

issue 96 | summer/wet season 2014

CRANA *plus* magazine

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the voice of remote health



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from the editor

This Summer/Wet Season edition is bursting with holiday reading.

For those of you not at our Melbourne Conference we have included photo highlights, the Awards and have reproduced three noteworthy presentations.

The Call for Abstracts for Conference 2015 is now open. Alice Springs will be the backdrop for the event and story telling is the theme. **Telling Tales** – The power of the narrative – *how sharing stories shapes and influences outcomes*.

Six recipients of student scholarships share with us stories and photos of their experiences during their placements over the last few months. For some, this was their first experience of working outside an urban health setting.

The importance of maintaining emergency skills when working in remote areas is harshly demonstrated in the story which appears on page 58. While on route to deliver a training course in the Kimberley, members of our Education Team were the first at a high-speed vehicle accident. They were required to render assistance to multiple casualties, coordinating, triaging and working as a team.

The 2015 Education course schedule has seen much interest since its release in November, with some courses already heavily subscribed, see pages 66 and 67.

The pages of this Magazine edition are dotted throughout with photos by finalists of the BSS *Mindful Photography* Competition.

For many of you this is the time of year for a well-earned break with loved ones and for others, things are much the same as usual. Our thoughts are with you at this time of year and also with those of our colleagues working with Aid Missions overseas, wishing them a safe return.

A reminder that Bush Support Services is a FREE service available ALL year, ALL day, EVERY day. Do not hesitate to call 1800 805 391.

Anne-Marie Borchers
Manager Marketing and Communications, CRANaplus



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Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANaplus.

About the Cover: Nursing Student Tom Farrar.
A career in remote health and the journey ahead.
(Read story on page 8).

Magazine circulation 15,000.



CALL FOR ABSTRACTS
INVITATION NOW OPEN

TELLING TALES THE POWER OF THE NARRATIVE

HOW SHARING STORIES SHAPES AND INFLUENCES OUTCOMES



CRANAplus

33RD CONFERENCE

ALICE SPRINGS 15-17 OCTOBER 2015

CRANAplus invites you to submit Abstracts for oral and poster presentations at the 2015 Annual Conference: Telling Tales – The power of the narrative.

The power of story telling has existed in our society for many generations, shaping and influencing our behavior, attitudes and values.

Stories come in many forms: through images, data, the spoken word, song and dance. Narration creates cultural and paradigm shifts, changing our perception for engagement and improving health service delivery.

We invite you to submit an abstract to describe how sharing has shaped and improved the outcomes for remote and isolated people across Australia.

Abstracts will provide an opportunity for authors to communicate their stories and recent experiences of how 'the power of the narrative' has influenced changes in behavior, attitudes and values for improving health service delivery.

We encourage submissions from:

- Remote and isolated health professionals and consumers
- Remote or isolated health and community service providers
- Aboriginal and Torres Strait Islander services
- Professional bodies of nursing, medicine, midwifery, allied health, Aboriginal and Torres Strait Islander Health workers
- Undergraduate and postgraduate students
- Researchers and education providers

An 'Encouragement Award' will be offered, each day, to the best 'first-time' presentation at a Conference.

Presentations are 20 minutes with additional time for questions at the completion of each session.

Closing date for Abstracts: 10 May 2015
Full details are available on our website: www.crana.org.au

from the ceo

Welcome to the summer/wet season edition of the CRANAplus Magazine. I'm sure you'll find something interesting to read within the pages of our popular little magazine that ends up in the tea rooms of the most remote and isolated workplaces in the country (and around the world)!

As the planet continues to grapple with the Ebola crisis, and some of our members continue to provide assistance in West Africa, we all recently saw first-hand how fear and hype can distract from evidence. As health professionals, we have a responsibility to help allay community anxiety, understand the evidence and promulgate facts.

While Ebola may hold the headlines, it reminds me of all the challenges we face daily in remote and isolated areas that also requires a clear, logical and loud voice as we advocate as health professionals.



Are we clear enough when selling the necessity in remote locations for a comprehensive primary healthcare model of care – often nurse and health worker led – within a complex collaborative inter-disciplinary framework? Yes, it may appear complicated from the outside, but it is essential if we are going to ensure equitable access to care.

Are we strong enough when demanding that cultural safety is not an optional extra but a core aspect of our education, preparation and ongoing development – regardless of our role, rank and location? Shouldn't we expect to be working alongside a lot more Aboriginal and Torres Strait Islander nurses, midwives, allied health professionals, doctors and health workers?

Is it ok for our pregnant women to still be removed from community, regardless of the evidence around clinical risk and reality of their families circumstances, often to a less safe social situation and care by strangers?

And finally are we happy to witness the removal of the clinical lens from decision-making and management in our remote health services, as senior clinical roles battle to survive in a health system being driven by fiscal indicators rather than quality outcomes?

I'll hop off the soapbox now, and get to work with your entire CRANAplus mob, to help address these and many other issues that face our specialty of practice.

Cheers

Christopher Cliffe
CEO, CRANAplus

We want to hear your stories about remote health practice, and the best will be included in future editions. Editorial submissions, photos and questions about editorial content should be directed to publications@crana.org.au

engage

president's musings

I write this a few weeks before Christmas and feel somewhat inclined to write it as a Christmas song... on the first month of CRANaplus my true love sent to me... but I am running late and already in trouble (!) so decided to make it a reflective piece instead.

This year my elder brother married a lovely American woman Dianna. Today I spoke to my 86-year-old mother who told me about the Thanksgiving lunch my sisters put on for them all. The key activity, apart from eating pumpkin pie, was that they all went around the table saying what they were thankful for. My mother said it was better than Christmas.

Above: Front row (L-R): Secretary Dr Nick Williams, President Dr Janie Smith, CEO Christopher Cliffe, Treasurer Breanna Walters. Back row (L-R): Kathryn Zeitz, John Wright, CFO Steven Dangaard, John Ryan, Keith (Bunda) Hunter, Lynette Byers. (Absent: Vice President Paul Stephenson).

Therefore I thought I would share with you some of the things I've been thankful for during 2014.

I am thankful for our 100+ facilitators who continue to volunteer their time and the participants who continually give us rave reviews.

2014 was a significant year for CRANaplus. It was a year of change, the shifting of the sands (literately) as we moved the corporate office from the desert of Alice Springs to the rainforest of Cairns following the appointment of our new CEO Christopher Cliffe. This shift has not been easy and I am thankful for the significant maturity of our staff, who were affected by this shift, and those who are still managing this process.



Photo: Alison Fort.

In 2014 our Education department conducted 91 x 2-3-day courses across remote Australia. So, next Sunday when you put your feet up, think of the 30 or so people in a remote community participating in, or facilitating, one of these courses. I am thankful for our 100+ facilitators who continue to volunteer their time and the participants who continually give us rave reviews. Is there any other such program anywhere? I am also thankful for the wonderful staff who conduct and administer these important accredited programs. I am especially thankful to two of our staff members, Libby Bowell and Sue-Ellen Kovac, who travelled to West Africa this year to work on the Ebola crisis. I am especially thankful for their patience while they underwent their 21-day isolation and extensive media scrutiny just for doing a great job.



I am especially thankful to two of our staff members... who travelled to West Africa this year to work on the Ebola crisis.

In 2014 there were over 700 callers to our 1800 Bush Support line. The major issues being bullying and conflict in the workplace, job related trauma and workplace violence. There has been a tripling of calls from Aboriginal and Torres Strait Islanders, who report extremely high levels of stress as does the remote workforce. Bush Support have also run eight self-care workshops, written two new self-care booklets, undertaken numerous positive interventions, developed a DVD and an App as well as promoted their work at conferences, amid many other things. ▶▶

►► I am thankful for the 10 wonderful psychologists who staff these lines 24-hours-a-day and the staff who support them.

I am thankful to the wonderful presenters, participants and organisers who make this Conference as wonderful as it always is.

This year I have also been representative on a range of lobbying, consultation and meetings with Government and non-Government organisations, where I have met some really interesting people. This has recently included the technical reference group on geographical classification systems in Australia whereby the new Modified Monash Model will be introduced in the new year specifically for scholarships and incentives. I am thankful that we are included as key stakeholders in addressing these important issues and that we can ensure that remote is high on the agenda.

2014 saw what I can only describe as the best CRAN*Aplus* Conference, in terms of program, that we have ever had. I am thankful to the wonderful presenters, participants and organisers who make this Conference as wonderful as it always is.

I am thankful for my fellow Board members who are diverse but work strongly together to guide, advise and govern this organisation.

During 2014 I also saw a significant shift in the way we do business at CRAN*Aplus*. The Board has blossomed and matured. It was very pleasing to see six nominations for

two positions on the Board, which resulted in the re-election of Dr Kathryn Zeitz and Keith Hunter at the AGM. We have commissioned a number of reviews of our education, bush support and communication services from which we have guided the future direction of the organisation. We have developed a solid business plan and established a Risk, Audit and Compliance and a Governance Committee to take us forward.

We are also developing a Reconciliation Action Plan in consultation with a number of Indigenous organisations including *Reconciliation* and the *Congress of Aboriginal and Torres Strait Islander Nurses and Midwives* (CATSINM). I am thankful that we are working towards reconciliation with Indigenous Australians, especially those in remote Australia who continue to suffer an extremely high burden of disease. I am thankful for my fellow Board members who are diverse but work strongly together to guide, advise and govern this organisation.

I am thankful that we are working towards reconciliation with Indigenous Australians, especially those in remote Australia who continue to suffer an extremely high burden of disease.

I am thankful for our wonderful staff members who do the work, guide the Board, maintain a sense of humour and provide the membership with the much needed support. However most of all I am thankful to you our members who continue to support us. Thank you all. I do hope the Christmas Season bought you a rest, the love of your family and something to be thankful for.

Dr Janie Smith
President, CRAN*Aplus* ●



BSS Mindful Photography Competition Winner: Gaye Shepherd – Sunset at Lombadina.

Photo: Gaye Shepherd.

alos @ ash

A practicum story by
Tom Farrar
Alice Springs Hospital (ASH)
Emergency Department
2 June–27 June 2014

My final semester of university found me, a Charles Sturt University student nurse, on a road trip throughout Outback Australia.

For my final four week placement I landed in the middle of a bustling Emergency Department (ED) at the Alice Springs Hospital (ASH). To say I was nervous was an understatement. The clinical nursing 4 – ‘transition to practice’ unit was a culmination of all the competencies I’d learned along the way. Plus I’d heard on the ‘prac grapevine’ that Alice Springs was a, shall we say, challenging town for health workers.

During my time there the ASH-ED building and facilities celebrated the first anniversary of its refurbishment. The new ED provides the best and most efficient patient centred care any healthcare professional and any patient could hope to find. Alice Springs and the surrounding country is home to many Indigenous Australians and unfortunately ASH-ED encounters many of the health issues that our First Nations people face today. ASH-ED therefore requires the help of several very talented linguistic Aboriginal Liason Officers (ALOs) who are called upon by doctors, nurses and patients alike who need interpretation and cultural awareness services.

However, one anomaly I noticed was that the ALO’s services were only advertised on a scrappy old piece of paper stuck behind a few other scrappy old pieces of paper somewhere on the desk of the nurse in charge in the middle of the ward. Established nursing and medical staff knew what the ALOs offer but newer team members had no idea who to call nor did potentially anxious and vulnerable Aboriginal patients. Not to mention clueless but eager student nurses!

So I put back on the hat from my previous career, 10 years in the marketing and advertising industry, and approached the ALOs about promoting their services so as to enhance the Indigenous patient experience who may be confronted with ‘white fella’ health practices. And so the ‘info-graphic project’ was born. The info-graphic is an advertising vehicle that puts a face to the name using a portrait image of the ALOs; their pager numbers; what wards they cover; and most importantly what languages they each speak.

...one anomaly I noticed was that the ALO’s services were only advertised on a scrappy old piece of paper stuck behind a few other scrappy old pieces of paper somewhere on the desk of the nurse in charge in the middle of the ward.

This last piece of information was strengthened by an arrow pointing from each ALO to a regional map of the various Indigenous languages covered. This visual works for any patient who doesn’t read very well as they still might be able to see a familiar looking brother or sister, aunty or uncle with whom they can communicate.

The end product is what you see opposite and overleaf. Truth be told it’s actually only an A3 word document as I’m no graphic designer. But we laminated it and placed it on the walls around the ED, the waiting room and staff lunch room and of course I was very happy to replace the scrappy old piece of paper at the nurses station! The new style provides the target market – patients, patients’ families and healthcare professionals – with a visual impression of the very important services that the ALOs offer. It was a no brainer therefore that the attention grabbing



Above: ALOs @ ASH Team (L-R): Christine Spencer, Anthony Davis, Jennifer Armstrong, Betty Braedon, Elizabeth Presley, Curtis Heines, Julie Heron and Patrick Stirling (behind). Following spread: The info-graphic of the ALOs @ ASH Team.

headline was the simple message that is at the core of what the ALOs @ ASH and all Aboriginal Health Workers do – “We’re here to help”.

The new style provides the target market – patients, patients’ families and healthcare professionals – with a visual impression of the very important services that the ALOs offer.

Working with the team of ALOs @ ASH was an unique and gratifying experience. Their passion and pride in being the conduit to bridge the gap between the Aboriginal Australian patient and

the Non-Aboriginal Australian health practitioner was great to see.

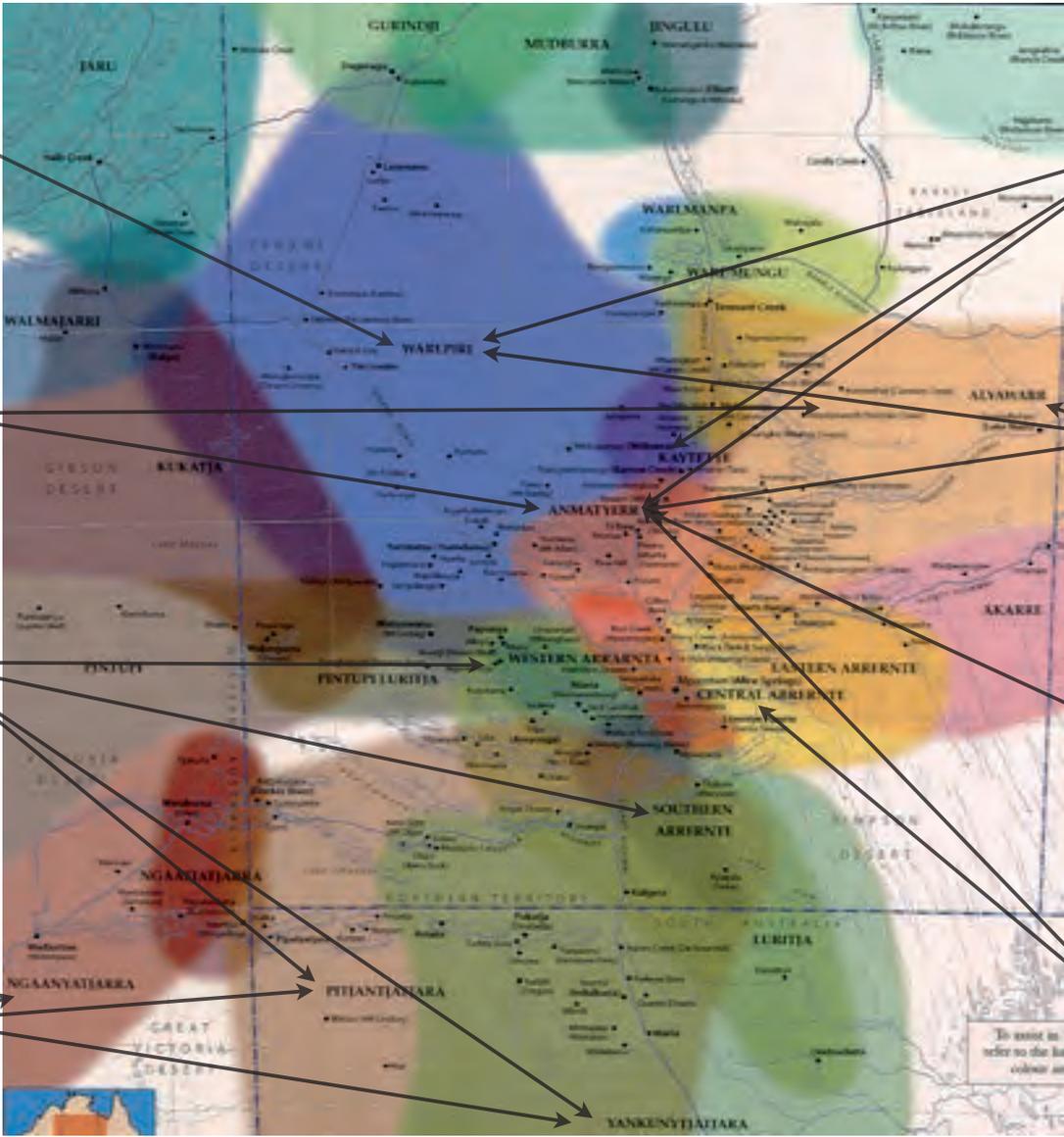
I was humbled to receive some positive feedback from the ALOs a couple of weeks after I completed my prac; “Just like to let you know the profile pictures are a hit. Everybody wants them everywhere. The General Manager just came in to tell us”.

It’s nice to know that something so simple can have such an effect.

As for the rest of my time spent at ASH-ED, all I’ll say is the challenges were aplenty, I saw some very interesting cases from all walks of life and all nationalities. Until we meet again ASH-ED.

Tom Farrar
Former CSU Student Nurse ●

ALOs @ ASH, "We're here to help"

<p>Christine Spencer. Assistant-Manager</p>				<p>Elizabeth Presley.</p> <p>Ward: ED / CCW / Renal / Maternity</p> <p>Languages spoken:</p> <p>Anmatyerr. Warlpiri. Kayteye.</p>	
<p>Ward: ED</p>				<p>Page me on #117</p>	
<p>Language spoken:</p>					<p>Curtis Haines.</p>
<p>Warlpiri</p>	<p>Page me on #702</p>				<p>Ward: ED / Medical - East/West.</p>
<p>Anthony Davis. Team Leader</p>				<p>Page me on #128</p>	<p>Languages spoken:</p> <p>Anmatyerr. Warlpiri. Alyawarr.</p>
<p>Ward: ED</p>					<p>Anmatyerr. Warlpiri. Alyawarr.</p>
<p>Languages spoken:</p>					<p>Julie Heron.</p>
<p>Alyawarr. Anmatyerr.</p>	<p>Page me on #382</p>				<p>Wards: ED / Maternity / CCW / Renal</p>
<p>Jennifer Armstrong.</p>				<p>Page me on #725</p>	<p>Languages spoken:</p> <p>Anmatyerr.</p>
<p>Ward: ED / ICU / Surgical</p>					<p>Anmatyerr.</p>
<p>Languages spoken:</p>				<p>Patrick Stirling.</p>	
<p>Pitjantjatjara. Southern & Western Arrernte. Yankunytjatjara.</p>	<p>Page me on #1007</p>			<p>Wards: ED / Medical - East/West</p>	
<p>Betty Braedon.</p>			<p>Page me on #595</p>	<p>Languages spoken:</p> <p>Central Arrernte. Anmatyerr.</p>	
<p>Ward: ED / Peads / Surgical</p>				<p>Central Arrernte. Anmatyerr.</p>	
<p>Languages spoken:</p>					
<p>Ngaanyatjarra. Pitjantjatjara. Yankunytjatjara.</p>	<p>Page me on #1019</p>				

Indigenous Languages spoken around Alice Springs: "Warlpiri" in the communities of: Yuendumu, Nyirripi, Lajamanu, Ali-Curung. "Alyawarr" in the communities of: Utopia, Alcoota, Wilora, Epenarra, Lake Nash, Tara. Pitjantjatjara in the communities of: Ernabella, Fregon, Amata, Mutijulu, Docker River. "Western Arrernte" in the communities of: Hermannsburg (Ntaria), Wallace Rockhole, Ipolera. "Eastern Arrernte" in the communities of: Santa Teresa, Harts Range, Mt Riddock. "Yankunytjatjara" in the communities of: Imanpa, Titjikala, Aputula (Finke), Areyonga. NB: Languages not covered by ALO's include: "Pintubi", "Kintore", "Kiwirrkura", "Waramunga" "Tennant Creek", "Ali-Curung"

Aboriginal Liaison Officers @ Alice Springs Hospital - Aboriginal Support Services Unit - ASSU (as of June 2014).

more passionate than ever

Helen Foster has nothing but praise for her recent placement in Port Augusta as a 4th Year Bachelor of Speech Pathology Student from Flinders University.

I remember my excitement when I found out I would be going on a rural placement to Port Augusta for 10 weeks this year. Having grown up in the small country town of Apsley in Western Victoria, I have a special love for the country and am all too aware of the lack of specialty health services offered to rural areas.

The thing that shocked me greatly was that others did not share my excitement when I announced my news, and there were some very derogatory comments thrown around about the town and its population, mostly from people who had never even been there.

...I have a special love for the country and am all too aware of the lack of specialty health services offered to rural areas.

I am glad to say that, as expected, all reported allegations about the town were false and instead myself and the three other speech pathology students found ourselves warmly welcomed by our colleagues at the Department of Education and Child Development, and the students and staff at the four school and kindergarten settings we visited during our posting at Port Augusta.

Personally I grew so much from this experience. I faced daily challenges with a demanding and difficult caseload and was surprised at how resilient I became. There were many complex

family backgrounds that I encountered in my 10 weeks in Port Augusta and although I was often overwhelmed emotionally by the stories I heard, it spurred me on to make a difference to my clients and their families by facilitating communication and literacy.

Most of all, I grew as a clinician. I was given valuable hands-on experience with children with a range of complex communication difficulties, often with concomitant behavioural and developmental issues. I have no doubt that I had clinical opportunities on this placement that I would not have had exposure to if I had chosen to undertake a more mainstream metropolitan placement.

On my fourth week of placement, I was lucky enough to have the opportunity to travel to Oodnadatta, Coober Pedy and Mintabie to conduct speech and language assessments on children ranging from 4-9 years-of-age.

It was on this trip that I gained a real appreciation for the passionate and creative teachers and support workers who deal with many complex issues every day, such as isolation and poor attendance.

Most of all, I grew as a clinician.

I also became aware of the issue of assessing speech and language of Indigenous children using standardised Australian English assessments. Many of these children speak Aboriginal English which has different syntactical and grammatical rules from Standard Australian English, and thus it is hypothesised that these tests may not be an accurate or suitable form of assessment for Indigenous children.

This has inspired me to investigate a more holistic approach to this issue and use this knowledge in my future practice as a Speech Pathologist.

I also became aware of the issue of assessing speech and language of Indigenous children using standardised Australian English assessments.

I am grateful to have had this wonderful opportunity and am more passionate than ever to work as a Speech Pathologist offering much needed support to rural and remote areas. My sincere thanks to YNA Nursing Agency for their Sponsorship of my Scholarship. ●



Right: Helen Foster next to the Oodnadatta School sign.

a need for greater understanding

Hannah Corcoran, a 5th-year Medicine student at Monash University, used her placement in the Kimberley to thoroughly study and explore Indigenous health issues.

I spent six weeks at the Ord Valley Aboriginal Health Service (OVAHS) in Kununurra in the Kimberley region, completing a terrific placement

in Aboriginal Health. Over this time I attempted to absorb as much culture, knowledge and experience as possible. I hoped to discover the barriers to healthcare for local people, appreciate the subtle nuances of Indigenous culture and understand the root cause of the failure to improve health outcomes despite many years of vast amounts of money, personnel and

resources. I read books, articles, and government reports. Spoke to doctors, nurses, pharmacists and ringers. I met countless local individuals and impressive rural generalist doctors. Through my inaugural placement in Indigenous health, I learnt as much as I could about the current healthcare system that cares for Indigenous people. I also learnt a great deal about life.

In the Kimberley, the health needs are immense. One in three adults smoke and two thirds drink alcohol at a level of risk for long-term harm.

Hospitalisation rates are significantly higher than the remainder of the state, with hospitalisation due to alcohol and tobacco considerably higher. Indigenous people are over represented in emergency presentations. Rates of gonorrhoea are nearly 17 times higher than the rate in the remainder of the state. One in five Indigenous women giving birth in the Kimberley are aged below 20 years, with three in five smoking during pregnancy. Furthermore, overall mortality is higher for Kimberley residents. ►►

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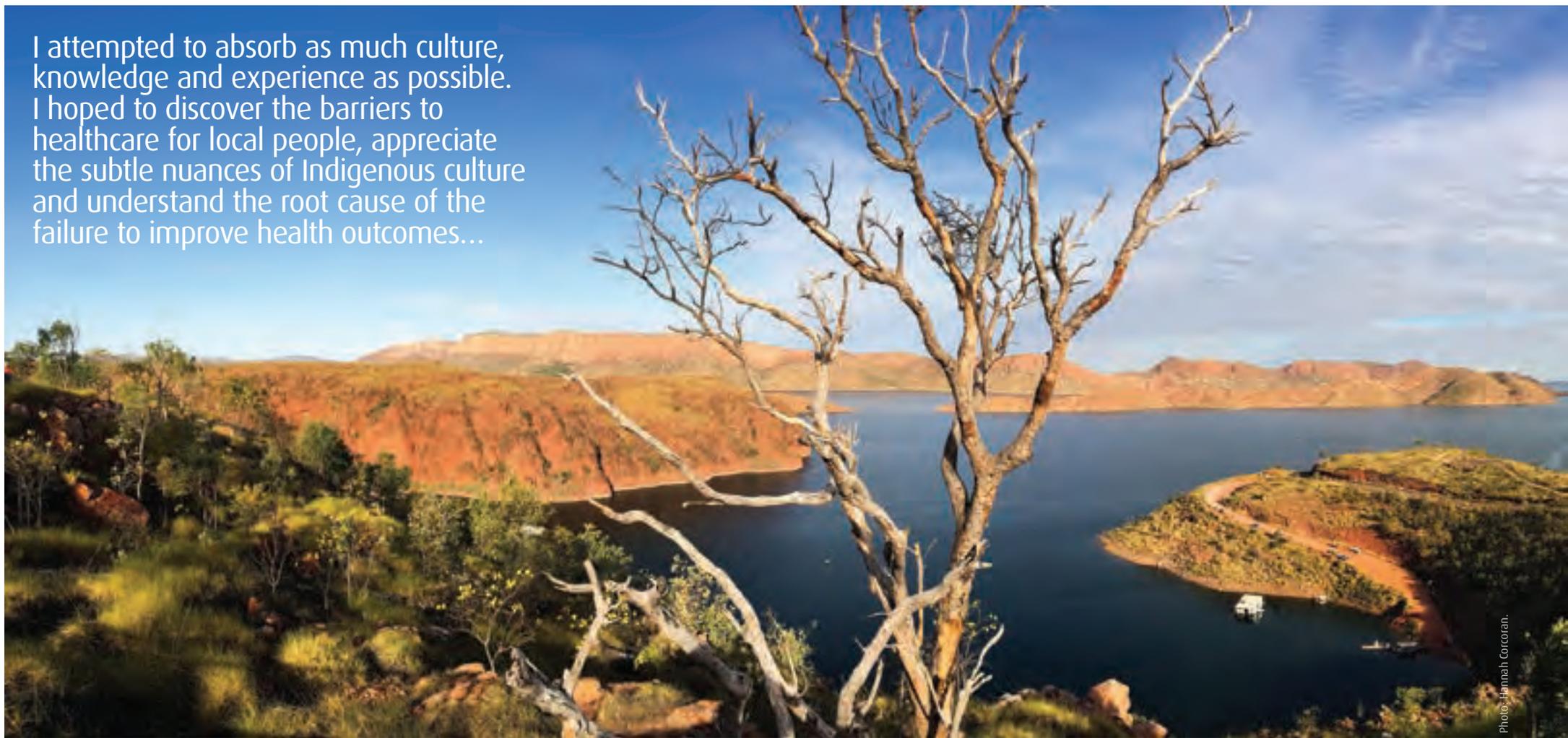


Photo: Hannah Corcoran.



▶▶ It is particularly higher for Indigenous people, with the Indigenous life expectancy between 9 and 11 years lower than the general Australian population.

Though statistics are plentiful and often presented, to summarise the health of, and healthcare for, Indigenous Australians is near impossible. Intertwined with the poor health outcomes and generally low socio-economic status, is a complex cultural system that requires much greater

understanding, and a healthcare system of more than short term outsider efforts to effect change.

I'd like to thank CRANApus for their support, and Dr Andrew Beveridge and all the staff at OVAHS who taught me so much and ensured I had a fabulous time.

In the future, when I am equipped with more knowledge and experience, I hope to return to this wonderful place.

Hannah's summary of the Kimberley:

The Kimberley region is often described as the last frontier of Australia. The immense and complex landscape in northern Western Australia is home to spectacular gorges and waterfalls, pockets of lush rainforest, vast open plains, river valleys and sandy beaches.

It is one of the world's last great wilderness areas. The 421,451 square kilometre area, one sixth of Australia's landmass and three times the size of England, is home to only 40,000 people. Here, there are fewer people per kilometre than almost any other place on the planet.

Here, there are fewer people per kilometre than almost any other place on the planet.

The population of the region is complex, and with it complex health needs arise. The overall population is growing, with projections predicting an almost 31 per cent growth from 2010–2015.

A large transient population has repercussions for using health services, with an almost 50 per cent population increase in some areas during tourist season. The Aboriginal and Torres Strait Islander population make up approximately 45 per cent – a level much higher than the three per cent for the remainder of Western Australia. In the Indigenous population, the age structure is much younger. Almost half the aboriginal population are aged under 20.

Socio-economic Indexes for Areas (SEIFA) of relative socio-economic disadvantage show almost 13,000 people living in areas with a score in the lowest 10 per cent for Australia. According to this scale, more disadvantaged areas have higher proportions of ill health and risk factors for ill health. ●

new passion ignited

A career in remote area emergency nursing has become Rohan Williams' goal since his recent five-week placement at Broken Hill Base Hospital.

I was so fortunate to be offered a position at Broken Hill Base Hospital's Emergency Department for my final clinical practicum.

As an undergraduate nursing student in my final year, I personally was finding the process of transition to practice daunting and complex. Where and what did I want to do with the first year of my career as a registered nurse?

Before going to Broken Hill, I had no emergency nursing experience. However, the emergency nursing team at the Base Hospital have ignited in me an exciting new passion for nursing. Now, a career in remote area emergency nursing is my goal, and the emergency nursing skills I gained in Broken Hill will undoubtedly assist in achieving that goal.

My experience with the team in Broken Hill was certainly a dramatic and unique introduction to the operation of an emergency department in remote New South Wales.

Over the five weeks of my placement, I was exposed to situations both clinically and operationally that an undergraduate nurse would not be exposed to in any tertiary metropolitan facility across the country.

My experience with the team in Broken Hill was certainly a dramatic and unique introduction to the operation of an emergency department in remote New South Wales.



As an undergraduate nursing student in my final year, I personally was finding the process of transition to practice daunting and complex.

The high-pressure, time-critical environment, coupled with the inability of staff to offload or divert incoming emergencies, creates a situation in which the high skill levels and experience of both the medical and nursing staff are essential in ensuring patient safety and high quality nursing care.

The outstanding and unwavering ability of the departments' nurses to prioritise care, manage conflicting priorities, respond to highly emotive situations, whilst still managing to laugh and just keep going is what I will take away from my final clinical practicum. It has certainly provided me with the motivation and aspiration to work towards becoming a remote area emergency nurse.

My advice to aspiring undergraduate nurses is to get out to Broken Hill, get to know the locals and be open to whatever opportunities arise.

Aside from my experiences in the emergency department, there are so many exciting things to see and do in and around Broken Hill.

From the endless supply of art and culture, to the amazing scenery, spirit and stories throughout surrounding communities like

Silverton, Menindee Lakes and White Cliffs, life in outback New South Wales certainly isn't what most undergraduate nurses picture it to be.

My advice to aspiring undergraduate nurses is to get out to Broken Hill, get to know the locals and be open to whatever opportunities arise.

Through my experience in the emergency department at Broken Hill Base Hospital, I have learnt that the opportunities are potentially endless, if you approach the experience with an open mind and a passion for nursing in remote Australia.

Thanks to CRANAp^{plus} for your support and the opportunity I received through this Scholarship. ●

important lessons learned

After four weeks in Alice Springs Hospital on placement in the paediatrics unit, 2nd year Undergraduate Nurse at the University of Melbourne, Adam Rozsa, knows the bush is where he one day wants to work.

I can say two things for sure: first is how interesting and liberating it is to work remotely. And second; how eager I am to work in paediatrics. So it was with great enthusiasm that I found out I was one of two students selected from my course to go to Alice Springs Hospital (ASH). It was to be an especially exciting time also because it was to be my final placement before graduating. With a partner and two children in Melbourne however, a bit of juggling was needed to ensure they would be supported at home, while I took off for the desert and blue skies of Alice. Mother-in-law to the rescue!

With logistics in place, and a place to stay, I boarded QF796 – to be picked up by my host, and now good friend Valmai McDonald. Valmai is one off those amazing people you meet in remote Australia, with years and years of on-the-ground experience in remote and community health. Not only did she share her home with me, but she was also a great person to debrief with after a long day on the paediatrics ward.

The interesting thing about ASH is that while it may be considered remote, the scale, the resourcing capacity and the clinical standards of the hospital are much like any other major tertiary hospital you'd see in Australia. It does have to service a staggering 1,000,000km² catchment after all. The key difference – and what I realised made it so unique – were the presentations that typify remote health. In terms of paediatrics, this meant a lot of gastroenteritis, rotavirus, respiratory complications, infections (of all kinds), and failure-to-thrive. And, of course, a lot of patients and family who were a long way from their home community.

As a student, when it comes to a new ward you have to learn to hit the ground running.

It helps immensely when you have a ward culture that is open, friendly, and encouraging. Which is what I found at ASH. Being my first time in a paediatric unit, it was a major learning curve re-calibrating even the most basic of nursing skills. But, with the support of my preceptor and clinical educator, at the end of the four weeks I felt regarded as one of the team by staff, patients, and families alike. This gave me great confidence, and has set the stage for what I hope will be a rewarding career in paediatrics.

My plan, in a nutshell, is this: to earn my stripes in the big city, and later, take my skills and experience to the bush.

I've worked remotely before, but it was a totally new and exciting experience as a student RN. During the placement, I had the opportunity to care for some very unwell children, and provide support to some worried parents and carers. You have to admire the resilience of young people in the face of adversity, and especially those who have the odds stacked against them. Yes, I'm mostly talking about Indigenous children from remote and very remote communities who face a whole range of preventable health-related issues. An important lesson to learn was maintaining a non-judgmental, and opportunistic approach to the care of the unwell paediatric patient from far-off communities.

My plan, in a nutshell, is this: to earn my stripes in the big city, and later, take my skills and experience to the bush.

This was a great experience, and one that I will build on as I grow my nursing skills and experience. I would also like to thank CRANAp^{plus} for offering much-needed financial support to get me through this placement. ●



Right: Having my partner and children join me at the conclusion of the placement was great... I missed them!

sharing and caring

Nursing graduate Kimberley Vincent says her experiences during her final clinical placement in the intensive care unit at the Alice Springs Hospital has made her a better person. Here she talks about meeting Kungka.

My whole life I have been brought up surrounded by a range of different cultures, feeling that I had a decent amount of exposure and understanding, I thought the Indigenous culture I would see in Alice Springs would be straightforward... I couldn't have been more wrong! The Indigenous culture is an amazing world of its own that requires dedication, time and trust.

I completed my final eight-week undergraduate nursing clinical practicum at Alice Springs Hospital (ASH) in the intensive care unit (ICU), a small six-bed ward with an extra four high-dependency beds. Don't let the small amount of beds fool you; they sure do see an exceptional amount of high acuity cases in a diverse population.

The range of skills I learnt while on this clinical placement were endless and ones that I will take into my career to help better the health outcomes of my patients in the future.

The range of skills I learnt while on this clinical placement were endless and ones that I will take into my career to help better the health outcomes of my patients in the future. Primary and secondary assessments and systemic handovers have been some of these invaluable skills, while having exposure to ventilators, brain death, chronic kidney failure, sepsis, cardiac failure and also interpretation of chest x-rays for respiratory complications are some examples of the illnesses I have experienced.



Though gaining experience and exposure to these clinical situations was phenomenal, I must say that the most valuable aspect of my time in Alice was the journey I took to build therapeutic relationships with my patients. I learnt more from them that I could ever have returned. Their generosity and storytelling constantly had me in a daze, as I relived their stories with them and we shared with

each other little aspects of our lives. The first Indigenous patient I cared for was on my second day, he had me in tears of laughter from the little pranks he would play to help "keep me on my toes" as he explained. With this wonderful experience, nursing my first Indigenous patient, I was on top of the world and thinking this wasn't so hard after all. Well, that was until I met my next patient Kungka.

Kungka wasn't at all a bad experience but it was a challenging one that I definitely needed to grow and learn. I first met Kungka at the end of my first week, when I was still a little unsure about what my role was in ICU. My previous placements were in acute mental health and international community health so the high acuity scene here was definitely new and daunting. ▶▶

► Kungka was transferred to us by the Royal Flying Doctor Service (RFDS) from a small community out from Alice Springs. Her history was extensive with frequent hospitalisations.

I was assigned to Kungka until discharge by a nurse who said “Kungka can be difficult to engage with, so this will be a good learning opportunity for you.” I was definitely nervous but eager to learn.

She was flown to Alice Springs by RFDS on average of twice a month and then taking leave against medical advice. On this occasion, admission diagnosis was an infective respiratory condition resulting in very poor oxygen saturation. I was assigned to Kungka until discharge by a nurse who said “Kungka can be difficult to engage with, so this will be a good learning opportunity for you.” I was definitely nervous but eager to learn.

Throughout the first day she refused assessments and any sort of interaction, something I hadn't ever really experienced. This went on for a day and a half but by the afternoon of day two she was starting to engage with me, telling me little aspects of her story. The next day I came into work, I was greeted by an abrupt “Sister Kim!!! My lungs are good” followed by a thumbs up.

That day Kungka told me all about her family, introduced me to her mother and shared stories about her children, I was chuffed she had started to let me be a positive part of her recovery and for the next couple of days before discharge to the ward, she shared with me the most beautiful smile that would warm the coldest of hearts.

However, about 10 days later, Kungka was flown back to us by the RFDS with the same admitting diagnosis. She was intubated for >20 days and was so unstable that she would dump her blood pressure and desaturate tremendously when the team attended to her pressure area care.

During this time, while Kungka was heavily sedated, I was able to develop a rapport with her family, especially her mother who was so kind she squeezed my shoulder while saying “Pahlya Kangkuru, you're a good one sister!” with the same heart-warming smile her daughter gave me a couple of weeks prior. This was such a wonderful experience, even though it felt some days we would take one step forward and three steps back. I guess it just goes to show that my dad was right when he said “nothing worth having is easy”, as building this rapport with Kungka and her family wasn't easy, but it was sure worth having!

I truly enjoyed my time at ASH ICU: the team I worked with was incredibly inclusive to say the least. The staff made sure they let me know about every possible learning opportunity and valued my input. I met some amazing people there, and we laughed, cried, camped and worked tirelessly to help each other.

It was a privilege to nurse such wonderful patients and be a part of their journey. Although I know I still have much to learn and that I'll never stop seeking out new opportunities and information, this placement has given me the confidence and a vast skillset to take on my new role as a new graduate registered nurse.

I would like to thank Carli-Seebohm and her family for letting me live with them for two months, CRANApus and HESTA for making this possible and both the medical and nursing team in ICU in Alice for such an amazing experience, which made me a better person! Hopefully I will be back in the near future. ●

Note: I have changed the name of the patient to Kungka, to maintain privacy and confidentiality.

dream come true

Rachael Dawe, a final year Bachelor of Nursing student at the University of Notre Dame in Fremantle, recently had the chance to work with the Royal Flying Doctor Service, an organisation she has always admired.

I recently drove to the gold mining town of Kalgoorlie for my final acute care placement, with the Royal Flying Doctor Service (RFDS).

I have always highly enjoyed my country placements, as I feel like a valuable and appreciated member of the team by the supportive nurses I have worked with.

Growing up in a country town myself and learning to appreciate the RFDS and its incredible efforts has been humbling. Now, to undergo a clinical placement with them, has been a dream come true.

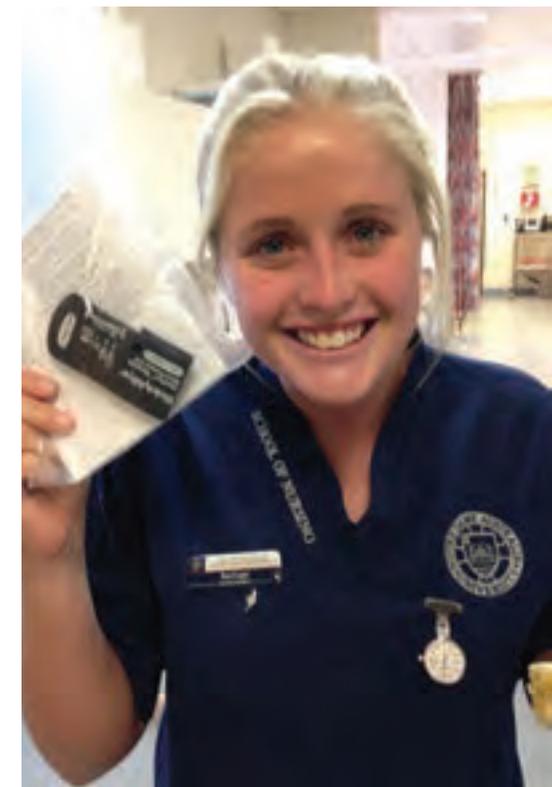
Having the opportunity to see our astonishing landscape from above and visiting communities where English is a second or third language will remain a memorable and life changing experience.

Within two hours of my first day after orientation, we were called to a priority 2 in a remote community. Aboriginal health and remote practice has been my interest so I was ecstatic to be flying out to these communities.

We flew over our vast and tactile desert where I saw goldmines, salt lakes and a few tiny communities below me, including places such as Warburton and Warrakuna.

Having the opportunity to see our astonishing landscape from above and visiting communities where English is a second or third language will remain a memorable and life changing experience. To see first hand the health inequalities between Indigenous and non-Indigenous people and the minimal access to healthcare for people that live in the bush has made me even more passionate about this unique area.

During my placement I also had the opportunity to tag along to numerous health clinics with the flying doctor, visiting remote places such as Eucla near the South Australia border and the Forrest airstrip where the station managers provided us with delicious muffins and tea. ►►



▶▶ On night shifts we did patient transfers and priority 3s from remote and regional areas to Perth. I was able to deliver safe practice and evidence-based care to one patient and the other flight nurse would look after the more acute one. During the flights I was able to perform routine observations, assessments and delivery of medications when necessary and of course delivered the tender love and care us nurses are born with. I saw cardiac cases, renal colic, head injuries, and even had the opportunity to help care and transfer an intubated patient. The pilot's landings were always smooth even on the red gravel airstrip with kangaroos in sight!

This placement was such a rich learning experience, which I will be forever so grateful for. I was able to learn so much as both the nurse and Doctor explained the cases and answered my questions before receiving the patients. The experience has made me feel more confident in my clinical skills and has enabled me to relate critical care theory with practice. On the days we didn't fly I checked equipment and supplies on the aircraft and even joined the daily tour around the visitor center at the RFDS base to learn more about the extraordinary history and significance of RFDS.

I would like to say a huge thank you to CRANApus for the Zeitz Enterprise scholarship, which assisted this unique experience. I would also like to thank the team at RFDS Kalgoorlie, especially the wonderful Flight Nurse and preceptor Delma Daw who I was assigned with. These people were so welcoming and willing to go out of the way to give me the best clinical knowledge and experience.

It is so important for students to be able to experience this unique area of nursing and I encourage student nurses to go remote.

It is so important for students to be able to experience this unique area of nursing and I encourage student nurses to go remote. I would also like to thank Notre Dame clinical placements team for assigning me with this practicum and my amazing mum for being my mentor and inspiring me to be just as good of a nurse as she is. ●

ebola report

CRANApus Conference delegates in Melbourne in October heard from two Australian nurses who have recently returned from deployments to West Africa.

"We need to go there and support them, and stop the hysterics. We cry at night and work during the day."

Registered Nurse Libby Bowell (pictured on the screens below) and fellow RN Sue Ellen Kovack, who have just returned from humanitarian missions to Ebola hotspots in West Africa, spoke via telephone to around 100 of their CRANApus colleagues at the Annual Conference.

There was loud applause as the gathering heard their mates' voices...

There was loud applause as the gathering heard their mates' voices, followed by total silence as the pair answered questions from CRANApus CEO Christopher Cliffe about their experiences.

"I think I was one of the first to put up my hand to go to Sierra Leone. I have no regrets," said Sue Ellen, who has created quite a stir in the media, after developing a low-grade fever on her recent return to Australia. Tests for Ebola returned negative, but she was still in compulsory 21-day community isolation in Cairns.

While Sue Ellen worked directly with patients in the Kenema Ebola Treatment centre, Libby's Red Cross mission in Liberia was in a coordination role to help support the Liberian RC in the Ebola response across all of Liberia.

Remote area nursing skills valuable

Sue Ellen and Libby spoke simply about the skills they have developed as remote area nurses in Australia which are so valuable as humanitarian aid workers in emergency responses in developing countries.

They also spoke about the practicalities of ensuring their own safety; dealing with the harsh environmental conditions; and the variety of work they undertook, from dead body management to bringing positive messages to communities on how to deal with the outbreak. ▶▶





► “We all know remote areas, we are used to working long hours and in hot and humid conditions, and living minimally out of a suitcase a couple of weeks at a time,” said Sue Ellen.

“We are also used to working with disadvantaged people and populations, and working cross-culturally alongside local Aboriginal health work practitioners, getting guidance from them as well as information.

“In terms of motivation, we all have a strong sense of social justice.”

As far as emergency services go, Libby said this mission was “definitely different.” She said:

“I’ve worked in areas with cholera outbreaks before and even though they were devastating, they were containable quicker and it is quite easy to treat.

“With Ebola, the death toll went up every day in Liberia, by 30–50 a day by the time I left, 95 of them were nurses and doctors.

“Local people were losing their family members, friends and colleagues. It was confronting and real.

“Every few days someone would tell me about their losses. And that’s when it becomes very real.

“The local staff would say to me: ‘We cry at night and work during the day’.

“Cholera was also more acceptable than this: there is a huge stigma attached to Ebola, reminding me of the public attitudes when HIV was first in the media.”

For Libby, a normal day entailed being responsible for dead body management, getting key messages to the communities about getting out of infected areas and getting early treatment, and organising community based care.

“Community-based care is quite controversial,” she said. “But when there is a 700-hospital bed shortage, there is no other option but to treat infected people in their homes.”

In terms of personal risk, Libby felt it was low. She said:

“I followed the rules: No touching, no hand shaking, no hugging, keeping a 1.5 metre distancing in communities, and hand washing all day every day. Once you get used to not touching people it gets very normal.

“But it was very hard at first. It’s so normal as a caregiver to automatically bend down and help someone who falls down in the street, but the rules were very strict and you knew you had to abide by them.

“Everywhere you go, you have to go through chlorine solutions before going into any building and you have to have your temperature taken – sometimes up to six times a day.”

Providing comfort was a huge part of Sue Ellen’s job, working in an Ebola-only treatment centre with about 60 beds in a small town about 200 km from the country’s capital, Freetown.

“It doesn’t sound far, but it was a 5–6-hour drive through multiple, multiple check points,” she said.

“Once you get used to not touching people it gets very normal. But it was very hard at first. It’s so normal as a caregiver to automatically bend down and help someone who falls down in the street...”

Sue Ellen (pictured left) worked alongside local nurses, hygienists, waste management and psychosocial workers. It was all encompassing. She said:

“There was no hugging, touching, no kissing, no shaking hands. The strict rule was: do not touch your face at all. I was highly conscious of not putting my hands anywhere near my mouth.

I had a trick with an elastic band round my wrist, which I plucked if I forgot in training – and that soon taught me!

“We also made sure we were covered properly, and getting out of PPE (Personal Protective Equipment) was even more difficult. It’s the most risky time to get infected, and there were very strict rules and we were closely instructed step by step on what to do and what to take off next.

“You have to touch the patients – but you make sure you are totally protected.

“They have to be cleaned and washed. You have to encourage them to eat and to drink.

“But I felt very secure. We always checked each other, making sure that nothing was exposed.”

Concluding statements

Libby:

“I think the world needs to wake up and put the focus back on West Africa and provide the right amount of services. Is it rewarding yes. Do they need our help? Yes.

“We need to go there and support them, and stop the hysterics.

“Please learn about the facts. Just remember no one is contagious unless they have symptoms.”

Sue Ellen:

“Colleagues in West Africa are there day in and day out.

“We as aid workers can come home. They will be there until the end.

“It’s going to be a long haul for everyone there.”

Conference coverage was provided via the Croakey Conference Reporting Service to view other stories go to: <http://blogs.crikey.com.au/croakey/?cat=46759> ●

the power of zumba

Dialysis is no laughing matter; however laughter, ZUMBA and physical exercise can help.

Prof Paul N Bennett
Chair in Translational Nursing
Deakin University
Western Health Research Partnership

For 11,000 Australians kidney dialysis is not something to laugh about. However a good chuckle along with an individualised exercise program might well be the best thing for them. At the 2014 CRANApus Conference, Deakin University's Professor Paul Bennett presented the work of his research team that is measuring the impact laughter yoga, ZUMBA Gold and resistance exercise has on the physical function, health and wellbeing of patients on dialysis.

"Patients fronting up for dialysis for five hours a day, three times a week are often feeling down and experience lethargy, cramps, low blood pressure, anorexia and needle pain, so laughing and exercise is probably the last thing they feel like doing," Professor Bennett said.



His research has confirmed that people on dialysis experience a greater physical function decline than age matched control groups.

The viscous cycle of kidney disease symptoms and treatment side effects is exacerbated by patients, their relatives and staff who accept that decreased physical function is inevitable. However, patients have shown enthusiasm for aerobic, anaerobic (resistance), ZUMBA and Laughter Yoga as acceptable exercise options while on dialysis.

...patients have shown enthusiasm for aerobic, anaerobic (resistance), ZUMBA and Laughter Yoga as acceptable exercise options while on dialysis.

Resistance exercises during dialysis using exercise machines and Therabands have been shown to improve physical strength. Aerobic exercises using stationary bikes, chair dancing and laughter have been shown to be feasible during dialysis. A combination of both aerobic and anaerobic is likely to have the greatest benefit for this group.

Importantly, sustainability of an exercise program during dialysis is the key to improved patient physical function. A team consisting of nurses, allied health, medical and management is required to ensure physical function activities can be sustained. Furthermore the exercise programs need to be fun, inexpensive and must not interfere with routine healthcare. Intradialytic exercises that include laughter and ZUMBA meet these sustainability requirements.

For more information go to: <https://www.deakin.edu.au/profiles/paul-bennett> ●

damning critique of indigenous housing program

Independent Journalist Rosemary Cadden reported for health blog CROAKEY from the 32nd National CRANApus Conference in Melbourne.

An award-winning Australian company involved in housing projects in disadvantaged regions in Australia and around the world has raised serious questions about a national Indigenous housing initiative with a budget of \$5.5 billion.

Paul Pholeros, a director of Healthabitat, said successive governments had refused to look at evidence showing "sloppy workmanship, shoddy materials and disgraceful results" because "they would have to acknowledge that millions of housing dollars were and still are being mismanaged and wasted".

Much easier, he said, to blame Indigenous people themselves for the sub-standard housing they're in and "perpetuate the myth that the housing problem is too big or too hard to improve".

"When I speak to people overseas, they say 'how can this be? You're from one of the wealthiest nations in the world'."

Pholeros said the substandard state of Indigenous housing was "a disgrace". He said:

"When I speak to people overseas, they say 'how can this be? You're from one of the wealthiest nations in the world'. The answer is not to simply throw hundreds of millions of housing dollars at the problem without carefully assessing the results. Rather than big building projects to construct new dwellings, our strategy to improve the homes is much cheaper and produces real results. The remaining money can then be used to design and build new homes."



Pholeros, an architect (pictured above), was awarded an AM in 2007 in recognition for his persistence and outstanding service to the health and wellbeing of the Indigenous populations of Australia and the Torres Strait Islands.

In 2011, Healthabitat was the winner of the UN Habitat World Habitat Award for its achievements in improving health outcomes.

"We have had communities complain that after \$75,000 per house upgrades were completed under the National Partnership on Remote Indigenous Housing (NPARIH), houses went backwards in their ability to function using our standard tests. We checked and they were correct," Pholeros said.

Under a separate initiative, between 1999 and 2014, Healthabitat has conducted 206 Housing for Health projects, improving more than 8,000 houses across the country. ►►

► Pholeros told more than 150 rural and remote area health professionals at the CRANApplus Conference in Melbourne this year that Healthhabitat tests on houses before work began showed that only 9% of the houses had a safe electrical system, 37% had a working shower and 6% a working kitchen.

He said:

“At an average cost of \$7,500 per house, we managed with our projects to turn those statistics around to 82% with safe electrical systems, 87% with a working shower and 20% with a working kitchen.”

We have shown that if you do the simple, tedious small jobs, like fixing taps, hot water systems, drainage pipes, stoves, lights and many more parts of existing houses, you can dramatically reduce health problems, and ease the impacts of undesired overcrowding.”

A health study conducted by the NSW Department of Health released in 2010 showed a 40% reduction in hospital admissions in the communities that participated in Housing for Health projects compared to those that had not been involved.

A health study conducted by the NSW Department of Health released in 2010 showed a 40% reduction in hospital admissions in the communities that participated in Housing for Health projects compared to those that had not been involved.

And an independent review of the work, commissioned by the Australian Government, strongly supported the Fixing Houses for Better Health (FHBH) program – the Australian Government’s name for the Housing for

Health program – and the National Indigenous Housing Guide (NIHG) editions 1,2 &3 during the period 1999–2007, which Healthhabitat produced and revised in conjunction with various Australian Governments.

However, in mid 2011 the Australian Government stopped the FHBH program and the scheduled review of the NIHG.

Pholeros said the myths about Indigenous housing continue to be perpetuated:

“The myth that the Indigenous people are the problem: that they trash their homes – not true.”

“Our report shows that of the 265,682 items fixed in the 8000+ homes nationally, 70% of the problems were routine wear and tear, the infrastructure and fittings had deteriorated or were worn out; 22 % were due to faulty workmanship and only 8% were caused by vandalism or tenant damage.”

“Remember we are dealing with harsh environments: the dust that gets into systems, the humidity, the high mineral content of water that corrodes pipes and houses that are often overcrowded.”

While Housing for Health projects are still being run by the NSW Government, the bulk of Healthhabitat’s work is in developing countries, where they are making a difference to people’s health through improvements to their living environments.

Pholeros said the success of Healthhabitat stems from the health priorities it created back in the 1980s when they first started.

That Guide is now in a new form called *Housing for Health: the Guide* and is available as a website. It is structured around safety and the Nine Healthy Living Practices which guide their work: providing facilities for washing people; washing clothes and bedding; safely disposing of wastewater; improving nutrition; reducing crowding; reducing the impacts of insects, vermin and animals; reducing dust; controlling temperatures; and removing hazards.

Healthhabitat has produced *Housing for Health: the Guide* as a free, interactive, online publication to improve health by ensuring the better design, construction and maintenance of housing and the living environment.

Check the link to learn more about *Housing for Health: the Guide*, use it in your daily design practice, use it to manage housing and then help us expand the content of the Guide by giving your ideas, experience and feedback.

Pholeros added:

“Another major factor that has been practised since the beginning is that, within 24 hours of going into a community, we make some immediate change.”

“Outsiders are often seen as being there to

write reports, tick boxes, promise a lot and walk away.

“We outsiders are assumed to be from government or agencies and often represent the problem in the eyes of Indigenous communities and certainly not the solution.”

“The answer is to look at the situation and start to fix things up straight away. It may not be a big change to begin, but we haven’t sat around talking and planning and discussing and debating. We’ve asked what the immediate problems are and we’ve got started.”

“Immediate change builds trust,” he said.

Coverage was provided via the Croakey Conference Reporting Service: <http://blogs.crikey.com.au/croakey/?cat=46759> ●



point-of-care course contributes to remote nursing skills

Leanne McGill, remote area nurse and educator, grew up in the Daly River region of the Northern Territory, living an isolated lifestyle often in a caravan out in the bush, as her father worked on a remote cattle station.

After completing her nursing studies, she worked at Royal Darwin Hospital for a short time and then developed an interest in health promotion and education, producing a booklet, whilst working for the NT Health Department, for all new-comers to the remote north, entitled "Arriving and Surviving in the Northern Territory". She went on to become a Health Educator at the Cancer Council.

In 1999 Leanne moved to Katherine where one of her first jobs was leader of the Remote Area Nurse Mobile Team. Along with another registered nurse, she would travel in a Toyota troop carrier over 1000km a week visiting remote cattle stations to provide primary healthcare clinics to the people of the outback.

Current point-of-care (POC) testing devices, with their improved technology and ease of operation, are a great step forward for the remote, isolated residents.

The team carried their own camping gear and clinical equipment required for various situations, and set up a clinic wherever it was required. This included cattle station main buildings right through to far-flung mustering camps and yards, often conducting clinical care under the Southern Cross – literally.

They attended to children's, women's and adult health checks, emergency, acute and primary healthcare and always used point-of-care testing devices due to the remote setting, far from hospitals and pathology departments.

Doctors, nurses and Indigenous health staff can be trained to perform blood and urine tests to get a fast, accurate and reproducible result of high quality required for patient care.

From her childhood through to working as a remote area nurse, pathology services were available but there was a considerable time lag due to specimens having to travel by road or wait for the next light aircraft to collect them. Sometimes specimens either didn't survive that time span or they were rendered unusable.

Current point-of-care (POC) testing devices, with their improved technology and ease of operation, are a great step forward for the remote, isolated residents.

Doctors, nurses and Indigenous health staff can be trained to perform blood and urine tests to get a fast, accurate and reproducible result of high quality required for patient care. The results, which are quickly available, assist doctors and other health staff to commence appropriate treatment and/or undertake medical evacuations if necessary. The available POC pathology tests include biochemistry, haematology, infectious disease and drug tests.



Leanne McGill performing a point-of-care test for Haemoglobin A1c to monitor diabetes control under the QAAMS Program.

Leanne is currently completing the Graduate Certificate in Global Point-of-Care Testing which is offered through the Flinders University International Centre for Point-of-Care Testing...

These tests, along with better communication with other clinicians, has meant that remote residents and travellers can be assured of an integrated standard of care through the testing, assessment, preliminary diagnosis, treatment and follow-up care for a variety of acute and chronic conditions.

Leanne has spent the past 10 years working in and developing the Katherine regional and remote clinical teaching and assessment programs and has been heavily involved in the Registered Aboriginal Health Practitioner training.

Leanne has provided on-the-job continuing clinical education and up-skilling for Registered Aboriginal Health Practitioners and Registered Nurses in aspects of POC testing.

Wurli-Wurlinjang Aboriginal Health Service, where Leanne has conducted extensive Aboriginal Health Worker education and training, is a participant in the QAAMS (Quality Assurance in Aboriginal Medical Services) program which delivers POCT for HbA1c and urine ACR to the increasing numbers of Aboriginal and Torres Strait Islander clients with diabetes type 2 using the Siemens DCA Vantage www.qaams.org.au ▶▶



This course is a fully online one-year, part-time course which provides advanced knowledge and specialist skills in POC testing.

Students undertake two core topics on POCT which cover in detail how to set up and manage a POCT service and how to perform POCT for acute, chronic and infectious disease.

Students also select two elective topics from speciality areas which include emergency and disaster management, chronic disease management, and rural and Indigenous primary healthcare.

This course represents the first and only full postgraduate academic qualification that is available in the university sector globally.

This course has been strongly supported by the Course Coordinator, Professor Mark Shephard, and teaching team members, Heather Halls and Lara Motta, who have been professional, helpful and flexible throughout the study and assessment process.

For further information regarding the Graduate Certificate in Global Point-of-Care Testing email: Heather.Halls@flinders.edu.au or visit: www.flinders.edu.au/courses

▶▶ Leanne trained as a point-of-care device operator through this program and has supported health workers under her supervision to complete training and perform testing under this program which now operates in more than 170 Indigenous Medical Services throughout urban, rural and remote Australia.



Above: Leanne visiting teaching and other staff of the Flinders University International Centre for Point-of-Care Testing who deliver the Graduate Certificate in Point-of-Care Testing. From Left: Leanne, Heather Halls, Pauline Rudevics, Lara Motta, Mark Shephard and Beryl Mazzachi.

Right: Leanne takes with her all necessary supplies including point-of-care devices and other clinical equipment to set up mobile clinics and training workshops in very remote locations.

Far right: Remote road junction on a recent outback road trip to deliver health and training services.

Leanne is currently completing the Graduate Certificate in Global Point-of-Care Testing which is offered through the Flinders University International Centre for Point-of-Care Testing to expand her understanding and practice of POCT.



russian conference report

Issues facing nurses in rural and remote Australia were aired this year at an international nursing conference in Russia focusing on promoting global health. Anastasia Kostiukovsky, a RAN at Willowra in the NT, outlines some of experiences she and Clodagh Scott, General Practice Nurse with Kidney Check Australia Taskforce in Bundaberg Queensland, had during their participation in the two-week event.

This year I was fortunate to attend the 9th US – Russian Nursing Conference “Creating Learning Networks to Promote Global Health” where, along with Clodagh Scott, we presented to a group of international nurses our topics about rural and remote health in Australia.

The conference took place in St Petersburg, Novgorod, Moscow and Uglich, as well as on the Russian waterways between St Petersburg and Moscow, and included visits to educational and healthcare facilities in various Russian towns.

During a variety of initiatives and discussions, nurses worked together to find best strategies on how to bring skilled healthcare to the most ‘in need’ regions of their respective countries.

The conference addressed a wide range of critical issues such as safe quality nursing care; development of the nursing profession and its effective regulation; strengthening an adequately trained nursing workforce; and overcoming the barrier of inequity across disciplines (mainly Nursing and Medical roles distribution, especially in Russia).

During a variety of initiatives and discussions, nurses worked together to find best strategies on how to bring skilled healthcare to the most ‘in need’ regions of their respective countries.

Poster presenters focused on leadership and communication, emergency planning and challenges of shift work, while keynote speakers concentrated on critical issues facing the profession and a need to develop a framework to help us move along a difficult path of strong professional nursing and advocacy for patients to be recognised by stakeholders.

In St Petersburg, key issues explored included strategies to meet challenges of the future, with an emphasis on services needed for health promotion and disease prevention.

Main topics were about nursing research and cross-cultural communication in nursing practice; influence of culture and tradition on life and health of immigrants; changing attitudes to aged care and creating a range of nursing networks; strategies to improve oncology patients wellbeing and improving maternal health; patient-centred care and adaptation of newgrads at work; remote health nursing in Australia and nursing role in diseases prevention in Russia; and addressing bullying in different countries.

The conference also provided a view into Russian life, history and culture. We got an insight into the Russian Health System (which is very different from the Western one), including keynote presentations about nursing education and nursing roles in Russian healthcare, how healthcare is organised in the Russian Federation.

Program learning activities stimulated interaction for sharing of US, Australian and Russian perspectives on cultural and professional issues.

Debates and dialogues were very active and challenging at times, sightseeing was spectacular, while health facilities explorations became fascinating for most participants from USA. ▶▶



In St Petersburg, key issues explored included strategies to meet challenges of the future, with an emphasis on services needed for health promotion and disease prevention.



► I feel very privileged to have the opportunity to attend the 9th US-Russian Conference. It combined a joy of travel with professional opportunity, allowing us to explore our profession from a global perspective.

The conference attracted 45 participants, mainly from USA and Russia with couple of nurses from Australia and one from Germany. Initially the conference had 62 participants. Unfortunately, 17 participants withdrew after they heard about the war between Russia and Ukraine and the Malaysian Airlines airplane crash tragedy.

These were an amazing two weeks of building friendships, and seeing and experiencing Russia. All participants banded together to empower each other in their professional and personal lives. This was despite some emotional debates during the conference (for instance, when we addressed bullying

Above: Medical Education Institute in Novgorod.

problems) as well as some controversial topics (like appropriateness of internet sources and social media usage by professionals).

These were an amazing two weeks of building friendships, and seeing and experiencing Russia.

Participants expressed a need for this conference to become more international in order to provide stimulating views from a broader range of nurses from around the world as we move along the path of Global Health improvement.

Sincere thank you to Prof. John Wakerman, RANP Coordinators Sally Foxley and Sue Lenthall as well as to ASM Jennifer Hampton for their great help of my conference presentation preparation and my clinic manager PHCM Trudy Waghorn. ●





why advertise with CRANApplus?

It makes sense that it is no use advertising somewhere where your target audience won't see it.

CRANApplus is the only organisation with remote health as our sole focus. Our extensive membership and stakeholder database means CRANApplus is uniquely placed to reach Australia's remote health professionals.

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1. The CRANApplus Magazine – The voice of remote health

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Currently our quarterly publication enjoys a circulation of 15,000 copies each quarter (and growing). It reaches those who are passionate about remote health in Australia.

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Our print publication is supported by website resources. Each issue is online in perpetuity with your ad just as it appears on the printed page.

2. The CRANApplus Website – www.crana.org.au

Our newly designed website offers organisations the opportunity to advertise career vacancies in a dedicated Employment section. Your logo, text (up to 500 words) and contact details are displayed.

Repeat advertisers have reported successful, value for money, results as we reach that niche group of health professionals most suited to their remote health sector needs.

Your website advertising is reinforced as your employment vacancies will be drawn to the attention of our weekly e-Newsletter readers who are encouraged to check out this area of our website.

3. The 'Friday Update' – weekly e-Newsletter

Forwarded to over 6,000 recipients 50 weeks of the year, this is an excellent vehicle to get your message out to our readers promptly. Organisations advertising career

opportunities on our website have their message brought to the attention of our readers and find the combination of website and e-Newsletter advertising an effective method to advertise time sensitive career vacancies.

If you have an event you would like to list in our e-Newsletter please contact us and we will place your event for free.

You can view our rates, artwork specifications and contact details below for more information. ●

advertising rates

Standard rates

		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	880	1,584	2,244	2,816
Third page	Horizontal: 128mm W x 59mm H Vertical: 65mm W x 121mm H	600	1,080	1,530	1,920
Double page		3,040	5,472	7,752	9,728

Colour rates

		One issue	2 issues (- 10%)*	3 Issues (- 15%)*	4 Issues (- 20%)*
Full page	as above	2,240	4,032	5,712	7,168
Half page	as above	1,232	2,218	3,142	3,942
Third page	as above	840	1,512	2,142	2,688
Double page		4,256	7,661	10,853	13,619

Magazine colour insert

		15,000 single-sided	15,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,500	2,000

*Discounts apply to consecutive issues only.

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

Note: Centre spread is available from next issue.

*Corporate members receive further discount on these rates. Contact memberservices@crana.org.au for further information.

Publication Dates: March, June, September, and December

Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date. Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK. ●

CRANApus corporate members



NSW Air Ambulance located in Sydney is currently recruiting. If you are a dual Registered Nurse and Registered Midwife with additional critical care experience, contact the Senior Flight Nurse Margaret Tabone on 0413 019 783.



Apunipima Cape York Health Council is a community controlled health service, providing primary healthcare to the people of Cape York across eleven remote communities.



Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



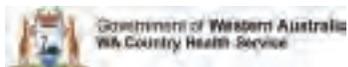
The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



NT Dept Health – Primary Health Services/Top End Remote Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



Department of Health and Human Services (Tasmania) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



WA Country Health Services – Kimberley Population Health Unit – working together for a healthier country WA.



As an Aboriginal community-controlled organisation, the **Derby Aboriginal Health Service** is committed to core principles including Aboriginal self-determination, access, equity, empowerment and reconciliation, and offers community members culturally appropriate comprehensive primary health, education, health promotion and clinical services.



Indigenous Allied Health Australia's vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander peoples.



The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.



Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory.



Healthcare Australia is the leading healthcare recruitment solutions provider in Australia with operations in every state and territory. Call 1300 NURSES/1300 687 737. 24 hours 7 days. Work with us today!



HESTA is the industry super fund for health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Today we serve more than 760,000 members and 119,000 employers.



Mt Gibson Iron Ltd – Koolan Iron Operations
Koolan Island is an iron ore mine site on one of 800 islands in the Buccaneer Archipelago in Yampi Sound, off the Kimberley coast of Western Australia. Approximately 400 people are employed and all are FIFO (Fly-in/Fly-out) workers.



The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400 kilometres (9 days).



NAHRLS provides assistance with Locum back-fill for Nurses, Midwives and Allied Health Professionals in rural and remote Australia who would like to undertake CPD activities.



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate healthcare to the Ngaanyatjarra people in Western Australia.



The **Northern Territory Medicare Local (NTML)** is committed to achieving an equitable, comprehensive primary healthcare system, driven by community needs, to improve the health and wellbeing of all Territorians.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parngurr with a client base 830 and growing. Our administration base is in the Iron Ore rich town of Newman.



QNA Healthcare (QNA) is a Boutique Nursing Agency specialising in contract and permanent recruitment solutions for remote and regional healthcare providers throughout Australia. At QNA we have a strong commitment to 'quality' for both our Nurses and clients.



The **Remote Area Health Corps (RAHC)** is a new and innovative approach to supporting workforce needs in remote health services, and provides the opportunity for health professionals to make a contribution to closing the gap.



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Royal Flying Doctor Service
CENTRAL OPERATIONS

The **Royal Flying Doctor Service** Central Operation provides 24-hour emergency aeromedical and essential primary healthcare services to those who live, work and travel in rural and remote South Australia and the Northern Territory.



Royal Flying Doctor Service
QUEENSLAND AND NORTHERN TERRITORY

The **Royal Flying Doctor Service** has been ensuring equitable access to quality comprehensive primary health care for 80+ years to remote, rural and regional Queensland.



Rural and Remote Nursing Solutions provides flexible, responsive, high-quality and alternative nursing solutions for their clients.



Silver Chain is a provider of Primary Health and Emergency Services to many Remote Communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to **build community capacity to optimise health and wellbeing**.



The **Spinifex Health Service** is an Aboriginal Community-Controlled Health Service located in Tjuntjuntjara on the Spinifex Lands, 680km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



Your Nursing Agency (YNA) are a leading Australian owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities. Please visit www.yna.com.au for more information.



Kylie Whicher of HESTA the Welcome Ceremony Sponsors.

As always, the breadth of topics by keynote and invited speakers and presenters shone a light on the vast array of challenges facing rural and remote area practitioners, as well as the many successes achieved by individuals and organisations across the country.

Harrowing personal stories were told and staggering statistics of disadvantage through the tyranny of distance were spelled out; while other presentations outlined new developments, ongoing services and projects.

And, as always, there was fun and laughter amidst the serious stuff: with delegates brought to their feet for some timely exercise: lunchtime entertainment from Hot Pans, the Steelband that rose from the ashes of the devastating Marysville bushfires; and the finalé dinner and awards night. ●



CRANAplus President Dr Janie Smith, Sally Foxley, Margaret Stewart and Prof Sue Lenthal.



Dr Janie Smith with Donna Hindmarsh newly awarded Fellow of CRANAplus.



From Thursday Island (L-R): Jen Stewart, Jane Davies and Sue Bowler.



The Welcome to Country was performed by Wurundjeri Representative Jemima Gardiner.



Jesse Gardiner.



Robyn Bilston and Phoebe Crosby from the Dept of Health.



Gladys Harley(left) modelling the raffle prize and Panda Pearls Australia Director Amanda Stein.

conference overview

The CRANAplus Conference excels every year – and 2014 was no exception.

A highlight for delegates was the live cross to hear two of their colleagues, RNs Libby Bowell and Sue Ellen Kovack, provide a much-needed calm perspective on the Ebola crisis through their own recent and very personal experiences in West Africa.





Keynote Tim Wilson, Australian Human Rights Commissioner.



CRANaplus President Dr Janie Smith and Hon Fiona Nash, Assistant Minister for Health.



Keynote Christine Nixon.



Janine Mohamed and Leona McGrath.



Student and new graduate delegates.





Exhibitor: QNA Healthcare Services.



Exhibitor: Principal Sponsor Business Jet Travel.



Exhibitor: Centre for Remote Health.



Exhibitor: Zoll.



Exhibitor: Major Sponsor Amanda Stein of Panda Pearls Australia (right).



Sarah Wheel, Squadron Leader (RAAF) Defence Force Nursing (left) with NARHLS exhibitors.

CRANaplus award sponsors 2014

- Excellence in Remote Health Practice Award**
Sponsored by:
Mt Isa Centre for Rural & Remote Health (MICRRH)
- Excellence in Education & Research Award**
Sponsored by:
Centre for Remote Health (CRH)
- Excellence in Mentoring in Remote Award**
Sponsored by:
Remote Area Health Corps (RAHC)
- Outstanding Novice/Encouragement Award**
Sponsored by:
Rural & Remote Nursing Solutions
- Collaborative Team Award**
Sponsored by:
Ausssiewide Economy Transport
- Collaborative Team Award (Joint Award)**
Sponsored by:
Brad Bellette Design



CRANaplus award winners

Excellence in Education and/or Research In Remote Health Award

Winner: Annette Olsen
Sponsor: Centre for Remote Health

Annette is the Clinical Educator Coordinator for the Ngaanyatjarra Health Service based in the Remote WA Community of Warburton. Annette is responsible for overseeing the educational and professional development of the RANs, Allied Health and support staff of the service. Annette was nominated by her peers as they believe she *...has a supportive and approachable manner, encouraging all staff to pursue their individual clinical areas of interest, as well as, enabling access to relevant training and updates to ensure 'best practice' delivered.*

CRANaplus Outstanding Novice/ Encouragement Award

Winner: Catherine Jurd
Sponsor: Rural and Remote Nursing Solutions

Catherine is a Registered Nurse working at the Cloncurry Hospital in Queensland, and



Jon Wright with Fiona Wake of RAHC.



Annette Olsen winner of the Education Research Award.



Sponsor Karen Schnitzerling with winner Catherine Jurd.

has recently completed a graduate program. Catherine (known as Cat) is known for tireless work with the National Rural Health Student Network (NRHSN) where she has championed rural and remote issues. As an emerging nurse leader, Cat has presented on behalf of the Australian College of Nursing at the International Congress of Nursing Conference in 2013. Cat also has been involved in the establishment of Australian Student and Novice Nurse Association (ASANNA) whilst continuing her 'Honors' year of study.

Excellence in Mentoring in Remote Health Award

Winner: Jonathon Wright
Sponsor: Remote Area Health Corps

Jon is the Clinical Nurse Consultant working in Tennant Creek Hospital in the Emergency Department. Apart from being involved in clinical education as a BLS and ALS instructor he also in his spare time provides mentorship to students who are keenly interested in remote. Jon is a long term member and Board member of CRANaplus, contributing a lot of his own time and expertise in remote health. As a Mentor, Jon is seen as *...someone is willing to listen, answer all my questions about remote and rural career pathways and strategies, skills, travel, communities, personal qualities... Jon's mentoring was vital to my choice to heard north - of which I'm glad... it was amazing to balance my early career worries and unknowns with a good dose of steadied, professional experience and understanding... with Jon's mentoring I feel a lot more confident and empowered to have a go.*

CRANaplus Excellence in Remote Health Practice Award

Winner: Dinah Northcott
Sponsor: Mt Isa Centre for Rural & Remote Health

Dinah is the Remote Outreach Midwife for Ngaanyatjarra Health Service that provides primary and preventative health services to approximately 2,300 Ngaanyatjarra people. Most communities are 1000 kilometers from the closest regional centre. Based in Warburton, Dinah travels between nine remote communities to provide maternity care to women on the Lands. She is the sole Midwife for this region with approximately 50 Births delivered annually. Dinah is seen as person who *...works hard to ensure all women have access to the highest quality maternity care; providing appropriate maternity education, mothercrafting, support and breastfeeding advice to not only the women but the RANs in each community...*



HCA Prize Winner Julie Todd (centre) with Danni Hawks and Natalie Sommer.

HCA Award

Winner: Julie Todd

Julie's experience encompasses Primary Health Care roles in the Torres Strait, Central Australia, Christmas Island and remote Western Australia. In 2010 Supported by Dept Health NT she undertook the three-week TRAN2RAN program. In 2014, while working at Fitzroy Crossing, Julie enrolled in the part-time Graduate Certificate in Remote Health Practice, through Flinders University, building on the TRAN2RAN course completed previously. Julie's extensive experience and understanding of remote work and her commitment to Indigenous health all came together in her studies. Julie was awarded the 2014 Health Care Australia (HCA) prize for the most outstanding student in the Topic 'Remote Advanced Nursing Practice' of the Graduate Certificate in Remote Health Practice offered through Flinders University. Julie said she wishes she had started her Graduate Certificate sooner after doing TRAN2RAN, as the course has been so beneficial to her practice, and she commends the Remote Health Graduate program.



Sally Foxley and Award winner Dinah Northcott.

Collaborative Team Award (Joint Award)

Joint winner: Midwifery Group Practice, Central Australia

Sponsor: Brad Bellette Design

The Midwifery Group Practice, Central Australia in Alice Springs offers continuity of care, maternity services to not only remote indigenous women but also urban indigenous and non-indigenous women and their families. This program is unique as 33% of the client spaces, are allocated for remote indigenous women in Central Australia region. Women who are part of the Midwifery Group Practice Program, get to meet with their midwife on numerous occasions and have the bonus of being able to contact them whenever, 24-hours-a-day.



Raelene Carroll of Midwifery Group Practice with CRANAplus President Dr Janie Smith.

Collaborative Team Award (Joint Award)

Joint winner: Apunipima Cape York Health Council's Maternal and Child Health Team

Sponsor: Aussiewide Economy Transport

The Baby One Program is an innovative evidence-based program structured around the Aboriginal Health Worker – led family visiting program. There are multiple prongs to this program – The Aboriginal Health worker works with parents, children and families in a case-load model with others of the maternal and child health team, namely: midwives, child health nurses, allied health practitioners and health manager. The model of care is to keep people well by ensuring access and engagement in health with a community and family centred approach.



Deb Jia and Johanna Neville of Apunipima Cape York Health Council with CRANAplus President Dr Janie Smith.



Aurora Award Recipient 2014 Judy Whitehead.

Aurora Award

Judy Whitehead has over 30 years' experience in remote Australia in clinical care, education and management roles. Judy is Nurse Manager with RFDS SE section, covering remote NSW and the Cooper Basin. She was instrumental in the development and support a Nurse Practitioner role in the Cooper Basin. Through successful lobbying she obtained sponsorship and funding for the provision of a McGrath/Elders Breast Care Nurse for remote NSW, removing the need for families to travel to metro areas for support services. Judy is President of the Flight Nurse Association of Australia, a long-term CRANAplus Facilitator and a significant contributor to the CRANAplus Standards Project. Although in a management position she maintains a significant clinical role. ●



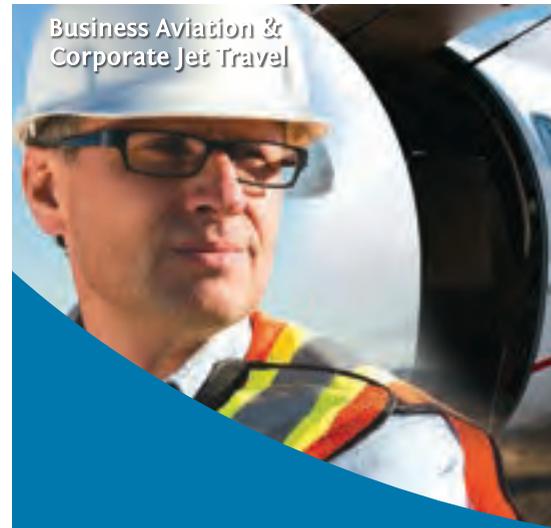
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educate

first on the scene

A recent event highlights the skills of the CRANApus team as well as illustrates the importance of our organisation's emergency training courses.

Recently while travelling through the Kimberley to deliver the Pre-hospital Ambulance course in Derby, CRANApus facilitators Kathy Arthurs, Ken Iles and Coordinator Annie MacNamara were first to arrive at a multiple casualty, high-speed vehicle rollover north of Broome and render assistance at the scene.

With very little need to think about it, all three fell into professional roles. Ken did a 'hands in pockets' assessment to ascertain the number and type of injuries and Annie the 'DRABC protocol'. Ken prioritised tasks, while Annie called Police emergency services and gave a report of the scene: type of incident, the number of injured, nature of injuries and resources required.



L-R: Annie Mac, Ken Iles and Kathy Arthurs.

Kathy triaged the patients and Ken and Annie continuously checked the casualties using the system of Danger, Response, Airway (+ cervical spine) Breathing, Circulation, Disability including the AVPU system to ascertain the patient's response.

Due to distances from town, it was 45 minutes before further assistance arrived.

Tourists, including grey nomads, offered drinks to the team who were succumbing to the heat and had exhausted the supply of fluids they had allocated for the 220km trip.

In true remote style, good Samaritans offered assistance during that time – two detention officers assisted holding up tarps in the 40 degree heat and repeated the mantra 'stay still, keep still, help's on the way' as the injured would not tolerate cervical collars (which of course Annie happened to have in her luggage).

Tourists, including grey nomads, offered drinks to the team who were succumbing to the heat and had exhausted the supply of fluids they had allocated for the 220km trip. They were also grateful for the offer of hats.

An industrial paramedic from a local mine site arrived and assisted with cannulation while Kathy and Annie 'ransacked' his ambulance for IV fluids and analgesia for a patient with a compound fracture (again a typical trait of CRANApus facilitators if let near emergency equipment!)

Residents from a nearby property offered assistance bringing with them an invaluable RFDS Emergency Box. ▶▶

► With the arrival of the professional paramedics, Ken handed over with an update on the status of the patients, prioritising emergency care requirements.

Kathy, via the satellite phone, gave an update of injuries, the urgency of the situation and the services that would be required.

As part of the trip risk assessment undertaken prior to leaving, Annie contacted both the CRAN*plus* office and Derby advising of their delay.

Events like this remind us of the importance of maintaining emergency skills when working in remote areas and how fortunate we are to have such highly skilled professionals working with CRAN*plus*.

This type of event is not an uncommon occurrence in remote and isolated areas of Australia and remote based health staff deal with these emergencies frequently and competently.

Such examples provide great evidence and validation for the CRAN*plus* courses which are tailored for such events. They provide health professionals in remote practice the opportunity to maintain and up-skill to face these challenges with greater confidence.

Kathy and the team received a letter of recognition from RFDS Western Operations

and congratulations from Derby Hospital staff for their management of the emergency. CRAN*plus* is fortunate to have highly skilled professionals working with us. ●

Kathy Arthurs is a Senior Flight Nurse with RFDS Alice Springs,

Ken Iles is a Senior Ambulance Officer and Inspector with NSW Ambulance

Annie Mac is an RN/Paramedic and CRAN*plus* Emergency Course Coordinator.



a surprise birth

Babies being born is no new experience for CRANApus Coordinator Glenda Gleeson. Here she reports, however, on one birth that came as a surprise.

The Maternity Emergency Care (MEC) team arrived at the Brewarinna Hospital in north-west New South Wales to set up and prepare for the teaching of a MEC course organised by the local staff.

For one MEC midwife, the focus turned towards a real-time mum and babe and, for the whole MEC team and course participants, the placenta exercises took on a new dimension.

“It all developed on arrival at the hospital when the nurse who greeted us said we should have been there a bit earlier as they had just had a birth,” Glenda said.

For one MEC midwife, the focus turned towards a real-time mum and babe and, for the whole MEC team and course participants, the placenta exercises took on a new dimension.

We would have willingly been there if we had been called, as we were in town for a time finding food and our accommodation.

I was very happy to hear of the birth as we needed a placenta for teaching that evening. The Nurse invited me to go to meet the woman and her family to ask if they would give us permission to use her placenta to teach the health staff.



The mother and babe were being prepared for transfer to the regional hospital as a large bleed was reported and IV fluids were being commenced. The mother's family were present, it was a busy space with the newborn's elder brother racing around the room on a stool with wheels, obviously very excited about the birth.

Bre' (as Brewarinna is commonly known) doesn't have a resident midwife and the local international doctor has not had obstetric experience in the past 12 years. The registered

and enrolled nurse were the main assistants during the birth and giving immediate post birth care.

Births are not uncommon occurrence in Brewarinna says the staff and they had not completed any learning around maternal emergency care before the MEC course.

I asked one of our MEC midwives Leanne Walters to go and assist the new mother and babe as it was obvious an experienced midwife

would relieve some of the pressure on the local staff and ensure immediate post birth care was as optimal as possible considering the circumstances.

Permission was granted for us to use the placenta for teaching. This was ideal as throughout the weekend of learning we were able to integrate aspects of the birth story into our course, creating an enhanced and meaningful learning environment for the students. ●

behind the scenes

If you have undertaken any of our suite of emergency short courses, you will know the members of our coordinator team.

You will also have met some of the many highly skilled facilitators who donate their time and expertise to CRANAplus, making it possible for us to deliver training to some of the most remote and isolated parts of Australia and her Territories.

The enthusiasm of our facilitators, their belief in the high quality and relevance of our training products and their generosity in giving of their time, we believe, contributes to our point of difference in the delivery of these nationally recognised courses...

The enthusiasm of our facilitators, their belief in the high quality and relevance of our training products and their generosity in giving of their time, we believe, contributes to our point of difference in the delivery of these nationally recognised courses, which are acknowledged by health providers as among the best and most relevant to the remote and isolated health workforce.

Bush Support Services (BSS) provides a range of resources and follow up courtesy calls to all student/participants at the completion of their course.

The people you will not readily see or hear about often are those who make up the



Liz Gordon.



Amy Hill.

administration team 'back at base' and are responsible for the coordination of everything else that needs to happen before you sit down at your first course session.

Education stats:

- **United Arab Emirates:** the furthest a student has travelled to attend a course.
- **336,000 km:** the distance covered by the sets of equipment in 2014 (this = 8 times around the world).
- **7 tonnes:** total weight of the training equipment (13 sets).
- **300kg:** total weight of sheep's 'chests' used for simulation exercises.
- **13:** the number of different face-to-face courses offered.
- **1300:** the number of flights booked for course trainers in 2014.
- **3000:** the number of room nights for course trainers in 2014.
- **1670:** the number of course attendees in 2014.
- **1800+:** estimated number of attendees in 2015.
- **94:** number of courses delivered in 2014.
- **105+:** number of scheduled courses in 2015.
- **40 minutes:** shortest turnaround time between delivery of a set of equipment to the Adelaide warehouse, restocking, relabelling and back on the road again.



Front row (L-R): Marilyn, Steve and Karen. Back row (L-R): Liesel, Susan and Claire.

We thought in sharing these stats we could offer an insight into the work that goes into the apparently effortless delivery of these much sought after and popular courses and to demonstrate the power of teamwork.

The Team:

Merilyn Jenkins: Warehouse coordination, equipment logistics and administration support. (Based in Adelaide)

Claire Prophet: travel bookings, sourcing course venues, catering, and on-course supplies. (Based in Adelaide)

Susan St Clair: Course registrations, customer service and coordination of pre-course reading materials. (Based in Adelaide)

Steve Batten: website updates, trouble shooting IT problems, supporting the user experience, RTO statistics and reporting. (Based in Adelaide)

Liesel Higgins: Loading VETtrak data, RTO compliance activities, issuing Statements of

Attainment and Course Certificates. (Based in Adelaide)

Liz Gordon: Private course scheduling, client services, system improvements and financial administration support. (Based in Cairns)

Amy Hill: Course Flyers, website support and eRemote administration support. (Based in Alice Springs)

Karen Clarke: The Director of Administration Services, leads this talented team, ensuring the timely, efficient delivery of courses throughout Australia and offshore. (Based in Adelaide)

Karen says: "We have all come a very long way from the days of not knowing the difference between a toothbrush and trachea tube, what an LMA looks like, or what is meant by IO cannulation. Who knew that a sheep's chest and chicken drumsticks had other uses!"

"Working closely with a passionate, committed team of Course Coordinators, we look forward to doing it all again in 2015!" ●

educations courses for 2015

Location	Dates	MEC	AREC	MID	REC	ATSI MEC	ALS	BLS	PEC	TEC	ATSI REC	PSR NEW
Blackall, QLD ○	13-15 Feb	●										
Alice Springs, NT ○	18-20 Feb				●							
Burnie, TAS (1 day)	19 Feb					●						
Blackhall, QLD ○	20-22 Feb			●								
Burnie, TAS	20-22 Feb				●							
Alice Springs, NT	27 Feb-2 Mar		●									
Mt Isa, QLD	6-8 Mar			●								
Broken Hill, NSW	6-8 Mar				●							
Melbourne, VIC ○	13-15 Mar				●							
Pt Lincoln, SA	13-15 Mar	●										
Cairns, QLD (1 day)	14 Mar					●						
Alice Springs, NT	17-19 Mar									●		
Campbell Town, TAS	20-22 Mar	●										
Darwin, NT ■	26-28 Mar				●							
Coffs Harbour, NSW	27-29 Mar	●										
Alice Springs, NT	30 Mar-1 Apr				●							
Darwin, NT (1 day)	10 Apr					●						
Alice Springs, NT	10-12 Apr			●								
Darwin, NT	11-12 Apr							●				
Cairns, QLD	14-16 Apr				●							
Darwin, NT	17-20 Apr		●									
Cairns, QLD (1 day)	20 Apr										●	
Alice Springs, NT	20-22 Apr	●										
Cairns, QLD	21-23 Apr				●							
Derby, WA ○	1-3 May				●							
Roma, QLD	1-3 May	●										
Daly River, NT	8-10 May				●							
Dysart, QLD ○	15-17 May	●										
Alice Springs, NT ○	18-20 May				●							
Alice Springs, NT (1 day)	21 May										●	
Alice Springs, NT ○	22-24 May				●							
Thursday Island, QLD	27-29 May									●		
Darwin, NT	29-31 May	●										
Thursday Island, QLD (1 day)	30 May					●						
Coffs Harbour, NSW	12-14 June			●								
Adelaide, SA ○	12-14 Jun				●							
Cairns, QLD	12-15 Jun		●									
Katherine, NT	16-18 Jun					●						
Adelaide, SA (1 day)	19 Jun					●						
Adelaide, SA	20-21 Jun							●				
Katherine, NT	23-25 Jun									●		

Location	Dates	MEC	AREC	MID	REC	ATSI MEC	ALS	BLS	PEC	TEC	ATSI REC	PSR NEW
Lorne, VIC	26-28 Jun				●							
Cairns, QLD ○	26-28 Jun			●								
Darwin, NT (1 day)	27 Jun											●
Cairns, QLD (1 day) ○	4 Jul						●					
Cooktown, QLD	10-12 Jul	●										
Barcaldine, QLD	10-12 Jul				●							
Darwin, NT (1 day)	12 Jul									●		
Newman, WA (1 day)	16 Jul						●					
Darwin, NT ■	16-18 Jul	●										
Newman, WA	17-18 Jul								●			
Newman, WA (1 day)	19 Jul											●
Benalla, VIC	24-26 Jul			●								
Darwin, NT	24-27 Jul		●									
Esperance, WA (1 day)	1 Aug											●
Esperance, WA (1 day)	2 Aug									●		
Merredin, WA ○	7-9 Aug	●										
Darwin, NT (1 day) ■	12 Aug						●					
Darwin, NT ■	13-15 Aug				●							
Laynhapuy, NT (1 day) ○	18 Aug						●					
Laynhapuy, NT ○	18-19 Aug				●						●	
Alice Springs, NT	28-30 Aug											
Alice Springs, NT	29-31 Aug			●								
Broome, WA	4-6 Sep	●										
Hobart, TAS	4-7 Sep		●									
Darwin, NT	11-13 Sep				●							
Alice Springs, NT	14-16 Sep	●										
Cairns, QLD (1 day)	18 Sep						●					
Cairns, QLD	19-20 Sep								●			
Ceduna, SA (1 day)	24 Sep						●					
Darwin, NT ■	24-26 Sep			●								
Ceduna, SA	25-27 Sep				●							
Alice Springs, NT	13-15 Oct				●							
Alice Springs, NT	18-19 Oct								●			
Alice Springs, NT	18-20 Oct	●										
Townsville, QLD	30 Oct-2 Nov		●									
Mt Isa, QLD	6-8 Nov				●							
Cairns, QLD	6-8 Nov	●										
Longreach, QLD	20-22 Nov				●							
Cairns, QLD	20-22 Nov			●								
Hobart, TAS	4-6 Dec				●							

○ Private. ■ Department of Health and Flinders Students. Please check website as details may change.



endorsements and accreditations

CRANApus is dedicated to the development and delivery of high quality education programs specific to the needs of Remote and Isolated Health Practitioners, which is fundamental to the delivery of safe care and the retention of Remote Health Professionals.

Our Education Program offers a suite of remote emergency and maternity emergency courses including online education.

Many CRANApus courses (see table below) are accredited or endorsed by a number of organisations. ●

It is a pre-requisite that all nurses working for the Northern Territory Dept of Health in remote areas are to have completed a Remote Emergency Care (or an equivalent course) and the Maternity Emergency Care course.



ACN is the professional nursing organisation that supports nurses throughout their career and is a voice of influence for nurses in policy matters.



Endorsed by the Australian College of Midwives.
Approved for 20 CPD points in the MidPLUS Program.



ACRRM is responsible for setting the professional standards of training, assessment, certification and continuing professional development of medical professionals caring for rural and remote communities across Australia.



This organisation is an authorised provider of accredited activities under the RACGP QI&CPD Program.

CRANApus course

REC (Remote Emergency Care)

Endorsed or accredited by

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

Endorsed by Royal Australian College of General Practitioners (RACGP)

MEC (Maternity Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

AREC (Advanced Remote Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

Endorsed by Royal Australian College of General Practitioners (RACGP)

MIDUS (Midwifery Up Skilling)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

Endorsed by MidPLUS (Australian College of Midwives)

ALS (Advanced Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

Endorsed by Royal Australian College of General Practitioners (RACGP)

LSP (Life Support Paediatrics)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

Endorsed by Royal Australian College of General Practitioners (RACGP)

ALSP (Advanced Life Support Paediatrics)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by Royal Australian College of General Practitioners (RACGP)

BLS (Basic Life Support)

Endorsed by the Australian College of Nursing (ACN)

represent

communities of interest: aka special interest areas

By Geri Malone

Thank you for your feedback from the Communication survey. The Survey indicated a very general and broad selection of 'areas of interest', as we would expect, given the very nature of remote practice is a generalist approach. However, within this generalist spectrum, we all tend to have some specific areas of interest.

The benefit of identifying specific cohorts, is to target these groups as an "advisory" resource for us when called upon to provide a perspective on a particular issue, or develop a specific CRANaplus' Position Paper. As well as a two-way process for you, to come to us with a particular issue within that area to request, canvassing of broader opinion and/or sharing of new knowledge.

Arising from the information and feedback received, we will incorporate and add an area

in our membership form, to allow for individuals to indicate one or more areas of particular interest. Members would then receive specific communication on the specific subject.

We will initially make this available, on renewal of, or new membership and also provide an opportunity to update your information online. We will advise when this is available.

A Clinical Governance resource

Our Clinical Governance resource continues to attract much interest with opportunities to present at various forums.

CRANaplus Professional Officer Marcia Hakendorf gave a series of tabletop presentations about the CRANaplus Clinical Governance Guide at an AMSANT CQI Workshop held in Darwin in November, which was very well received.

A couple of the CQI mantras were – 'data makes you smarter' and 'what you do, make it visible'.

Those who were familiar with the Clinical Governance Guide recognised the importance of having robust systems in place for the recording and reporting – data makes the organisation smarter.

The Guide was seen as a great practical resource, especially assisting clinical managers and clinicians in describing what needs to be done and put in place to show the visibility of delivering safe, quality healthcare to remote and isolated communities.

The benefit of identifying specific cohorts, is to target these groups as an "advisory" resource for us when called upon to provide a perspective on a particular issue...

Visit our website <https://crana.org.au/advocacy/professional-issues/standards/>

Mentoring

Since our Conference in October, and the promotion through NSRHN, the Mentoring program has had been a steady stream of interested individuals wanting to know more about this supportive program for career advancement in rural and remote workplaces.

...the Mentoring program has had been a steady stream of interested individuals wanting to know more about this supportive program for career advancement in rural and remote workplaces.

A number of them are undertaking the online Mentoring program as the initial step to participating as either a mentee or mentor in the program.

So if you are final year undergraduate student or new graduate wanting to go 'rural or remote', tap into this wonderful program, it will provide you with mentors who will support, assist you to navigate, decision-make, and network as new comer to the rural and remote health sector.

If you are a health professional contemplating 'going bush' or are about to do so, a Mentor may be a great resource for your career advancement. ►►



►► Next year, we are planning to offer mentoring support to our Undergraduate Clinical Placement Scholarship recipients, as additional support and encouragement to those students interested in a career in remote practice.

Visit our website: <https://crana.org.au/advocacy/remote-and-rural-mentoring-program/>

Framework for Remote Practice

Have you seen the Framework for Remote Practice and Mining documents on our website? (<https://crana.org.au/advocacy/professional-issues/remote-practice/>)

We recently received feedback about the 'Remote Isolated and Mining Framework' document. Chris Belshaw, Nurse Practitioner with RFDS SE Operations has used the Framework document in the development of a wider emergency response capability; to provide emergency and primary healthcare to non-traditional remote mining communities.

This has been advantageous by reducing the local community demand and undue burden on the existing community health services.

The feedback confirms the importance of developing a Remote, Isolated and Mining Framework document, in consultation with experts in that sector, to provide guidance for mining companies.

It is anticipated the document is to be used as a benchmark when negotiating with mining companies in establishing health service resources for employees, to ensure they are entering into a safe, quality practice.

We would welcome your feedback or an example of where you have used either 'Framework for Remote Practice' or 'Remote Isolated and Mining Framework'.

Please contact us via email: professional@crana.org.au

CRANApus Fellowship

At the 2014 Conference in Melbourne CRANApus President Janie Smith announced the awarding of 6 new Fellows, in recognition of their *commitment, contribution and professionalism in remote & isolated health practice.*

Rachael Hunter, Stephen Farrington, Owen Brown and Sharon Gibbard for having completed the peer review process in the Credentialing Pilot Project assessed against the 'Professional Standards of Remote Practice.'

Fellowship was also conferred upon CRANApus Aurora Award Recipients; Karen Schnitzerling (2012) and Donna Hindmarsh (2013).

Since the Conference, we have formally endorsed a further five new nominated Fellows...

Since the Conference, we have formally endorsed a further five new nominated Fellows: Judy Whitehead the 2014 Aurora Award winner, Christopher Belshaw, Rhonda Golsby-Smith, Sue Orsmond and Dr Janie Smith.

If you would like to nominate someone or self nominate for Fellowship please visit our website at: <https://crana.org.au/members/cranaplus-fellowship/>

South Pacific Nurses Forum (SPNF): 18-21 November 2014

Colourful, energetic, vibrant and spiritual – these are the best words I could find to describe the SPNF Forum Christopher Cliffe and I attended in Tonga, which was an opportunity to promote our organization, learn and share with Nursing and Midwifery colleagues from the Pacific region.

The colourful traditional dress, the magnificent displays of aromatic flowers, many worn as garlands and the energy exhibited through dance and song, taken at every opportunity, made it an unforgettable experience for us.



It was a celebration of culture and reflective of the deep spirituality that influences their lives in its entirety. Tonga is a very religious community and their spirituality was demonstrated through a proud display of culture and earnestness of prayer. Christianity and church is an intrinsic part of life and influences not just personal and community life, but also their work.

Tonga is a very religious community and their spirituality was demonstrated through a proud display of culture and earnestness of prayer.

The South Pacific Nurses Forum was formed in 1982 by South Pacific Nurses who were attending the 1980 International Council of Nurses in Los Angeles, USA and has met in a different location in the South Pacific every two years. There are 15 countries that make up the group.

The forum was opened by the Crown Princess Sinaitakala Tuku'aho Fakafanua of Tonga and the deference paid to her presence is reflective of the status of the royal family in this Kingdom of Tonga...

Since then, clinical nurses, nurse managers, nurse educators and nurse leaders from across the South Pacific attend the Forum to discuss and debate key issues of importance to nurses and nursing.

The Forum was opened by the Crown Princess Sinaitakala Tuku'aho Fakafanua of Tonga and the deference paid to her presence is reflective of the status of the royal family in this Kingdom of Tonga and very evident through the ceremony and respect shown. ►►

►► The topics presented during the Conference included Governance, Continuous Professional Development, Nursing Education in general, including undergraduate and post graduate, Health promotion and health service modes of delivery. Some issues we share, others are quite different.

Remote health services exist in almost all of these countries with their Island outposts which provided some points of reference for us and the presentation on CRANAp^{plus} showcasing the Australian remote health industry.

The barriers we face and the innovation and professional practices to which we aspire clearly resonated, with the usual adjustments to the context of their environment.

Clearly there are many resources and lessons learnt that we could share with our Pacific neighbours.

The barriers we face and the innovation and professional practices to which we aspire clearly resonated, with the usual adjustments to the context of their environment.

Third year students from the Tonga School of Nursing, presented posters reflecting the research topics in their final year of study.

The poster presentations ranged from Managing the stress of beginning a nursing course, Preparation for Disaster (Tsunami), and Motivational factors for health promotion activities.

They were resplendent in formal uniform, enthusiastic and of great voice (the official choir for the Conference was Nurses from Tonga Hospital)!!!



Some reflections from us:

There were several presentations from New Zealand about the drive to increase the number of Maori Nurses in the Profession, similar to what we need to strive for in Australia with Aboriginal and Torres Strait Island Nurses and Midwives.

The ability for Pacifika nurses to gain Registration in Australia & New Zealand was very clearly a topic that causes some angst, much passion and differing views. Currently Nurses who gain qualifications in most of these Pacifika countries are not able to register in Australia and New Zealand as their courses are not accredited by the respective Nursing Boards. ►►





►► The issue appears to be of a need to change to meet the standards, another point of conflicting opinion.

Another undercurrent was what they see as the apparent inequity of Australian & New Zealand students, health professions and academics who come to the Pacifica and are able to clinically practice without any reciprocal ability for Pacifica students and Nurses to do so in Australia and NZ.

The social events were fabulous. We had two consecutive nights at different beach resorts, both occasions involved feasting with 2-3 pigs on a spit, which is very much part of their culture, and a lot of energetic dancing and singing.

The second night required each country to perform a "cultural" event, which we know presents many challenges to we Australians.

However we were fortunate to have our Indigenous colleagues from CATSINaM with us, specifically Faye, Ted, Deb and Roxy who

produced a fabulous dialogue depicting the long indigenous culture we have in Australia, the short and damaging impact of colonisation and how we are striving to come together through Reconciliation.

The social events were fabulous. We had two consecutive nights at different beach resorts, both occasions involved feasting...

We "sang" the chorus of "We are Australian", sadly in the presence of the very tuneful melodic Pacific Islanders, not our greatest hour, however the overall "item" was very poignant and well received.

**Look forward to catching up in 2015
Marcia and Geri ●**

nurse practitioner (np) role within a chronic disease model of practice

Terrie Ivanhoe, Nurse Practitioner, employed by Nganampa Health Council, tells her story about how the pivotal NP role, plays in the coordination of the health team and dealing with the complexities of the Chronic Disease Management Program.

This coordination has significantly impacted on the accessibility of services available for, indigenous people in remote and isolated areas of South Australia.

Nganampa Health Council (NHC) is and has been a well-established leader in the delivery of healthcare for Aboriginal people living on the APY Lands in remote NW South Australia since 1983 and for many years been concerned about chronic disease.

In 2010, NHC developed a chronic disease program in an effort to tackle the endemic chronic disease problems.

The Nurse Practitioner (NP) role is not a substitute medical role but an extended nurse role providing leadership and direction for the team.

As a Nurse Practitioner, I undertook the Chronic Disease Program Manager position. This paper will demonstrate how this role has provided valuable input into the development of a sustainable chronic disease model and added value to the team.

The Nurse Practitioner (NP) role is not a substitute medical role but an extended nurse role providing leadership and direction for the team.

Facilitating improved healthcare delivery and processes across the organisation, has resulted in the development of a sustainable chronic disease program. Furthermore, has enabled all clinicians to meet the healthcare needs of patients by using a primary healthcare approach, based on early detection, secondary care and tertiary care.

Chronic disease management program involves a whole-of-life approach inclusive of the promoting healthy lifestyle activities in order to keep people well.

Chronic disease management program involves a whole-of-life approach inclusive of the promoting healthy lifestyle activities in order to keep people well. The program includes early identification and management of people 'at risk' as well as ongoing monitoring and management of people with established chronic diseases.

The team and myself believe that "chronic disease is everyone's business".

... "chronic disease is everyone's business".

The NP role supports, co-ordinates and facilitates a primary healthcare approach towards chronic disease care. Like all the Programs at NHC, this is a 'vertical' model of practice based on a collaborative and complimentary approach to NHCs standard clinical care. ►►



Tess Ivanhoe with Monica Watson.

- ▶▶ The NP role supports Community Health Nurses and Medical Officers by:
 - Facilitating a range of services including access to medical specialists and aids that assist patients with chronic diseases.
 - Providing a link between clinic staff and specialists and ensuring specialist visits run smoothly.
 - Providing education to both patients and staff and providing advice and evidence-based information to patients.
 - Directing and coordinating aspects of patient care.

- Undertaking some case management.
- Providing direct patient care.
- Providing leadership and management in the area of chronic disease management.
- Assisting complete tasks that previously NHC has struggled with such as the completion of health checks and care plans.
- Developing and implementing a range of tools and system that are used in standard clinical care to manage chronic diseases.
- Improving relationships with other service providers.

The Comprehensive Primary Health Care is the cornerstone of the model providing a framework, which enables the Nurse Practitioner to coordinate all other health providers within the organisation to deliver safe, quality healthcare. Thus resulting in a sustainable program.

Aims of Program

The aims of the program are to:

- improve the way people access healthcare and move through the healthcare system.
- integrate and co-ordinate services so that they compliment the work of the NHC team rather than add to it.

Principles

- Self management approach.
- Evidence based guidelines.
- Consistent coordinated approach.
- Quality clinical backup including documentation, care plans, recall systems.
- A whole of organisation approach strategic partnerships and relationships.

The NP role is more than a set of competencies but rather an ability to work in a capable manner and applying clinical reasoning to practice.

The role of NP not only involves the nurse's competency level but their CAPABILITY.

The NP role is more than a set of competencies but rather an ability to work in a capable manner and applying clinical reasoning to practice.

This approach is achieved through advanced specialised education at Masters level inclusive of the following attributes and skills:

- Advanced theoretical and clinical knowledge and skills.
- Highly effective communication skills. ▶▶



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

Transition from RN to Remote Area Nurse 2015

ABOUT THE SHORT COURSE

A three week face-to-face program that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses. Content includes Framing Indigenous Health, Primary Health Care, Self Care, Remote Advanced Nursing Practice and Pharmacotherapeutics.

2015 DATES AND LOCATIONS
Tuesday 5th May – Friday 22nd May 2015
Alice Springs

\$2,600 CRANaplus Members – \$2,800 Non Members
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For registration enquiries please contact:
Short Course Administration Officer – Centre for Remote Health
E: crh.shortcourse@flinders.edu.au W: <http://www.crh.org.au/>
PO Box 4066 Alice Springs NT 0871 P: +61 8 8951 4700 F: +61 8 8951 4777





- ▶ Advanced time management skills.
- Advanced understanding of the context of remote practice.
- Complex decision-making skills, involving clinical reasoning and diagnostic skills.
- Ability to initiate and evaluate therapeutic management plans.
- Ability to work both independently and collaboratively with a team.

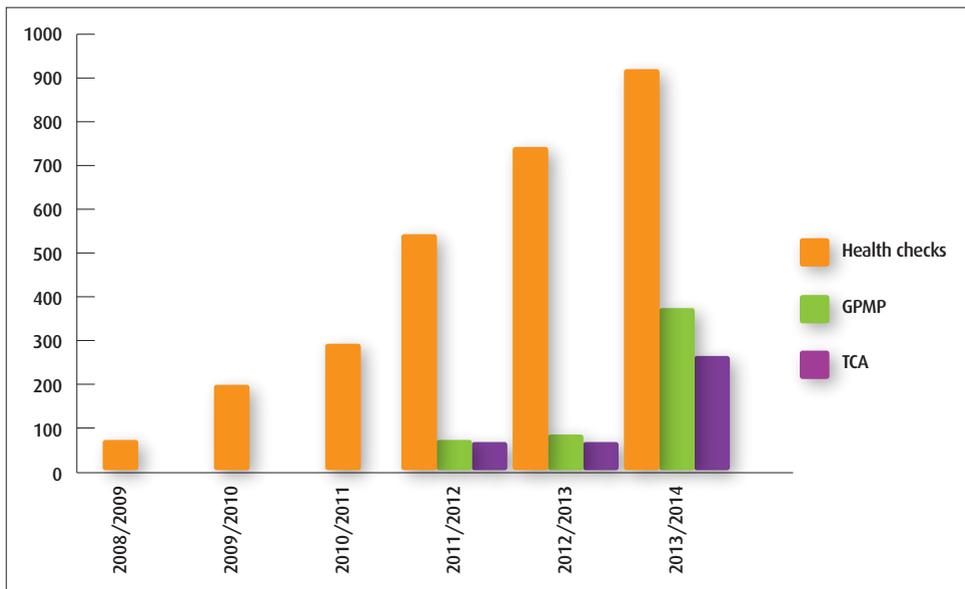
Although harder to link conclusively, there is some evidence that this additional activity is leading to improved health outcomes.

Although not the sole factor, employing a Nurse Practitioner in the Chronic Disease Manager position is clearly a significant reason for this improvement.

Clearly this program has had a positive way we manage chronic disease – EVERYONE in the organisation contributes to providing quality care for people with chronic diseases. ●

The chart below illustrates the success the position has had with significant increases in the number of health checks, GP Management Plans and Team Care Arrangements completed.

Although not the sole factor, employing a Nurse Practitioner in the Chronic Disease Manager position is clearly a significant reason for this improvement.



Undergraduate remote placement scholarships available

CRANAplus is the peak professional body for all remote health.

Each year since 2006 CRANAplus has made a number of scholarships available to undergraduate students studying a health discipline at an Australian University.

The scholarships offer financial assistance to support students who are interested in working remotely and gives them the opportunity to experience a remote health setting first hand. This demonstrates the commitment of CRANAplus to the future remote health workforce.

The CRANAplus Scholarships are among a range of benefits offered student members by CRANAplus including professional connections, mentoring, access to resources and psychological support services for undergraduate students.

Scholarships provide financial assistance of up to \$1000 per applicant, per remote placement. They can be applied to the cost of fares, accommodation and other incidental costs incurred by a student undertaking an undergraduate placement in a remote area of Australia and its external Territories.

The opening date for the scholarship application is 1 February

For full details of eligibility and how to apply go to

www.crana.org.au



connect

greening healthcare: thinking local and networking global

By Fiona Armstrong

Do no harm is the decree exhorted of all health professionals when they first begin practice; but is the practice of healthcare itself damaging public health?

An unnecessary trade-off is being made by healthcare providers: in the delivery of healthcare, significant amounts of greenhouse gases and huge volumes of waste are produced, contributing to ill-health in the community.

The World Health Organization estimates **one-quarter of all diseases are caused by modifiable environmental causes.**

Now, the healthcare industry has begun its own sustainability health check to see if as well as saving patients it can also save the planet.

The environmental impact of healthcare in Australia is not well quantified but we know

something about its carbon footprint – with early estimates suggesting the health sector is responsible for **seven per cent of carbon emissions** from all buildings. The National Health Service in UK calculates its carbon emissions as 25% of total public sector emissions. In the US, the healthcare sector is believed to be responsible for **8% of the country's total emissions.**

Reducing environmental harm from healthcare can reduce the burden of disease.

Reducing environmental harm from healthcare can reduce the burden of disease. Evidence of improvements in health and wellbeing from creating healthy environments in healthcare include **reducing anxiety, lessening pain, lowering blood pressure and reducing hospital stays.**

There is also the overarching imperative to contribute to a reduction in national emissions, given the threat that **climate change poses to health and health systems**, and the failure to date of Australian governments to either appreciate the risks or develop strategies to respond.

Which is why networks such as the **Climate and Health Alliance (CAHA)** are helping to raise awareness about 'green healthcare', driven by concerns about the health risks of climate change and the desire to realise the **significant health benefits available from reducing greenhouse gas emissions.**

CAHA, with their stakeholders, support an emerging trend towards '**green healthcare**' in addressing environmental issues.

A diverse range of service providers from across the healthcare spectrum are beginning to realise good health requires embracing the environment.

One regional healthcare service in Victoria has made great strides towards sustainability by adopting a '**social model**' of healthcare that goes beyond the medical perspective to consider the social, environmental and economic factors that affect health and wellbeing of the community.

Located in South Gippsland, just south east of Melbourne, the farming region of Koo Wee Rup is home to a community of around 3,000 people. The Kooweerup Regional Health Service includes an acute hospital (12 beds), residential care, and community care comprising district nursing and allied health services.

A diverse range of service providers from across the healthcare spectrum are beginning to realise good health requires embracing the environment.

Importantly KHRS also includes health promotion, and with the appointment of a full time health promotion officer in 2007, KRHD extended beyond the traditional role of a health service provider to become a local hub that supports healthy and sustainable lifestyles across the community.

The hospital grounds have been invigorated into a vibrant hub of community engagement for diverse groups in the region: it includes a community garden and kitchen, recycling depot, play group and a Mens' Shed. While the community garden promotes mental health and connectedness, hospital patients also benefit from fresh fruit and vegetables grown on site. ►►

▶ One Men's Shed initiative has men working alongside local school boys to share their wood working skills and make toys for disadvantaged children in time for Christmas.

Active promotion of health and sustainable lifestyles in the broader community has also meant the establishment of walking groups, Quit Smoking programs and the support of local environmental campaigns, such as Lock the Gate.

KRHD extended beyond the traditional role of a health service provider to become a local hub that supports healthy and sustainable lifestyles across the community.

Although focussed on the local community, KRHA has linked nationally and globally for inspiration and support for their sustainability initiatives. Wanting to explore how their environmental platform could be strengthened by connecting with like-minded groups, they sought help from Global Green and Health Hospitals.

Global Green and Health Hospitals is an international network of healthcare providers committed to reducing their environmental footprint and promoting environmental health worldwide.

A multilingual online platform to support the network, **GGHH Connect**, provides a virtual community for hospitals, health systems and organisations around the world—currently across 53 countries—to work together to share progress, co-create solutions and help accelerate global best practice. The idea is most healthcare sustainability challenges are common despite different cultural contexts – so if you have a problem someone in the network has already solved that problem and is willing to share how. A global group of experts are also on hand to provide advice and resources.

GGHH focusses on **ten action areas**, including reducing waste, increasing energy efficiency minimising the use of harmful chemicals, and buying safer and more sustainable products.

When an organisation like KRHS joins GGHH, they choose two goals on which to focus their efforts. KRHS chose energy and water.

Global Green and Healthy Hospitals has a goal community for each of the target areas, providing a global network of healthcare professionals with whom Koowerwup can engage, share ideas, ask questions, and solve problems, allowing them to often leapfrog challenges they would otherwise face alone.

KRHS has found that many of their initiatives, while meeting environmental goals also help improve their financial bottom line. Solar panels installed more than five years ago have dramatically reduced the costs and environmental impact of the large amount of hot water used in the laundry, kitchen and patient care.

The network is growing rapidly, with over 40 major hospitals and more than 100 other health services in Australia joining 9,000 hospitals as part of the Global Green and Healthy Hospitals network. The vision for this network is to drive transformational change in the delivery of healthcare to create healthier health systems that contribute to, rather than harm, public health, as well as developing a powerful network that can influence supply chains to deliver low carbon products and services, so the health sector can be one of the greenest, healthiest industries in the world. It all offers the chance to save money, and the planet, without (and despite) government policy to support it. A bold vision, but who could argue its anything less than a vital one?

Check out the **full report** from the recent Think Tank on Greening the Healthcare Sector and find more information at www.caha.org.au or find Global Green and Healthy Hospitals at www.greenhospitals.net ●

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Photo: Gaye Shepherd.

support



Mindful Photography competition contributor: Gaye Shepherd – Milimgimbi Beach.

the worry of worry

Worrying is part and parcel of being human. Everyone worries at some time in their lives. However, the remote area health workforce is made up of high achieving, highly trained professionals. One of the side effects of this way of being in the world, can be a tendency to worry more than usual and excessive worry is a frequent issue discussed by callers to the BSS line. The worry continuum has irritability and jumpiness at one end to a feeling of being overwhelmed and unable to cope at the other.

So what is worry? Worry is that cycle of thoughts, feelings and actions that is a response to something that has happened, is happening or may happen in the future. It is an individual thing, what worries one person may not worry another. At different times in our lives what worries us is different.

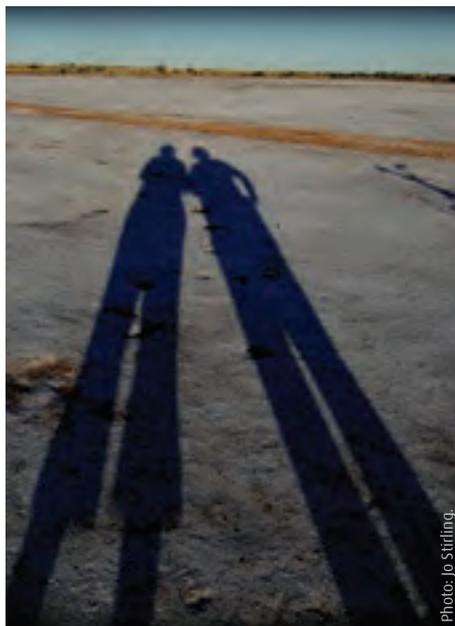


Photo: Jo Stirling.

Mindful Photography competition contributor: Jo Stirling.

Worry is a feeling. People use various feeling words to describe worry such as “edgy”, “anxious”, or “depressed” to describe worry. Worry is also a way of thinking. The worry thoughts that people have are negative and worried people find themselves ruminating and saying things to themselves like “What if x happens?” or “What if I make a mistake?”. Worry is also a physical thing. When we are feeling worried and thinking worry, we may start to feel sick in the stomach or frown.

Worry, for example, can interfere with sleep, make our body feel tense and impact on appetite. It can also have an effect on the amount of alcohol or other drugs we consume.

Worry, for example, can interfere with sleep, make our body feel tense and impact on appetite. It can also have an effect on the amount of alcohol or other drugs we consume.



Worry in the short term is a good thing. It can keep us on our toes and make us do what we do better. It is when it becomes a habit that it is a problem. Chronic worry is debilitating. It stops us from enjoying life even when good things are happening. Chronic worriers also find it difficult to make plans for the future.

Worry in the short term is a good thing. It can keep us on our toes and make us do what we do better.

So what can we do about worry? The last thing BSS psychologists want to do is make people worry about worry. There are a number of ways to address a worrying way of life. The most important strategy is to practice mindfulness. Mindfulness involves the non-judgemental focus of attention on the “worry”. That is sitting back and observing the thoughts. “Oh there’s that worry thought again” is a much more constructive way to start to deal with worry than worrying about it!

The second idea is to target the negative self-talk that worry generates. It is important to begin to understand the role that attitudes and beliefs play in generating worry. Challenging yourself about how rational your worry thoughts are is an important adjunct to mindfulness as long as you limit the amount of time you focus on it. ►►

► Making a choice to focus your attention on what you have achieved and what you do well is an excellent cognitive strategy.

The third aspect to deal with worry is to learn to relax. You might do this through relaxation exercises or meditation. But there are other ways of relaxing. Engaging in activities in which you can get “lost” or “in the flow” are really helpful in breaking the worry cycle.

These activities can be anything you feel passionate about, such as belly dancing or yoga. They are usually creative and give you a sense of accomplishment. The important thing is that your sense of self vanishes and worries disappear.

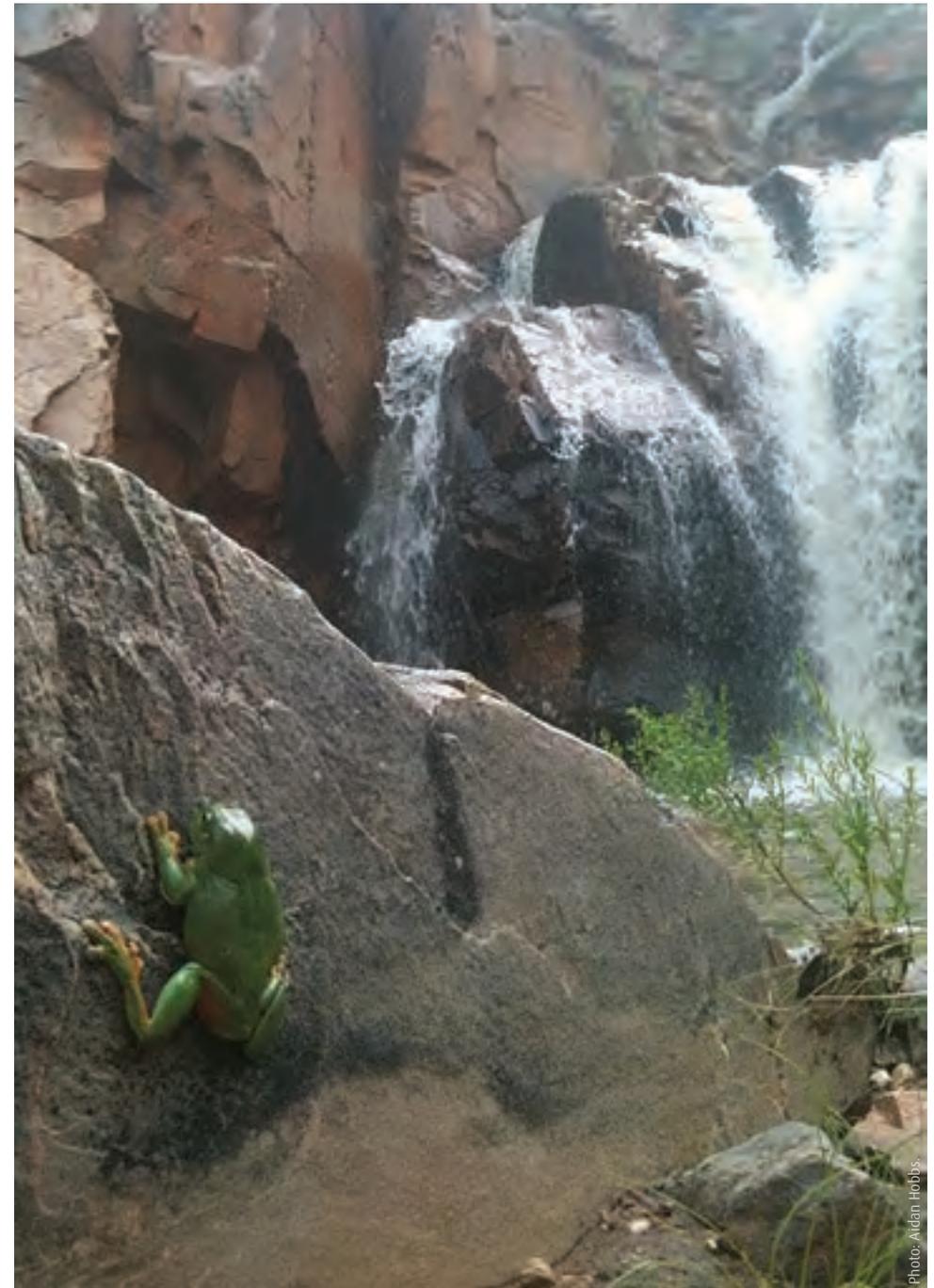
Engaging in activities in which you can get “lost” or “in the flow” are really helpful in breaking the worry cycle.

Finally if you feel like worry has taken a grip of your life call BSS. The psychologists on the line provide an excellent opportunity to help you break the worry habit.

Dr Annmarie Wilson
Senior Clinical Psychologist
CRAN*plus* ●



L-R: Nigal Johnson NATSIWHA, Colleen Niedermeyer and Tyrone Toomey BSS, and Colleen Gibb CATSINaM.



Mindful Photography competition contributor: Aidan Hobbs – Rigby Falls Mount Isa.

dvd showcases bss

The Bush Support Services 24/7 telephone support line is showcased in a new informational DVD (narrated by Jack Thompson).

This multi-dimensional tool not only showcases the core business of the program, but also provides an insight into the value of the BSS service to rural and remote health practitioners (and their families). This is achieved through case studies (with actors) as well as interviews with present day remote health practitioners working out bush who have called upon the BSS Support Line in the past.

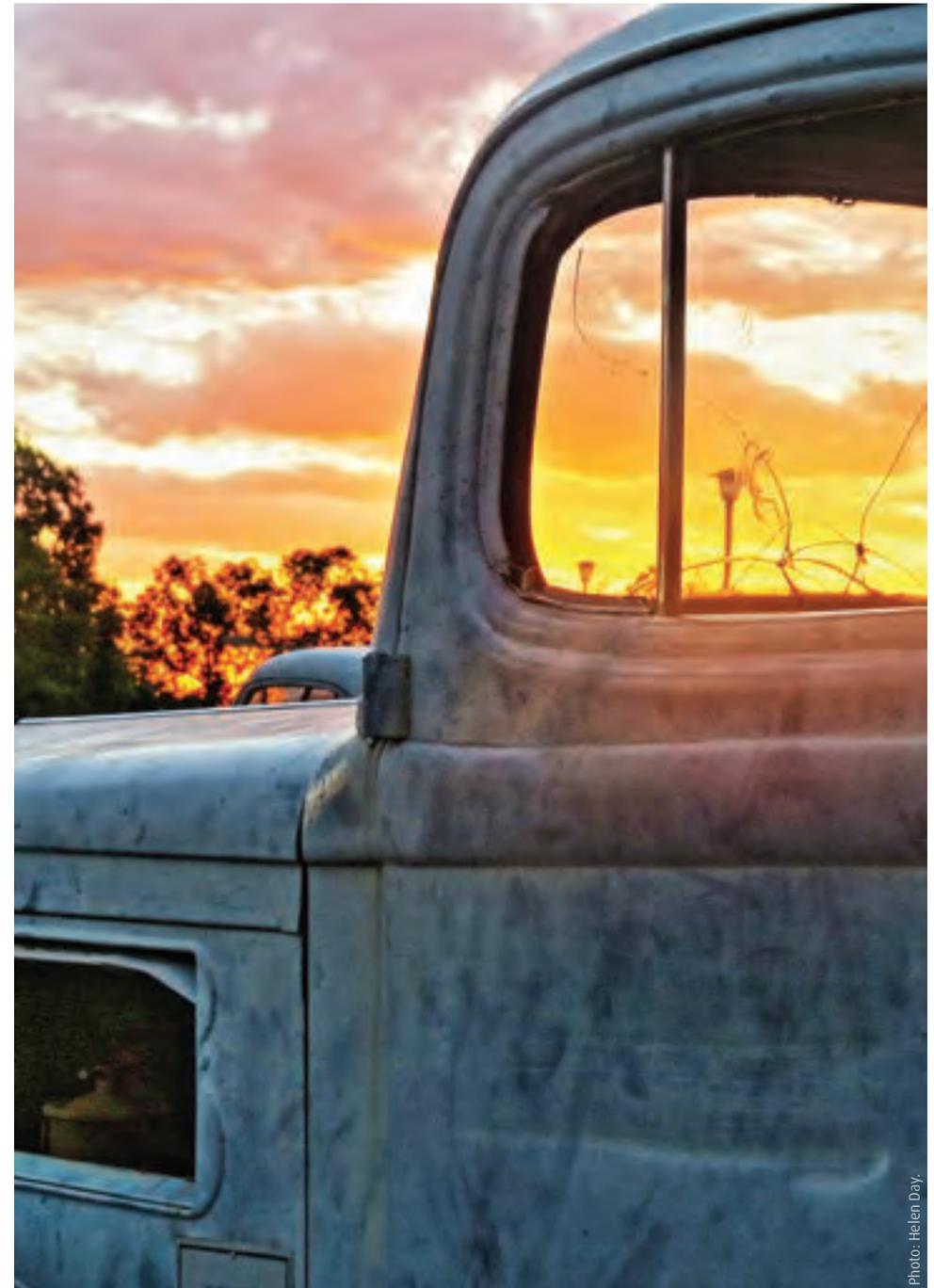
In addition, the DVD is a valuable tool for individuals who may be thinking about using the service but require assurance

about important matters such as confidentiality or anonymity before making the call.

For stakeholders and organisations, including nursing agencies, the DVD can be used in conjunction with orientation programs for new staff going to work remote.

The Bush Support Services Informational DVD is available free of charge and copies may be ordered through the website: <https://crana.org.au/support> or via email: bssadmin@crana.org.au

BSS Toll Free Support line is available 24-hours-a-day, seven-days-a-week.
Call 1800 805 391 ●



Mindful Photography competition contributor: Helen Day – Sunset with perspective.

Photo: Helen Day.

bss reporting from



Indian Ocean Territories Health Services on Cocos Keeling Islands.

Recently Bush Support Services Psychologist Therese Forbes conducted a two-day team-building workshop on Cocos Island at the request of the service for its eight staff.

The workshop was a blend of traditional learning modules and creative activities to support staff to work collaboratively in order to keep their very remote and unique health service strong and vibrant.



A very productive two days was enjoyed by all with fabulous discussion around communication and what makes a successful remote area health professional and team.▶▶



Staff particularly enjoyed the mindfulness component of the workshop and felt that the practice of mindfulness could support them all to take their 'full being' to work and improve their own wellbeing.



► Staff particularly enjoyed the Mindfulness component of the workshop and felt that the practice of Mindfulness could support them all to take their 'full being' to work and improve their own wellbeing.

Creative activities included developing personal and team mandalas and other activities that promoted co-operation and collaboration leading to a stronger outcome for their service.

All in all a very valuable two days spent away from clinical responsibilities and without time constraints to be with colleagues to discuss and plan for the continuance of this wonderful team of health professionals working in an extremely remote location.

Therese Forbes
BSS Psychologist
CRAN*plus* ●



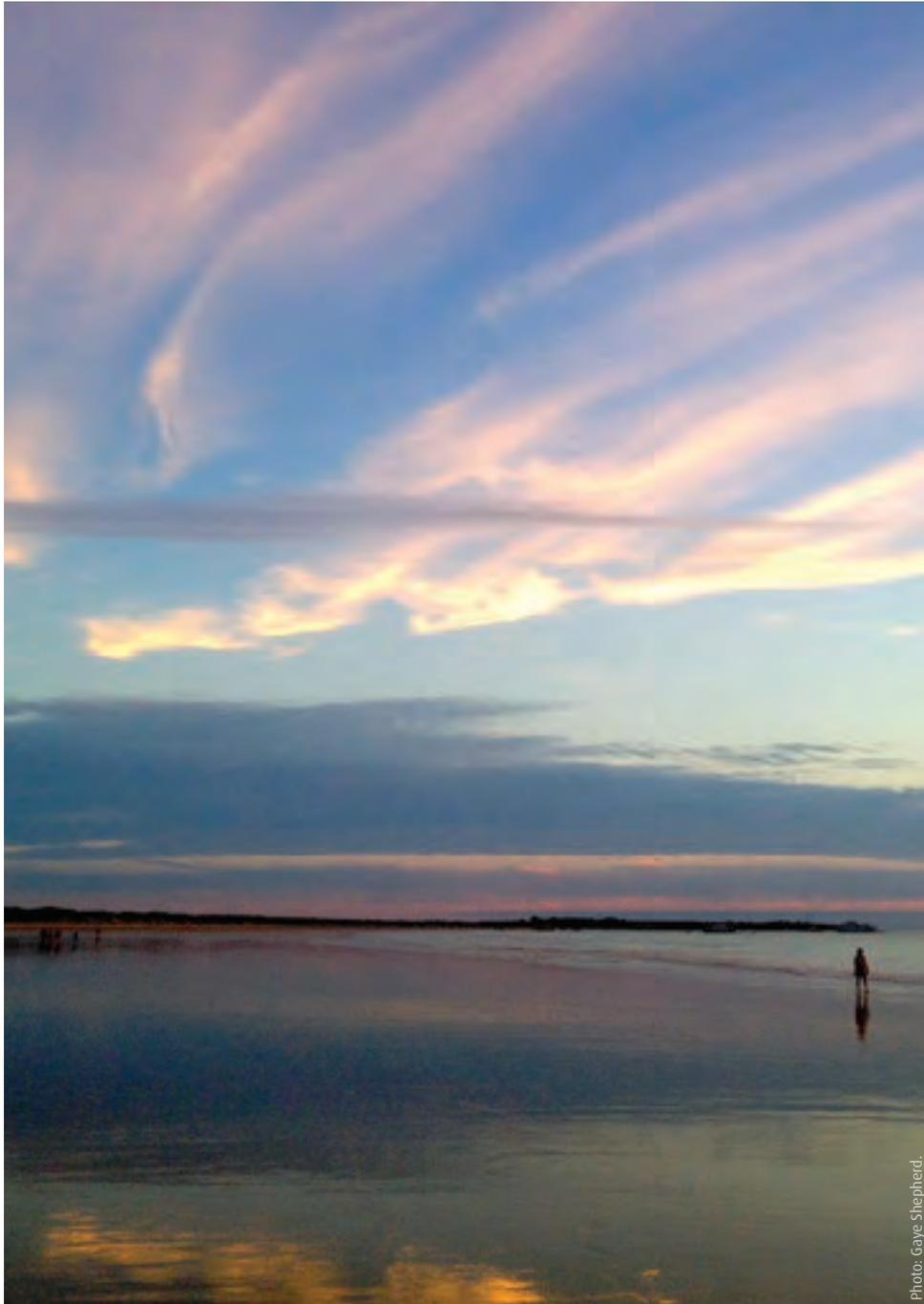


Photo: Gaye Shepherd.

Mindful Photography competition contributor: Gaye Shepherd – Broome sunset.

BUSH SUPPORT SERVICES



1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and
their families

staffed by registered psychologists with remote and
cross-cultural experience

available from anywhere in Australia

Resources also available
SELF-CARE BOOKS • SELF-CARE WORKSHOPS

Phone: 07 4047 6404 **Email:** bss@crana.org.au **Web:** www.bss.crana.org.au



Rural health programme reaches significant milestone

The Government funded Nursing and Allied Health Rural Locum Scheme (NAHRLS) celebrated its 3000th placement at an event at Parliament House last night.

The Government funded Nursing and Allied Health Rural Locum Scheme (NAHRLS) celebrated its 3000th placement at an event in Parliament House on Wednesday, 29 October 2014.

Since 2011, NAHRLS has been placing nurses, midwives and allied health professionals in remote rural areas across Australia. Over the past year alone, in excess of 200 rural clinics have benefitted from the NAHRLS scheme. Marking this milestone event recognised those who have helped their peers across the country to take time away from their roles for professional development and other reasons. Senator The Hon. Fiona Nash, Assistant Minister for Health, presented the NAHRLS 3000th Locum Award to Ruth Osadebay, a registered nurse and midwife, who recently took up a 14 day placement in rural New South Wales.

Senator Nash said, "One thing that is absolutely vital is making sure that we get services out to regional areas where they're needed most and NAHRLS has done a great job in putting health professionals out into those areas to provide health services where they are so important."

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