

TELLING TALES THE POWER OF THE NARRATIVE

HOW SHARING STORIES SHAPES AND INFLUENCES OUTCOMES



ALICE SPRINGS 15-17 OCTOBER 2015

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We would like to acknowledge the Arrernte People, the Traditional Owners of the land on which we are gathered and pay our respects to their Elders both past and present.

WELCOME



On behalf of the Board of Directors and staff I warmly welcome you to the 33rd National CRANaplus Conference in the remote heart of our country, Alice Springs.

We pay our respects to the Arrernte Elders and the Aboriginal people of this amazing land, and we are grateful for the warm welcome by the community of Alice Springs.

Conferences are an opportunity to learn about new and emerging evidence to help improve your knowledge, skills and awareness to ensure you remain a contemporary professional within your field.

We welcome clinicians, students, educators, policy makers, managers and senior leaders from the broad network of individuals and organisations that make up the web of remote and isolated healthcare across Australia.

Working in a remote and isolated context means a lot of time, cost and energy is required to attend any conference.

CRANaplus is very grateful that you have made the choice to join us at our annual event. Its important for us that we make sure we not only offer a broad range of diverse speakers and experiences, but also that you get plenty of time to catch up with your colleagues, network, make new friends and most importantly have fun.

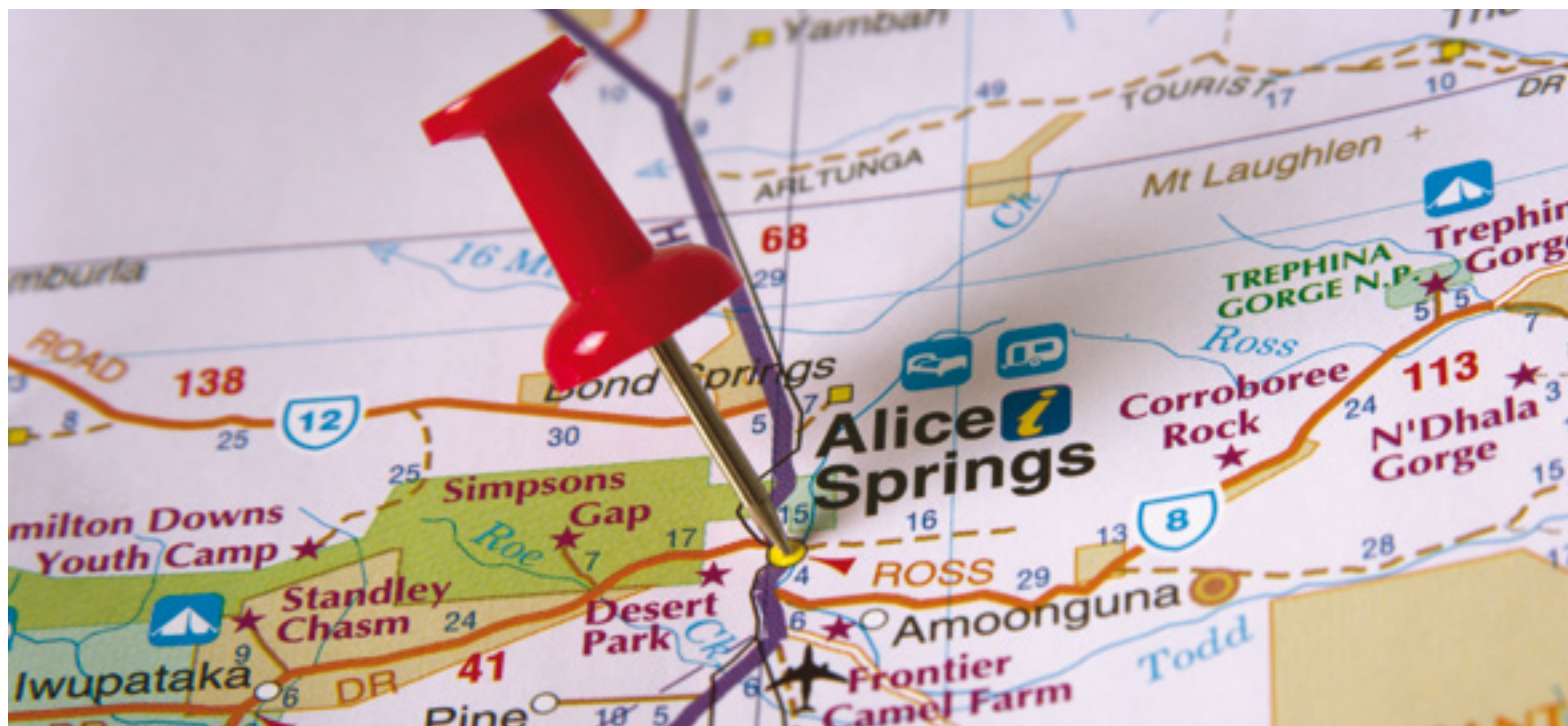
The outback is historically where innovation has had fertile ground to flourish; we all know first hand that 'necessity is the mother of invention'.

That still applies today and I look forward to exploring the 'Power of the Narrative', hearing your stories and joining you in celebrating the achievements of Remote & Isolated Health.

All of our CRANaplus staff are here to help you get the most out of your conference experience, so please don't hesitate to approach any of us for advice or assistance.

Cheers

Christopher Cliffe
CEO, CRANaplus



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Attendance at this entire program
provides 12 CPD points

OUR PATRON

When he retired from the High Court of Australia on 2 February 2009, Michael Kirby was Australia's longest serving judge. He was Acting Chief Justice of Australia twice.

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009-2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). He also serves as Editor-in-Chief of *The Laws of Australia*. He has been appointed Honorary Visiting Professor by 12 universities.

In 2010, Michael Kirby was awarded the Gruber Justice Prize. He served 2011-2012 as a member of the Eminent Persons Group investigating the future of the Commonwealth of Nations. He was appointed as a Commissioner of the UNDP Global Commission of HIV and the Law. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. In 2013, he was appointed Chair of the UN Commission of Inquiry on Human Rights Violations in North Korea. He was also appointed in 2013 as a Commissioner of the UNAIDS Commission on moving from AIDS to the Right to Health (2013-2014).



Photo: Marcus Mok.



2013 winners, left to right: John van Bockxmeer, Craig Maloney, Alison Gibson and Jodie Mackell representing MBM.

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OPENING CEREMONY

The Official Opening Ceremony will feature
a welcome to country by local Arrernte Elder
in the Conference Trade Display Area.



Photo: Courtesy of Alice Springs Convention Centre (ASCC).

THURSDAY 15 OCTOBER

9:00 am	Registration desk opens
3:00 pm	Registration desk closes
4:00 pm	CRANaplus Annual General Meeting, Macdonnell Room, ASCC
6:00 pm	Conference Opening Ceremony (Sponsored by HESTA) in the Trade Display Area
	Welcome to Country by local Arrernte Elder
	Welcome address by the Hon. John Elferink MLA, Minister for Health, NT
	Address by Tom Moloney, Business Development Associate with HESTA Sponsor of the Welcome Event
	Presentation of new CRANaplus Fellows and Graduates by Prof. Janie Dade Smith, President, CRANaplus
	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 Hon. John Elferink MLA, Attorney-General, Minister for Health, NT, who will officiate at the ceremony, which will be held on Thursday 15 October during the Official Opening Ceremony.

This is a great opportunity to celebrate the academic achievements of our colleagues.



The Hon. John Elferink MLA, Attorney-General, Minister for Health, NT

John was born in the Netherlands and moved to Australia in 1969, his family settling in Darwin. After graduating from Casuarina High School, John joined the Northern Territory Police Force as a cadet. He rose to the rank of Sergeant and served in both Darwin and Alice Springs.

Whilst in the police force John obtained a Bachelor of Arts (Monash) by correspondence and now holds a Bachelor of Law (New England). In 1997 he was elected to the rural seat of Macdonnell and served there until 2005. In 2008 he was elected to the seat of Port Darwin. John lives with his wife and two daughters in Darwin.

John's vision for the Northern Territory is for it to be an area of growth and innovation, with a prosperous economy. John is driven to deliver better health outcomes for all Territorians, whether they live in urban or remote areas of the Northern Territory.

Since being appointed as the Minister for Health, Minister for Mental Health Services and Minister for Disability Services, John has travelled widely across the Territory meeting professionals and experts in the Government and non-Government health sector to gain first-hand experience on the diverse services they offer and their challenges therein.

John has also progressed the new Palmerston Regional Hospital and delivered a new Northern Territory Suicide Prevention Strategic Action Plan, the first ever Northern Territory Mental Health Services Strategic Plan and increased the mental health workforce dramatically.

He has also worked tirelessly in the disability sector to ensure that the rights and interests of people with a disability will be represented under the new National Disability Insurance Scheme.

John has a particular passion to optimise opportunities for young Territorians by investing in the early years of childhood development. He hosted the recent Aboriginal Congress on Health and will launch the Northern Territory Aboriginal Health Plan in 2015.

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Bush Support Services



CRANApplus Bush Support Services face-to-face counselling

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Whatever the topic – work or personal – now's your chance to meet face-to-face with a BSS professional psychologist at the Alice Springs Conference. CRANApplus 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) or mobile (0458 635 888).

DAY ONE

Over this two-day Conference 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.



Photo: Courtesy of ASCC

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.



Ms Penny Shakespeare, First Assistant Secretary, Health Workforce Division, Commonwealth Dept of Health

Penny Shakespeare is the First Assistant Secretary of the Health Workforce Division of the Commonwealth Department of Health, which aims to build the capacity of Australia's health workforce to meet the challenges of delivering health services to the community. She has previously worked in senior roles in the Medicare benefits and private health insurance areas of the Department. Prior to joining Health, she worked as an industrial relations lawyer for the Commonwealth and was head of the ACT Office of Industrial Relations for three years. Penny has a Masters degree in International Law.

FRIDAY 16 OCTOBER

9:00 am **Session 1** Chair: Christopher Cliffe, CEO, CRANaplus

Welcome speech

9:15 am **Keynote speaker** Stephanie Dale, The Write Road

10:10 am Ms Penny Shakespeare, First Assistant Secretary, Health Workforce Division, Commonwealth Dept of Health

10:30 am Janie Dade Smith *Rob and Stella live in Nabvana*

10:50 am **Question time** (10 minutes)

11:00 am **Morning tea** (30 minutes)

Session 2 Chair: Dr Kathryn Zeitz, CRANaplus Board Member

11:30 am **Invited speaker** Professor Roianne West *The power of narratives in improving Australia's First People's health outcomes*

11:55 am Pepita Hunter *A mother's story: getting the message out to Aboriginal kids*

12:10 pm Monica Frain *Photovoice technique in engaging with young people and as a tool for advocacy*

12:25 pm David Campbell *Realising economic benefits through preventative health: lessons from the experience of Aboriginal people in caring for country*

12:40 pm Emma Trenorden and Margaret Smith *Uti Kulintjaku: creating a shared language for mental health*

12:55 pm **Question time** (5 minutes)

1:00 pm **Lunch** (1 hour)

Session 3 Chair: Mr John Wright, RN, CRANaplus Board Member

2:00 pm **PROGRAM CHANGE** **Invited speaker** Mary Guthrie, General Manager – Policy, Lowitja Institute

2:25 pm Fiona Hildebrand *Listening Forms the Basis of the One Disease Program (Scabies)*

2:40 pm Susan Gauld and Sharon Smith *Sharing Knowledge of Brain Injury through Stories*

2:55 pm Sue Carroll *Providing Quality Palliative Care in the Bush*

3:10 pm Sarah Brown *Sharing our Story (Purple House)*

3:25 pm **Question time** (5 minutes)

3:30 pm **Afternoon tea** (30 minutes)

Session 4 Chair: Ms Lyn Byers, RN RM NP, CRANaplus Board Member

4:00 pm Robyn Williams *Remote Area Health Professionals' narratives – remarkable stories from remarkable people*

4:15 pm Hazel Booth *Coronary Artery Disease – When things go wrong: Learning from coronal reports involving remote area nurses in remote Indigenous communities in the Northern Territory*

4:30 pm Michelle Sweet *eMental Health in Practice a Primary Health Care Approach: The Stay Strong iPad App*

4:45 pm Kylie McCullough *Towards a theory of remote nursing practice*

5:00 pm **Question time** (5 minutes)

5:05 pm **Wrap up and close**

Pop-up markets in the ASCC Ampitheatre



KEYNOTE SPEAKER



Stephanie Dale is an award-winning regional journalist and author, with wide-ranging experience in media, politics and publishing.

Throughout 20 years in the newspaper industry she was a passionate advocate for the visibility and voices of everyday Australians.

She now works to encourage people and communities to identify their story and speak for themselves. In 2014, she founded *The Write Road*, a creative initiative that takes writing and communications workshops and training to the bush and beyond.

What began as an arts program quickly evolved into a proactive mental health strategy that is achieving wonderful outcomes for individuals and remote communities.

INVITED SPEAKERS



Roianne West is the daughter of a life-long health worker and advocate and the granddaughter of a long line of healers.

Roianne's people are Kalkadoon, desert people, from Far North West of Queensland. Roianne has over 20 years of experience in Indigenous Health where she started her journey as a health worker and then on to becoming a Registered Nurse.

Roianne is currently the Professor for First Peoples Health at Griffith University and Deputy Chairperson for the Council of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). Roianne's expertise is in Indigenous health workforce development, including developing more clearly articulated, seamless and supported pathways for Indigenous peoples into University health programs and creating opportunities to ensure that Indigenous people's who have the ability to and aspire to study at university get the opportunity to do so.

Roianne strongly believes that Indigenous knowledge and strong Indigenous leadership are critical to improvements in Indigenous health outcomes and pathways to higher education are critical to building a smarter Indigenous Australia.



Mary Guthrie belongs to the Wiradjuri people of Central Western New South Wales through her mother's side of the family.

She is the General Manager – Policy at the Lowitja Institute, Melbourne. The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research.

Mary has worked in Aboriginal affairs for 25 years including 15 years in Aboriginal health. Prior to her appointment at the Institute, Mary worked in management roles with the Australian Indigenous Doctors Association and the Indigenous Allied Health Association both in Canberra.



SESSION 1

Chair: Christopher Cliffe, CEO, CRANApplus

Welcome by CRANApplus CEO Christopher Cliffe/
Housekeeping

Keynote address

STEPHANIE DALE

The Write Road

PROFESSOR JANIE DADE SMITH

Rob and Stella live in Nabvana

Janie Dade Smith has lived most of her life in rural and remote Australia. She is now Associate Professor (Medical Education) and Academic Lead, for the Faculty of Health Science and Medicine at Bond University. She previously ran a national company – RhED Consulting Pty Ltd – where she undertook consultancies for health departments, universities, professional colleges, government and not for profit organisations. Janie is the 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 and is going to be republished in 2016.

Janie is also the President of CRANApplus – the peak body for remote health in Australia.

Abstract:

Many remote health practitioners work in Aboriginal or Torres Strait Islander communities, which makes it important that they understand the health status of the people they serve. Rather than recite the statistics, echoed daily across this great country of ours, this presentation tells a fictional story about a day in the life of a young family who live in very remote Australia – Rob and Stella. Alongside the story are the health statistics that are suffered every day by remote families.

The story then describes what the future life trajectory would look like for their new son Arnold, if he was born today. This is a different, powerful and innovative approach, which fits in well with the narrative nature of the conference. It is based on the latest statistics from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

Question time (10 minutes)

Morning tea (30 minutes)

SESSION 2

Chair: Kathryn Zeitz

Invited speaker

PROFESSOR ROIANNE WEST

The power of narratives in improving Australia's First People's health outcomes

PEPITA HUNTER

A mother's story: getting the message out to Aboriginal kids

Pepita Hunter is an Aboriginal woman living and working in a remote community. Originally from Broome, she has been working at Beagle Bay Clinic for 13 years, nine years as a Senior Aboriginal Health Worker, now, after furthering her studies, she is in her fifth year as a Registered Nurse.

Her passion as an Aboriginal Registered Nurse working in a remote community are her programs, which are about educating her people on their health and wellbeing.

Abstract:

In 2013 I awoke early on a Sunday morning to see nine missed calls on my mobile phone, I called the Health Worker back that was on call and the words I heard were a mother's worst nightmare. There had been car accident and

my boys were involved, this is a mother's worst nightmare.

The outcome for my sons and the rest of the boys was good. But partly for me and wanting to do something positive, I felt that talking about this was desperately needed. Many young lives have been taken due to alcohol and driving under the influence (DUI) and so many families' friends and the community have also been affected. After having experienced my son's accident it has pushed me to use that and try and make a difference in getting the message across.

My presentation today is the presentation I gave to students at Clontarf Aboriginal College in Perth. Initially it was supposed to be a one off presentation. Though due to the positive feedbacks, it has pushed me to take it further and visit as many schools as possible.

MONICA FRAIN

Photovoice technique in engaging with young people and as a tool for advocacy

Monica Frain is a Registered Nurse with Masters in Primary Health and Tropical Medicine from James Cook University, and 22 years' experience in Aboriginal Health in Queensland and Western Australia. Monica has been the Kimberley Population Health Unit Remote Area Health Service Manager since 2004.

Abstract:

The purpose of the presentation: The presentation will discuss the experience of using the Photovoice technique in engaging with young people and as a tool for advocacy. The presentation will share findings and lessons from the Red Dirt Youth Photovoice project in the Kimberley.

The nature and scope of the topic: Photovoice is a participatory action research method considered



as a useful tool in understanding the needs of a vulnerable population. It overcomes barriers such as low literacy levels and promotes self-esteem. Photovoice provides an opportunity to identify perceived strengths and opportunities for enhancing these qualities.

The Red Dirt Youth Photovoice project used this research model to identify strengths and protective behaviours in young people in the Kimberley. The findings from this project assist the Kimberley Aboriginal Health Planning Forum – Sexual Health Subcommittee in planning evidence-based health promotion strategies.

The issue or problem under consideration: The Kimberley has some of the highest National rates of Chlamydia and Gonorrhoea. Increasing screening of asymptomatic at risk groups is viewed as one strategy for decreasing these rates. However at the risk group aged 15–25 are often hard to access and difficult to engage with. Appropriate health promotion to encourage young people to engage with service and to present for testing is required.

The outcome or the conclusion reached: At present the findings are being analysed and recommendations are also being drafted. Ongoing evaluation of Red Dirt Youth Photovoice in the coming months will provide further insight into the achievements and challenges of this project.

DAVID CAMPBELL

Realising economic benefits through preventative health: lessons from the experience of Aboriginal people in caring for country

David Campbell is a Flinders University PhD candidate, Centre for Remote Health, Alice Springs. His PhD research relates to health policy issues surrounding the behaviour of Aboriginal and Torres Strait Islander people in their choosing between good and bad health choices. From 2007 to 2011, he was the Senior Economist, Centre for Remote Health, Alice Springs; coordinating the postgraduate course in Health Economics, and economic research on the health benefits of engagement by Aboriginal people in traditional land management. He has carried out natural resource economics research since completing a Masters at the University of Michigan in 1980.

Abstract:

Current health policies for Australia's Indigenous peoples are focused on a medical response to addressing chronic disease and proximate

variables encapsulated in the term 'bad health choices'. It is shown that the selection of bad health choices can be rational, especially in highly stressful circumstances. It is in this context that the importance of distal psychosocial life stressors including cultural disenfranchisement, and the loss of personal control or mastery and the importance of empowerment, exist. There is evidence that cultural engagement through traditional caring for country, and living in small family groups on country, provide environmental engagement and personal mastery and control. Such outcomes result in an expansion of health outcomes within a given budget and a range of private good and public good benefits for Australia's Aboriginal and Torres Strait Islander peoples and Australia as a whole. These include the maintenance of environmental heterogeneity and biosequestration, and the mitigation of disease bearing dust storms. It has been argued that such actions complement medical responses to chronic disease. These observations are of particular relevance for Indigenous peoples in general and world-wide mitigation of the chronic disease pandemic.

Western Desert dialysis has got a deal for YOU!

You might have heard our good news? The Commonwealth government is giving us some money to build more dialysis centres in remote communities. We are all so excited! In preparation we are on the look out for new dialysis nurses who would like to come and work with us.

And... as an added incentive, we will pay a SPOTTERS FEE of \$500 to the person who introduces them to us. We'd rather pay our friends than an agency, so mates... get to it and pass it on!

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The Girls are looking forward to catching up with our CRANaplus friends in Alice Springs.

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EMMA TRENORDEN AND MARGARET SMITH

Uti Kulintjaku: creating a shared language for mental health

NPY Women's Council (NPYWC) is a service delivery, advocacy and support organisation created by Anangu women from the 28 remote communities in the tri-state border region of NT, SA and WA. NPYWC delivers services and programs working with Anangu to improve their health, wellbeing and safety.

The **Ngangkari Program** supports a dynamic group of ngangkari (traditional healers) who are also highly respected artists, teachers, and health workers with immense cultural authority. As well as applying traditional skills as healers in their communities, they also provide advice to Indigenous and non-Indigenous people outside their communities – using their extensive knowledge of personal and family history and cultural sensitivity. The Ngangkari program has received national and international acclaim including a Deadly for Published Book of the Year 2013 and the Sigmund Freud Award of the World Council of Psychotherapy Congress in 2011.

Abstract:

Uti Kulintjaku (Pitjantjatjara) means to think and understand clearly. The key objective of this project is to facilitate a way for Indigenous people and mental health professionals to create a shared language for talking about mental health. At the centre is a series of workshops with Ngangkari (traditional healers), senior Indigenous women, interpreters, and mental health workers. These workshops open up discussion around words, terms, concepts, and approaches to addressing mental health. Our project team believes that better mental health literacy will lead to increased help-seeking and better communication between Indigenous people and mental health workers.



Photo: Courtesy of ASCC.

Recent Uti Kulintjaku workshops have explored the topics of Child Development, Trauma, and Healing from Trauma. As a way of sharing the learnings of the workshops, a series of resources is being developed. These resources include a 'words for feelings map' that has been well received by mental health professionals and Indigenous communities. This poster has been used as a resource by schools, youth workers, and other service providers – as a way to start conversations around mental health and to talk about the words we use to talk about mental health. Underlying this poster is a 30-page 'compendium of words for talking about mental health' that is a useful tool to health workers in the region.

Other resources currently in the pipeline include emotional literacy animations, a language App, and a poster mapping out the stages of child development – all of these developed in local Indigenous languages and English.

This project is responding to cultural and language differences and the obstacles these can create between health services and those who need help. It brings the considerable skills and knowledge of Indigenous healers together with the skills and knowledge of western health practitioners.

Question time (5 minutes)

Lunch (1 hour)

SESSION 3

Chair: John Wright

Invited speaker

MARY GUTHRIE

General Manager – Policy, Lowitja Institute

FIONA HILDEBRAND

Listening Forms the Basis of the One Disease Program (Scabies)

Fiona Hildebrand completed a Bachelor of Nursing in 2002, Graduate Certificate in Remote Health Practice in 2008, and Graduate Certificate in Social Marketing for Health in 2012. In that time I have worked all over Australia in rural and remote settings, within Indigenous communities, mining and industrial sites, immigration detention centres and hospitals. Currently my work as a Healthy Skin Nurse with *One Disease* allows me to continue working within cross cultural settings in East Arnhem, whilst giving me the scope to work within an acute and preventative field.

Key aspirations: I want to use those special relationships we develop as nurses to build programs that actually bring about meaningful change. I'm particularly interested in the use of games to influence health behaviours.

Abstract:

One Disease is a non-government organisation that is working to eradicate scabies. The lofty ambition of scabies elimination within Australia requires a different tact to previous scabies elimination programs. Researching and listening to previous scabies stories has informed our journey thus far.

With plans of expansion to further our successful scabies program, we would like to share our stories of failure and success, and how it has heavily influenced our program direction.

Project Dawn and Project Listen are social marketing projects that we have successfully carried out in the Nhulunbuy and Maningrida areas, and we use these findings as a basis for development of many projects we do now.

The WASH/SPIN project was a program we undertook examining and assisting with health hardware in several remote communities and *One Disease* at this stage is not pursuing this project due to a variety of reasons.

Going forward we are developing a community engagement model to lower the disease burden of scabies. We have staff members currently up-skilling and recruiting community based scabies workers in our pilot regions of Maningrida and Nhulunbuy.

One Disease only enters communities we have been invited into as we believe in community governance, and partnership is vital to disease elimination. Our approach is founded in scientific and social best practice but we do not spend our entire time when in community within the clinic. We see scabies as a disease requiring an holistic approach, and spend time with families within their homes hearing their stories and learning where we can help them. Our case management approach thus far has been highly successful. We would like to share our stories and hear from others to continue learning.

SUSAN GAULD AND SHARON SMITH

Sharing Knowledge of Brain Injury through Stories

Susan Gauld has a Bachelor of Occupational Therapy from the University of Queensland, and has had extensive experience in community based practice. She has worked as Rehabilitation Coordinator with the Acquired Brain Injury Outreach Service (ABIOS) in Queensland for the past 20 years. This is a statewide community based rehabilitation service for adults with acquired brain injury. A three year research project working with two remote Aboriginal communities led to the development of culturally appropriate resources and a brain injury training programme.

Susan has been extensively involved in the development of these resources in collaboration with Aboriginal People with brain injury, their families and communities.

Sharon Smith has a Bachelor of Social Work from the University of Queensland and works for the Acquired Brain Injury Outreach Service (ABIOS), a community-based rehabilitation service for adults with acquired brain injury in Queensland. Sharon has been involved in a number of project areas within ABIOS, including a three year research project partnering with remote Indigenous communities. Major outcomes of this collaborative research have been the development of culturally appropriate resources and a brain injury training programme for Aboriginal and Torres Strait Islander Health Workers.

Abstract:

Acquired Brain Injury (ABI) is a leading cause of disability globally and results in long-term physical, cognitive, communication, social and behavioural deficits affecting not only individuals but also families and communities.

ABI is often referred to as an 'invisible disability' as most people with a severe ABI recover well physically but continue to experience cognitive and behavioural changes.

It is these changes that are often more difficult for people to recognise and understand and frequently cause the most difficulty for individuals, families and communities.

Acquired Brain Injury Outreach Service (ABIOS) is a specialist community-based rehabilitation service aiming to enhance the service system for people with ABI and their families in

Queensland. We work with people to achieve an improved quality of life and community integration through increased independence, choice, opportunity and access to appropriate and responsive services.

This paper will discuss the making of multiple short stories on film with people with ABI, their families, service providers and Aboriginal communities. The stories come from across Queensland (urban, regional and remote).

Qualitative research investigating the impact of making and launching five of these films has

been conducted with eight participants and will be reported on. The value of people with ABI co-presenting training through the telling of their personal stories will also be examined.

The impact of these stories (personal narration and DVD stories) on the audience will be explored.

The therapeutic value of storytelling continues to be recognised within our service with the investigation of making digital storytelling more accessible to people with brain injury and their families.



SUE CARROLL

Providing Quality Palliative Care in the Bush

Sue Carroll has been a Registered Nurse for over 25 years, she is a qualified midwife and has been a practicing RAN for 18 years. Currently she manages, and is the RAN for the Swifts Creek Bush Nursing Centre, which is in a rural community in the High Country of Victoria.

Abstract:

This presentation will 'tell a tale' to highlight how in the bush, despite the challenges of distance and limited access to health services, quality palliative care can be delivered and the associated positive outcomes for family and patient.

Charlie, a 98-year-old man living in a remote community where the nearest tertiary hospital was three hours away, had a diagnosis of caecal carcinoma. He had remained at home with his children's support, who provided meals and took care of finances. Six weeks prior to death, his condition deteriorated to a stage where he required palliative management at home or in a hospital. Charlie's children were keen to keep Dad at home.

The challenges that required addressing were his: high level of dependency, pain management, access to appropriate equipment, eg. palliative care bed, syringe driver and desire to watch his beloved footy team on T.V.

A meeting was held in Charlie's home with his family, the Remote Area Nurse (RAN) and local Doctor to discuss feasibility of Charlie remaining at home. Essential to this, were the family commitment to providing ongoing 24-hour care, access to a skilled RAN, who could receive support from a specialist palliative care service.

The RAN had the skills and confidence to provide the family with education and training around, bathing, turning, mouth and indwelling catheter care, diet and fluids. The palliative care services enabled access to specialised equipment and pain management advice via teleconference.

Due to the effective collaborations between family, RAN and palliative services, Charlie was able to remain at home and watch his beloved pre season footy games. He died peacefully at home with his family present.

This tale highlights that RANs can provide quality palliative care providing there are strong funding models that enable appropriate support mechanisms.

SARAH BROWN

Sharing our Story (Purple House)

Sarah Brown has been the CEO of Western Desert Dialysis since it was incorporated in 2003. Before that she was a Remote Area Nurse in WA, NT and Tasmania. She has also taught nurses and Aboriginal Health Workers in the NT, SA and NSW. She has a Master of Nursing, a Graduate Diploma in Aboriginal Education and a Grad Dip in Health Service Management. She paints, has three teenagers and drives a Morris Minor. She lives in Alice, but would always prefer to be out bush!

Abstract:

Western Desert Dialysis (the Purple House) has throughout our history worked hard to share our story to Indigenous and Non-Indigenous people to inspire and garner support in many forms. Over the years a strong, innovative and holistic service embedded with cultural priorities and determination to succeed has developed. Our story, the challenges and the innovations will be shared in this presentation.

Question time (5 minutes)

Afternoon tea (30 minutes)

RESEARCH STUDY



Bush Support Services



Improving the Management of Remote Health Professionals who have Experienced a Traumatic Event

Invitation for Remote Health Professionals and Managers to be interviewed:

CRANApus Bush Support Services together with the Centre for Remote Health are currently conducting a study aimed at improving the management of remote health professionals who have experienced a traumatic event through the development of best practice guidelines, education workshops, and materials. The first part of the study is to gather information about what may have helped or what may have hindered your recovery. We would also like your feedback about what strategies you feel would improve the management of health professionals who have experienced a traumatic event.

The interviews will be conducted by a person experienced in trauma, but who is not part of the research team.

All interviews will be confidential and only de-identified information will be published.



If you are willing to be interviewed for this study, could you please contact Sue Lenthall
Email: Sue.Lenthall@flinders.edu.au Phone: 08 8951 4707



Photo: Courtesy of ASCC.

SESSION 4

Chair: Lyn Byers

ROBYN WILLIAMS

Remote area health professionals' narratives – remarkable stories from remarkable people

Robyn Williams has nursing and education qualifications and has over thirty five years of experience of working with Indigenous peoples, primarily in the NT. Her fields of expertise include cross-cultural curriculum development and program implementation; evaluation of community based programs; and qualitative research in Indigenous and remote health issues.

She is currently coordinating the Bachelor of Health Science at CDU where she also worked with colleagues to develop a cultural competency framework and a remote health pathway in the Bachelor of Nursing. She works closely with the Chronic Conditions and Remote

Health programs in the NT Department of Health and also works collaboratively with the NRHA, AMSANT, IAHA, Centre for Remote Health, Lowitja Institute of Indigenous Health Research, CRANApus and LIME.

Abstract:

The author's PhD research is on preparation of health professionals to work in Indigenous primary health care settings. To date, 21 health professionals who are (or have been) engaged in Indigenous primary health care practice across rural and remote locations have been interviewed and shared their professional and personal stories and reflections on their preparation for working in Indigenous primary health care settings.

Analysis of the data has produced emergent themes that include: the importance of previous experience with other cultures; significant family or childhood events; placements as 'deal breakers'; compulsory

and timely orientation; inspirational lecturers; professional and cultural mentors; Indigenous health and cultural safety units and primary health care frameworks as part of curricula; a strong sense of self, identity and insight; and professional support and development. What has also emerged is the power and richness of the data that come from these individual stories and the broader implications for the rural and remote health workforce.

In this paper the author will share some of the challenges of and lessons learned from interviewing these health professionals and the depth and breadth of extraordinary stories that have emerged.

The research will contribute to education and practice about how health professionals can work more effectively when working in Indigenous primary health care locations and ultimately resulting in better health outcomes for Indigenous peoples in these communities.

HAZEL BOOTH

Coronary Artery Disease-When things go wrong: Learning from coronial reports involving remote area nurses in remote Indigenous communities in the Northern Territory

Hazel Booth is a lecturer-remote nursing and nurse practitioner at the Centre for Remote Health in Alice Springs, a joint centre of Flinders University and Charles Darwin University.

Since her arrival in Australia, Hazel has been applying her Canadian expertise in clinical practice and professional education in providing education to remote area nurses and nurse practitioners within Australia.

While the majority of her career has been working in advanced practice nursing roles in remote communities in Canada, Hazel has also worked as a nurse practitioner in geriatrics and in a nursing leadership role in infectious disease. Hazel has mentored a number of advanced practice nurses. She started her nursing career as a staff nurse in neonatal intensive care. Known as a weaver of possibilities, Hazel is also a certified executive coach.

Abstract:

The age standardised death rates for Indigenous peoples nationally was 1.7 times the rate for their non-Indigenous counterparts in 2013. In the Northern Territory it was 2.4 times the rate for non-Indigenous Territorians (Australian Institute of Health and Welfare, 2013). Although the Remote Area Nursing workforce is relatively small, they potentially have a huge impact on Indigenous health and closing the gap. In very remote Indigenous communities, RANs with indigenous Health Practitioners are the main health care providers. In 2011, there were 157 RANs working at 66 very remote communities in the Northern Territory (Lenthall et al., 2011).



Occasionally things do go wrong. During the last decade there have been a number of coronial reports that have involved Remote Area Nurses in the Northern Territory. Deaths have been due to motor vehicle accidents, coronary heart disease, and meningitis among other causes. A review of these reports has highlighted some key contributors, primarily not recognising or responding appropriately to risk, and not recognising the deteriorating patient. There is a need to increase or improve the education of RANs to place greater emphasis on the role of risk as part of clinical decision making.

Australian Institute Of Health And Welfare 2013. Aboriginal and Torres Strait Islander health performance framework 2012, detailed analyses. Canberra: Australian Institute of Health and Welfare Lenthall, S., Wakerman, J., Opie, T., Dollard, M., Dunn, S., Knight, S. & Macleod, M. 2011. The Nursing Workforce in Very Remote Australia, Characteristics and Key Issues. Australian Journal of Rural Health, 19, 32-37.

MICHELLE SWEET

eMental health in practice a primary health care approach: The Stay Strong iPad App

Dr Michelle Sweet has worked for the past nine years predominately with Aboriginal controlled organisations in Alice Springs both as a Consultant and Manager. Her passions lie with advocating, exploring and developing innovative strategies to address health issues.

Abstract:

Disempowerment and intergenerational trauma have contributed to a poor mental health profile for Aboriginal and Torres Strait Islander people. However, Aboriginal and Torres Strait Islander clients do not access mental health services at a level commensurate with need. Primary healthcare services are ideally placed to assess and treat mild to moderate mental illnesses holistically, which are often co-morbid with alcohol, drug and substance abuse problems and chronic conditions, and avoid the need for clients to travel outside the home community which can lead to further distress.

e-Mental health programs have the potential to improve access to mental health services through primary healthcare, particularly for clients in rural and remote areas, while reducing costs. Such programs offer treatment and support through electronic formats including client education, peer support, virtual applications and games and to real-time interaction with clinicians.

The Stay Strong iPad App is one of very few e-mental health programs developed for Aboriginal and Torres Strait Islander clients. Developed by Menzies School of Health Research in partnership with Queensland University of Technology, it is designed to assess strengths, worries and the goals people would like to achieve in their lives.

Training and support for health professionals working in primary care is being provided in the NT by Menzies as part of the e-Mental Health in Practice (eMHPrac) project.

Aims: to demonstrate the Stay Strong App, discuss implementation of an e-mental health tool and the enablers and barriers identified.

Methods: Training delivered and evaluated. Follow up interviews 6-9 months post-training were conducted.

Results: the Stay Strong App has the potential to improve client engagement however some organisational, resourcing and technical barriers were identified. Results will be used to facilitate further discussion on the use of e-mental health in the Indigenous primary care context.

KYLIE MCCULLOUGH

Towards a theory of remote nursing practice

Kylie McCullough is a PhD candidate from the School of Nursing and Midwifery at Edith Cowan University. Kylie worked as a RAN for several years and this experience sparked her interest in researching the remote context of nursing practice. On completion of an honours study into violence and RANs, she commenced further research and is now entering her final year of work towards her PhD.

Abstract:

Remote Area practice is complex and ever-changing and quite unlike other contexts of nursing practice. This presentation will report on early results from a PhD study using Grounded Theory methodology that aims to generate a theory that explains the complexity of remote practice and provides a framework of understanding for future studies. Data for this study has been collected through in-depth interviews with Nurse Practitioners, experienced RANs, novice and relief RANs.

Preliminary results confirm that nursing practice in the remote context is demanding, particularly when required to work on-call. The resource-poor, culturally rich and professionally challenging context of practice requires a process of constant learning and adaptation. Nursing practice is influenced by the expectations of communities, employers, socio-political factors and the ideology of providing comprehensive PHC. In meeting the challenges and demands of practice; nurses are involved in complex decision making, negotiation, risk management and redefining their nursing scope of practice.

Question time (5 minutes)

Wrap up and close

Pop-up markets in the ASCC Ampitheatre



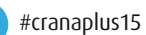
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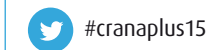
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DAY TWO



SATURDAY 17 OCTOBER

9:00 am	Session 5 Chair: Prof. Janie Dade Smith, President, CRANApplus Welcome and launch of the new CRANApplus Reconciliation Action Plan
9:15 am	Keynote speaker Dr Buddhi Lokuge
9:50 am	Diane Craig and Meg McLoskey <i>Narrative Characteristics of the Australian Nurse Family Partnership Program: A strength based, relationship based intervention</i>
10:05 am	Mr Stephen Jones MP, Shadow Assistant Minister for Health
10:25 am	Question time (5 minutes)
10:30 am	Morning tea (30 minutes)
	Session 6 Chair: Paul Stephenson, Vice President, CRANApplus
11:00 am	Invited speaker Deb Ceresa <i>Why Social Media is essential for health professionals</i>
11:25 am	Bruce McKay <i>Yarning and Story Telling! Their roles in Health Worker Education</i>
11:40 am	Annette Jones, Katie Michell and Lyn Byers <i>Keeping Grandmothers Strong and Culture Alive – Women's Health in Central Australia</i>
11:55 am	Rebecca Irwin <i>Reach for the stars: encouraging our rural and remote secondary students to be future health leaders</i>
12:10 pm	Question time (5 minutes)
12:15 pm	Lunch (1 hour)
	Session 7 Chair: Dr Nick Williams, CRANApplus Board Secretary
1:15 pm	Invited speaker Prof Caroline Homer <i>Maternity services in remote areas – whose narrative are we listening to?</i>
1:35 pm	Sandra McElligott <i>Just let them feed DVD</i>
1:50 pm	Glenda Gleeson <i>The Power of the Narrative – Looking through the 'glass onion'</i>
2:05 pm	Sandra Bulger <i>Writing down your sorrow</i>
2:20 pm	Rosie Downing <i>How rural and remote birthing services in Scotland, Canada and Aotearoa/New Zealand provide sustainable and safe maternity care</i>
2:35 pm	Question time (5 minutes)
2:40 pm	Afternoon tea (30 minutes)

Session 8 Chair: Christopher Cliffe, CEO, CRANApplus

3:10 pm	Invited speaker Annmaree Wilson <i>Bush Tales: Using Narrative Therapy to Build Resilience in the Remote Area Health Workforce</i>
3:35 pm	Michael Tyrrell <i>Missionary, Mercenary or Misfit ('the 3Ms'): just another bush tale?</i>
3:50 pm	Genevieve Lewis <i>Stories of Support – working with RAHC in the Northern Territory</i>
4:05 pm	Question time (5 minutes)
4:15 pm	Wrap up and close
6:30 pm	CRANApplus Annual Awards Dinner Alice Springs Desert Park, Larapinta Drive, Alice Springs



Stephen Jones MP, Shadow Assistant Minister for Health

Stephen Jones was first elected to the Federal Parliament in 2010 representing the NSW regional electorate of Throsby, centred around Wollongong, where he has lived for most of his life. He was re-elected in 2013.

In his first term Mr Jones served on the House of Representatives Economics Committee as well as the Infrastructure and Communications Committee. He was also active in the area of Manufacturing policy.

In 2013, Mr Jones was appointed by Opposition Leader, Bill Shorten as the Shadow Parliamentary Secretary for Regional Development and Infrastructure. In 2014 he was appointed to the Shadow Ministry by Mr Shorten as the Shadow Assistant Minister for Health.

Mr Jones' shadow portfolio responsibilities include Regional and Rural Health, Organ and Tissue Donation, regulation of Therapeutic Goods, Food Standards, Gene Technology, Nuclear and Chemical safety and the National Blood supply. Mr Jones currently serves on the Standing Committee on Health, Joint Select Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander People and Caucus Committee on Social Policy.

Mr Jones holds a Bachelor of Arts degree from the University of Wollongong and a Bachelor of Laws degree from Macquarie University.

Prior to entering the Federal Parliament he worked as a community worker for various front line disability services, youth and health services and as a lawyer with the Australian Council of Trade Unions (ACTU) and as the Secretary of the Community and Public Sector Union (CPSU).

KEYNOTE SPEAKER



Dr Buddhi Lokuge is the co-founder of EveryVoiceCounts and a public health doctor who has worked in Afghanistan, Africa and the US for Medecins Sans Frontiers, and in remote Northern Australia.

Buddhi has implemented large scale public health projects, and led international campaigns around malnutrition and access to low cost essential medicines.

He was founding coordinator of the East Arnhem Scabies Program, is co-author of *A Doctor's Dream*, a story of hope from the Top End, and is co-creator of the TV show *Black As*.

Attendance at this entire program provides 12 CPD points

INVITED SPEAKERS



Debra Cerasa is an experienced and qualified senior executive in the health sector, with a diverse resume of experience in management and

leadership roles. Currently, her role is Chief Executive Officer (CEO) at Otway Health and Community Services. Most recently Debra was the Chief Executive Officer (CEO) of MS Australia and was the CEO with Royal College of Nursing Australia (2008 to 2012).

Debra is motivated by a belief that health care is a right for all and not a privilege. She holds a

practical, down-to-earth approach to research, education and quality improvement.

She has become an active participant in the use of Social Media believing there are enormous benefits in harnessing the appropriate use to assist our communities in health, illness prevention and wellbeing. This energy for Social Media has been a positive driver for changes in the approach to advocacy with the MS Australia National Advocacy Program.

Debra is regarded by many as an innovative change agent who believes that progress in health and wellbeing can be inspired by everyday stories of real people.



Caroline Homer is the President of the Australian College of Midwives. She was the first President to be publicly elected, has been an active member

of ACM for more than 18 years and has served on many national and state-based committees.

In her day job, she is the Director of the Centre for Midwifery, Child and Family Health, Director of Midwifery Studies and the Associate Dean for International and Development in the Faculty of Health at the University of Technology Sydney and she practises as a midwife at the St George Hospital.

Over the last 10 years she has also been an instructor in the CRANaplus MEC and MiddUS courses.

She has led research into the development and implementation of innovative models of midwifery care and the translation of research into clinical practice.

She was an author in the recent Lancet Series of Midwifery and the 2014 State of the World's Midwifery Report.



Photo: Courtesy of ASCC.



Annmaree Wilson is the Senior Clinical Psychologist for CRANaplus Bush Support Services. She is clinically responsible for the management of the

team of Bush Support Services' psychologists.

She enjoys the diversity of work provided by Bush Support Services, particularly the telephone counselling and designing and facilitating workshops.

Annmaree completed her undergraduate and postgraduate degrees in clinical psychology at the University of New South Wales. She completed her PhD at the University of New England. She has worked extensively both in Australia and overseas, in rural and remote settings, mainly in the area of child, adolescent and family work.

She is particularly interested in Narrative Therapy and has practiced as a narrative therapist for many years. As well, she has taught the approach to both undergraduate and post graduate students.

Annmaree is looking forward to the opportunity to talk about the narrative approach to therapy at the CRANaplus Conference.

She sees narrative as a really useful way of working with callers to Bush Support Services because it is a collaborative and non-pathologising approach.

It assumes that people all have many skills, abilities, values, commitments, beliefs and competencies that will assist them when they experience difficulties. It is a way of working therapeutically that takes into account the broader context such as class, race, gender, sexual orientation and ability.

SESSION 5

Chair: Janie Dade Smith, President, CRANaplus

Keynote address

DR BUDDHI LOKGUE

DIANE CRAIG AND MEG MCLOSKEY

Narrative characteristics of the Australian Nurse Family Partnership Program: A strength based, relationship based intervention

Dianne Craig, MAP, CHN, RN, RM, IBCLC, is working as the Nurse Supervisor at Central Australia Aboriginal Congress. She has interests in perinatal mental health, lactation, aboriginal well being and evidenced based primary health care programs.

Abstract:

Aboriginal and Torres Strait Islander people continue to experience poorer health, wealth and social outcomes than other Australians. This presentation will discuss characteristics of the Australian Nurse Family Partnership Program (ANFPP) funded federally through the Closing the Gap initiative, aimed at enhancing maternal and child health outcomes. Founded on David Old's research over 30 years, ANFPP celebrates strengths and provides continuity of care through a safe and trusting relationship, where narration is embedded into content that is crafted and shaped over two and a half years.



Photo: Courtesy of ASCC.

Certain characteristics are required of Aboriginal health service delivery in order to ensure it is both accepted and effective. These include:

- Ensuring community consultation and community control
- Providing culturally competent care reflected in programs that include family and community
- Creating programs that are holistic in nature
- Inclusion of Aboriginal staff members
- Embracing strength-based philosophy.

This David Olds evidence-based program is delivered locally by Central Australian Aboriginal Congress (Congress), an Aboriginal community controlled primary health care service. ANFPP was implemented at Congress in 2008, following lengthy consultation and lobbying involving community members, in line with the service delivery features of a successful program.

The utilisation of Nurse Home Visitors has been augmented in an Australian only adaptation, with Aboriginal Community Workers.

This increases the probability of maternal uptake of antenatal and postnatal care whilst enhancing client satisfaction and cultural safety, again addressing the recognised elements required in successful program delivery. The use of strength based client led principles which includes acknowledging that the client is an expert in her own life, and even small changes are worthy of celebrating, are key in allowing women to feel supported and able to tell their story. Motivational Interviewing forms part of the dialogue around change, whilst Reflective Practice is also an essential narrative component to support staff to support the client.

Mr Stephen Jones MP, Shadow Assistant Minister for Health

SESSION 6

Chair: Paul Stephenson, Vice President, CRANaplus

Invited speaker

DEB CERESA

Why Social Media is essential for health professionals

BRUCE MCKAY

Yarning and Story Telling! Their roles in Health Worker Education

Bruce McKay (aka Mac) Registered Nurse, Registered Midwife, Advanced Care Paramedic and Trainer. (1997–2003) Previous CRANaplus Board of Management and CRANaplus President. Mac describes himself as: 'a crazy aquarian, fabulous husband, incredible father of three, great grandfather of five (about to be six) with a passion for food, friends, sharing stories and laughter.' He is currently employed as a Health Worker Trainer and Assessor with Health Information Training, Hervey Bay.

He provides Training/Education & Assessment in Certificates 3 & 4 and Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice. He delivers these courses online to over 90 students.

Abstract:

Introduction: In 1985, I began working as a Remote Area Registered Nurse in an Aboriginal Community in the far north west corner of SA.

I was 31 years old, a father of three, and very quickly realised I had a lot of 'growing up' to do.

The community, their health service and the Aboriginal Health Workers, all started training and educating me in issues revolving around:

- Deplorable Aboriginal health statistics
- The tyranny of distance and living in remote and isolated Australia

- Introduction to Aboriginal culture, kinship and skin systems
- The importance of family
- How and where my family were going to fit in.

This was all achieved slowly and patiently with 'Yarning and Story Telling!'

They told me stories about the past, using examples and experiences from dreamtime stories (Tjukurpa) and strong references to culture and family.

They yarned to me about sicknesses and how and what these are related to.

This education, was conducted in health service vehicles, waiting at airstrips, clinic rooms or most commonly, just sitting down, outside, in the red dust, with a bent bit of wire and making sand drawings. (Tjalkaltjunanyi!)

The middle bit (what has happened): Many years have passed since first arriving in Kalka on the Anangu Pitjantjatjara lands. However, most of those initial stories, how and why they were told, have remained the basis for how I have worked, trained, and for what people and organisations I have chosen to work with.

From PNHHS, Nganampa Health Council, Anilalya Homeland Council, AIHWEP, QLD Health on Darnley Island (Erub) on the eastern edge of the Torres Strait and back again to central Australia at Mutitjulu Health Service at Uluru-Kata Tjuta National Park.

How is 'Yarning and Story Telling' being used today? Working with Health Industry Training (HIT), I have Indigenous Primary Health Care Workers from various parts of Australia, differing cultural backgrounds, contrasting educational and learning.

ANNETTE JONES, KATIE MICHELL AND LYN BYERS
Keeping Grandmothers Strong and Culture Alive
 – Women's Health in Central Australia

Annette Jones is the Primary Health Centre Manager of Docker River Primary Health Care Centre and has worked as a Remote Area Nurse in the Northern Territory since 2008. Annette has a strong interest in chronic disease nursing and brings with her a wealth of experience in renal and critical care nursing. In her spare time Annette is the purveyor of fine cupcakes.

Katie Michell is a Remote Outreach Midwife in Central Australia, and has worked in the Northern Territory since 2007, primarily as Remote Area Nurse/Midwife in Central Australia and The Barkly. Katie provides clinical

midwifery and women's health care in remote primary health care centres predominantly for Indigenous women from five communities from the border of the Simpson Desert to the NT/ WA border. Katie is passionate about women's health and ensuring women in remote areas have access to good quality services.

Lyn Byers is a Nurse Practitioner in the speciality of Remote Area Nursing, a Midwife and Mental Health Nurse. She has worked in Central Australia since 2001 as a resident Remote Area Nurse and Midwife in a remote community and as the Manager of an outreach mental health team. She has also worked in small country hospitals and bush clinics in Victoria. Lyn is on the editorial committee of the suite of procedure manuals used in the remote setting and a

long term reviewer of these protocols. Lyn is passionate about delivering high quality primary health care to remote areas and promoting the work remote area clinicians do in difficult circumstances. In remote areas characterised by limited resources, high burdens of disease and difficult logistics, collaborative relationships and excellent clinical skills are essential components of care.

Abstract:

Breast cancer affects one in nine Australian women during their lifetime (AIHW 2012). Early detection is vital, evidence suggests that Indigenous women from remote and very remote areas of the Northern Territory are more likely to have lower rates of participation in screening mammograms leading to later detection of breast cancer (AIHW 2014). Despite a reportedly lower incidence of breast cancer in Indigenous women, the mortality rate is significantly greater, 52.3 deaths per 100,000 Indigenous women compared with 44.4 deaths per 100,000 non-Indigenous women (AIHW 2014).

These statistics reflect the reality faced by women in very remote areas of the Northern Territory and is indicative of a clear need to improve access to breast screening services. The 2014 roll out of the NT Breast Screen bus, visiting remote communities using a 'hub and spoke' model, provided an opportunity for women from very remote communities to participate in screening mammograms along with other women's health activities to this population group.

Despite availability of the mobile breast screening bus at hub communities, the logistics required to enable women from a catchment area ranging from the edge of the Simpson Desert to the Western Australian border in accessing it were challenging. A coordinated

and collaborative effort from many agencies including business, government and non-government was required. Remote clinic staff, outreach health staff, volunteers and business operators worked together to facilitate these women accessing mammograms and other appropriate women's health activities.

This presentation outlines the consultative process, logistical considerations and final outcomes of the project. It illustrates the importance of consultative and collaborative engagement in achieving project outcomes. It provides a practical template for future health promotion projects in a logistically and geographically challenging environment.

REBECCA IRWIN

Reach for the stars: encouraging our rural and remote secondary students to be future health leaders

Rebecca Irwin is a third-year medical student at Australian National University and Vice Chair of the National Rural Health Student Network. The National Rural Health Student Network represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories. It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

Abstract:

Purpose:

1. Discuss the purpose and positive impact of the National Rural Health Student Network's (NRHSN) Rural High School Visit (RHSV) program
2. Share experiences from recent RHSV in remote communities.

Essential Aspects of Aeromedical Retrieval



The major focus of this program is to improve the delivery of clinical care in aeromedical retrieval. This will give you the opportunity to receive training and education in all aspects of this challenging discipline.

This program is for doctors, nurses or paramedics either currently working within the Aeromedical environment or looking to gain an insight into this unique specialty. The 'Essential Aspects of Aeromedical Retrieval' course will comprise:

The course is accredited for relevant continuing education points with ACEM, CICM, ANZCA, ACCRRM, RACGP & ACN.

2015 Course Dates	Location	Early Bird
20-21-22 November	Brisbane (precedes the ACEM Conference, Brisbane: 22-26 Nov)	21 Sept
2016 Course Dates	Location	Early Bird
13-14-15 May	Brisbane	14 March
22-23-24 August	Queenstown, NZ (precedes ASA+FNA Conference in Queenstown 24-26 Aug)	20 June
21-22-23 October	Brisbane	22 August

Course Cost

Full Registration: \$2,750

Early Bird Registration: \$2,475

Course numbers limited to 24 – early registration is recommended.

For further information on course structure and content, contact:

Kerry O'Connor

Phone: (07) 4040 0135

email: star@rfdsgld.com.au

The paper will draw attention to the following goals:

- Encouraging health careers amongst rural and remote secondary school students
- Providing mentors for rural and remote secondary students
- Increasing the rural and remote health workforce.

The purpose of the RHSV program is to encourage the next generation of rural and remote students to pursue health careers. This is achieved through the sharing of personal education journeys and common experiences with the students.

Australia's health workforce is maldistributed, with rural and remote areas being under serviced. Evidence shows that rural origin is a strong predictor of eventual rural practice and that promoting health careers to high school students is an important strategy to attract those with rural backgrounds to consider health careers.^{1,2}

The usual components of a RHSV are:

- Sharing personal health career journeys with the high school students
- Shedding light on the breadth of health careers and pathways
- A practical skills-based component.

The paper will present some recent case studies of RHSVs and NRHSN's experiences with this program.

Conclusion: University students sharing their health career journeys with secondary school students through the RHSV program plays an important role in promoting health careers to students in rural and remote communities.

The research currently available and NRHSN case studies indicate that these students will be significantly more likely to return to rural areas when qualified, therefore building the next rural and remote health workforce.

References:

1. Laven G, Wilkinson D. Rural doctors and rural backgrounds: how strong is the evidence? A systematic review. *The Australian Journal of Rural Health* 2003; 11: 277-284.
2. Chester J, Kelly H. *Evidence-based rural health career promotion*. Paper presented at the 7th National Rural Health Conference, 2003.

Question time (5 minutes)

Lunch (1 hour)

SESSION 7

Chair: Nick Williams

Invited speaker

PROF CAROLINE HOMER

Maternity services in remote areas – whose narrative are we listening to?

SANDRA MCELLIGOTT

Just Let Them Feed DVD

Sandra McElligott is a Womens Health Educator with Primary Health Outreach Alice Springs. She has been in the Territory for over 20 years working in remote communities, and enjoys working with community people on their own health priorities.

Abstract:

Author/s: Robyn Carmichael, Sandra McElligott, Marion Swift, Department of Health, Alice Springs, NT. Glenda Lucas, CAAC Alice Springs, NT.

Research: Do we always need research where there isn't much done, to address a local issue?

Background/Issues: The local Indigenous women said 'it's time to review what is happening; we need to do something about this before it's too late'. We, as the Maternal and Child Health team listened to their worries and concerns, and with them we did something about it.

Methods: Together we planned what to do and how to do it. We involved young men and women from the start; for them to watch and listen to what the older wiser men and women had to say about the benefits of breastfeeding.

We produced a locally made short educational DVD, which the Western Arrarnta people of Ntaria have allowed us to share with you, so participants at this conference can realise how breastfeeding plays such a vital role as an early intervention, and how the benefits impact health outcomes later in life.

Results/Discussions: The young ones got to sing, dance and produce a rap whilst learning about and sharing the importance of breastfeeding, while elders spoke with wisdom and truth, sharing what they know to be right.

In the three weeks since its local release in April 2015, and through promotion via social media, Just Let Them Feed video views on YouTube are already 1300 and climbing.

Conclusion/implications: Health promotion works when generated by the people.

Community response has been extraordinary. Health professionals, researchers and people from local communities in the Northern Territory and beyond want to know how we did this. They think already that it makes a difference.

We look forward to showing what real difference this initiative makes in the future.

GLENDIA GLEESON

The Power of the Narrative: Looking through the 'glass onion'

Glenda Gleeson RM, RN, BNsg, MPH has extensive experience as a clinical Midwife and Nurse in remote Indigenous Health. In recent years her primary focus of midwifery has been in Education both Internationally and Nationally. Teaching in Pakistan and Papua New Guinea has given broad insight into primary health care outside the Australian context. Working in mainstream Australia in recent years increased her awareness of how little the Australian Indigenous health context is known and understood in the broader society. Hence she has returned to this area of Midwifery and Nursing to continue to raise the issues and work to change the disparity existing in Australia.

Abstract:

The Maternity Emergency Care course offers the opportunity for participants to reflect on the cultural aspects of their professional practice. Health professionals can see it as looking through the 'glass onion' for there are multiple layers of meanings associated with their reflections on cultural considerations. These considerations are through their story telling of the customs, kinship, language and art when they engage with clients.

Implementing new content into the course, relates to working with Aboriginal Torres Strait Islander and culturally diverse people. The Maternity Emergency Care programs have opened up an exciting layer of reflective practice considering the engagement between health professionals and users of health systems. Health professionals are being asked to look into their practice and reveal how they engage and how they respond to culturally diverse situations.

The education tools such as videos, group activities, and articles on cultural sensitivity highlight the significant difference and disparity that exists for minority groups within our society. This form of active reflection assists students to raise their awareness of cultural differences. Maternal Emergency Care program encourages students to share the narrative of professional encounters within their practice, and how they have implemented actions and new ways to deal with cultural variance.

Our culture and our way of being are not usually elements of life that we talk about and reflect on. However, the program fosters the creation of a safe space where stories are told revealing insight and sensitivity in dealing with their experiences of advocating and caring for clients and families.

It is clear through this layered process of sharing that Health practitioners do consider their own cultural norms and how they respond and adapt to cultural difference in their practice. The power of the Narrative is quite profound.

SANDRA BULGER

Writing down your sorrow

Sandra Bulger is a well-respected early childhood educator from Far North Queensland and is currently a James Cook University PhD student. Sandra holds a Master of Arts in writing and facilitates writing workshops for parents and health care professionals who would like to explore story writing as one way to navigate and reflect on traumatic lived experiences. Sandra aims to gain a clearer understanding of how connecting with one's creativity and spirituality through story writing might support transformative growth and healing.

Sandra's research project draws on personal experience. 'When I faced the heartbreak of

my own baby's stillbirth, writing provided me with a safe haven where I could get in touch with my thoughts and feelings. It was through the gentle nurturing of this creative spark that I began to heal.'

Abstract:

This presentation aims to communicate how individually and collectively people can facilitate change within themselves and others through writing their stories.

The research project being shared focusses on stillbirth grief and explores how connecting with one's creativity through story writing might influence a person's healing journey through grief.

The writing workshop methods used for this research project could easily be transferred to other grief situations and be facilitated within a wide variety of community settings, including urban, rural or remote locations. Story writing is simple, cost effective, creative and can be practiced alone or in groups of people who come together in order to share their observations.

There is scant research literature specifically relating to stillbirth grief which explores personal narrative as one way of navigating this profoundly traumatic event. When parents choose to write down their lived experiences their voices are amplified. Stories can give concerned health care providers a genuine insight into beneficial

practices which support healing and emotional wellbeing as well as those which might hinder recovery from this particular type of loss.

This presentation will present preliminary findings into how the story writing process may create an opportunity for a deeper and more compassionate understanding of stillbirth grief within the wider community. It will describe how story writing has the potential to give great comfort and nurture transformative growth within the writer as well as the reader. Evidence will be presented to demonstrate how stories can affect social change and help lessen the silence surrounding marginalised or underrepresented community groups.



Photo: Courtesy of ASCC.

ROSIE DOWNING

How rural and remote birthing services in Scotland, Canada and Aotearoa/New Zealand provide sustainable and safe maternity care

Rosie Downing RN, RM, MSH (Aboriginal Health), Churchill Fellow After working as a nurse in public, private and Aboriginal Community Controlled health services, Rosie completed her Masters in Social Health (Aboriginal Health) the same year she moved to the Northern Territory and began training as a midwife. Since then, she has worked in urban and remote, tertiary and community settings as a midwife. It was this work which fueled her desire to learn more about successful models of birthing service provision in rural and remote communities. She was honoured to receive the 2015 Northern Territory Excellence in Midwifery Award.

Abstract:

At the present time, around one in four women living in the Northern Territory, Australia, are expected to leave their homes, families and community in preparation for the birth of their child in a setting where there are appropriate staff and resources at hand (Thompson, 2013). Leaving their home is not without risk; the emotional, cultural, spiritual, social, financial and physical risks that may ensue in this arrangement are well documented in many studies, reports and research articles. However, women and their families must juggle these risks with the risks of planning to birth in a remote setting with variable access to skilled maternity carers, appropriate resources and knowing the geographical barriers to accessing emergency care if it becomes necessary. For many families, there are also the inherent complexities and challenges of negotiating a dominant colonial health care system. From a service provision point of view, there are many barriers to be overcome if maternity services are to be sustained in the remote setting.

The oft-quoted 'tyranny of distance', inclement weather and its impact on road or air access, variable and transient population sizes, shifting government structures and funding, and the difficulty of recruiting and retaining skilled maternity carers are all factors that will affect how maternity care can be planned and organised, and what that care will be like. And yet, facing similar barriers and complexities, there are services in other rural and remote communities around the world who provide safe maternity and birthing care.

This research project was inspired by a desire to improve the maternity services available to women living in rural and remote communities in Australia. The generous award of a Peter Mitchell Churchill Fellowship allowed me to travel to Scotland, Nunavik (in Canada), and Aotearoa/New Zealand, to visit midwives and communities who have successfully established and continue to sustain birthing services in their remote communities.

Each of the communities I visited have their own unique and appropriate solutions to the barriers they encounter; what they showed me is that where there is a will, there is a way. Key elements of their success, as I observed them, included:

- a community-driven desire and drive to provide good quality, safe maternity care to women in their community,
- a culture of valuing a woman's prerogative to choose her place of birth,
- growing confident, skilled maternity carers,
- fostering supportive, strong relationships within the maternity care team, and
- organising the service structure with midwifery led clinical governance, innovation, flexibility and reflexivity.

SESSION 8

Chair: Christopher Cliffe, CEO, CRANApplus

Invited speaker

ANNMAREE WILSON

Bush Tales: Using Narrative Therapy to Build Resilience in the Remote Area Health Workforce

MICHAEL TYRRELL

Missionary, Mercenary or Misfit ('the 3Ms'): just another bush tale?

Michael Tyrrell's early career as a psychologist formed in rural Scotland (1970–1971), Canberra (1972–1973), Rabaul and Port Moresby PNG (1973–1977), where he worked in acute inter-cultural psychiatry and organisational psychology.

Then he coordinated New England Region's mental health services (1977–1986), focusing on early easy contact, responsiveness, fostering synergies with local services, continuity, durability, minimal duplication and broad clinical expertise.

As regional director, NTG Health and Community Services, Central Australia (1986–1991), he used these principles to foster such services as mobile remote area women's health and physiotherapy resource services, strong CPE resources, addiction services and specialist radiology services, which continue today.

From 1992 he delivered a broad range of psychological services in Central Australia but is now full time working on his motivations research ('The 3Ms').

Michael has helped raise four children and one grandchild; bred rams; learned wool classing; and developed two energy-efficient houses.

Abstract:

This is a tale about why and how the above question has been addressed. The popular but tired 3Ms is a loose work motivation construct

still often attributed to very remote health practitioners, by some both in and outside the health industry.

Recruitment and retention of health practitioners to remote and especially very remote Australia can be costly in time, money, stress, quality of service and related consumer health status.

There is some evidence and much informed opinion that some personality traits, which are relatively unchangeable, help and some do not help in flourishing in bush health work. Work motivations can reflect trait but are changeable: they respond to new information, resources, negotiation and opportunities. They also influence workplace outcomes.

A health practitioner motivation scale was derived from a survey of 547 health practitioners, including over 300 with very remote work experience. Seventeen subscales of work motivation emerged. Some of these relate to elements of the 3Ms, such as Monetary motivations. Some clearly reflect the trait findings, such as Challenge seeking. Others are more independent.

Links are being identified between each of these seventeen facets of work motivation and key workplace variables, including length of very remote service and job fit, satisfaction and engagement. There are many more such relationships to explore.

The final product motivation scale will be administered hard copy or net-based. It could help the employee and the employer improve practitioner-job fit from recruitment and enhance the capacity to support the practitioner at work in various ways.

Data will be more fully processed before October 2015. It is not yet clear how valid a bush tale the 3Ms are, but some surprises can be expected by October.

GENEVIEVE LEWIS

Stories of Support – working with RAHC in the Northern Territory

Genevieve Lewis, RAHC's Clinical Coordinator, has been based in Alice Springs since 2012. Genevieve brings experience from both urban and remote nursing in South Australia and the Northern Territory. After working in aged care for 18 years, Genevieve became interested in Indigenous health after a trip to the Anangu Pitjantjatjara Yankunytjatjara Lands. Since this time she has spent six years as a Remote Area Nurse at Utju (Areyonga) west of Alice Springs including some time as the Clinic Manager.



Photo: Courtesy of ASCC.

Abstract:

The Remote Area Health Corps (RAHC) was established in 2008 as part of the effort to help 'Close the Gap' and improve Indigenous health outcomes in the Northern Territory (NT). RAHC is funded by the Australian Government Department of Health under Stronger Futures Program.

RAHC recruits urban-based health professionals (HPs) such as Registered Nurses and Midwives, General Practitioners and Oral and Allied Health for paid, short-term placements in health centres in Indigenous communities in remote areas of the NT.

RAHC provide support and education for all HPs to successfully transition to remote practice including cultural and clinical orientation, elearning modules and tailored professional development.

Our best marketing comes from word of mouth. Stories from HPs new to remote practice who have made the first step and come to work with us and then continue to come back.

Our presentation will be based on these stories about the HP's experiences in remote health across the Northern Territory. In particular, we will focus on the personal and professional journey of our new to remote HPs and the importance and value of the support provided by our Remote Educator program. This will serve to highlight what brings HPs back on a regular basis to remote practice and how we can make the transition of a new to remote HP more successful for all concerned, especially the permanent workforce who have to deal with regular turnover in the health centre staff.

Question time (5 minutes)

Wrap up and close

CRANaplus Annual Awards Dinner
Alice Springs Desert Park, Larapinta Drive,
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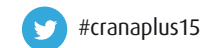
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CONFERENCE DINNER



The culmination of the Conference is the Annual Awards Dinner on Saturday night.

Held under the stars at the Desert Park centre, among the spring wildflowers, delegates will sip champagne as the sun sets on the magnificent West MacDonnell Ranges and reflect on the power of the narrative.

The Annual Awards are a much anticipated highlight of the evenings proceedings.

The CRANaplus Awards recognise colleagues for their contribution to remote health.

The CRH and HCA Awards will also be presented.

The prestigious Aurora Award which recognises the remote health professional of the year will be announced.

And you can bid farewell to our 33rd successful Conference by dining and dancing under the stars.

CRANaplus award sponsors 2015



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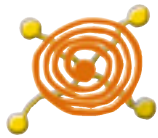


CRANaplus Collaborative Team Award
Sponsored by:
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CRANaplus Bush Support Services Wellbeing Survey

Have you filled out the CRANaplus Bush Support Services *Wellbeing Survey* that we placed on your seat? The survey will assist us to gather important data about living and working in remote Australia. When you take your completed form to the CRANaplus Bush Support Services booth you will receive a free gift as a thank you from us. Surveys remain anonymous and confidential.



Centre for Remote Health
A joint centre of Flinders University and Charles Darwin University



NOTES

Pharmacotherapeutics for Remote Area Nurses

**Online course commencing
October 2015**

**A course in the practical use of medicines in
disease management developed specifically for
Registered Nurses who work in or are planning
to work in remote and isolated practice.**



**For further information visit
Centre for Remote Health website
or contact Short Course
Administrator**

(08) 8951 4700
crh.shortcourse@flinders.edu.au
www.crh.org.au

**Visit us at CRH booth at CRANApplus Conference
15 – 17 October 2015, Alice Springs**



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SCHOLARSHIP PROGRAM

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

Through the generous support of members and organisations these scholarships offer students the opportunity to experience health service delivery in a remote location.

Opportunities to undertake a clinical placement in a remote setting are quite limited. The travel cost, especially for students who do not receive financial assistance, is also prohibitive.

Another challenge can be finding a remote health service that has the capacity and interest in supporting student placements.

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 CRANaplus supports the approach of the National Health Rural Students Network (NRHSN) who recently developed their document "Optimising Rural Placements Guidelines". This document, endorsed by CRANaplus,

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 CRANaplus membership and membership of a Rural Health Club www.nrhsn.org.au

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

These positive clinical experiences for students have changed their awareness and passion to potentially work in this exciting sector.

ARE YOU INSPIRED?

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

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

ARE YOU READY FOR A REMOTE PLACEMENT???

The CRANaplus Undergraduate Student Remote Placement Scholarship is available to students who, as part of their undergraduate course of study through an Australian University, undertake a remote location placement. The Scholarship provides financial assistance of up to \$1000 per successful applicant, and is intended to provide assistance towards the cost of fares, accommodation and other incidental costs incurred by a student while undertaking a remote placement. The Scholarship may be claimed for placement undertaken for the current calendar year and may be retrospective to the closing date, and funds awarded on provision of tax invoices for costs incurred.

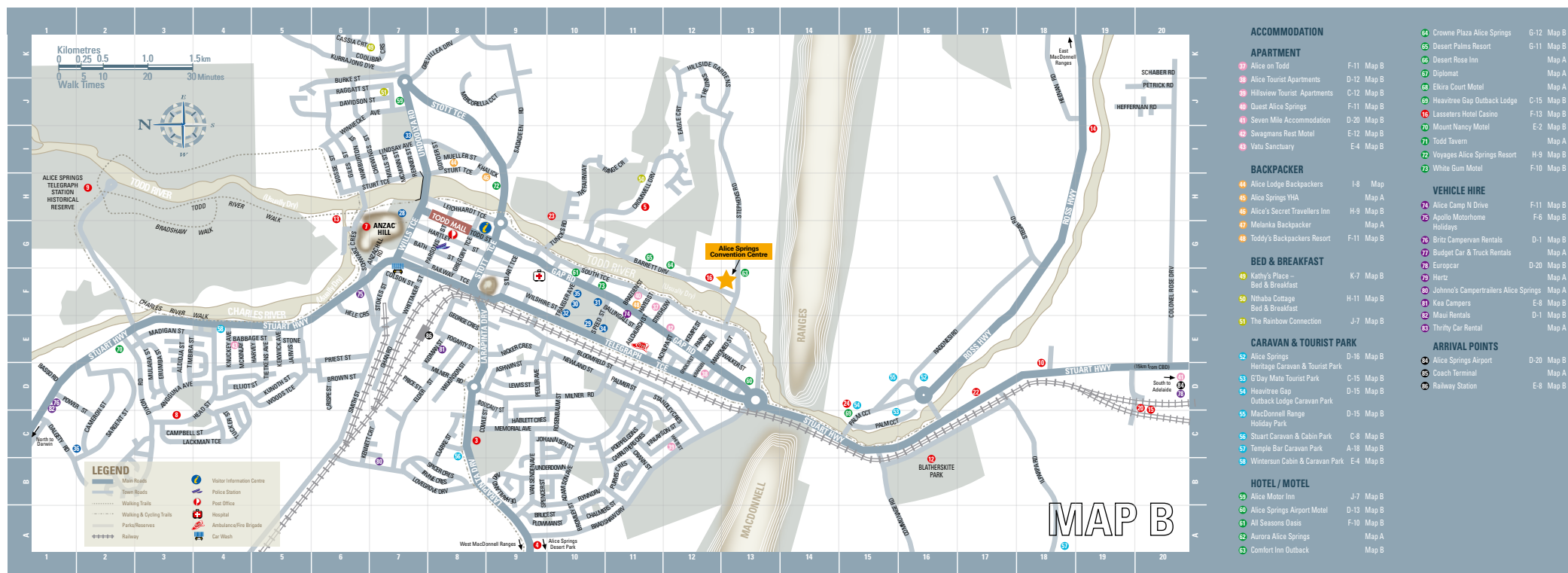
Email scholarships@crana.org.au for more details.

SCHOLARSHIPS 2015

Scholarship sponsor	Recipient	Placement location	Discipline
Your Nursing Agency (YNA) Undergraduate Remote Placement Scholarship	Emerald Morrison	Roma Hospital	Nursing
HESTA Undergraduate Remote Placement Scholarship	Christine Holden	Blackall Hospital	Nursing
Michael Ilijash Perpetual Scholarship	Ursula Osioda	Miles Hospital	Nursing
HESTA Undergraduate Remote Placement Scholarship	Shinead Williams	St John Ambulance Darwin	Para Medicine
Zeit Enterprise Undergraduate Remote Placement Scholarship	Jessica Zachar	Pt Macquarie Community Health Centre	Dentistry
Anonymous	Leah Curo	Nganampa Health Service SA	Nursing
HESTA Undergraduate Remote Placement Scholarship	Robin Tully	Mt Isa Hospital	Nursing



MAP



Map: <http://www.travelnt.com/en/alice-springs-and-surrounds/travel-information/maps>

THANKS

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The Northern Territory PHN offers support and assistance to nurses and allied health professionals who relocate to the NT for the purposes of employment. The 'New to the Territory' grant is available to assist with relocation costs.

If this is the change you're ready for, we are ready to support you.

If you would like to find out more about our current opportunities, please contact our team:

e.alliedhealth@ntphn.org.au • ntphn.org.au