Welcome!

It is with great pleasure that we welcome you to the Introduction to Remote Health Program (the Program) and provide you with this detailed program overview and accompanying notes. This two-day program has been developed by Northern Territory General Practice Education (NTGPE) in collaboration with and for the Remote Area Health Corps (RAHC) with a view to providing an overview and introduction to remote and Indigenous health practice, with a focus on the Northern Territory (NT).

The Program has been developed with a RAHC health professional in mind. In general terms, RAHC has been established to identify, place and support health professionals for short-term placements in Indigenous primary health care services in the NT. RAHC is targeting urban-based GPs, nurses, allied health and dental professionals who have had limited or no experience in remote or Indigenous health practice but who want to be involved and contribute effectively to ‘closing the gap’ and improving health outcomes and life expectancy for Australia’s Aboriginal people.

We’re excited to build on your interest and commitment to remote and Indigenous health in the NT. This may be your first opportunity to become involved in the effort to improve Indigenous health, and as adventure-filled as your experience will be, we appreciate that only a positive experience will keep you coming back! To this end, clinical and cultural orientation is a most important foundation for the needs and opportunities that lie ahead.

Please use these notes as an introductory guide to what will be covered during the two day program and keep them for future reference and follow-up reading. While this program aims to prepare you for what lies ahead, we also aim to prepare you for the fact that remote and Indigenous Australia can function ‘a little’ differently to the rest of Australia, so expect the unexpected! What you can be certain of is that this experience will be challenging, with adventures and opportunities along the way that should or could make this a potentially life-changing, and undoubtedly rewarding, experience.

RAHC and NTGPE are committed to ensuring you are prepared and supported. We look forward to meeting you, hearing of your experiences and getting your feedback.

Sincerely,

Dr Michael Wilson                           Dr Lisa Studdert
Executive Director - NTGPE                  General Manager - RAHC
Introduction to Remote Health Practice

Definitions

Remote Health
Primary Health Care
Remote Australia - Context
The Five Domains of Remote Health Practice

Introduction to Remote Health Practice

Part 1: Cultural Orientation Objectives
Part 2: Clinical Orientation Objectives
Performance Criteria
Participants
Outcomes

Domain 1. Population Health and the Context of Remote Practice
Domain 2. Communication and Cultural Skills
Domain 3. Systems and Organisational Approaches
Domain 4. Professional, Legal and Ethical Role
Domain 5. Clinical Skills in Remote Primary Health Care Practice

Suggested courses for Remote Health Practice skills development

Recommended reading

Glossary of Terms
Glossary of Core Competency Framework Terms
References

APPENDIX 1: Cultural Orientation Session Delivery Timetable
APPENDIX 2: Clinical Orientation Session Delivery Timetable
APPENDIX 3: Core Clinical Skills in Remote Health
Definitions

There are two terms that are used continually throughout this document.

Remote health

Wakeman (2004 p. 213) offers a working definition of remote health:

‘Remote health is an emerging discipline with distinct sociological, historical and practice characteristics. Its practice in Australia is characterised by geographical, professional and, often, social isolation of practitioners; a strong multidisciplinary approach; overlapping and changing roles of team members; a relatively high degree of GP substitution; and practitioners requiring public health, emergency and extended clinical skills.

These skills and remote health systems, need to be suited to working in a cross-cultural context; serving small dispersed and often highly mobile populations; serving populations with relatively high health needs; a physical environment of climatic extremes; and communications environments of rapid technological change.’

Primary Health Care

‘Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals, families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.’

(WHO 1978, p. 3)

Since the declaration was issued, primary health care has come to mean a number of things. Primary health care is also said to be:

• A philosophy underpinned by a set of principles to guide health care providers wherever they work
• A strategy (process) for organising comprehensive health care with the aim of achieving a balance along the continuum of treatment, disease prevention, and health promotion.
• The first level of contact that people have with the health care system and is the first stage of a continuing health care process. It strives to bring health care as close as possible to where people live and work
Remote Australia - Context

‘Remote’ makes up over three quarters of the Australian landmass. It is a place of enormous diversity, characterised by geographic isolation, cultural diversity, socioeconomic inequality, health inequality, resource inequity and a full range of climatic conditions (Smith, 2004). These factors intensify the isolation experienced by those living and working in these remote communities.

Those four per cent of the population who live in remote Australia include: generational station families, transient mine workers, short and long term professional people, industry employed people and seasonal tourism workers. The largest populations however are Indigenous – Aboriginal and Torres Strait Islanders – who make up 39 per cent of the total population.

Of this population, 81 per cent live in the 1216 discrete remote Indigenous communities, which house some 108 085 people (ABS, 2002). This is approximately one quarter of the whole Australian Indigenous population, of whom over half live in the Northern Territory (ABS, 2001, 2002, Strong et al., 1998). These discrete remote communities are also the place of enormous health inequality and where the greatest burden of disease is found (Smith, 2004).

Indigenous health

The health of Indigenous Australians is rated as the worst in the world on some indicators (Hoy, et al. 1998). In remote Indigenous communities there is an epidemic of chronic disease – diabetes, renal disease, cardiovascular disease, chronic obstructive pulmonary disease and sexually transmitted infections. While this is part of an increasing global trend with chronic conditions being responsible for 60 per cent of the global disease burden in 2002, (WHO, 2002), the worst health status is found in these discrete remote Indigenous Australian communities. Renal failure is doubling every four years in parts of the Northern Territory (Hoy et al. 1998). Diabetes rates are the highest in the world in central Australia (Edwards & Madden 2001) and is certainly the greatest challenge facing health professionals.
Remote workforce
The remote workforce is predominately (95%) made up remote area nurses and Aboriginal and Torres Strait Islander health workers; plus increasing numbers of remote doctors and remote allied health professionals (CRANA, 2003). These people come from a range of backgrounds and are expected to work in environments that their undergraduate training does not prepare them. There are some unique features of remote health practice that are common across the disciplines, which require unique approaches to education and the preparation of the workforce.

Remote health practice
- is strongly multidisciplinary in nature; with a large number of sole practitioners in any given discipline
- incorporates an extended clinical role that includes a high degree of GP substitution
- involves providing health services to a small, highly mobile and dispersed population with poorer health status
- is distinctly cross-cultural
- often takes place in extreme climatic conditions with problematic transport
- can be geographically, professionally and socially isolating
- is reliant on technology that is rapidly changing
- often has limited political clout and limited opportunity for change, and
- often has a high turnover of health professionals, which can result in poor continuity of programs (CRANA, Humphreys, Wakeman and Lenthall, cited: Smith, 2004a, Wakeman, 2004).
Introduction to Remote Health Practice

Educating the health care workforce

The health workforce in Australia has historically been educated to provide health care services to communities based largely on an acute medical model of care, originally developed to address infectious diseases (Wagner, 1998). The majority of the workforce has been, and continues to be, trained in large tertiary teaching hospitals and universities that promote this acute model of care, and the graduating workforce have become comfortable working in this way (Smith, 2005). In the past two decades there has been a shift away from the hospital as the centre of the health care universe, towards a more community and client orientated approach. This has resulted in a greater emphasis on the provision of home and community care, and programs to address the needs of the population.

In remote communities there is usually no hospitals, the Indigenous community is often in control and the workforce are often made up of a variety of practitioners, often the only one in their disciplinary group. The turnover rate of remote nurses in some communities is considerable: reported to be up to 600% over a year. Therefore it is essential that they can work as part of a functional multidisciplinary team within a primary health care framework. The acute model of care is thus not appropriate, particularly with the high incidence of chronic disease requiring a different approach – an organised, systematic, knowledgeable, preventative and ongoing approach across the whole population. While these factors call for the need for systematic reform throughout our entire health care system (Govt SA, 2003), they also greatly impact upon the way in which the health workforce is prepared to practice effectively, respectively, collaboratively and efficiently in meeting the needs of the population.
The Five Domains of Remote Health Practice

The curriculum developed for Remote Area Health Corps (RAHC) is organised around the utilization of the five domains of remote health practice. The domains represent the critical knowledge, skills and attitudes necessary for remote health practice and are relevant to every patient and community interaction. These domains were developed by combining the existing domains from 14 different curriculum and professional standards of all health professionals to provide a framework for all remote health practice and include the integration of the CRANA National Remote Area Nurse competencies. They are taken from an existing relevant curriculum package: Educating to improve population health outcomes in chronic disease (Smith, 2005).

**Domain 1**
Population health and the context of remote practice – Epidemiology, patterns and prevalence of disease, community profiles, the social determinants of health, the impact of disease on the family, understanding the health care system; public health, community development; and the sociopolitical, economic, geographical, cultural and family influences on health

**Domain 2**
Communication and cultural skills – Listening skills, hearing skills, cross-cultural skills, written skills, health promotion skills, cultural safety, respect for others and their decisions

**Domain 3**
Systems and organisational approaches – Using patient record and recall systems, maintaining registers, information technology, time management, follow up, leadership skills

**Domain 4**
Professional, legal and ethical role – Multidisciplinary teamwork, maintaining medical records, confidentiality, ethics, duty of care, professional standards, self-care, disciplinary scope of practice

**Domain 5**
Clinical skills in remote primary health care practice – Core clinical skills; applying knowledge to clinical practice; physical examination, history taking; procedures; clinical decision making, investigations and the rational use of medicines
Introduction to Remote Health Practice

The main objectives are based on a thematic, cyclic model based around the five domains of remote practice. The participant will demonstrate the ability to:

Part 1: Cultural Orientation Objectives
- Describe key Aboriginal cultural issues of relevance in rural and remote Northern Territory
- Explain the Kinship System and how it may impact on cross-cultural interactions between Aboriginal patients, patients and health professionals
- Discuss Aboriginal perspectives on death and dying
- Discuss culturally appropriate behaviour required when working in rural and remote Aboriginal communities

Part 2: Clinical Orientation Objectives
- Describe key clinical problems within the remote Indigenous clinical setting
- Describe key clinical protocols when dealing with common clinical problems in rural and remote Aboriginal health context
- Discuss culturally appropriate strategies and behaviours when providing primary care for Indigenous persons
- Demonstrate an understanding of cultural safety when working in the Aboriginal health clinical setting
- List resources and personal strategies to thrive when working and residing in isolated remote Aboriginal communities
Performance Criteria

- 100% attendance
- Interaction in delivery sessions
- Completion of all assessments

Participants

- Will come from a variety of healthcare disciplines, primarily: medicine, nursing, physiotherapy, dentistry, occupational therapy, speech therapy, podiatry and nutrition
- Some may have no or little previous experience working in a remote community
- Some may have previous experience working in remote communities, either domestically or internationally
- There will be a range of work experience within their discipline
- All will be appropriately credentialed/registered healthcare professionals

Outcomes

- Cultural and clinical orientation for RAHC placement
- Professional development recognition: Nurses will receive a certificate and continuing professional development points awarded by the RCNA for their participation in the orientation; GP participants will receive a certificate of completion and the commensurate Continuing Professional Development Points awarded by the RACGP
- Health Professions with alternate Continuing Professional Development recognition requirements should consult the relevant professional body regarding point allocation
Domains of Remote Health Practice

At the end of the two day orientation participants will be able to:

Domain 1 - Population health and the context of remote practice

• Describe their role and responsibilities within the remote Primary Health Care multidisciplinary team
• Describe the role of the Aboriginal health worker
• Work appropriately within a remote community setting
• Identify the public health issues common to remote communities
• Describe the health status of the community in which they will be working
• Work from a population health framework using a primary health care approach
• Discuss the patterns and prevalence of disease in remote communities
• Describe the links between social factors and their affect on the health outcomes in communities
• Demonstrate an understanding of community development approaches and initiatives
• Discuss how to facilitate community health action through community directed initiatives
• Describe the major substances abused in the NT and affects on the person, the family and the community
• Outline strategies to address substance misuse

Domain 2 - Communication and cultural skills

• Use communication skills that reflect the particular needs of the people in remote areas – gender, culture, age, first language, social status, level of education, health status and traditional beliefs
• Elicit the patients health concerns in a culturally appropriate way that considers their physical and emotional state of health, social disadvantage, traditional health beliefs and cultural background
• Interact respectfully as part of a cross cultural health care team though understanding the advanced role of the Aboriginal health worker and other team members
• Know where to and how to find an appropriate interpreter
Domain 2 (cont.) - Communication and cultural skills

- Recognise opportunities for health promotion and education that are relevant to and owned by the community
- Communicate health information in an empowering way that gives the patient skills to use the information
- Communicate management strategies that minimise harm
- Develop short term professional relationships that help chronically ill patients to take responsibility for their own health
- Discuss the principles and value of brief interventions, and promote small achievable changes
- Understand the role of kinship in the Aboriginal family structure
- Understand how roles and responsibilities permeate individual/group dynamics/communication
- Understand the role of avoidance relationships within an Aboriginal community
- Work with the right members of the Kinship Network
- Understand the significance of reciprocity – sharing within the Aboriginal community
- Work with elders appropriately
- Demonstrate a general understanding of Aboriginal health and culture
- Understand the role Australian history has played in Aboriginal health in the NT
- Understand the Aboriginal concept of health and wellbeing
- Define what is meant by the term primary health care (PHC)
Domain 3 - Systems and organisational approaches

- Demonstrate an understanding of discharge planning processes and follow up in remote areas
- Outline the total recall system (PCIS, Communicare, medical director)
- Describe the chronic disease recall and reporting systems within communities
- Identify ways of organising and prioritising sufficient time to undertake chronic disease prevention, early detection and management activities
- Use screening procedures and investigations appropriately to identify asymptomatic individuals with risk factors and or chronic conditions
- Understand the value of care planning in the remote context
- Perform care planning that involves the patient in the decision making process
- Identify the key services relevant to remote clients
- Describe the maternal, child and youth health programs and how to access them
- Describe the Medicare procedures and supports in remote areas
- Describe how to evacuate and transfer a patient from a remote community

Domain 4 - Professional, legal and ethical role

- Discuss and work within the legal requirements, policies and procedures governing remote area practice (CARPA, CRANA Clinical Procedures Manual, Women’s Business Manual, Section 29 Poisons and Dangerous Drugs Act)
- Recognise their own limitations within the professional and legislative guidelines and know when and how to refer
- Discuss strategies to reduce potential for unsafe practice
- Awareness of best practice evidence and recent advances in technology in their own discipline
- Appreciate and respect the different cultural frameworks for determining ethical behaviour in a remote community
- Identify the boundary issues relevant to working as a remote practitioner – caring for friends, colleagues, etc.
Domain 4 (Cont.) - Professional, legal and ethical role

- Apply the Professional Practice model and associated resources to their practice
- Identify self care and personal safety issues
- Identify supportive networks to access
- Identify screening and immunization programs
- Identify personal training and support needs
- Understand the mandatory reporting requirements in the NT
- Identify professional development and support resources
- Identify quality improvement activities
- Discuss the occupational health and safety legislation relevant to remote practice
- Apply universal precautions in all activities
- Be aware of the strategies to manage aggressive behaviour in remote areas
- Identify the procedure for reporting incidents
- Understand the protocols for reporting critical incidents and support issues
- Describe the procedures to follow for sexual assault and how to contact the sexual assault referral centre
Domain 5. Clinical skills in remote primary health care practice

Health assessment
• use a systematic approach to history taking, clinical examination, assessment and management within the context of a remote health care model

Using protocols
Whilst this domain is essential for competent practice it is impractical to be able to deliver Clinical Skills Training in a two day orientation for Remote Practice. The objectives outlined below should be taken in the context for ongoing learning opportunities.

Participants will be able to provide safe, evidence-based PHC services, consistent with existing protocols including:
• The provision of pharmaceuticals
• The use of appropriate investigations
• Basic life support
• The use of the CARPA manual
• Advanced clinical skills
• Universal precautions
• Working within the NT Poisons and Dangerous Drugs Act Section 29
• Dealing with aggressive clients
• Assessing and managing the antenatal or postnatal patient
• Identifying, managing and referring a sick child
• Monitoring, reporting and managing infectious diseases: leprosy, TB, STI’s, rheumatic heart disease

Pharmacology
• Describe the principles of pharmacology
• Demonstrate sound clinical reasoning for the selection of drug therapies in the remote context
• Dispense drugs in remote areas in line with regional best practice and local protocols
• Describe issues of compliance, develop strategies and practice to enhance successful therapeutic relationships
• Discuss compliance issues in remote areas
Domain 5 (Cont.) - Clinical skills in remote primary health care practice

Pathology
- Describe the safety procedures for the collection, labeling, cold chain storage and transport of pathology
- Describe the process for requesting, collecting, storing and transporting pathology from remote community settings
- Use investigations and interpret results to refine a working diagnosis and care plan

Mental health
- Undertake a basic mental health screening to identify symptoms of depression, anxiety and behavioural disturbance in children and young people
- Describe the early indicators of mental illness and psychosis
- Use an appropriate triage system
- Identify available resources to assist in managing an emergency situation
- Use a systematic approach to assess and treat emergency situations.
- Conduct relevant screening and health education programs in the community
- Outline the appropriate follow up and referral arrangements
Introduction to Remote Health Practice

Suggested courses for remote health practice skills development

- Pharmacology for Health Professionals, accredited through the Centre for Remote Health, Flinders University, Alice Springs.
- About Giving Vaccinations, CDC DHF
- Remote Emergency Care, CRANA, Centre for Remote Health, Flinders University, Alice Springs.

Recommended reading


Couzos, S & Murray, R 2003, Aboriginal primary health care: An evidence based approach, Oxford University Press, Melbourne


McMurray, A 2003, Community Health and Wellness: A sociological approach, 2nd edn, Mosby, NSW.
Recommended reading


Smith, JD 2005, *Educating to improve population health outcomes in Chronic Disease: A curriculum package to integrate a population health approach for the prevention, early detection and management of chronic disease when educating the primary health care workforce in remote and rural northern Australia*, Menzies School of Health Research, 2005

**Glossary of Terms**

**Acute care model** – A model of medical practice designed for acute care. Its features emphasise triage, short appointments, diagnosis and treatment of symptoms, reliance on laboratory tests and prescriptions, didactic patient education and patient initiated follow-up (Wagner, 1998).

**Acute conditions** – Those medical conditions with an acute onset, accurate prognosis, short-term treatment and where a cure is likely.

**Advocacy** – A process which openly aims to change laws, regulations, policy and organizational practices that impact upon the ability of the individual and communities to make healthy choices (Kelleher and Murphy, 2004).

**Barker hypothesis** – The ‘early origins of chronic disease’. The environmental factors that ‘program’ particular body systems during critical periods of growth – in uteri and infancy – with long term direct consequences for adult chronic disease (Barker, Scrimshaw, cited: Weeramanthri et al., 2003)

**Brief interventions** – Seizing opportunities as part of each consultation to advise about health promotion, in particular – smoking, nutrition, alcohol intake and physical activity.

**Burden of disease** – The physical, emotional, social and economic impact that disease, injury or disability places on the individual, the community and the nation.

**Chronic conditions** – Those long term medical conditions that have a gradual onset, multiple causes, uncertain prognosis, with usually a lifelong duration and an unlikely cure: diabetes, renal disease, cardiovascular disease, chronic obstructive pulmonary disease.

**Chronic care model** – A model of practice designed for chronic care. It includes planned systematic assessment, a focus on function and the prevention of exacerbations, attention to treatment guidelines, support for the patient’s role as a self-manager, clinically relevant information systems and continuing follow up initiated by the provider (Wagner, 1998).

**Community development** – Working with people and communities as they define their own goals, mobilise resources and develop action plans for addressing problems they collectively have identified (Wass, 2002).
**Glossary of Core Competency Framework Terms**

**Curriculum framework** – The overall structure of the whole curriculum.

**Curriculum model** – The design and interlinking parts of the curriculum.

**Domains of remote practice** – The integrated organising structure of what is to be achieved in the curriculum, ie. the critical knowledge, skills and attitudes.

**Health care systems** – The organising health services system.

**Individual approach** – Working with a patient on a one to one basis. It usually involves working on a presenting problem and on ‘downstream issues’.

**Metabolic syndrome or Syndrome X** – A cluster of disorders of the body’s metabolism, including: high blood pressure, high insulin levels, excess body weight and abnormal cholesterol levels, which when combined dramatically increase the likelihood of developing potentially life-threatening illness – diabetes, heart disease or stroke (Mayo Clinic, 2004).

**Population health focus / approach** – An approach to health that considers the ‘upstream’ issues of the entire population and specific population groups – pregnant women and the foetus, babies, school children, young people, adults, older people and gender specific issues; as opposed to the individual.

**Outcomes based curriculum** – Part of the curriculum model that states the breadth and depth of what the participants are to achieve as outcomes, as opposed to competencies or learning objectives.

**Self management** – An approach to managing chronic conditions that places the patient in control and includes a process of goal setting, empowering patient education, decision making, resource utilisation, forming patient health care provider partnership and taking action (Lorig and Holman, 2000).
Introduction to Remote Health Practice

References


Jones, J, Blue, I, Adams, M & Walker-Jeffreys, M 2003, *An evaluation of the Pathways to Professional Primary Health Care Practice for Remote Area Nurses program in the Central Australians network of the Northern Territory*, University of South Australia, Whyalla.


APPENDIX 1: Cultural Orientation Session Delivery Timetable
(Note: timetable is approximate and flexible and should account for individual needs in application)

| Time  | Element                                               | Activities                                                                                                                      | Delivery Methods                                                                 | Facilitator                                      |
|-------|-------------------------------------------------------|----------------------------------------------------------------****************************************************************|---------------------------------------------------------------------------------|-------------------------------------------------|
|       | Assessment Activity 1                                | Pre test - Assessment of knowledge, skills and attitudes though a needs analysis and pre-workshop quiz.                         |                                                                                  |                                                 |
| 9:00  | Cultural walk                                        | **Activities**<br>• Aboriginal view of health<br>• Bush Tucker<br>• Bush medicine<br>• Kinship in action<br>• Blame and payback<br>• Curses<br>• Traditional Healers<br>• Treatment arising from Ceremonial activity | **Delivery Methods**<br>Walk from NTGPE to Casuarina Beach looking at landscape, plants and cultural activities. | Aboriginal Cultural Educator (ACE)               |
| 11:00 | Working within the Kinship Network                   | **Activities**<br>• The Kinship Network<br>• Roles and responsibilities<br>• Avoidance relationships<br>• Working with the right members of the Kinship Network<br>• Reciprocity – sharing<br>• Working with elders | **Delivery Methods**<br>Interactive small group work with posters and handouts. | ACE                                             |
| 12:00 | LUNCH                                                |                                                                                                                                  |                                                                                  |                                                 |
| 12:45 | Aboriginal history in the NT and its impact on health| **Activities**<br>• Timeline in the NT<br>• Narrative of the effects of policy changes on health and wellbeing | **Delivery Methods**<br>Interactive small group work using flags and call cards and handouts. | ACE                                             |
| 13:45 | Death, dying and sorry business                      | **Activities**<br>• Dying<br>• Death<br>• Sorry business<br>• Hair and clothing                                                  | **Delivery Methods**<br>Face to face verbal, PowerPoint, overheads, whiteboard and handouts. | ACE                                             |
| 14:45 | Personal presentation and conduct                    | **Activities**<br>• Attitude<br>• Conduct<br>• Safety<br>• What to wear<br>• Greeting and addressing people<br>• Communication<br>• Sacred sites – where can I walk?<br>• Buying artwork etc. | **Delivery Methods**<br>Face to face verbal, PowerPoint, overheads, whiteboard and handouts. | ACE                                             |
| 15:15 | Working in the Aboriginal community and health services| **Activities**<br>• ACCHS<br>• The Aboriginal ‘community’ factionalism and politics                          | **Delivery Methods**<br>Face to face verbal, PowerPoint, overheads, whiteboard and handouts. | ACE/AMSA NT                                     |
| 16:00 | Evaluation                                           |                                                                                                                                  |                                                                                  | ACE                                             |
## APPENDIX 2: Clinical Orientation Session Delivery Timetable

(Note: timetable is approximate and flexible and should account for individual needs in application)

<table>
<thead>
<tr>
<th>Time</th>
<th>Element</th>
<th>Activities</th>
<th>Delivery Methods</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Introductions and housekeeping</td>
<td>Ensure all participants have completed pre-test activities (especially if they want PD points).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:15</td>
<td>Health Service and Systems (S1)</td>
<td>Read and discuss</td>
<td>Face to face verbal, PowerPoint, overheads, whiteboard and handouts.</td>
<td>Medical Educator (ME)</td>
</tr>
<tr>
<td></td>
<td>• Demographics of the NT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health services and systems in the NT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Social and environmental determinants of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Common medical/health conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clinical information, guidelines and support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:15</td>
<td>Communication (S2)</td>
<td>Read and discuss</td>
<td>Face to face verbal, PowerPoint, overheads, whiteboard and handouts.</td>
<td>ME</td>
</tr>
<tr>
<td></td>
<td>• Common clinical presentations of ATSI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>patients in general practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Barrier to effective communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Appropriate verbal and non-verbal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>communication with ATSI patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:15</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td>Management Tools (S3)</td>
<td>Read and discuss</td>
<td>Face to face verbal, PowerPoint, overheads, whiteboard and handouts.</td>
<td>ME</td>
</tr>
<tr>
<td></td>
<td>• Holistic framework for health management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of ATSI patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adult health check proforma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Improve knowledge of local Aboriginal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>specific health, social and cultural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30</td>
<td>Teams in remote Aboriginal communities (S4)</td>
<td>Read and discuss</td>
<td>Face to face verbal, PowerPoint, overheads, whiteboard and handouts.</td>
<td>ME or Nurse (N)</td>
</tr>
<tr>
<td></td>
<td>• Team structure and dynamics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Why, when, where, what and how of a team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Case based discussion; teams and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>emergency management in remote communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:15</td>
<td>Living and working in rural or remote</td>
<td>Read and discuss</td>
<td>Face to face verbal, PowerPoint, overheads, whiteboard and handouts.</td>
<td>ME or N</td>
</tr>
<tr>
<td></td>
<td>communities (S5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Description of communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Contracts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Structure of remote health in NT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clinic structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health centres and what to expect regarding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>people, positions and resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Common ailments/conditions and use of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CARPA Manual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Role/importance of AHW</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2 (Cont): Clinical Orientation Session Delivery Timetable
(Note: timetable is approximate and flexible and should account for individual needs in application)

<table>
<thead>
<tr>
<th>Time</th>
<th>Element</th>
<th>Activities</th>
<th>Delivery Methods</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:15</td>
<td>Stresses and challenges for rural and remote living and working (S6)</td>
<td><em>Read and discuss</em></td>
<td>Face to face verbal, PowerPoint, overheads, whiteboard and handouts.</td>
<td>ME or N</td>
</tr>
<tr>
<td></td>
<td>• Workloads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• On call system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Loneliness/isolation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Personal safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dangers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bush order system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What to bring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:15</td>
<td>Assessment Activity 2</td>
<td><em>Evaluation or Certificate of attendance provided</em></td>
<td>ME or N</td>
<td></td>
</tr>
<tr>
<td>2-4 weeks</td>
<td>Assessment Activity 3</td>
<td><em>Post test - Case Study reflective writing activity.</em> To be sent between 2-4 weeks of engagement with the remote community.</td>
<td>NTGPE for RACGP QA&amp;CPD points allocation RCNA for nurses points allocation</td>
<td></td>
</tr>
<tr>
<td>4-6 weeks</td>
<td></td>
<td><em>Professional development points given to nurses or GPs who have completed both pre and post test and full attendance.</em></td>
<td>NTGPE for RACGP QA&amp;CPD certificate RCNA for nurses certificate</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 3: CORE CLINICAL SKILLS FOR REMOTE HEALTH

The following list is the core minimum and essential clinical skills for remote nurses, doctors, Indigenous health workers and clinical health centre managers which is beyond the scope of the orientation workshops developed by NTGPE for RAHC participants pre deployment.

Participants can use this list to consider their own familiarity and confidence in each of these core competencies for remote practice. Further reading and courses to build on the general skills provided by NTGPE’s introductory two-day clinical and cultural orientation program are outlined on page 25.

<table>
<thead>
<tr>
<th>GENERAL CLINICAL SKILLS</th>
<th>GENERAL EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can competently perform the following general clinical skills:</td>
<td>Can competently use and maintain the following minimum equipment</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Body mass index (BMI) sheet</td>
</tr>
<tr>
<td>Blood glucose monitoring</td>
<td>Centrifuge</td>
</tr>
<tr>
<td>Capillary haemoglobin</td>
<td>Cold chain monitors</td>
</tr>
<tr>
<td>Chest examination</td>
<td>Defibrillator</td>
</tr>
<tr>
<td>Dressings - basic</td>
<td>Electrocardiograph (ECG) machine</td>
</tr>
<tr>
<td>Ear examination</td>
<td>Eye chart</td>
</tr>
<tr>
<td>Electrocardiograph</td>
<td>Glomerulofiltration rate (GFR) calculator (calculated creatinine clearance)</td>
</tr>
<tr>
<td>Foot assessment and care - basic</td>
<td>Glucometer</td>
</tr>
<tr>
<td>Measurement – baby and adult:</td>
<td>Haemocue machine</td>
</tr>
<tr>
<td>Body mass index</td>
<td>Infant length boards</td>
</tr>
<tr>
<td>Head circumference (infants)</td>
<td>Infusion pump</td>
</tr>
<tr>
<td>Height</td>
<td>Maintenance of fridges for specimen storage</td>
</tr>
<tr>
<td>Length (infants)</td>
<td>Monofiliment</td>
</tr>
<tr>
<td>Waist circumference</td>
<td>Nebuliser and spacers</td>
</tr>
<tr>
<td>Weight</td>
<td>Opthalmoscope</td>
</tr>
<tr>
<td>Mental health assessment - basic</td>
<td>Otoscope</td>
</tr>
<tr>
<td>Oxygen saturation</td>
<td>Oxygen therapy equipment</td>
</tr>
<tr>
<td>Packaging and transport of specimens</td>
<td>Pulse oximeter</td>
</tr>
<tr>
<td>Protocols and standard treatment manuals</td>
<td>Rapid infuser</td>
</tr>
<tr>
<td>Peak flow</td>
<td>Scales for child and adult</td>
</tr>
<tr>
<td>Phlebotomy / venepuncture</td>
<td>Slit lamp</td>
</tr>
<tr>
<td>Pulse rate</td>
<td>Sphygmomanometer</td>
</tr>
<tr>
<td>Recording and reporting processes</td>
<td>Spirometer</td>
</tr>
<tr>
<td>Respiration rate</td>
<td>Stadiometer</td>
</tr>
<tr>
<td>Temperature</td>
<td>Tape measures</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>Thermometer</td>
</tr>
<tr>
<td>Urine specimen collection</td>
<td>Visual acuity</td>
</tr>
<tr>
<td>Vaccinations - standard including Mantoux</td>
<td>Venepuncture equipment</td>
</tr>
<tr>
<td>Advanced clinical skills – Competently perform the following advanced clinical skills</td>
<td></td>
</tr>
</tbody>
</table>
Recommended Advanced Clinical Skills

Intermediate Resuscitation
Assisting with Intubation
IV Cannulation
Insert Intraosseous needles
Laryngeal mask airways
Plastering/backslabing
Removal of foreign body from an eye
Removal of fish hooks
Semi-automatic Defibrillation
Suturing
Use of Staple gun
Use of skin glue

Suggested training areas to build on core competencies for remote health practice:

Social determinants:

Links between social factors and their affect on the health outcomes in that community:

• Poverty, nutrition, education and employment opportunities, social support, transport, control over ones life, self management
• Barker hypothesis and health outcomes in adulthood
• Spiritual and cultural backgrounds
• Family relationships and support in relation to a chronic condition.

Social factors that determine health

• Barker hypothesis and health outcomes in adulthood
• Geographical issues that impact upon health status – access to food supply, employment status, access to services, social systems, leaders and key community stakeholders, policy, level of education, community wealth.

Primary health care

• Declaration of Alma Ata
• Using a PHC approach to care in a remote setting
Health Service Delivery in the Northern Territory

Population health approaches

- Basic epidemiology – patterns and prevalence of disease
- Disease control
- Environmental health
- Community health action and development
- Health across the lifespan
- Advocacy
- Chronic care model
- Substance abuse
- Health status of the remote Indigenous population

Aboriginal Health Workers

- AHW training
- Working in partnership as part of a team
- Extended role of AHW
- Cultural brokerage
- Community and environmental AHW
- Aboriginal Liaison Officers and Aboriginal Hearing Workers

Cultural safety

- Concept, relevance to Northern Territory
- Implementing cultural safety in the workplace

Health Promotion Principles and Strategies

Communication strategies – cross cultural

Brief intervention training

Harm minimization strategies

Emergency care and advanced clinical skills

Mental health – Assessment, Diagnosis, Treatment and referral
Organisational systems
- Introduction to the CARPA manual
- Clinic atlas
- Equipment -standard equipment
- Pharmacy imprest
- Stores imprest
- Pathology systems

Clinical systems
- Screening
- Care plans
- Recall system
- Discharge planning
- Time management
- DHF services

Child health overview
- Normal childhood development
- Abnormal indicators
- Paediatric assessment
- Common childhood health conditions
- GAA, nutrition
- Child sexual abuse and reporting

OH & S
- Remote Area Travel Protocols
- RFDS Client Transport
- Universal Precautions
- Fire Safety
- Aggression in the Workplace
- Managing behaviours
- Transport of biohazards
- NT Poisons and Dangerous Drugs Act Section 29
**Adult health overview and assessment**

- Normal development
- Abnormal indicators
- Adult assessment
- Domestic violence
- Nutritional management (more info on how to do it in their setting)
- Common health conditions
- Common conditions in remote Indigenous populations – TB, leprosy, rheumatic heart disease – monitoring, reporting and supporting
- Antenatal care by nurses who are non-midwives
  - Assessment
  - Pregnancy related problems (gestational diabetes, pre-eclampsia, intrauterine growth retardation) assessment, intervention and referral

**4WD vehicle familiarisation and basic maintenance**

- Rough terrain driving
- Four wheel driving skills
- Radio and satellite phone use
- Changing a tyre
- Operating a 4WD with twin fuel tanks

**Self care**

- Strategies to help self and others
- Support structures (Bush Support Services)
- Team building
- Clinic v Health centre mentality-clarification of their role with regard to public health philosophy