Posters

Equity, access and collaboration in primary mental health care

Rosemary Boote, Department of Health and Human Services, **Clarissa Cook**, University Department of Rural Health

Nationally and internationally, increasing emphasis is being placed on mental health care being provided within a primary health care framework. Primary health care (PHC) incorporates personal care with health promotion, the prevention of illness and community development. The philosophy of PHC includes the interconnecting principles of:

- equity and access
- empowerment and community self-determination
- intersectoral collaboration.

These three key areas provide a basis for our discussion of the implementation and evaluation of the Tasmanian Rural Mental Health Plan (TRMHP). As well as demonstrating the practical value of evaluation, this paper highlights the benefits to be derived from permitting rural communities to develop unique strategies for meeting their needs, within an overall framework that supports co-ordination, collaboration, communication and multi-disciplinary care.

One of the priorities of the TRMHP was to work towards achieving equity and quality care to rural communities in the state, since a relative lack of mental health services outside metropolitan centres has long been identified as a significant issue. Nine rural health worker positions have been established around the state, meaning that an increased proportion of the population need not travel long distances to receive primary mental health care.

This paper discusses the ways in which the respective rural communities themselves chose the model of service delivery that would best suit their needs and local conditions. The TRMHP Co-ordinator's work with rural communities and non-government organisations suggest that rural communities welcome support from 'outside' so long as it does not disempower 'the locals'. Unique rural communities will develop unique health care solutions if resourced and supported by joined up government.

This paper also discusses the centrality of intersectoral collaboration to the implementation and evaluation of the TRMHP. The development of service agreements and protocols between primary service providers and mental health services ensure continuing support to rural and remote community organisations, employees and their clients. The Primary Rural Mental Health Workers Network that was established as part of sectoral agreements reinforces the value of multi-disciplinary peer support for the delivery of primary care in rural and remote communities.

Viewing the implementation and evaluation of the TRMHP through the lenses of equity, empowerment and collaboration, this paper highlights the benefits of community participation in mental health service development and emphasises the importance of partnerships to the delivery of primary mental health care in rural areas.

Cross cultural practice in Central Australia

Linda Bray, Anthony Davis, Damian Everitt, Susan Grant, Malcolm Heffernan, Deidre Hooker, John Lehman, Charlie Maher, Phynea Maher, Brenda Porter, Lorraine Schmidt, Alice Springs Hospital, Department of Health and Community Services

The Hospital Liaison Team at the Alice Springs Hospital (ASH) is comprised of Aboriginal liaison officers and social workers who have the opportunity to work cross-culturally in a unique work environment.

Aboriginal patients occupy approximately 80% of the bed-days at ASH. Aboriginal patients come from regional and remote areas from a wide area that extends from the Western Australian border to the Queensland border, and from north of Tennant Creek to south into the Pitjantjatjara lands. English may be a third or fourth language for many Aboriginal patients and may never be spoken in their family group. Many local Aboriginal town folk have had experience with non-Aboriginal culture, whereas most Aboriginal people in remote communities have had little contact with non-Aboriginal culture and lifestyles.

The Aboriginal liaison officers are the interpreters and cultural brokers at ASH and work with social workers and all other health disciplines in the hospital endeavouring to deliver a culturally safe health service. It is essential that those providing a service understand and respect the diversity of the hospital's patients.

The close working relationship between the Aboriginal liaison officers and social workers enables them to collaboratively work with patients and families to enhance their social and emotional well-being.

This poster uses Aboriginal and non-Aboriginal art forms to demonstrate how Aboriginal liaison officers and social workers at ASH bring together their Aboriginal and non-Aboriginal cultural knowledge, professional training and life/work experience to enhance the services delivered to Aboriginal patients and families.

DoctorConnect

Juleen Browning, Overseas Trained Doctor Taskforce, Department of Health and Ageing

DoctorConnect (www.doctorconnect.gov.au) is an Australian Government initiative that has been developed as part of the *Strengthening Medicare* program announced in 2004. It is a positive step towards improving the quality and accessibility of information for doctors wishing to practise in Australia.

The poster's aim is to introduce the DoctorConnect website to conference participants prior to its launch.

The website assists with the recruitment of appropriately qualified overseas-trained doctors by providing an authoritative and accessible source of information on working as an overseas-trained doctor in Australia. DoctorConnect is aimed at overseas-trained doctors, employers and those advising them.

For employers the website provides information about important areas such as medical registration and immigration

DoctorConnect has been designed to assist overseas-trained doctors understand how they can join the Australian medical workforce. It also provides useful information about immigration arrangements, Australian culture and links to recruitment agencies.

DoctorConnect is both the gateway to employing an overseas-trained doctor, and for overseas-trained doctors a useful reference to medical opportunities available in Australia today.

Footprints in Medicine

Suzanne Everett, University of Sydney

"Widening the track to medicine" is the first of three posters in the Footprints in Medicine campaign. This poster is aimed at establishing the University of Sydney's profile as a welcoming place for Aboriginal and Torres Strait Islander students to study medicine.

The poster seeks to promote a positive sense of Indigenous identity within the University and particularly in the Faculty of Medicine.

The Footprints in Medicine poster campaign is being run by the Aboriginal Education and Training Advisory Committee (AE&TAC). This committee is a Rural Undergraduate Support Coordination (RUSC) initiative run through the Discipline of General Practice in the Faculty of Medicine, University of Sydney. The primary purpose of this committee is to address one of the eight targets of the RUSC program, specifically: Indigenous Health and Indigenous Student recruitment.

This series of posters are intended to encourage Indigenous people to consider a career in medicine. The first poster is a statement of intent by the Faculty of Medicine as a safe and welcoming learning environment. The second poster will target Indigenous health professionals while the third poster in this series will focus on Indigenous undergraduate students.

Spicing up your promotions with artistic flare

Diana Fisher, The Cancer Council, **Julia Gill**, Tweed Heads Community Health Centre

This poster presentation will visually demonstrate the power and adaptability of using the concept of human cut-outs to represent and promote a variety of health issues.

Health workers in rural and remote areas are often faced with the problem of working with a lack of culturally and geographically appropriate health promotion resources. Many resources have to be ordered sight unseen from large city organisations, at times resulting in

inappropriate and wasted time, effort and expenditure. This project demonstrates innovative ways to produce sustainable, versatile and inexpensive health promotion resources.

Over the past two years the Cancer Council in the Northern Rivers in partnership with Tweed Heads Health Promotion in the NRAHS have incorporated the concept of using life-sized, colourful cut-out figures to enrich many health promotion campaigns, for example skin cancer, smoking, obesity, and Aboriginal and multi-cultural health issues. These cut-out human figures represent Indigenous/non-Indigenous, cultural, racial, rural/urban, sexual and age diversity. They are able to be adapted to the particular micro-culture of the rural or remote community that they reflect. The statistics relevant to the subject of the display are made more accessible in a highly impactful display.

Staff of the Cancer Council and Tweed Heads Hospital, together with volunteers and other community workers, designed and painted thirty-five colourful, representative, human-sized cut-outs.

To enrich health promotion campaigns — such as World No Tobacco Day, Sun Smart, Childhood Obesity, Racial Harmony, Policy and Legislative Advocacy, and Domestic Violence — these figures were strategically placed in a wide variety of both indoor and outdoor public venues. Relevant educational messages were displayed alongside the "crowd" for maximum effect. This provided opportunities for engaging the public and other health professionals with the health promotion issues.

Outcomes

The evaluation of this project demonstrated:

- significant team building and strengthening of the multi-disciplinary rural and remote health force in each area where projects were undertaken
- increased cohesion between non-government and government services
- promoted staff cohesion between departments
- liaison between Indigenous and non-Indigenous community groups resulted in an increased cohesion between services
- created opportunities for non-Indigenous and Indigenous staff to work creatively together toward important health goals
- decreased need to rely on commercially developed resources, which are not always specific to rural or remote populations
- motivated staff to become involved with health promotion and to disseminate information about the issues.

A national survey of intermediate care: practices admitting to acute GP beds, community hospitals, in Scotland

Gail J Greig, Hamish D Greig, Scottish Association of Community Hospitals

The Scottish Association of Community Hospitals undertook a survey of the intermediate care services provided by the extended primary care teams of those practices that have patients admitted to acute GP beds in community hospitals in Scotland.

Methods

Funded by the Remote and Rural Areas Resource Initiative (RARARI) and using the definition from the Anglia and Oxford Intermediate Care project, 175 practices were surveyed by postal questionaire in 2003 with a response rate of 64% (112).

Results

The results confirm that practices admitting patients to acute GP beds in community hospitals practise a brand of primary care that is considerably more extensive and sophisticated than just basic general medical services, providing services which in other areas are provided by consultant lead specialist teams. There is variety in the provision of the services between the practice and the community hospital and between the professionals involved from the extended team.

Conclusions

This reflects the flexibility and determination to provide services to meet the patient needs of the locality, often within existing resources. The stocktake provides a baseline to enable re-analysis following the introduction of the new contract for general medical services in 2004, which, many feel, concentrates on chronic disease management and urban/metropolitan deprivation and does not provide incentives for rural areas to maintain or develop services. Although well placed in some clinical areas to take advantage of the new contract teams may find that incentives in one clinical area may create pressures in others and lead to disincentives and reduced services at a time when rural areas are already struggling to maintain staff complements and services to communities.

Can one day make a difference? The effectiveness of a Stress Management and Relaxation Tools for Rural Professionals (SMART-RP) workshop on coping, burnout, stress, depression and anxiety

Fiona James, **Rachael Willis**, Yarrawonga District Health Service-Community Health

Growing evidence suggests that people working in isolation within rural and remote areas of Australia are exposed to increasingly stressful work conditions and are therefore at risk of burnout. Recently, there has been widespread application of stress management training (SMT) programs targeted at reducing an individual's stress levels. Despite this, there is a paucity of published information regarding how rural professionals cope with emerging stress-related issues. More specifically, what works well in SMT programs in rural Australia.

The purpose of this study was to investigate the efficacy of an 8-hour workshop: Stress Management and Relaxation Tools for Rural Professionals (SMART-RP). It was hypothesised that voluntary participation in SMART-RP would result in reduced stress, depression, anxiety and burnout levels and an increase in positive coping styles at 1-month follow-up. Participants were randomly allocated to either attend SMART-RP or to a wait-list control. All participants received the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995), the Coping Scale for Adults (CSA; Frydenberg & Lewis, 1997) and the Maslach Burnout Inventory-General Survey (MBI-GS; Frydenberg & Lewis, 1997) pre-intervention and at 1-month post-intervention. Preliminary results and trends from quantitative and qualitative data are discussed and recommendations for rural professionals in clinical practice are made in light of these findings.

Health Careers in the Bush: encouraging and supporting the recruitment of rural and remote, Indigenous and non-Indigenous students to the health professions

Philippa Kehoe, Health Workforce Queensland (formerly QRMSA), **Natalie Hindmarsh**, Cunningham Centre Southern Zone Rural Health Training Unit

Health Careers in the Bush (HCB) is a successful, multi-disciplinary recruitment program in Queensland, providing rural and remote, Indigenous and non-Indigenous students with the information and support to make an informed decision about pursuing a career pathway in health.

HCB targets primary and secondary school students, their parents, teachers and careers advisers. The program of activities provides them with an insight not only into the benefits of, but the 'how to' become a health professional and the opportunities that exist in rural and remote practice.

Innovative strategies that form part of the HCB program include Year 9, 10, 12 and Indigenous-specific health careers workshops, school visits by health professional students and health careers expos. A range of current, culturally appropriate resources, including individual health career profiles and a comprehensive website, ensure students are equipped with the fundamental information required for making an informed decision.

This poster provides practical information to other states and territories in Australia about a successful collaborative, state-wide, culturally secure program designed to recruit rural and remote students to the health professions.

Supporting our future workforce — rural health clubs in Queensland

Philippa Kehoe, Health Workforce Queensland

The future of the Queensland future rural workforce is full of energy, enthusiasm, fresh ideas and new faces. One only need look as far as the rural health clubs in Queensland.

Towards Rural and Outback Health Professionals in Queensland (TROHPIQ) and Rural Health in the Northern Outback (RHINO) boast a joint multi-disciplinary membership of almost 600 members. This membership represents students from rural backgrounds, recipients of rural scholarships, and students with a genuine interest in rural health.

A number of key principles are integral to the success of the Queensland rural health clubs. They are:

- Opportunity — essentially each club provides the opportunity for health professional students to experience rural practice through skill development, rural community involvement and current rural health networks.
- Skills — the Rural Practice Exposure Program extends and takes the students' clinical and social practices out into the rural towns. Each club visits towns in their respective areas to learn some new skills from the local health professionals and also to engage in the local activities. This exposure to rural communities is invaluable in demonstrating the positives of rural practice.
- Networks — developing partnerships, relationships and mentors within the rural context is valuable and possible through the support of organisations such as the Queensland Rural Medical Support Agency who staff a position for 'Student Initiatives' and the Rural Doctors' Association of Queensland who have a representative from each club on their Management Committee. These partnerships are symbiotic and represent the need to support each other and work together to strengthen the Queensland rural health workforce.
- Awareness — TROHPIQ and RHINO work to increase the profile of rural health in their respective universities and local communities. TROHPIQ and RHINO have been very active in the implementation of the Health Careers in the Bush program, supporting and encouraging rural school students to pursue a career in health. The members who have facilitated visits as role models and provided feedback on resources are integral to the success of the program and further developing a future rural health workforce.

TROHPIQ and RHINO recognise the importance of working together to create a united vision for rural health initiatives in Queensland. With the support of the Queensland Rural Medical Support Agency, the Inaugural Queensland Rural Health Club Weekend was hosted in Rockhampton, April 2004. Primarily the focus of the weekend allowed both clubs to collaborate on state-wide rural health issues and to develop their skills and networks in a social setting.

As a united body in Queensland, TROHPIQ and RHINO members look forward to working together as health professionals in rural Queensland to ensure superior health service delivery.

Mental health first aid training in a rural area: a cluster randomised trial

Betty A Kitchener, Centre For Mental Health Research, The Australian National University

Background

A Mental Health First Aid course has been developed that trains members of the public in how to give initial help in mental health crisis situations and to support people developing mental health problems. This course has previously been evaluated in a randomised controlled trial in a workplace setting and found to produce a number of positive effects. However, this was an efficacy trial under relatively ideal conditions. Here we report the results of an effectiveness trial in which the course is given under more typical conditions.

Methods

The course was taught to members of the public in a large rural area in Australia by staff of an area health service. The 16 local government areas that made up the area were grouped into pairs matched for size, geography and socio-economic level. One of each local government area pair was randomised to receive immediate training, while one served as a wait-list control. There were 753 participants in the trial: 416 in the eight trained areas and 337 in the eight control areas. Outcomes measured before the course started and 4 months after it ended were: knowledge of mental disorders, confidence in providing help, actual help provided, and social distance towards people with mental disorders. The data were analysed taking account of the clustered design and using an intention-to-treat approach.

Results

Training was found to produce significantly greater recognition of the disorders, increased agreement with health professionals about which interventions are likely to be helpful, decreased social distance, increased confidence in providing help to others, and an increase in help actually provided. There was no change in the number of people with mental health problems that trainees had contact with nor in the percentage advising someone to seek professional help.

Conclusions

Mental Health First Aid training produces positive changes in knowledge, attitudes and behaviour when the course is given to members of the public by instructors from the local health service.

Indigenous community mental health program

Louise Lawler, Charles Sturt University, Dubbo

During 2004 Charles Sturt University offered a community awareness raising program in mental health in the Mid West and Macquarie Area Health Service districts of central NSW. This program, funded by Rural Health Programs from the Department of Health and Ageing, was made available at no cost to Indigenous health workers, community service providers and interested community people living and working in communities with populations of less than 5000.

Offered one day per month for 9 months in two health districts, the program focused on enhancing community capacity by raising awareness of the full range of mental health issues affecting contemporary Australia. Further to this, using the expertise of a range of mental health professionals from the local health services, it demonstrated strategies to enhance recognition and referral of individuals experiencing problems in a bid to achieve the improved outcomes of early intervention.

The program was offered via interactive workshops with supplied study guide and comprehensive workbooks on each topic to aid learning and as an ongoing information resource. Three levels of accreditation and recognition were inherent in the educational structure, providing a choice of attainment levels for participants. These include a simple certificate of participation recognised by industry, a certificate of attainment recognised by TAFE at approximately Certificate level IV and a certificate detailing the program contents that will enable credit at bachelor level to be conferred.

The program was evaluated formatively and summatively using a mixed methodology incorporating questionnaires, focus groups and grounded theory. The results of the ongoing evaluation process have identified additional topics for inclusion in the program and inform best practice in the dissemination of community-based education programs.

The project aimed to train 20 Aboriginal health workers and 20 key community personnel from across central NSW. The popularity of the program saw these numbers grow to almost 100 participants with 96 graduates from the program. Key to the success of the program has been the willingness and ability of the learning facilitators to acknowledge and embrace the socio-politico-cultural contexts that are the matrix in which Indigenous mental health and well-being are manifest. This places the participants in the role of co-facilitator as they use their own experiences to illustrate and explore the content framework provided by the program.

Capacity building farming communities in times of drought

Jan Mills, NRAHS Casino Community Health, **John Llewellyn**, NRAHS Mental Health, **Gai McPherson**, MNCAHS Mental Health, **Jan Bruce**, NSW Agriculture

Aims and purpose of project

To build the capacity of rural communities and individuals to survive the impact of the severe drought by providing information on services available to rural communities.

The program was an innovative response to the increased stress and potential for depression faced by rural communities in the mid and north coast of NSW during times of severe drought. The affects of stress also increase the risk of farm-related injury to farming family members associated with the burden of extra animal feeding or failed crops, water problems and a severe reduction in income.

Brief statement of methods

The program aimed to increase resilience by increasing awareness of the rural community to the support available for dealing with the issues of drought. A key strategy was to hold a series of farm family gatherings to provide information and for a social opportunity for farmers to communicate and reduce their social isolation

Formation of interagency networks in both mid north coast and the northern rivers with members from the government sector and non-government organisations was a key strategy in improving communication between agencies and the farming communities. The development of the interagency groups and consultation with local rural organisations and individuals also provided the impetus for the local farm family gatherings.

Summary of results

We were able to legitimise the farmers' depth of need through obtaining both objective and subjective information and this was communicated back through the drought support worker's links into the drought co-ordinators meeting for official government planning for policy and resources.

This capacity building strategy has increased the knowledge and skills of the workforce and also enabled improved outcomes for the farming community.

Conclusions and recommendations

The Farm Family Gatherings provided a successful mode of delivery of information services to the farming community. The harvesting of comments from the Farm Family Gatherings were passed on to the State Drought Co-ordinating Committee and enabled input to the plan of action for future drought strategies.

The collaboration of the interagency group has reinforced the team-like approach in dealing with the myriad problems faced by farmers and the rural community. The group will remain in contact as a network.

Satellite television for rural health professionals: what future?

Don Perlgut, Amanda Little, Rural Health Education Foundation

The difficulties of Australian rural health professionals in accessing appropriate professional development have been well documented, and have lead to the establishment of a number of organisations to fill this need. Similarly, numerous studies have identified provision of high-quality continuing medical education (CME) and continuing professional development (CPD) as essential elements in improving the recruitment and retention rates of rural general practitioners and other health professionals. As a response to these issues, the Rural Health Education Foundation (RHEF) was established in 1995 as a not-for-profit organisation to bring educational services to rural health professionals via the medium of satellite television. The

Foundation now incorporates a network of more than 550 receiving sites and more recently included a substantial Internet web-streaming service.

Although the Rural Health Education Foundation is unique in its size and scope, it is one of many that have provided this sort of service. This paper will examine the Australian and overseas models (including business models) of providing professional development medical and health education programming, and analyse why some have been successful and why some have not. Comparisons will include activities from Australia, the United States, Canada and the United Kingdom. Television CPD models include public sector (government), university sector, not-for-profit sector (such as the RHEF) and private sector. There are also examples of mixed modes. The paper will look at the market for rural health CPD, and draw from extensive research and data (based on more than eighty satellite television programs since 2000) to suggest the most successful approaches and responses. Key success factors include the identification of appropriate organisational roles, and how that leads into the development and maintenance of sustainable strategic partnerships.

Finally, the paper will examine the future for television-based CPD for rural health professionals. What place does television have in an increasingly 'wired' world of connectivity? What role does television-based education have? At what point do computers become like televisions and televisions become like computers, and what are the implications of these trends for rural health professional CPD? Does the introduction of digital television services in Australia give additional opportunities to communicate messages direct to health consumers as well? How can television distribution enhance CPD for professionals working in, with and for Indigenous communities in particular?

The paper will conclude with a series of policy and institutional recommendations, including a proposal for a national rural and remote health television 'channel'.

Community-based medical education in the Greater Green Triangle – a multi-disciplinary feast

Lisa Sanders, Flinders University

The aim of our rural health department is to advance the health of rural communities through creative, community-based, clinical education, research and care.

The program offers nine medical students the opportunity to complete the whole of their Year 3 curriculum integrated with our rural community through a year-long clinical attachment based in general practice. Students attend clinical activities relating to all medical domains by following patients from their initial GP visit through to primary and secondary care and hospitalisation management as required. Once-weekly problem-based learning (PBL) group discussions and relevant specialist tutorials form part of this self-directed learning program. Additional multi-disciplinary teaching and consulting sessions have also been included in the curriculum thanks to the involvement of enthusiastic local health professionals who value our programs' mission of facilitating rural community-based medical education.

By integrating students into rural and remote regions as a substantial part of their studies (1 year rather than a 6-week placement) we are providing them with not only knowledge of the

varied rural medical workforce and its issues but also rural social and cultural exposure, and rural background experiences that can significantly influence their career choice in the future.

During the three years our program has been operating in this region, which is made up of three individual country town locations, our small group of staff have established effective partnerships with doctors, specialists, hospitals, allied health professionals, local government, the community and individuals, all of which are essential ingredients to succeed in our goal: student success in a rural context with a view to increase the availability and viability of rural and remote health services in the long term.

To acknowledge the support and commitment of staff, health professionals, community services and individuals (patients), I'd like to present a poster at the Conference illustrating the achievements of our rural medical and multi-disciplinary educational program.

Improved diabetes services in rural Victoria using point-of-care testing

Mark Shephard, **Beryl Mazzachi**, **Anne Shephard**, Community Point-of-Care Services, Flinders University Rural Clinical School, **Bernard Denner**, Mallee Track and Community Service Ouyen

Aims

Due to diabetes being recognised as one of the top ten health problems for people in the rural Mallee Track region of Victoria, a project based at Ouyen entitled *Diabetes Management Along the Mallee Track* was initiated. Primarily using on-site point-of-care (POC) testing instruments, this involved identifying people at risk for diabetes and the establishment of an integrated, multi-disciplinary 'one-stop' service for the management of people with diabetes (and heart disease), including access to the local GP, diabetes educator and podiatrist in the one visit.

Methods

Pathology tests for risk assessment and management were conducted by POC (HbA1c and urine ACR on Bayer DCA 2000, lipids and glucose on Cholestech LDX). To help track and manage diabetes control and health outcomes a Central Diabetes Register was established. The level of satisfaction with the project (among community members and health professionals) and use of POC testing as a means to improve diabetes services in the region was assessed through a series of questionnaires.

Results

Using POC testing, 323 people were assessed for their risk of diabetes during community sessions. Two-thirds of people tested had equivocal random blood glucose levels, and hypertension and high cholesterol were found in more than one-third. Forty-nine people with established diabetes were entered into a Central Diabetes Register in March 2004 and are now being monitored for their diabetes control. Clients with diabetes indicated strong support for the use of POC testing as part of their management as it was convenient, cut down travel time to clinics, encouraged self-management and enhanced doctor–patient relationships. Doctors agreed that the immediate availability of POC at the time of consultation was convenient for them, contributed positively to patient compliance and improved their relationship with the patient. Nurses felt confident in using the POC machines and discussing the results with clients.

Conclusions

Point-of-care technology has enabled introduction of easy-to-use instruments into a rural community for use in risk assessment for diabetes (and heart disease) and has provided a convenient and rapid service for monitoring the control of diabetes in people with established disease. All community and health professional groups surveyed agreed that the project was beneficial. This model forms a successful template for the potential widespread introduction of POC testing services for diabetes in rural and remote communities across Australia.

Investigating the role of NSW remote x-ray operators: future practice implications

Tony Smith, Jon Adams, Peter Jones, The University Of Newcastle

Plain film or general radiography is an essential and enormously powerful diagnostic tool in a wide variety of health care situations; however, diagnostic radiography services are not easily available to all Australians. Some people who live outside metropolitan areas may have to travel hundreds of kilometres to get radiological confirmation of a diagnosis. In rural and remote parts of Australia, where no radiographer is available, it is necessary for some general practitioners (GPs) and registered nurses (RNs) to be trained and licensed to perform a limited range of diagnostic x-ray examinations, so called 'remote x-ray operators' (RXOs).

A professional interest in RXO radiography has led to a PhD research project aimed at studying the way that the different stakeholders perceive, experience and represent the role of RXOs. A representative sample of rural radiographers, nurse RXOs and GP RXOs are being interviewed using qualitative research techniques.

The theoretical basis of the study is Social Worlds Theory and Boundary Work, as described in sociology literature. Social worlds are constructed both by the way individuals interact with each other and by the environment in which they interact. Occupational boundaries operate to influence the way health professionals perceive their social world. Some scholars suggest that the boundaries result from conflict over the control of tasks when one occupation claims legitimacy over another.

This paper describes the methodology and some of the early results of this study. Most interestingly, however, it raises the question of whether examining the provision of rural and remote radiographic services by non-radiographers may help develop a model of alternative service delivery in locations where fully accredited health practitioners are unavailable.

Collaborative education between emergency service agencies and medical students in a rural setting

Pamela Stagg, **Terri Minge**, **David Rosenthal**, Flinders University Rural Clinical School, **Mark Syrus**, Police South Australia

Aims

Regional Community Week (RCW) is an initiative of Flinders University and was commenced in 1997 by Prof David Squirrell. This program requires all second-year medical students to undertake a full week of group activities in a rural setting in order to experience a rural population and community from a health perspective, to develop an understanding of how community and health networks collaborate to achieve results, and to explore the attitude of regional communities to their resident doctors.

In 2002 the inaugural Riverland RCW was held in rural South Australia with 20 students attending. Emergency service agencies were invited to jointly develop educational activities for RCW that would provide learning opportunities for both themselves and the medical students.

Methods

Several meetings with the emergency service sector were held with representation from Renmark–Paringa Hospital, Country Fire Service, Metropolitan Fire Service, State Emergency Service, St John Ambulance, Police South Australia and South Australian Ambulance Service. Agreement was reached to develop a hypothetical exercise necessitating a joint organisational response to a major emergency requiring mutual activation and co-operation. This would enable medical students to gain an understanding of disaster management and allow the emergency service agencies to test their response procedures. The resulting exercise was "Operation Flying Cinders" a hypothetical discussion exercise, designed to examine crisis management procedures that require consideration in the event of a major emergency in the Renmark–Paringa Hospital.

Results

"Operation Flying Cinders" was enacted in 2002 and 2003. At the conclusion of the 2003 exercise feedback from the emergency service personnel pointed to a reduced level of learning and satisfaction by them due to conducting the same exercise in two consecutive years. As the students each year are different, this was not reported by them and the exercise continued to be evaluated favourably. In 2004 a completely new scenario was developed that would continue to meet the student's needs but offer new learning opportunities for the emergency service sector.

Conclusions

The involvement by the emergency service agencies in the development, implementation and evaluation of this educational activity has far exceeded the prescribed aims of RCW. Personnel engaged in the emergency services report a greater awareness of the role of the University in the Riverland; they have reported a sense of satisfaction and pride in having a positive role in the education of medical students and have a greater awareness of how the University's presence can assist them locally.

Making a paediatric assessment team work in a rural setting

Lisa Sullivan, Laura Fay, Clarissa Schmierer, North Burnett Health Service

Why change current practice?

Community health professionals found children with multiple developmental concerns were presenting to the health service in an unco-ordinated and untimely manner. Although inter-disciplinary referrals were made, this often happened after families had attended for numerous sessions and discipline-specific goals had been set.

A collaborative service delivery model involving the multi-disciplinary team and families of children with multiple developmental concerns was suggested as a way to resolve current service delivery gaps. Team members highlighted the importance of the model being evidence based and applicable to our specific rural situation.

How did we make changes to adopt a best practice model?

Investigation into service-delivery models and family-centred approaches highlighted the importance of a trans-disciplinary approach. The Child Development Unit at Everton Park was a metropolitan service using this approach, and recognised the need for prioritised, collaborative goals.

A paediatric assessment team was initiated. Obtaining commitment from all team members was recognised as a vital component for the team development and sustainability. Discussion of team philosophy and values began, and a name chosen — Paediatric Assessment Team: Community Health Services (PATCHS). Funds were obtained to support development and promotion. Service development was considered an ongoing process, with practical support from established services and continual information gathering.

What were the issues faced?

Adapting the model to service five communities and monthly paediatrician visits involved modifying the assessment process and time frame. Initially this involved a commitment to attend weekly meetings as well as reflection, negotiation and adaptation of schedules.

Involvement in the PATCHS team was additional to the normal caseloads faced by team members. Information on developmental disorders and treatment was gathered for professionals with non-paediatric core caseloads. Management support for PATCHS was essential to make it fit with our existing roles, including off-line time for service development and inclusion of PATCHS in community health policy manuals.

Can it work?

Adapting a paediatric assessment team for children with multiple developmental concerns is possible in a small rural setting. Team-driven changes and commitment to planning and development of the new service delivery model is integral to success. Management support to allow changes to be reflected in policy and procedures, provide funding and enable professionals to make necessary commitments to the team was essential. Ongoing team support and evaluation of PATCHS will ensure sustainability.

Newborn hearing screening trial at Royal Darwin Hospital

Fiona Sutherland, **Matthew Callaway**, Royal Darwin Hospital

Over a six-month period in 2004, Royal Darwin Hospital trialled a newborn hearing screening program using automated auditory brainstem response testing for all newborns in the hospital. Interagency relationships were tested for their ability to respond to any children requiring further follow-ups, especially those who were not urban residents. The issues raised during the trial and the results achieved will help us design protocols suitable for the Northern Territory situation. Remote and cultural issues that were encountered will be discussed.

Integrated Cardiac Assessment Regional Network (*i*CAR*net*) – development and evaluation of a new model of delivery of evidence based management of acute coronary syndromes in rural and remote populations in Australia

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Background

Coronary heart disease (CHD) incidence, morbidity and mortality rates continue to be higher across all groups in rural and remote areas compared with urban areas in Australia. The impressive decrease in cardiovascular mortality seen in the overall Australian population over the last three decades has not been seen to the same extent in the rural and remote sub-populations. The fact that evidence-based improvements in coronary care have improved case fatality rates in selected populations, and that practice of cardiac care differs according to geographic location, specialty of the practising physician and teaching status of the hospital, suggests that issues of access to evidenced-based care for rural populations are important determinants of the differential outcomes for CHD between urban and non-urban populations.

Methods

Based on our previous research data evaluating short-stay chest pain assessment protocols, national guidelines for the management of acute coronary syndromes (ACS) and extensive consultation with, and needs analysis of, primary care providers in our target rural population, we designed and implemented *i*CAR*net* as a new model of acute cardiac care delivery to rural and remote communities. A pilot network serving a rural population of 25 000 with 23 primary care providers in 6 centres supported by bedside cardiac Troponin T testing (Roche Cardiac Reader), 24 hour/7 day on-call cardiologists for ECG interpretation and clinical advice,

evidence-based triage and management guidelines, and streamlined access to tertiary cardiology services was established at the end of April 2001. We collected data on patient demographics, outcome of the initial presentation of all chest pain patients treated by the network in the first 12 months.

Results

Baseline demographic and clinical data on *i*CAR*net* (n=288) and control (n=397) patients indicate comparable populations in age (ave 65yrs), sex (58% male), and incidence of Troponin T positive ACS (17%). Troponin positive *i*CAR*net* patients were more likely to be transferred (45% vs 36%) and undergo angiography (43% vs 36%) than controls. Time to angiography was significantly shorter for *i*CAR*net* patients (ave 3.2 vs 6.3 days, p=0.00001). Re-admission to hospital with chest pain or ACS during the study period was significantly less in the *i*CAR*net* patients (9% vs 15%, p=0.02).

Conclusions

We concluded from this audit that the pilot *i*CAR*net* program improved access to invasive cardiac investigation for high-risk patients, consistent with current evidence supporting early revascularisation in such patients, and reduced re-admissions for all patients compared with a rural control population. The cost saving implications alone of such results are very significant and justify extension of the pilot network to other areas.

The *i*CAR*net* network currently supports over 30 rural hospitals in South Australia.

A survey of clients who participated in final-year podiatry student rural clinical placements

Julie Tunbridge, Port Lincoln Health Services

An eighty-two per cent response rate was obtained from a survey sent to podiatry clients, in a rural town, who had received a service from a final-year podiatry student as part of the student rural placement program conducted by UniSA in 2003.

The survey was initiated to find out:

- what the client attended the podiatry service for (eg treatment, assessment)
- did the client know they were seeing a student prior to their appointment and whether the client thought this was an important entity
- did the podiatrist attend the appointment as well to supervise the student and whether the client thought this was an important entity
- would the client be happy to be treated by a final-year podiatry student again
- how satisfied was the client with the student service.

Using final-year students on rural clinical placements allows the students to experience what it is like working in a rural area. It also enables the podiatry department to tackle the huge demand for the service by conducting twice the number of clinics than usual.

Three final-year podiatry students attended this department for their rural clinical placements, two in May and one in August.

Ninety-nine per cent of respondents reported that they would be willing to attend an appointment with a final-year podiatry student again. One per cent was not sure.

Recommendations include:

- the continuance of the departments' involvement in the student rural placement program run by UniSA
- continue to provide a variety of consults for the students
- ensure the clients are informed that they are attending a student clinic
- endeavour for the podiatrist to be present for some of the time at each consult.

Development of an illustrated medicines reference book for Aboriginal health workers

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Aboriginal health workers (AHWs) are registered health care professionals involved in medication management and an important member of the primary health care team in remote areas. AHWs provide the important link between a community and the non-Aboriginal health care professionals, acting as language and cultural interpreters as well as being the first point of reference in the health centre for members of the community seeking health care. In many cases, however, English is not the AHW's first language and medicine references such as the MIMs and *Australian Medicines Handbook* are difficult and cumbersome to use.

This poster describes a project funded by the Rural and Remote Pharmacy Workforce Development Program to develop a medicines reference that covers only the drugs in common use in Aboriginal communities and that is in a simple format and written in simple English with illustrations.

A number of drug monographs were developed covering the drugs available to be supplied by AHWs in the NT as well as commonly used medications for chronic diseases described in the Central Australian Remote Practitioners Association (CARPA) *Standard Treatment Manual*.

Information about medicines was adapted in consultation with AHWs, pharmacists and a linguist to develop a ready reference to commonly used drugs, their uses, contraindications and side-effects presented in plain English with illustrations. Extensive "road testing" by the target audience was conducted to ensure acceptability and readability.

Pharmacists and AHW trainers have been enlisted and trained to support the project by assisting AHWs to use the reference. It is hoped that a broader outcome of the project is therefore to develop a multi-disciplinary approach to the promotion of quality use of medicines to Aboriginal clients.