Introduction to Remote Health Practice Program

Clinical Orientation
Welcome to the Remote Area Health Corps

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 Remote Area Health Corps (RAHC) in collaboration with Northern Territory General Practice Education (NTGPE) 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 the 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 general practitioners, nurses and midwives, allied and oral health 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 challenging and rewarding as your experience will be, we appreciate that only a positive experience will keep you coming back! To this end, appropriate clinical and cultural orientation provides a very important foundation to achieve that goal.

Please use these notes as an introductory guide to what will be covered during the Program and keep them for future reference and reading. While the 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 differently to the rest of Australia, so expect the unexpected! What you can be certain of is that this experience will be challenging, with experiences and opportunities along the way that should or could make this a potentially life-changing, and undoubtedly rewarding experience.

RAHC is committed to ensuring you are prepared and supported. We look forward to meeting you, hearing your experiences and receiving your feedback.

Philip Roberts
General Manager
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Photographs used in this handbook were taken in the Northern Territory communities of Ampilatwatja, Ti Tree, Imanpa and Galiwin’ku. Permission was sought from these communities and from all individuals or guardians of individuals, before photography commenced. All photographs are copyright of the Remote Area Health Corps.

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Definitions
There are two terms that are used continually throughout this document, remote health and primary health care.

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.’

(World Health Organisation (WHO) 1978, p. 3)

Since the WHO 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
‘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.

Four (4) 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% of the total population (ABS, 2012).

Of this population, 81% live in the 1216 discrete remote Indigenous communities, which house some 108,085 people (ABS, 2012). This is approximately one quarter of the whole Australian Indigenous population, of whom over half live in the Northern Territory (ABS, 2012, 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 has been rated as the worst in the world on many indicators. In recent years there has been great effort made to try and close the gap between Indigenous and non-Indigenous health in Australia’s through many efforts including Indigenous policy reform and government initiatives. Inroads have been made but there is a long way to go (Rosenstock et al 2013; Gibson, 2007).

In remote Indigenous communities there is an epidemic of chronic disease – diabetes, renal disease, cardiovascular disease, chronic obstructive pulmonary disease and sexually transmitted infections. Renal failure rates amongst Australia’s Indigenous population are incredibly high with Indigenous Australians almost four times as likely to die with Chronic Kidney Disease as a cause of death than non-Indigenous Australians (AIHW CKD, 2011).

NT hearing health services found that the “most common condition was otitis media with effusion (OME) (25% of children), followed by eustachian tube dysfunction (ETD) (17%); chronic suppurative otitis media (CSOM) (13%); dry perforation (12%) and acute otitis media (AOM) (8%).” WHO guidelines classify Chronic Suppurative Otitis Media (CSOM) rate of 4% or greater as a public health emergency requiring immediate attention. (AIHW EAR, 2014; Acuin, 2004).

Remote workforce
The remote health workforce is predominantly (85%) made up remote area nurses and Aboriginal and Torres Strait Islander health practitioners and workers. Other health disciplines including doctors and allied health professionals make up the remainder (CRANA, 2014). These people come from a range of backgrounds and are expected to work in environments that their undergraduate training does not prepare them for. 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 General Practitioner (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
• often has a high turnover of health professionals, which can result in poor continuity of programs (CRANA, 2014; Humphreys, Wakeman and Lenthal, cited: Smith, 2004a; Wakerman, 2004).
The five domains of remote health practice

This curriculum is organised around the utilisation 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 and leadership skills.

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

Domain 5
A Code of Conduct sets standards and provides information to assist in the understanding of the ethical values and standards of behaviour that apply in daily professional activities.

These standards are fundamental to building a partnership of trust between RAHC, the community and a range of stakeholders including health services, government and other individuals and organisations. These standards must be adhered to by all RAHC health professionals.

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
Outcomes (One-day program)
• develop an understanding of the skills relevant to working with Aboriginal people from remote regions
• 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 setting
• explain the kinship system and how it may impact on cross cultural interactions between Aboriginal patients, patients and health professionals.

Part 2: Clinical Orientation
Outcomes (One-day program)
• recognise the key clinical problems within the remote Indigenous setting
• employ key clinical protocols when dealing with common clinical problems in rural and remote Aboriginal health context
• utilise culturally appropriate strategies and behaviours when providing primary care for Indigenous persons
• practice cultural safety when working in the Aboriginal health setting
• identify and utilise resources and personal strategies to thrive when working and residing in isolated remote Aboriginal communities
• demonstrate an understanding of the demographics of the NT and the social determinants of health in remote Aboriginal communities
• understand the importance of team work in the remote health setting
• analysis effective verbal and non-verbal communication strategies in the clinical environment
• access and appropriately utilise relevant local clinical resources, for example the CARPA manual, for clinical presentations.

Performance criteria
• 100% attendance
• interaction in delivery sessions
• completion of case studies and reinforcing activities (if applicable)
• completion of post orientation evaluation.

Participants
• will come from a variety of health care disciplines, primarily medicine, nursing, and allied health
• most will have no or little previous experience working in a remote community
• some may have previous experience working in a remote context, either domesticaly or internationally
• there will be a range of work experience within their discipline
• all will be appropriately credentialed registered health care professionals.

Program outcomes
• cultural and clinical orientation completed prior to RAHC placement
• Professional Development recognition:
  – nurses will receive a certificate and continuing professional development (CDP) points awarded by the Australian Primary Health Care Nurses Association (APNA) for their participation in the orientation
  – GP participants will receive a certificate of completion and the commensurate CPD Points awarded by the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP)
  – health professions with alternate CPD 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 have an overview of:

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<th>Domain</th>
<th>Criteria</th>
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| **Domain 1 - Population health and the context of remote practice** | • their role and responsibilities within a remote primary health care multidisciplinary team  
  • the role of the Aboriginal Health Practitioner/Worker  
  • working appropriately within a remote community setting  
  • public health issues common to remote communities  
  • the health status of communities in which they will be working  
  • working from a population health framework using a primary health care approach  
  • patterns and prevalence of disease in remote communities  
  • the links between social factors and their affect on the health outcomes in communities  
  • community development approaches and initiatives  
  • community health action through community directed initiatives  
  • major substances abused in the NT and affects on the person, the family and the community  
  • strategies to address substance misuse. |
| **Domain 2 - Communication and cultural skills** | • 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  
  • how to 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  
  • interacting respectfully as part of a cross cultural health care team though understanding the advanced role of the Aboriginal Health Practitioner or Worker and other team members  
  • interpreter services  
  • opportunities for health promotion and education that are relevant to and owned by the community  
  • communicating health information in an empowering way that gives the patient skills to use the information  
  • communication and management strategies that minimise harm  
  • developing short term professional relationships that help chronically ill patients to take responsibility for their own health  
  • the principles and value of brief interventions, and promote small achievable changes  
  • the role of kinship in the Aboriginal family structure  
  • how roles and responsibilities permeate individual/group dynamics/communication  
  • the role of avoidance relationships within an Aboriginal community  
  • working with the right members of the Kinship Network  
  • the significance of reciprocity – sharing within the Aboriginal community  
  • working with elders appropriately  
  • a general understanding of Aboriginal health and culture  
  • the role Australian history has played in Aboriginal health in the NT  
  • understanding the Aboriginal concept of health and well-being  
  • what is meant by the term primary health care (PHC). |
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<th>Domain</th>
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| **Domain 3 - Systems and organisational approaches** | • discharge planning processes and follow up in remote areas  
• the total recall system (PCIS and Communicare)  
• the chronic disease recall and reporting systems within communities  
• organising and prioritising sufficient time to undertake chronic disease prevention, early detection and management activities  
• screening procedures and investigations appropriately to identify asymptomatic individuals with risk factors and or chronic conditions  
• the value of care planning in the remote context  
• care planning that involves the patient in the decision making process  
• key services relevant to remote clients  
• maternal, child and youth health programs and how to access them  
• medicare procedures and supports in remote areas  
• how to evacuate and transfer a patient from a remote community. |
| **Domain 4 - Professional, legal and ethical role** | • legal requirements, policies and procedures governing remote area practice including CARPA, CRANA Clinical Procedures Manual, Women’s Business Manual, Section 250 of the Medicines, Poisons and Therapeutic Goods Act (MPTGA) (Formerly Section 29 Poisons and Dangerous Drugs Act)  
• recognising limitations within the professional and legislative guidelines and know when and how to refer  
• strategies to reduce potential for unsafe practice  
• source best practice evidence and recent advances in technology in their own discipline  
• respect within different cultural frameworks for determining ethical behaviour in a remote community  
• boundary issues relevant to working as a remote practitioner – caring for friends, colleagues, etc.  
• Professional Practice Model and associated resources to their practice  
• identifying self care, support networks and personal safety issues  
• identifying screening and immunisation programs  
• identifying personal training and support needs  
• understanding the mandatory reporting requirements in the NT  
• professional development and support resources  
• identifying quality improvement activities  
• workplace health and safety legislation relevant to remote practice  
• standard precautions in all activities  
• strategies to manage aggressive behaviour in remote areas  
• protocols for reporting incidents, critical incidents and support issues  
• procedures to follow for sexual assault and how to contact the sexual assault referral centre. |
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<tr>
<th>Domain</th>
<th>Criteria</th>
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| Domain 5 - Clinical skills in remote primary health care practice | Health assessment • a systematic approach to history taking, clinical examination, assessment and management within the context of a remote health care model.  
Protocols • remote pharmaceutical protocols including working within the Section 250 NT MPTGA  
• clinical investigations  
• basic life support and advanced clinical skills  
• Health Assessments and Care Plans  
• the use of protocols in remote including CARPA manual  
• Workplace Health and Safety and standard precautions  
• dealing with aggressive clients  
• primary health care programs  
• emergency protocols  
• identifying, managing and referring a sick child  
• monitoring, reporting and managing infectious diseases: leprosy, TB, STI’s, rheumatic heart disease  
• use of local pathology protocols for requesting, collecting, storing and transporting pathology from remote community settings.  
Pharmacology • pharmacology issues in the remote setting  
• clinical reasoning for the selection of drug therapies in the remote context  
• dispensing drugs in remote areas in line with regional best practice and local protocols  
• issues of compliance, develop strategies and practice to enhance successful therapeutic relationships  
• compliance issues in remote areas.  
Primary health care programs • mental health  
• sexual health  
• chronic conditions  
• rheumatic heart  
• maternal and child health  
• womens health  
• mens health  
• trachoma  
• hearing health  
• vaccination  
• other primary health care programs.
Recommended courses for remote health practice skills development

- About Giving Vaccinations (AGV), Centre for Disease Control, Department of Health NT

- Remote Emergency Care (REC), CRANAplus, courses run in various locations throughout Australia
  [https://crana.org.au]

- Maternity Emergency Care (MEC), CRANAplus, courses run in various locations throughout Australia
  [https://crana.org.au]

- Pharmacotherapeutics for Health Professionals, Centre for Remote Health, Flinders University, Alice Springs
  [http://www.flinders.edu.au/courses/postgrad/rhp/rhp_home.cfm]

- Transition to Remote Area Nursing (TRAN) program Centre for Remote Health, Flinders University, Alice Springs
  [https://www.acrrm.org.au]

- RAHC eLearning Modules: The RAHC Introduction to Remote Health Practice Program (online)

- Rural and Isolated Practice (Scheduled Medicines) Registered Nurse (RIPRN) course

Recommended reading

- Australian Indigenous HealthInfoNet 2013, Summary of Australian Indigenous Health, HealthInfoNet

  [http://www3.who.int/htsToolbox/1_English/WHO_MSD_BABOR_BriefInterventionsHazardous.pdf]


- Moodi, R and Hulme, A (eds) 2004, Hands on Health Promotion, IR Communications, Melbourne


- Wagner, E 2003, The Chronic Care Model, Group Health Research Institute, viewed 20 November 2009, Video

For more resources: [http://www.rahc.com.au/professional-development-pd]
References


- Australian Institute of Health and Welfare (AIHW CKD) 2011. Chronic kidney disease in Aboriginal and Torres Strait Islander people. 2011 Cat. no. PHE 151 Canberra: AIHW


- Edwards, R & Madden, R 2001, The health and welfare of Australia’s Aboriginal and Torres Strait Islanders peoples, Australian Bureau of Statistics, Canberra


- Smith, JD 2004, Australia’s rural and remote health: A social justice perspective, Tertiary Press, Melbourne

- Smith, JD 2005, Educating to improve population health outcomes in chronic disease, Menzies School of Health Research, Darwin


## Appendix 1: Cultural Orientation Session Delivery Timetable

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

<table>
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<tr>
<th>Time</th>
<th>Element</th>
<th>Activities</th>
<th>Delivery Methods</th>
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| Prior to orientation | Assessment Activity 1 (Optional)  
(This assessment is mandatory for doctors requiring RACGP or ACRRM CPD points) | Pre test - A written exercise to assess the participants thoughts and attitudes prior to commencing the workshop. |                                                                                                     |
| 08:30      | Cultural walk  
• bush tucker  
• bush medicine  
• connection to country  
• sacred sites  
• treatment arising from ceremonial activity. | Discussion                                                                                           | Walk from NTGPE to Casuarina Beach looking at landscape, plants and cultural activities. TE only. |
| 09:00      | Working within the Kinship Network  
• the Kinship Network  
• roles and responsibilities  
• avoidance relationships  
• working with the right members of the Kinship Network  
• reciprocity – sharing  
• working with elders  
• kinship in action  
• blame and payback  
• curses. | Read and discuss                                                                                     | Interactive small group work with posters and handouts.                                           |
| 12:00      | LUNCH                                                                   |                                                                                                     |                                                                                                     |
| 12:45      | Aboriginal history in the NT and its impact on health  
• timeline in the NT  
• narrative of the effects of policy changes on health and well-being  
• Aboriginal view of health  
• traditional healers. | Read and discuss                                                                                     | Interactive small group work using flags with call cards and handouts.                            |
| 13:45      | Death, dying and sorry business  
• dying  
• death  
• sorry business  
• hair and clothing. | Read and discuss                                                                                     | Face-to-face verbal, PowerPoint, overheads, whiteboard and handouts.                              |
| 14:45      | Personal presentation and conduct  
• attitude  
• conduct  
• safety  
• what to wear  
• greeting and addressing people  
• communication  
• taking photos  
• sacred sites – where can I walk?  
• buying artwork etc. | Read and discuss                                                                                     | Face-to-face verbal, PowerPoint, overheads, whiteboard and handouts.                              |
| 15:15      | Working in the Aboriginal community and health services  
• ACCHS  
• the Aboriginal ‘community’ factionalism and politics  
• the Aboriginal Health Practitioner (AHP)  
• language (Kreol). | Read and discuss                                                                                     | Face-to-face verbal, PowerPoint, overheads, whiteboard and handouts.                              |
| 16:00      | EVALUATION                                                              |                                                                                                     |                                                                                                     |
| 3 - 4 weeks| Reinforcing Activity (Optional)  
(This activity is mandatory for doctors requiring RACGP or ACRRM CPD points) | A written exercise for the participants to reflect on their experience.                              | Self-directed                                                                                      |
## Appendix 2: Clinical Orientation Session Delivery Timetable

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

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<th>Time</th>
<th>Element</th>
<th>Activities</th>
<th>Delivery Methods</th>
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<tbody>
<tr>
<td>08:30</td>
<td>Introductions and housekeeping</td>
<td>Ensure all participants have completed pre-orientation activities (obtain college details)</td>
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<tr>
<td>08:45</td>
<td>Health Services and Systems (S1)</td>
<td>Read and discuss face-to-face, verbal, PowerPoint, overheads, whiteboard and handouts</td>
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<td>• demographics of the NT</td>
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<td>• health services and systems in the NT</td>
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<td>• social and environmental determinants of Aboriginal health</td>
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<td>• common medical/health conditions</td>
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<td>• population mobility</td>
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<td>• clinical information, guidelines and support</td>
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<td>• primary health care in the NT.</td>
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<td>• common medical/health conditions</td>
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<td>• primary health care in the NT.</td>
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<td>09:15</td>
<td>Communication (S2)</td>
<td>Read and discuss face-to-face, verbal, PowerPoint, overheads, whiteboard and handouts</td>
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<td></td>
<td>• common clinical presentations of ATSI patients</td>
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<td>• barriers to effective communication</td>
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<td>• appropriate verbal and non-verbal communication with ATSI patients</td>
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<td></td>
<td>• team structure dynamics and communication</td>
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<td>• case based discussion; teams and emergency management in remote communities.</td>
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<td>10:15</td>
<td>BREAK</td>
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<td>10:30</td>
<td>Teamwork (S3)</td>
<td>Read and discuss interactive small group work using flags with call cards and handouts</td>
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<td>• discuss complexities of remote health teams in terms of:</td>
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<td>• the structure and dynamics of the team in remote health clinics</td>
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<td>• the roles of team members</td>
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<td>• effective skills and attitudes</td>
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<td>• challenges out bush.</td>
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<td>11:30</td>
<td>Introduction to Remote Driving presentation (S4)</td>
<td>Read and discuss face-to-face, verbal, PowerPoint.</td>
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<td>• basic knowledge of 4WD vehicle</td>
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<td>• awareness of driving conditions in remote areas</td>
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<td>• safety – yourself, passengers, vehicle</td>
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<td>• preventing damage to the vehicle.</td>
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<td>12:00</td>
<td>LUNCH</td>
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<td>13:00</td>
<td>Clinical Case Studies (S5)</td>
<td>Pre-Orientation Case-Study answers discussed during this session</td>
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<td>• use of the CARPA manual to assess, treat and follow-up RAHC case studies</td>
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<td>• cases – adult chronic disease, child health, sexual health and mandatory reporting and an emergency scenarios.</td>
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<td>15:30</td>
<td>Clinic and Community Awareness (S6)</td>
<td>Read and discuss face-to-face, verbal, PowerPoint, overheads, whiteboard and handouts</td>
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<td>• orientation to clinic</td>
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<td>• DoH Remote Health Atlas</td>
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<td>• prescribed communities – alcohol, illicit drug use and pornography</td>
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<td>• incident accident reporting</td>
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<td>• workplace safety</td>
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<td>• clinical practice</td>
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<td>– protocol, policy and procedure</td>
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<td>– use of NT MPTGA Section 250 in conjunction with protocols</td>
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<td>– documentation SOAP and SODA F.</td>
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<tr>
<td>Time</td>
<td>Element</td>
<td>Activities</td>
<td>Delivery Methods</td>
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<tr>
<td>16:00</td>
<td>Questions/Extra activities: (S7)</td>
<td>• Living and working in rural or remote communities and general questions as time permits.</td>
<td>Discussion. Face-to-face verbal, videos, PowerPoint, overheads, whiteboard and handouts.</td>
</tr>
<tr>
<td>16:30</td>
<td>FINISH</td>
<td></td>
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<tr>
<td>1 week</td>
<td>Evaluation Feedback</td>
<td></td>
<td>Evaluation emailed to HP. Completed via Survey Monkey.</td>
</tr>
<tr>
<td>2 - 4 weeks</td>
<td>Assessment Activity 3</td>
<td></td>
<td>Post test - Case Study reflective writing activity. To be sent between 2-4 weeks of engagement with the remote community.</td>
</tr>
<tr>
<td>4 - 6 weeks</td>
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<td></td>
<td>Professional development points given to nurses or GPs who have completed both pre and post test and full attendance.</td>
</tr>
</tbody>
</table>
### Summary of key considerations regarding 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
- AHP training
- working in partnership as part of a team
- extended role of AHP/AHW
- cultural brokerage
- community and environmental AHP/AHW
- Aboriginal Liaison Officers and Aboriginal Hearing Workers.

#### Cultural safety
- concept, relevance to NT
- implementing cultural safety in the workplace.

#### 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
- DoH services.

#### Child health overview
- normal childhood development
- abnormal indicators
- paediatric assessment.

#### Workplace Health and Safety (WHS)
- Remote Area Travel Protocols
- Patient transport
- standard precautions
- fire safety
- aggression in the workplace
- managing behaviours
- transport of biohazards
- NT MTGPA Section 250.

#### 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
- 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.
Remember: there are no hard and fast rules. Every cultural group and community is different.