Cox: sarah.cox3@my.jcu.edu.au  
Emma Bugden: emma.urbrangrace@gmail.com  
Stephanie Jeremy: info@asanna.com.au

Claire Boardman: Claire.Boardman@menzies.edu.au  
Kylie Tune: kylie.tune@menzies.edu.au  
Geoff Crack: g.crack@utas.edu.au  
Cath Nolan: cnolan@rfdsqld.com.au  
Mel Dunstan: mdunstan@rfdsqld.com.au



# day two

## Friday 17 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	<b>Session 5</b> Chair: Christopher Cliffe
9:00 am	Welcome/Housekeeping
9:05 am	Stephen Jones MP, Shadow Assistant Minister for Health
9:25 am	<b>Invited guest speaker</b> Professor Nicholas Procter PhD, MBA, RN
10:05 am	<b>Invited guest speaker</b> Associate Professor Paul Bennett ZUMBA, <i>laughter and resistance exercises: Improving the physical function of people with chronic disease</i>
10:45 am	Morning tea (30 mins)
	<b>Session 6</b> Chair: Dr Nick Williams
11:15 am	<b>Invited guest speaker</b> Helen Johnson, Board Director of Carers Victoria Ambassador for Carers Australia
11:45 am	Judy Brown <i>Helping families make decisions about unusual health complaints</i>
12:05 pm	Judith Taylor <i>Community in the saddle – Royal Flying Doctor Service Field Day program in remote Far North Queensland</i>
12:25 pm	Peggy Chiang <i>Trachoma, diabetes, cataract – sustaining good eye health in remote communities</i>
	Questions
12:45 pm	Lunch (60 mins)
	<b>Session 7</b> Chair: John Wright
1:45 pm	Belinda Rule and Margaret Dawson <i>Aboriginal and Torres Strait Islander health workforce capacity building: A learning package for perinatal psychosocial screening with Aboriginal and Torres Strait Islander People</i>
2:15 pm	Shelley Greene <i>Supporting diversity in rural health workplace</i>
2:35 pm	Tara Naige <i>Staying connected when remote: NRHSN Alumni</i>
2:55 pm	Janine Mohamed <i>Creating a culturally safe workplace</i>
	Questions
3:20 pm	Afternoon tea (30 mins)
	<b>Session 8</b> Chair: Geri Malone
3:50 pm	<b>Invited guest speaker</b> Hyder Gulam SQLDR (ret), FRCNA, LLM, MBA, LLB, RN <i>Care of the Muslim patient</i>
4:30 pm	<b>Invited guest speaker</b> Lee Thomas, Federal Secretary ANF and Sue Bellino, ANMF Campaign and Political Officer <i>Workshop/Presentation Campaigning for Success</i>
5:30 pm	Wrap up and close



Photo: Courtesy of Pullman Melbourne Albert Park.



### Stephen Jones MP, Federal Member for Throsby, Shadow Assistant Minister for Health

Stephen Jones is the Shadow Assistant Minister for Health. He was elected in 2010 as the Federal Representative for the seat of Throsby in the Illawarra region of NSW. Stephen was born and raised in Wollongong where he attended Edmund Rice College. He worked full-time for various local disability organisations, health services and youth projects while putting himself through university, graduating with a Bachelor of Arts from the University of Wollongong and a Bachelor of Laws from Macquarie University. Before entering Parliament, Stephen worked as a union organiser and industrial officer with the Australian Council of Trade Unions (ACTU) and the Community and Public Sector Union (CPSU). He stepped down as National Secretary of the CPSU in early 2010 to focus on his campaign for election to the Australian Parliament. In 2012, Stephen put forward a Private Member's Bill to legalise same-sex marriage. The Bill was defeated in the House of Representatives. Stephen currently serves on the Standing Committee on Health, Joint Select Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander People and Caucus Committees on Sustainable Australia and Social Policy.

# invited speakers



Working collaboratively with mental health consumers, clinicians and sector managers, **Professor Nicholas Procter PhD, MBA, RN** has longstanding

interests in research, knowledge translation and community engagement in mental health practice. He is the UniSA inaugural Chair: Mental Health Nursing and convener of the Mental Health and Substance Abuse Research Group located within the Sansom Institute for Health Research.

His other appointments include convener of UniSA's Human Rights and Security Research and Innovation Cluster, and adjunct professor at the University of Tasmania.



**Paul Bennett** is an Associate Professor at Monash Health and Deakin University. Paul's major passions include improving the quality of life for people

with chronic disease using exercise, ZUMBA, laughter therapy, home dialysis, e-learning, communication techniques, imagery and workforce models.

Paul is the Foundation Editor of the Renal Society of Australasia Journal, Foundation Chair of the Kidney Health Australia Nursing Grants Program, Co-Chair of the JBI Renal Node and Foundation Member of the Global Expert Forum on Hemodialysis in the Home. He currently holds an Alfred Deakin Postdoctoral Research Fellowship exploring strategies to improve the physical function of people with chronic kidney disease.



**Helen Johnson** is a current unpaid family carer for her 20-year-old son Ben who has a rare syndrome causing a severe and profound disability. He also became paralysed

in 2009 due to post-operative complications causing an incomplete spinal cord injury.

She has experience of hospitals and working with medical practitioners who have supported her son Ben. To date, Ben has had 55 surgical procedures, all requiring anaesthetic, in a Melbourne hospital 180km from her family home in regional Victoria. She also cared for her ageing father with a chronic illness who lived in her family home for seven years until he passed away in 2010.

Helen has over 18 years' experience working in the Disability Sector. She currently works part-time for the Association for Children with a Disability in Victoria as a Parent Support Worker and previously worked as the National Coordinator for the Australian Association for Families of Children with a Disability which has now been re-named 'Children Disability Australia'. Prior to this position, she worked over six years in an Early Childhood Intervention Service.

Helen is also currently employed part-time by Westpac Banking Corporation with over 30 years of service. She is a current Board Director of Carers Victoria and has secured this position for over nine years. In 2013 she completed her six-year term on the Carers Australia Board where she took on positions of President and Vice President and she remains with Carers Australia as an Ambassador.

With her current and past employment and personal 'carer' experiences, Helen's contribution in advocacy has been paramount towards systemic change.



**Hyder Gulam** was born in Singapore and educated in Melbourne. He is a registered nurse, a qualified lawyer, an accredited mediator as well as a Fellow of

the Royal College of Nursing in Australia. He has post graduate qualifications in business/management, law and nursing.

He has served as an officer with the Royal Australian Air Force, both in Australia and overseas. He has published in areas such as trans-cultural nursing, health law, criminal law and military law.

Hyder has also worked in indigenous health, paediatric nursing, aged care, as well as emergency and trauma.

Prior to accepting a role back in Melbourne, Hyder worked in Riyadh, Saudi Arabia for one of the world's biggest law firms. Hyder has practiced mainly in the areas of Commercial and Corporate, Defence Procurement and Islamic Finance.



**Lee Thomas** is the Federal Secretary of the Australian Nursing and Midwifery Federation (ANMF), the second largest, and fastest growing union in

Australia. Lee's priority for the ANMF is to ensure that it is one of the strongest industrial, political, professional and campaigning unions in Australia. Membership growth in the private and aged care sectors and increasing members power are paramount to Lee and the ANMF.

Lee commenced nursing as a personal care attendant in aged care and completed her general nurse and midwifery education in Adelaide. Lee also holds a Bachelor of Nursing and a neonatology certificate, is a registered midwife, and is currently studying a law degree.

Prior to taking on her current role Lee was ANMF's Assistant Federal Secretary and served as Branch Secretary of the Australian Nursing Federation (SA Branch) for eight years, where she focused on membership growth and enterprise bargaining across all sectors.





# program

## Session 5

Chair: Christopher Cliffe

**Welcome** by CRANAp/plus President Janie Smith/  
Housekeeping

**Address** by Stephen Jones MP, Shadow Assistant  
Minister for Health

**Invited guest speaker**  
**Professor Nicholas Procter**  
PhD, MBA, RN

**Invited guest speaker**  
**Associate Professor Paul Bennett**  
*ZUMBA, laughter and resistance exercises:  
Improving the physical function of people  
with chronic disease*

**Morning tea** (30 mins)

## Session 6

Chair: Dr Nick Williams

**Invited guest speaker**  
**Helen Johnson**  
Board Director of Carers Victoria  
Ambassador for Carers Australia

**Judy Brown**  
*Helping families make decisions about  
unusual health complaints*

**Judy Brown** is an endorsed Rural and Isolated Practice Registered Nurse with 20 years' experience working in Rural Queensland. She currently works at Richmond Health Centre as a Child Health Nurse and as a casual RN working in the acute wards when needed. She enjoys working in rural environments as she feels part of the community and is able to establish rewarding working relationships with her clients. When not working, Judy lives with her family on a cattle station 100km from Richmond. On the station she enjoys helping her husband and working in her large vegetable patch.

She is also heavily involved and passionate about educating her two children with the help of the Mt Isa School of the Air.

**Abstract:**  
A Child Health Nurse working in rural Australia is capable of helping families make informed decisions regarding unusual conditions by utilising the working in partnership with parents: The partner advisor model.

A case study demonstrating how the model worked when a Child Health Nurse worked with a family who had a child with Macroductyly effecting his right foot. When implementing the partner advisor model

1. First the CHN (Child Health Nurse) assists the family to explore any ideas and options (with creative thinking).
2. Then the CHN allows the family time to choose a strategy.
3. After that the CHN allows the family time to implement their chosen strategy.
4. Lastly the CHN assists the family to evaluate the implementation of the strategy. This model works more effectively as the family have chosen their own way of approaching a Health issue instead of being told by a CHN how to fix their problem. It is proven that if a family feels they own their solution to a health issue then they will follow through with the solution.

**Judith Taylor**  
*Community in the saddle – Royal Flying  
Doctor Service Field Day program in remote  
Far North Queensland*

**Judith Taylor** is based in Cairns and is the Royal Flying Doctor Service Health Field Days Promotion Officer, coordinating events at remote cattle stations throughout Far North Queensland and Cape York Peninsula. Field Days incorporate

health promotion sessions in the morning (topics determined by participants), and a Dr and RN clinic in the afternoon, and are designed to increase the capacity of people living remotely to take control of their health. Judith was trained as an RN in the early 1980s and has a Masters in Public Health from Charles Darwin University.

**Abstract:**  
This presentation discusses the Royal Flying Doctor Service's (RFDS) multi-disciplinary Field Day program. It describes the model of service delivery implemented throughout remote Far North Queensland.

Strengths and challenges will be discussed in the context of three diverse fly-in locations; Wandovale, Delta Downs and Pinnacle cattle stations.

The goal of the Field Day program is to build the capacity of remotely-based individuals, families and communities, through the provision of health knowledge, skills transfer and access to health professionals, in order to overcome some of the health challenges they experience. There is an emphasis on prevention, early intervention and health promotion activities.

In order to achieve this goal, cattle station hosts and participants determine their health priorities for discussion and service delivery, within our program goals and capabilities.

The Program is delivered from a holistic perspective, recognising the diversity between locations and considers the impact of the broader social and physical environment, as contributing to the health and well being of the population.

A RFDS Health Promotion Officer, Medical Officer, Registered Nurse and Pilot are the core team, with support from RFDS mental health practitioners and allied health or other professionals from partner organisations, as required.

We fly to the remote station for the day and services available include:

- General practice and nursing clinics.
- Delivery of a wide range of health topics including:
  - first aid skills and farm safety;
  - information on specific illnesses or diseases;
  - mental health issues and strategies; and
  - implementing preventative health measures.

The comparison of three diverse station sites demonstrates the impact of the Field Day program for a range of participants, service providers and other stakeholders. The coordinated approach required in the planning, implementation and evaluation of the Field Day model, in order to achieve sustainable health outcomes is highlighted.

**Peggy Chiang**  
*Trachoma, diabetes, cataract – sustaining  
good eye health in remote communities*

**Dr Peggy Pei-Chia Chiang** is currently the Translation Research Scholar at the Indigenous Eye Health Unit, School of Population Health, University of Melbourne. She is working with Professor Hugh Taylor and the Roadmap Team in implementing the *Closing the Gap for Vision* strategy. Peggy has a Bachelor of Nursing (with Merit), a Masters in International Public Health with Honours from the University of Sydney, and a PhD in population health Ophthalmology from the University of Melbourne. She completed a Health Services postdoctoral research fellowship at the Singapore Eye Research Institute (SERI). Peggy has an avid and consistent interest in conducting translational/implementation science research that will improve ophthalmic care for people living in developing countries as well as underserved and marginalised populations in developed countries.

### Abstract:

In 2013 mandatory eye examinations were included in MBS Adult and Older Person's annual health assessments for Aboriginal and Torres Strait Islander patients. Current national guidelines recommend that Indigenous Australians with diabetes undergo eye examinations at diagnosis and annually thereafter.

This presentation aims to equip primary care practitioners working with Indigenous patients and/or in rural and remote settings with an understanding of the key elements of an eye examination and to explore routine eye assessment approaches.

Indigenous Australians experience six times more blindness than non-Indigenous Australians.

Common causes of vision loss include cataract, diabetes, refractive error and the complications of trachoma. Australia remains the only developed country in the world with endemic trachoma. Much of this vision loss is preventable or easily correctable, but one third of Indigenous adults have never had an eye examination.

Primary care services have a crucial role in identifying and managing common eye conditions and initiating patient referrals. A simple history and examination allows the detection of vision problems and the initiation of referral to optometry or ophthalmology services for additional treatment such as prescribing glasses and cataract surgery. Indigenous patients with diabetes should not be allowed to go more than one year without having their eyes examined.

Options for this screening and an update regarding trachoma elimination efforts will be discussed.

Resources have been developed in collaboration with community and key stakeholders to aid the prevention and management of eye diseases in Indigenous Australians.

These include practitioner educational modules and grading protocols, culturally appropriate health promotion materials and support for health system reform.

Commitment to preventive efforts, regular screening and comprehensive eye care is required to minimise the burden of vision loss for Indigenous Australians. This presentation will demonstrate how our diverse and collective efforts can achieve and sustain good eye health within.

### Questions

Lunch (60 mins)

### Session 7

Chair: John Wright

#### Belinda Rule and Margaret Dawson

*Aboriginal and Torres Strait Islander health workforce capacity building: A learning package for perinatal psychosocial screening with Aboriginal and Torres Strait Islander People*

**Ms Belinda Rule** is a registered general and mental health nurse and a midwife. She is currently the Maternity Models of Care Project Officer at St George, Queensland. In her previous role, Belinda was the Clinical Nurse Consultant Project Officer for Aboriginal and Torres Strait Islander Perinatal Infant Mental Health Screening Project. She was employed by the Health and Wellbeing Service Group Townsville Hospital and Health Service in partnership with Royal Flying Doctor Service Queensland. Belinda will outline the development and outcomes of her Project.

**Mrs Margaret Dawson** is a Registered Nurse and Midwife with qualifications in Child and Family Health, Immunisation Program (QLD), Health Promotion and Education, and Business. She holds Certificates IV in Training and Assessment and Project Management.

Margaret's professional career has provided Community Child and Family Health services, parent education and community engagement and development to families in urban, rural and remote areas of Victoria, New South Wales and Queensland.

Her current position is with the Royal Flying Doctor Service as the Nurse Manager Child and Family Health Training, supporting the Statewide child and family health programs in rural and remote communities from Cairns, Charleville, Mount Isa and Townsville.

She is a member of the Northern Child and Youth, and Maternity and Neonatal Clinical Networks and the State-wide Maternity and Neonatal Clinical Network. Margaret is a wife, mother of two adult children and nan to two beautiful grandchildren.

### Abstract:

In 2011, clinicians from the Northern Maternity and Neonatal Clinical Network (NMNCN) raised concerns about the effectiveness of perinatal psychosocial screening of Aboriginal and Torres Strait Islander women to accurately identify and refer social and emotional wellbeing issues.

Widespread consultation and collaboration enabled the Perinatal Social and Emotional Wellbeing Screening: A Learning Framework for Perinatal Psychosocial Screening with Aboriginal and Torres Strait Islander peoples (the Package) to be tailored to meet the identified needs of all stakeholders.



excellence in care

## Become a flight nurse...make a real difference

### REQUIREMENTS

Dual Nursing and Midwifery Registrations required, plus critical care experience. Based at Mascot, Sydney.

### WHY JOIN US?

- Ensure better health access for regional and remote communities
- Enjoy a varied and clinically challenging caseload
- Be part of a highly specialised and respected nursing team
- Utilise all your extensive nursing skills
- Spend time with your patients
- Gain unsurpassed clinical autonomy
- Educational support

### CLOSING DATE

1 November 2014

Applicants must apply for this position online at the following link: <http://nswhealth.erecruit.com.au/Position> number: 216207



### FOR MORE INFORMATION CONTACT:

**Margaret Tabone**  
Senior Flight Nurse  
0413 019 783 or  
[mtabone@ambulance.nsw.gov.au](mailto:mtabone@ambulance.nsw.gov.au)

**Diane Cummins**  
A/Divisional Human Resources Manager  
(02) 9320 7328 or  
[dcummins@ambulance.nsw.gov.au](mailto:dcummins@ambulance.nsw.gov.au)  
Or visit our website.



It was developed to build workforce capacity to enable rural and remote Aboriginal and Torres Strait Islander health workers and clinicians to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander women and their families in the perinatal period.

Initially, a learning framework was designed. This was expanded to become a learning package to meet the identified educational needs and define a way that Aboriginal and Torres Strait Islander health worker and their supporting clinician could work effectively together in a partnership arrangement that recognises both the clinical and cultural expertise available.

As a result of using the Package knowledge, skills and understanding of the perinatal psychosocial screening tools by health workers and clinicians will be enhanced. It is anticipated that effective use of identified tools and referral pathways will lead to a model of care to improve social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander women in the perinatal period.

Following a trial of the Package, surveys showed improved outcomes were gained through capacity building of the health worker and clinician supporting the health worker. Participants reported improved ability and confidence with perinatal psychosocial screening of Aboriginal and Torres Strait Islander women and more accurate assessment of their social and emotional wellbeing status. Thus more timely and relevant referrals can be made to available services.

#### Shelley Greene

*Supporting diversity in rural health workplace*

For five years **Shelley Greene** worked in rural education with Charles Sturt University, Dubbo Campus and The University of Newcastle. Shelley has been working for the last 2 years at NSW Rural Doctors Network on the Rural

Health Professionals Program (RHPP), a federal government funded program to recruit and retain nursing and allied health professionals in rural and regional NSW. Being from rural NSW, Shelley has a strong appreciation of the problems rural people have in accessing health services. Shelley has gained extensive experience around the barriers both employers and health professionals face in relocating to rural areas – particularly those relocating from overseas – and works to provide practical solutions to both health professionals and their employers.

#### Abstract:

**Purpose:** To highlight the increasing role that international health professionals are playing in rural communities and to share the experiences of NSW Rural Doctors Network (RDN) in helping to settle these professionals in communities all over NSW. Under the Rural Health Professionals Program (RHPP) RDN has placed 112 health professionals, 52 of whom were international health professionals from countries as diverse as Zimbabwe, Nigeria, India, Nepal, Philippines, Seychelles, US, Canada, Ireland and UK.

**Nature and scope of topic:** The presentation highlights the barriers health professionals face in relocating to rural and remote NSW, and how this program has attempted to overcome these issues.

#### Issue/problem under consideration:

The health workforce shortage in rural and remote areas of NSW is evident with over 350 requests for recruitment assistance since the program commenced. Most of these positions were vacant for prolonged periods, affecting the communities' ability to access much needed health services while placing further stress on existing staff. For many rural and remote employers the prospect of recruiting international nurses and health professionals seemed problematic and too daunting.

Lack of familiarity with the sponsorship process for visas and registration as well as lengthy and complicated recruitment process are all contributing factors to this.

**Outcome:** The RHPP program has provided practical assistance to employers and communities to overcome such challenges. Many communities have now experienced the positive aspects of supporting a diverse workforce and now report improved retention rates and strong loyalty and commitment by employees while our health professionals are embracing their new lives and enriching their communities.

**References:** This submission is based on RDN's own experience from administering the RHPP. The RHPP team has ongoing contact with rurally based nursing and allied health practitioners and their employers and have visited most of the communities with whom we work.

#### Tara Naige

*Staying connected when remote: NRHSN Alumni*

**Tara Naige** spent her childhood travelling around rural and regional Australia, initiating the passion she has for rural and remote health. She has a wealth of experience gained on her path to medicine including working as a teacher, event and project manager and as an education officer working with Aboriginal youth in SA. In 2008 she moved to Tonga with volunteering with Australian Youth Ambassadors for Development, where her passion and dream to pursue medicine was reignited. Upon commencing her medical degree at Deakin University Tara became an active member of her local Rural Health Club, NOMAD. This year she has taken on the role as Co-Chair in the National Rural Health Students' Network (NRHSN) student executive team. She is a passionate advocate for rural health and rural Australians, and this has been a driving force behind her commitment to the NRHSN.

#### Abstract:

**Purpose:** The National Rural Health Students' Network (NRHSN) represents more than 9,000 multi-disciplinary health students from 28 Rural Health Clubs across Australia.

As well as assisting and engaging with current health students, the NRHSN also provides support for graduates and new health professionals through their Alumni Network.

The Alumni Network encourages previous student members to remain engaged with rural issues, and to continue networking with chasing their rural health dreams.

In 2014, the NRHSN surveyed its Alumni Network about:

- Whether they are working in a rural or remote location (and what influenced their decision to work rurally or conversely, what were the barriers to working rurally);
- Challenges they are facing;
- Members' interest in being involved in an alumni network; and
- How members preferred to engage in the Network and the issues and activities of interest to them. This paper will present the results of this survey, with recommendations about how these new workforce participants wish to stay connected.

**Nature/scope of topic:** The topic of the paper is support networks for newly graduated health professionals working in rural and remote areas. Insights from 63 NRHSN Alumni, the majority of whom are working in rural and remote, will be discussed.

**Issue under consideration:** Newly-graduated health professionals working in rural and remote areas can feel socially and professionally isolated.

The NRHSN Alumni Network engagement survey provides insights into the challenges they are experiencing, how they would like to be supported by an alumni network and the issues of greatest interest to them in a support network.

Improving support networks – both social and professional – can improve workplace satisfaction, in turn reducing turnover and improving continuity of care and health outcomes in the bush.

**Outcome:** Recommended engagement and support strategies for alumni working in rural and remote Australia based on the survey findings.

#### Janine Mohamed

*Creating a culturally safe workplace*

**Janine Mohamed** is the CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). Janine is a proud Narrunga Kurna woman from South Australia.

Over the past 20 years she has worked in nursing, management, workforce and health policy, and project management in the Aboriginal and Torres Strait Islander health sector. Many of these years have been spent in the Aboriginal Community Controlled Health Sector at state and national levels.

Janine has a passion for both increasing and supporting the Aboriginal and Torres Strait Islander health workforce, in particular, Aboriginal and Torres Strait Islander Australians in the health workforce; in fact, this has been a primary focus in all of her state and national work.

She has initiated and/or managed many Aboriginal and Torres Strait Islander health workforce projects, including in workforce development and cultural safety.



#### Abstract:

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives started in 1997 with the aim of improving the recruitment and retention of Aboriginal and Torres Strait Islander nurses and students with the ultimate goal of improving health outcomes for Aboriginal and Torres Strait Islander peoples.

In our presentation we will tell you a little bit about the journey of CATSINaM, particularly the work that we have done over the last 12 months as 2013–2014 is the first year of our five-year strategic plan. As part of our work we are identifying and utilising opportunities to advocate for and provide advice on creating culturally safe working environments for Aboriginal and Torres Strait Islander nurses and midwives, and be involved in developing materials that enhance

Aboriginal and Torres Strait Islander people's health generally, as well as the social-emotional wellbeing of our Members, as Aboriginal and Torres Strait Islander nurses and midwives.

As with Aboriginal and Torres Strait Islander peoples there are wide gaps in health outcomes for people living in rural and remote areas of Australia. Much of this is a result of poor access to health services compared to those living in regional and urban Australia. There is also much strain placed on health professionals working in rural and remote Australia. We see opportunities for us to work with CRANaPlus in its role to support the rural and remote health workforce through supporting culturally safe working environments that enables safety and respect to be the centre of service provision.

#### Questions

Afternoon tea (30 mins)

#### Session 8

Chair: Geri Malone

#### Invited guest speaker

**Hyder Gulam**

SQNLDR (ret), FRCNA, LLM, MBA, LLB, RN  
*Care of the Muslim patient*

#### Invited guest speakers

**Lee Thomas**

Federal Secretary ANF

**Sue Bellino**

ANMF Campaign and Political Officer  
*Workshop/Presentation  
Campaigning for Success*



Judy Brown:	Judybrown8@bigpond.com	Margaret Dawson:	mdawson@rfdsqlld.com.au
Judith Taylor:	taylorj@rfdsqlld.com.au	Shelley Greene:	sgreene@nswrdn.com.au
Peggy Chiang:	chiangp@unimelb.edu.au	Tara Naige:	tara@nrhsn.org.au
Belinda Rule:	Belinda.Rule@health.qld.gov.au	Ianine Mohamed:	ceo@catsinam.org.au

# day three

## Saturday 18 October

8:00 am	Registration opens coffee, tea & networking
8:30 am	Tradeshow opens
	<b>Session 9</b> Chair: Christopher Cliffe
9:00 am	Welcome/Housekeeping
9:00 am	<b>Invited guest speaker</b> Paul Pholeros, Director Healthabitat
9:45 am	<b>Invited guest speaker</b> Sarah Wheel, Squadron Leader (RAAF) Defence Force Nursing
	<b>Questions</b>
10:45 am	Morning tea (30 mins)
	<b>Session 10</b> Chair: Lyn Byers
11:15 am	Janie Smith <i>Using a peer supervision and mentoring model in the supervision of final year medical students placements in the Solomon Islands</i>
11:35 am	Kim Henschke and Rhonda Golsby Smith <i>The challenges, barriers and successes of the current Health Education program</i>
11:55 am	Melodie Elliott <i>Primary healthcare principles within remote communities</i>
12:15 pm	Fiona Armstrong <i>The fossil fuel energy sector and its impacts on health and wellbeing: implications for rural Australia</i>
	<b>Questions</b>
12:45 pm	Lunch (60 mins)
	<b>Session 11</b> Chair: Keith Bunda Hunter
1:45 pm	Therese Forbes CRANaplus <i>Bush Support Services Informational DVD and Bush Support Services presentation</i>
2:25 pm	Kathryn Zeitz and Geri Malone <i>Remote Health Workforce Project, Shark Bay</i>
2:40 pm	CRANaplus Education Presentation
3:00 pm	Afternoon tea (30 mins)
	<b>Session 12</b>
3:30 pm	CRANaplus AGM
7:00 pm	Annual CRANaplus Award Dinner

# invited speakers



**Paul Pholeros AM** has an architectural practice working on urban, rural and remote area architectural projects throughout Australia and overseas. Since 1985

he has also worked with Dr Paul Torzillo and Stephan Rainow as a director of Healthabitat. The other two directors have medical and environmental health backgrounds.

The work of Healthabitat aims to improve health through improving housing and the living environment. Since 1999, Healthabitat has improved over 8,000 houses, and the living environment and health of Indigenous people in over 200 projects in suburban, rural and remote areas of Australia.

Over the last 8 years similar health related work has expanded to projects in rural Nepal, Bangladesh and PNG and urban areas of South Africa and the USA. In 2011, the work of Healthabitat was recognised internationally, when Healthabitat was awarded the UN Habitat's World Habitat Award, and nationally winning the Australian Institute of Architect's national Leadership in Sustainability prize – for sustaining people.



Squadron Leader (SQNLDR) **Sarah Wheel MA**, GradDipNurs is a registered nurse in the Royal Australian Air Force (RAAF). She started her career as a medical

assistant in the Army Reserve, transferring to the RAAF in 1999, and commissioning as a nursing officer in 2002.

She has a Bachelor of Nursing from the University of Sydney, Post Graduate Certificate in Advanced Practice Nursing (Rural and Remote) from the University of Southern Queensland, a Graduate Diploma in Nursing from the University of South Australia and a Master of Arts in Defence Studies from the University of New South Wales.

She is a qualified women's health nurse, holds a Cert IV in Workplace Training and Assessment, is a REC facilitator with CRANaplus and is currently employed as the Health Centre Manager of East Sale Health Centre where she gets to watch the Roulettes practice during her lunchtime run. Her military deployments include Operations Bali Assist II, and Slipper/Catalyst, and most recently, deployment on Operation Slipper in Afghanistan.



Photo: www.pullmanhotels.com

# program

## Session 9

Chair: Christopher Cliffe

**Welcome** by CRANApus President Janie Smith/  
Housekeeping

### Invited guest speaker

**Paul Pholeros**

Director Healthabitat

### Invited guest speaker

**Sarah Wheal**

Squadron Leader (RAAF) Defence Force Nursing

### Questions

**Morning tea** (30 mins)

## Session 10

Chair: Lyn Byers

### Janie Smith

*Using a peer supervision and mentoring model in the supervision of final year medical students placements in the Solomon Islands*

**Janie Smith** is a rural woman who has lived and worked in rural or remote areas of Australia for most of her life. She first experienced remote work in Bathurst Island (Nguu) in 1985, which gave her a passion for remote work in the Indigenous context, and in many ways directed her future career path.

She works across all health disciplines – medicine, nursing, pharmacy, allied health, and in Aboriginal and Torres Strait Islander health. She joined the Faculty of Health Science and Medicine at Bond University in February 2012 as the Associate Professor (Medical Education) and Academic Lead.

Janie is well published, being author of the very successful text *Australia's Rural and Remote Health: A social justice perspective*, which is used by many Australian universities and organisations.

Janie has been on the CRANApus Board of Directors since 2010 and took over as chair in 2013. She previously sat on the Council of the National Rural Health Alliance for two years, chairing their friends committee.

### Abstract:

Makira Island in the Solomon Islands has a population of over 41,000 people, which in 2013 was serviced by one doctor, who worked in the hospital and travelled to remote sites, supported by highly-skilled nursing staff. The capital Kira Kira is a very impoverished community with no formal governance structure, poor infrastructure and a large variety of public health issues that lead to fascinating medicine.

In 2013 Bond University's School of Medicine in Australia commenced 5th year medical student placements at Kira Kira Hospital, with 33 students participating. At times there was little if no direct medical supervision of the students by a medical practitioner. As a result of this an interesting model of 'peer supervision and mentoring' developed whereby the students worked in pairs and consulted and learnt together, checking in with their nursing colleagues at regular intervals.

These placements were evaluated in the later part of the year.

This paper will present the findings of the evaluation and the peer mentoring and supervision model that emerged.

### Kim Henschke and Rhonda Golsby Smith

*The challenges, barriers and successes of the current Health Education program*

**Kim Henschke** is an Indigenous Woman descendant from the Waanyi people of the Gulf of Carpentaria and the Butchulla people from Fraser Island. She is a registered nurse/registered midwife/rural and isolated practice

nurse/remote nurse. Currently studying at USQ – Fraser Coast and half way through her PhD Masters Research. Kim has been working with Aboriginal Medical Services in Queensland and was integral in setting up and achieving accreditation with AGPAL. Her present position is a remote area nurse/midwife at Ramingining.

**Rhonda Golsby-Smith** is a remote nurse/midwife who has spent 20 years working as a health centre manager in the Northern Territory with the Dept of Health. Rhonda also has more than five years' experience working with the International Red Cross in varied field positions, as a health delegate in war zones and disaster zones. She has been in her present position at Ramingining for nine years.

### Abstract:

Great diversity is in the health and wellbeing of the Indigenous people within the remote community of Ramingining. Delivery of programs and services are offer many challenges and barriers.

However, strong relationships and community involvement is the strength that is required for sustainability in Indigenous communities (World Health Organisation 2008). Our presentation provides the challenges, barriers and successes of the current Health Education program. Constantly adjusting the various pathways of delivery is fundamental for a strong relationship through collaborative decision making to enable capacity building and sustainability.

Documented health disparity exists between Indigenous and non-Indigenous Australians (Australian Health Review, 2013). It is becoming clearer that Health care delivery can be as ever changing as following a winding pathway through the health parameters and dynamics of Indigenous communities. Health Care providers need to be flexible able to initiate and be part

of collaborative decision making and above all be prepared to deviate and change pathways around Health Care delivery within Indigenous communities (Aboriginal Medical Services Alliance Northern Territory, 2007).

Our topic will provide an over view of the successes and the challenges we face, meeting Department KPI's and expectations whilst providing capacity building for community members for sustainable programs (AMA, 2010–2011, Australian Institute of Health and Welfare, 2012). The complexity and diversity of Indigenous people's lived experiences needs to be acknowledged and recognised in Primary Health Care delivery and Educational programs (Nakarta, 2002). Changing tracks and manoeuvring around Barriers gives strength to the program, sustainability and room for capacity building through collaboration between the service providers and the community.

### Melodie Elliott Primary healthcare principles within remote communities

**Melodie Elliot** studied a Batchelor of Nursing at the University of Ballarat from 2008–2011. Her passion for remote area nursing was discovered through a 3 week student placement at Ti Tree Health Clinic in 2011.

Melodie commenced her graduate year at The Royal Children's Hospital in Melbourne in 2012. The graduate program involved a 12-month placement on the Adolescent and Rehabilitation ward. After completing her graduate year Melodie was then accepted into the Advanced Remote Graduate Year in the Northern Territory. Throughout this year Melodie worked as a remote area nurse at; the Alice Springs Correctional Centre, Yuendumu Healthcare Centre and also Hermannsburg Healthcare Centre. Since completing this program Melodie has been working on the Paediatrics ward at the Alice Springs Hospital.





### Abstract:

There is a large proportion of Indigenous Australians that live in remote communities (Kilpatrick & Liaw, 2008). The traditional methods of healing in Aboriginal culture are very different to the healthcare models used in Western society (Oliver, 2013). Therefore, there can often be challenges that arise from trying to deliver this westernised healthcare model to Indigenous Australians.

In this presentation a case study will be discussed, which revolves around a remote area nurse's experience with a thirteen year old Epileptic Aboriginal male. This male lives on an outstation in a remote area in the Northern Territory approximately 130 kilometers west of Alice Springs, and has a BMI of 38.2.

There will be a focus around the primary healthcare principles, which outline the challenges that arose in relation to trying

to deliver holistic healthcare, while taking into account the patient's cultural background and beliefs.

The aim of the presentation is to raise awareness of the inequities that exist between metropolitan and rural/remote areas. The health status of those in remote communities is significantly lower than residents in metropolitan areas (Humphreys, Wakerman, Kuipers, Wells, Russell, Siegloff & Homer, 2009). Both Indigenous and Non-Indigenous residents of remote communities suffer health inequities (National Rural Health Alliance, 2010).

The primary healthcare principles can be applied by healthcare professionals to gain a deeper understanding of the factors that contribute to an individual's health status, and this can allow healthcare providers to deliver a holistic approach to healthcare.

### Fiona Armstrong

*The fossil fuel energy sector and its impacts on health and wellbeing: implications for rural Australia*

Fiona Armstrong is a registered nurse, with postgraduate degrees in journalism, politics and public policy. She is the founder and convenor of the Climate and Health Alliance, a national coalition of healthcare stakeholders working to promote climate action, and a leading advocate for climate and health policy.

Fiona is the author of the report, Our Uncashed Dividend: The Health Benefits of Climate Action, and Shifting from Fear to Hope, a chapter in the book: More Than Luck: Ideas Australia Needs Now.

She is the producer of the film The Human Cost of Power which explores the health and climate impacts of coal and gas and a founder and director of the not-for-profit arts organisation Climarte.

### Abstract:

This presentation will outline the risks to health and wellbeing posed by the rapidly expanding carbon intensive fossil fuel energy sector in Australia and discuss the role of the health professions in responding.

The expansion of mining for coal and gas has direct and immediate health implications for people living in rural and remote communities, for the health of people in countries where Australian coal resources are burned, and for the global community from climate change.

This presentation will discuss the evidence that demonstrates Australia's decisions about energy choices are failing to account for the costs to health, the environment, climate, and to other industries that are not reflected in current energy pricing and policy.

It will draw on a position paper released by a group of health stakeholders in 2014 on health and energy choices and outline the opportunities for improving health and wellbeing and delivering economic benefits to rural and regional communities from transforming Australia's energy supply.

It will also reference international examples of health professionals engaging in advocacy on energy policy as well as case studies of people in rural communities in Australia affected by coal and gas exploration and mining.

The presentation will outline recommendations for action for governments, industry, the health sector, and the community that can reduce risks to community health and wellbeing, safeguard the environment, promote social cohesion, and protect the economy through healthier, safer energy choices.

### Questions

Lunch (60 mins)

### Session 11

Chair: Keith Bunda Hunter

Therese Forbes CRANApplus Bush Support Services Informational DVD and Bush Support Services presentation

Kathryn Zeitz and Geri Malone Remote Health Workforce Project, Shark Bay

CRANApplus Education Presentation

Afternoon tea (30 mins)

### Session 11

CRANApplus AGM

Annual CRANApplus Award Dinner

# conference dinner



The culmination of the Conference is the Annual Awards Dinner on Saturday night. Held in the Grand Ballroom area against the magnificent backdrop of the Melbourne night skyline, the evening is a celebration of remote health practice.

The Annual Awards are a much anticipated highlight of the evenings proceedings and this year will see a Presentation of new Fellows of CRANApplus.

The Annual CRANApplus Awards recognise those colleagues for their special contribution to remote health. The CRH Awards and the HCA Australia Award will also be presented.

The winner of the prestigious Aurora Award, which recognises the 2014 Remote Health Professional of the Year will be announced.

And you can bid farewell to our 32nd successful Conference by dining and dancing till late.

## CRANApplus award sponsors 2014



**CRANApplus Excellence in Education & Research Award**  
Sponsored by:  
Centre for Remote Health (CRH)



**CRANApplus Excellence in Remote Health Practice Award**  
Sponsored by: Mt Isa Centre for Rural & Remote Health (MICRRH)



**CRANApplus Excellence in Mentoring in Remote Award**  
Sponsored by:  
Remote Area Health Corps (RAHC)



**CRANApplus Outstanding Novice/Encouragement Award**  
Sponsored by:  
Rural & Remote Nursing Solutions



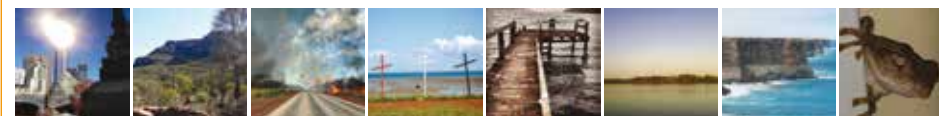
**CRANApplus Collaborative Team Award**  
Sponsored by:  
Aussiewide Economy Transport



**CRANApplus Collaborative Team Award**  
Sponsored by:  
Brad Bellette Design

## BSS Mindful Photography competition

We have received an overwhelming number of photo submissions for the BSS *Mindful Photography* competition, some of which we have showcased in recent editions of our Magazine. We are very proud and excited to be announcing the overall winner during Session 11 on Saturday afternoon.



Melodie Elliot: melody.elliott@yahoo.com.au  
Fiona Armstrong: convenor@caha.org.au



# Therapeutic Guidelines

Independent

Reliable

Relevant

Respected

Therapeutic Guidelines provide clear and concise, independent and evidence-based recommendations for patient management developed by some of Australia's leading experts. These experts, with many years of clinical experience, work with skilled medical editors to evaluate research data, systematic reviews, local protocols and other sources of information, to ensure that clear and practical recommendations are developed based on the best available evidence.

Proud to support the CRANAplus 2014 Conference

For more information  
visit [www.tg.org.au](http://www.tg.org.au)

Therapeutic  
Guidelines

A recent survey of CRANAplus members and stakeholders showed:

**21%**

of CRANAplus members responded (industry standard is only 10%)



**98%**

of respondent's view the role CRANAplus plays in the remote and isolated health industry as IMPORTANT

Where respondents live and work:



**28%**

live in Remote



**44%**

live in Rural



**28%**

live in Urban



**43%**

work in Remote



**35%**

work in Rural



**22%**

work in Urban

Where respondents provide services:



**48%**

provide services to Remote



**39%**

provide services to Rural



**13%**

provide services to Urban

Why members belong to CRANAplus:

**34%**

to belong to a network of likeminded professionals

**30%**

Professional



**25%**

Educational



**11%**

Support



Communication:

Respondents want us to communicate by email newsletter or magazine, and definitely

**NOT** 

The 5 things CRANAplus does best are:

**1**

Provide you with up-to-date information about education and training relevant to your industry

**2**

Keep you well appraised about your professional body, CRANAplus

**3**

Ensure you have all the latest information about issues impacting on Remote and Rural health

**4**

Care for you through our support services activities

**5**

Provide you with information about changes in Government and legislation

Note: Remote includes remote and very remote locations, Rural includes regional, and Urban includes other.

This is summary data compiled from the CRANAplus Communications Survey in September 2014.

# trade displays



ACN

EARLY BIRD OFFER!



## We have all your education needs covered

ACN's Graduate Certificate in Nursing Practice has been specially developed for registered nurses working in primary healthcare and general practice.

It is offered online and allows you to obtain a tertiary qualification in your preferred area of specialty at the time and place that suits you. The course consists of four subjects, studied over a 12 month period. This includes one core subject, one specialty core and two elective subjects.

The core subject explores global and local issues within nursing practice and the health care system. Students are challenged to examine their current role and to identify professional development opportunities.

The specialty core subject offers students the opportunity to begin specialisation in their area of interest – either primary health care, practice nursing or chronic and complex care. The course can be tailored to nurses who work in community health or general practice with an interest in women's and children's health, palliative care, men's health, sexual health, practice management and aged care.

February 2015 intake is now open.

**Enrol before 31 October and get 10% off!**  
Quote CRANA10 on the enrolment form

[www.acn.edu.au](http://www.acn.edu.au)

1800 265 534

[studentservices@acn.edu.au](mailto:studentservices@acn.edu.au)

ACN membership benefits can help you grow!



Australian College of Nursing

# scholarship programme

The CRANApus scholarship program specifically targets undergraduate students studying in a health discipline at an Australian university who have a genuine interest in remote health.

In recent years, through the generous support of members and organisations these scholarships have expanded to 14 annually, offering more students the opportunity to experience health service delivery in a remote location.

Opportunities to work remote are quite limited from many perspectives: the university they are studying at may be a barrier; and the travel costs, especially for students who do not receive any financial assistance, is also prohibitive.

Another challenge can be finding a remote health service that has the capacity and interest in supporting student placement: often it is a lack of resources themselves that prevents them from being able to offer adequate supervision.

We know the importance of a positive clinical placement experience and the impact that can have on a health professionals' career path. We also know that the success of clinical placement is based on many factors and it is why CRANApus supports the approach of the National Health Rural Students Network (NRHSN) who recently developed their document "Optimising Rural Placements Guidelines".

This document, endorsed by CRANApus, identifies criteria that needs to be met both by the student and the hosting location.

The purpose of the scholarships is to assist with the cost of travel, meals and accommodation, which may be incurred when undertaking such a placement. The scholarship does not cover loss of wages, University fees or textbooks.

Eligibility for our Scholarships includes CRANApus membership and membership of a Rural Health Club [www.nrhsn.org.au](http://www.nrhsn.org.au)

At the completion of their placement, students are required to write a short report which is published in the CRANApus magazine.

They are all positive experiences for the students which have changed their focus and perceptions of work in this sector.

## Are you inspired?

If you think you would like to sponsor a scholarship, you can contact Anne-Marie Borchers, Scholarship Administrator ([scholarships@crana.org.au](mailto:scholarships@crana.org.au)) to discuss the options.

**CRANApus has DGR status (Designated Gift Recipient) and any donations over \$2 are tax deductible.**



# scholarships 2014

Scholarship Sponsor	Recipient	Placement Location	Discipline
HESTA Undergraduate Remote Placement Scholarship	Kimberley Vincent	Alice Springs Hospital	Nursing
HESTA Undergraduate Remote Placement Scholarship	Heidi Brown	Coonabarabran Hospital/ Multipurpose Centre	Nursing
HESTA Undergraduate Remote Placement Scholarship	Hannah Corcoran	AMS Kununurra	Medicine
Michael Ilijash Perpetual Undergraduate Remote Placement Scholarship	Deborah Ellis	Stanthorpe Hospital	Nursing
Zeitz Enterprises Undergraduate Remote Placement Scholarship	Rachel Dawe	RFDS Acute Care Kalgoorlie	Nursing
Anonymous	Raeleen Faye De Russett	Wyndham Hospital	Nursing
YNA Undergraduate Remote Placement Scholarship	Helen Foster	Dept Education & Child Development Port Augusta	Speech Pathology
Panda Pearls Undergraduate Remote Placement Scholarship	Robyn Mary Tully	Longreach Hospital	Nursing
CRANApus Undergraduate Remote Placement Scholarship	Jessica Zachar	CSU Dental Clinic & RFDS TOOTH Program	Dentistry
CRANApus Undergraduate Remote Placement Scholarship	Damien Farrar	Alice Springs Hospital	Nursing
CRANApus Undergraduate Remote Placement Scholarship	Bridie Stewart	Tennant Creek Hospital and General Practice	Medicine
CRANApus Undergraduate Remote Placement Scholarship	Kristyn Fanning	Acute Care Hospital Weipa or Cooktown or Mossman	Nursing
CRANApus Undergraduate Remote Placement Scholarship	Rohan Williams	Broken Hill Hospital	Nursing
CRANApus Undergraduate Remote Placement Scholarship	Adam Rosza	Alice Springs Hospital Paediatrics	Nursing



# thanks to

# maps

We would like to acknowledge our Sponsors who contribute to the success of this event and thank them for their support:

Principal Sponsor



Major Sponsor



Welcome Ceremony Sponsor



Associate Partner



Refreshment Break Sponsor

**CHADWICK GROUP**  
Your leading provider of casual nurses

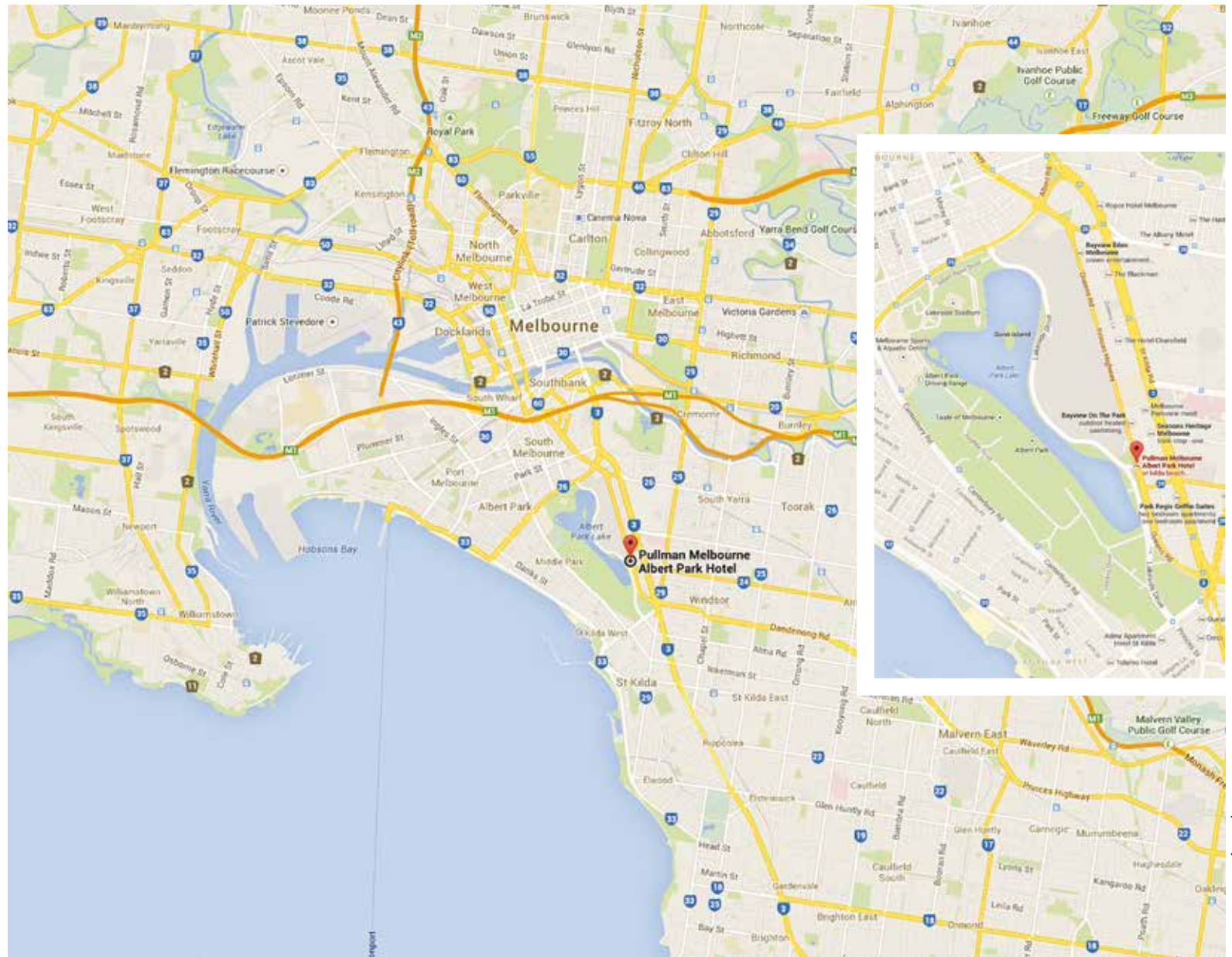
'First Time Presenter Prize' Sponsor



Official Photographer



[www.roseyboehm.com.au](http://www.roseyboehm.com.au)



Maps: Courtesy of Google Maps.

**CHADWICK GROUP**  
Your leading provider of casual nurses

P A S S P O R T

# Now Hiring!

## Skilled Overseas Registered Nurses

We are proud to announce that we have successfully been granted an On-Hire Labour Agreement by the Department of Immigration & Border Protection. This means we are able to sponsor and place overseas Registered Nurses into skilled roles and to provide a unique solution for our clients easily and seamlessly.

This will compliment our existing Australian workforce and ensure that we are able to meet increasing industry demands, especially in areas where skills shortages are significant.



PASSPORT

INTERNATIONAL



Type  
P

Surname  
Smith

Given Name  
Holly

Date of Birth  
01 Jan 80

Place of Birth  
Dublin, Ireland

Date of Issue  
01 Jan 10

Code  
IRL

Passport No  
675600000112

Nationality  
Irish

VIA SUBCLASS 457  
APPROVED

Date of Expiration  
01 Jan 20

Sex  
F

# CHADWICK GROUP

Your leading provider of casual nurses



P: 02 8234 8828

W: [www.chadwickgroup.com.au](http://www.chadwickgroup.com.au)

E: [info@chadwickgroup.com.au](mailto:info@chadwickgroup.com.au)