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From the Director’s Desk

Rural health will be in the spotlight during Rural Health Week from 3 – 9 September this year. The Week was launched by the Minister for Health and Human Services, the Hon Lara Giddings, at the Westbury Community Health Centre shortly before Easter. Community committees are being formed to organise activities during the week.

Awards for people whose work has made a significant difference to health and wellbeing in their rural community will be a feature of the week.

The Rural Health Professional Award will be awarded to a health professional working in a rural and remote setting in Tasmania. Nominations are welcome for a variety of health professions and may include professionals working in either a clinical or management/administrative or support capacity in a range of health care settings.

The Rural Health Community Award will be awarded to a resident of a rural and remote community who is not employed in the health sector or whose primary source of income is not derived from the health sector. This category could include community volunteers or individuals working in other professions such as teaching.

I urge you to think about making a nomination which can be made before 29 June. For more information, please visit the Rural Health Week website at www.rhutas.com.au.

As usual, this issue contains details of professional development activities available. We try to reach as many people as possible with information about these. Please pass on details to anyone who may be interested in participating.

I attended the National Rural Health Conference in Albury in March, along with a number of colleagues from the

Sue Kilpatrick
Associate Professor and Director

University Department of Rural Health and the Rural Clinical School. We presented eight papers which you can read about in this issue. We were impressed by the focus of the conference on arts and health, and saw and heard of many examples of programs that drew on the arts to achieve excellent health and wellbeing outcomes. The conference communiqué made 18 priority recommendations, including that there be continued support for rural placements with adequate physical and educational infrastructure (including support for clinical mentors and trainers), and that instead of continually devising new service models, governments should provide sustainable, ongoing funding to programs that have been trialled or piloted once they have been evaluated and shown to be successful.

For details of the communiqué priority recommendations, please see http://nrha.ruralhealth.org.au/home/docs/priority_recommendations.pdf.
Celebrating your Rural Health!

At the media launch of the inaugural Rural Health Week on 28 March, Health and Human Services Minister the Hon Lara Giddings encouraged rural Tasmanians to nominate champions of health and wellbeing in their communities and to use funding available for health and wellbeing activities.

The Tasmanian Rural Health Week is a joint initiative of the UDRH and the Department of Health and Human Services (DHHS) to promote rural health and wellbeing and to recognise local health champions.

“Rural Health Week, will run for the week of 3-9 September, and is a chance to recognise and acknowledge communities and individuals as champions of rural health. It is about grass roots action – about what rural communities are doing for themselves to promote good health and wellbeing,” said Professor Allan Carmichael, Dean of Health Science, University of Tasmania.

Ms Giddings acknowledged the enormous work our rural communities are doing for their health and wellbeing and is keen to support activities that promote health in our rural communities.

“Increasingly primary health care and health promotion are being emphasised at all levels of government as we focus on keeping people well, rather than just treating the sick. These models reflect the underpinning philosophy of both Rural Health Week and the Meander Valley Health and Wellbeing Mapping project,” remarked Ms Giddings.

At the ceremony at the Westbury Community Health Centre, UDRH Director Associate Professor Sue Kilpatrick said that communities will be invited to nominate health professionals and individuals whose work has made a significant difference to the health and wellbeing of people in their community. In recognition of their outstanding efforts, awards to these special individuals will be presented on 2 September when Rural Health Week will be rolled out.

Associate Professor Kilpatrick further added that there will be up to $2,000 available to the Rural Health Week regional planning groups to stage health and wellbeing activities in their communities. These activities will be held during Rural Health Week which will run from 3 to 9 September.

Rural Health Week is an opportunity for rural communities to celebrate their achievements in health and wellbeing under the theme “Celebrating Rural Health”. It aims to:

- Promote and celebrate rural health as an important component of state-wide health priority areas;
- Increase awareness within rural communities about rural health issues and the importance of a preventative approach to their health through Rural Health Week activities and established programs within the community;
- Provide an opportunity for communities to showcase programs and activities aimed at improving health and wellbeing; and
- Acknowledge the achievements of rural communities in enhancing the health and wellbeing of their communities.

More information about Rural Health Week can be obtained on www.rhwtas.com.au.

UDRH Director Appointed an Inaugural Board Member of the Tasmanian Early Years Foundation

To support and promote the wellbeing, development and learning of Tasmanian children up to the age of six, the Minister for Community Development the Hon Michelle O’Byrne announced the inaugural Board of the Early Years Foundation on 15 March 2007. UDRH Director Associate Professor Sue Kilpatrick and Dean of Health Science Professor Allan Carmichael are among the seven members on the inaugural board.

Sue was appointed because of her expertise in the area of early childhood and academic research. Her recent work has involved evaluations of a number of projects for children aged up to five years and their families.

Sue is pleased and honoured to be a member of the board. She looks forward to working towards better outcomes for Tasmania’s future – our young children.

The establishment of the Foundation is in recognition of the growing body of evidence that endorses the positive effects of high quality early childhood programs on later health, educational and social outcomes for children and families, especially among the more disadvantaged groups in the community. The Foundation was created through the Tasmanian Early Years Foundation Act 2005.
Sharing Research Findings with National Audiences

“Learning from the past, Action for the future” was the theme for the National Rural Health Conference held in Albury, 7 – 10 March 2007. It is a national forum for rural health stakeholders to check progress and to reflect on successes, challenges and recent developments in rural health.

A group of researchers of the UDRH and the Rural Clinical School (RCS), Tasmania, attended the conference and shared their research findings. Four medical students from the RCS and a number of RUSTICA (the undergraduate rural health club of the University of Tasmania) students were among a 300-strong student contingent at the conference.

“The Rural and Regional Ambulance Paramedic: Moving beyond Emergency Response” was the title of a paper presented at the conference. The paper’s authors: Peter O’Meara, Professor Judi Walker of the RCS, Daryl Pedler, Christine Stirling of the UDRH, Vianne Tourle, Kristina Davis, Paul Jennings, Peter Mulholland of the UDRH, and Denis Wray all participated in the national research project reported in the paper. The paper was awarded one of thirty “top abstract” awards by conference paper reviewers.

The paper detailed the study findings on the increasing primary health care role of rural paramedics. Key changes in the scope of the paramedic role were found in areas of community involvement and support, working in partnership with other health care providers, and a broader scope of clinical practice – beyond emergency response. The paper highlighted how innovative workforce practices can help to meet the changing health care needs of rural populations in the midst of global workforce shortages.

At the same conference, Dr Rosemary Cane of the UDRH and Professor Judi Walker of the RCS presented some of the recent findings from a series of studies investigating methods to improve access to dental care in the light of the chronic rural dentist workforce shortage, particularly within the public sector. The paper is titled “Firefighter Dentistry: The Impact of the Supply of Dentists on Rural Public Dental Services”.

As part of the process of developing solutions, a qualitative study sought the perspectives of government employed dentists on rural public dental practice. The dentists argued that they were “fire-fighters” who attempted to manage patient load / time management in response to patients’ general health, urgent dental needs and perceived levels of interest in oral health care. High levels of demand for episodic care were found to impact adversely on patient patterns, continuity of care and decreased time for interaction with patients and these factors are likely to impact on clinician work satisfaction.

A unique agreement between the University of Tasmania and the Tasmanian government, in partnership with the University of Adelaide, set in motion an ongoing clinical placement for dental students to undertake part of their final year in Tasmania. In addition to high quality experiential learning opportunities, the placement program included an appropriate model of services within the public sector, i.e. a mix of urgent and comprehensive care in a “real world” setting. The follow up evaluation identified benefits of the program, including raising the profile of best practice and improved social interactions during visits as a way of minimising the perception of public sector dentists as “fire fighters”.

The program is an ongoing initiative and is undergoing further expansion, including the building of additional dental facilities to accommodate more students and the appointment of a senior oral health academic to further develop educational programs. Dr Peter Orpin, UDRH Senior Research Fellow, presented his paper “Postcards from the People: a Dialogue Model for Community Needs Assessment” and this was one of the top 30 abstracts in the conference.

Another top 30 abstract is the paper “Clinical Education without Borders: Development of an Online Multi-disciplinary Preceptor Preparation Program” by Anne Leversha, Lisa Dalton of the UDRH, Kirstie Galbraith, Maree Simpson, Jennifer Marriott, Associate Professor Rosalind Bull, Miranda Rose, Helen Howarth of the UDRH, Sue Taylor and Dawn Best.

Other papers presented at the National Rural Health Conference include:

• “Us and Them: Language Use in Rural Health Education and its Impact on Students’ Sense of Self”, co-authored by Lisa Dalton, Dr Erica Bell and Dr Peter Orpin, all of the UDRH.

• “Innovative Solutions to Skill Shortages in Health: Research and Practice”, co-authored by Associate Professor Sue Kilpatrick, Susan Johns, Dr Pat Miliar, Dr Quynh Lê and Georgina Routley, all of the UDRH.

• “Breaking down Barriers: Building Relationships through Multi-disciplinary Education for Palliative Care Providers in Rural and Remote Tasmania” by Prof Judi Walker, Heidi Behrens and Anita Dow.

• “Healthy for Life” by Tania Angie, Professor Judi Walker, Ann Newchurch, Christine Franks, Gary Misan, Sonia Champion, Judy Taylor, Julie Watkinson, Raymond Wanganeeen, Sue Edwards and Barb Carlin.

Conference articles will be available on the conference website at http://9thnrhc.ruralhealth.org.au.
"Dead in the Water"?: Is Violent Crime Prevention Research Working for Rural Communities?

This provocative question was the subject of a paper presented at the first Crime in Rural Communities conference in Armidale, NSW, in late 2006. The paper echoed many of the dissatisfactions of rural crime researchers, but went one step further in modelling new approaches to local community crime prevention. It was a collaboration between UDRH Researcher Dr Erica Bell and Dr Rob Hall of the Tasmanian Institute for Law Enforcement Studies (TILES).

"Apart from the experience of collaborating with Rob Hall and TILES, I loved reality testing the ideas before a huge audience of rural crime prevention practitioners – mostly rural police officers," said Erica. “They were certainly very supportive of anyone in the research community who was asking questions about how to make research better serve their needs.

"Rural police really are interested in debates about research methodology, if your focus is on how to deliver better evidence for practice.

“A key part of the presentation was reviewing the international literature on violent crime prevention. It examined the strengths and weaknesses of the dominant methodologies used in violent crime prevention research, particularly for meeting the needs of rural communities.

“This was the starting point for exploring other kinds of approaches.

“Rural violent crime prevention, like substance abuse, doesn’t yet have a rich evidence base. The focus of the presentation was on methods for bringing people in local communities together to design local crime prevention programs. Rural police are vitally interested in that, not ever more diagnostic research telling them what they already know about causality in crime.

“I hope to use attendance at this conference to build collaborations: there were crime prevention experts from all over the world there, with an interest in the local and particular worlds of rural crime.”

The paper based on the presentation is now under review by an international crime prevention journal. Special thanks are owed to Associate Professor Roberta Julian at TILES who co-sponsored Erica’s attendance at the conference.

A National Online Interprofessional Support and Education Strategy for Rural and Remote Clinical Educators

Attracting health professionals to practice in rural areas is likely to be improved if they have a positive experience during their undergraduate experiential placements. Health professionals who have undertaken training to improve their skills as a clinical educator are more likely to be able to provide this positive experience. This Australian Clinical Educator Preparation Program will pilot and evaluate a new online educational program for practising health professionals who are or willing to be clinical educators for current health science undergraduates undertaking experiential placements in rural areas. The results of this project may be used to improve the program prior to its national implementation, will inform future research and may be published.

The benefit to clinical educators will be the provision of an update program providing information that is suitable for mixed groups of professionals across many settings.

Project management is currently presenting ethics applications through consortium universities - The University of Tasmania, Victorian College of Pharmacy, Monash University, The University of Sydney, Charles Sturt University, and La Trobe University, in preparation for the trial to commence in October this year. As part of the trial, participants will complete a questionnaire on their role as a clinical educator in the workplace and then enrol in a three month program that requires approximately 20 hours to complete. A follow up questionnaire about the course will also be conducted.

Concurrently final editing by an educational consultant is preparing a number of modules for the educational strategy.

For further information, please contact UDRH Senior Project Officer Alison Miles, email: Alison.Miles@utas.edu.au or Associate Professor Rosalind Bull of the School of Nursing and Midwifery, email: Rosalind.Bull@utas.edu.au.

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Of International Journals, Community Projects, and Research Permacultures

How do you translate community projects into international research publications? How do you use international research to strengthen local community services? Such questions interest UDRH researcher Dr Erica Bell, who has translated a local community project into a second paper just published by the top ranking international journal in substance abuse Addiction Theory and Research.

“This paper grows out of a small project designing a statewide residential service for Tasmanian adolescents with substance abuse issues,” said Erica. “It was a community engagement project commissioned by The Salvation Army, Tasmania, which required me to design a service - from architectural blueprints to mission statement to service programs and activities, as well as service protocols. That work is published in the project report ‘The learning tree’: An evidence-based model of a residential service for youth aged 12-18 with drug issues, which was launched in the media last year at a launch attended by Senator Eric Abetz and the then Minister David Llewellyn. In 2006 another paper was published in the journal International Drug Policy. That paper dealt with youth views, while this paper is about practitioner views.

“The task of translating the project report into competitive international journals required me to ask myself: How does this Tasmanian study speak to the silences and gaps in the international literature? What does this project say that no one else is saying?

“I designed the objectives of the paper by thinking about my pragmatic dissatisfactions as a service designer. It seemed from talking with Tasmanian and mainland practitioners that I wasn’t alone in wanting more socially useful research evidence for adolescent substance abuse service design and delivery,” said Erica.

“The paper analyses the limitations of existing substance abuse research, driven by classical experimental models that rely on traditional quantitative techniques. Descriptions of the nature of an ideal service are developed from interviews with professionals in twenty of Australia’s twenty-three adolescent residential services. These suggest the configurational nature of the service, arising from its multi-dimensional temporal, spatial, and material properties, and the importance of the service’s capacity to combine diverse service elements in complementary ways to meet individual client needs.

“In other words, the literature talks about variables from big-N studies, but the practitioners are talking about tailor-making individualised treatments built from combining different elements from different therapies and service operations. There’s a mismatch between the research being delivered and the evidence needs of practitioners.

“Why does that mismatch exist? I suspect because there isn’t enough deep questioning of research methods and forms of evidence.

“The paper describes how a social sciences methodology - Qualitative Comparative Analysis (QCA) - has the potential to better analyse the configurational nature of such services, allowing identification of effective service element combinations, especially in small-N studies.

“Every community engagement project has the potential to speak to international audiences,” said Erica. “The thing that pleased me the most is how the international publications from this project are being used to build the research clout of The Salvation Army nationally, for example, in two recent successful grant applications for new Tasmanian programs and services.

“As someone with an organic orchard, I like to think of international publications as part of creating a research permaculture. Community engagement projects can help strengthen international research, but international research can also help strengthen community engagement. When we create a research permaculture nothing is wasted, and everything is used to enrich and strengthen the total local environment.

“Why waste the valuable experience of finding that nothing in the international literature really spoke to your particular local challenge?”

The project was a UDRH consultancy commissioned by The Salvation Army, and funded by the Commonwealth Department of Health and Ageing Illicit Drug Diversion Initiative and the Tasmanian Department of Health and Human Services. UDRH would like to acknowledge the valuable contributions of Nell Kuilenburg, Director, Accommodation and Support Services, The Salvation Army Tasmania, to the research work. The project reference group also provided advice helpful to the research approaches used in the study.
Quynh Lê Presenting at the 12th World Congress on Medinfo 2007

Dr. Quynh Lê has had her full refereed paper accepted for presentation and publication at the Medical Informatics (Medinfo) 2007 Congress on 20 – 25 August in Brisbane. The topic of her paper is “Health Informatics: An Intercultural Perspective”.

Medinfo is a major triennial international meeting for the medical informatics community around the world. Medinfo 2007 will be the 12th Medinfo congress and the first in Australia.

Medinfo is the official conference of the International Medical Informatics Association (IMIA) and 2007 will also mark the 40th anniversary of IMIA. The conference is organised and coordinated by the Health Informatics Society of Australia.

Supportive Care of Rural Women with Breast Cancer in Tasmania

How do rural breast nurses contribute to the supportive care of women with breast cancer? This question has driven UDRH PhD candidate Melinda Minstrell’s research. She is exploring rural breast nursing approaches in Tasmania and the unmet needs of the women who consult with them. Melinda’s research has resulted in two outputs recently, a conference presentation and her first scientific journal article.

A paper entitled “Supportive Care of Rural Women with Breast Cancer in Tasmania, Australia: Changing Needs over Time” is soon to be published in the international journal Psycho-Oncology by Melinda, Dr. Tania Winzenberg of the Menzies Research Institute, Dr. Nicole Rankin, Executive Director, Psycho-oncology Co-operative Research Group, University of Sydney, Dr. Clarissa Hughes, UDRH Research Fellow and Professor Judi Walker, Chief Executive of the Rural Clinical School.

Melinda’s work rests on the idea that cancer morbidity can be minimised by providing for patients’ psychosocial needs, and she places women’s unmet needs at the centre of her understanding of supportive cancer care. To this aim, she surveyed women’s unmet needs at one month and three months post breast cancer diagnosis.

Significant changes in unmet needs were discovered during this time – and while some needs decreased significantly (psychological, health system and information issues), others increased (sexuality issues). Awareness of the changing nature of unmet needs can assist health professionals to tailor their supportive care to the issues of greatest concern to women. Results of this study were also compared with a previous snapshot of Australian rural women with breast cancer eight years earlier. The analysis indicated that there have been positive cultural changes within Australian health care systems, as 12 of 13 available items were reported as moderate or high unmet needs significantly less often.

A conference presentation on the same topic was delivered at the National Breast Care Nurse Conference 15-16 February in Melbourne by Karen Campbell. Karen is a breast care nurse who has supported women in rural Tasmania for 16 years, and assisted in recruiting participants to this study.

The Cancer Council Tasmania’s Postgraduate Research Scholarship - Cancer and Chronic Disease Prevention and Management in Rural Areas, enables Melinda to undertake this research.
News from the Rural Clinical School

Expanded Team at the RCS and a Further Boost to Simulation-based Training

The Rural Clinical School (RCS) team continues to grow. New appointments have added depth to the core academic team, and two new positions have been created which focus on key areas for development – community engagement and simulation-based training.

In the latest appointment, Ms Lynn Greives, Nurse Educator at the North West Regional Hospital (NWRH), has joined the RCS Clinical Skills and Simulation Centre as the new Clinical Skills Educator. Lynn will be working closely with Centre Manager, Maree Gleeson, to maximise the use of this valuable training resource, and to further develop the Centre’s suite of teaching scenarios.

Together, they will be developing strategies to increase the type of skills taught in the Centre and to encourage more clinicians to use the facility as an integral part of their teaching and ongoing professional development.

Lynn’s appointment will underpin the primary focus of the Centre – which is to be a driver for patient safety. Her many years of experience in the clinical environment and as a teacher and developer of clinical skills training will bring an additional dimension to simulation training in the Centre, and maximise the transition of learning undertaken in the simulated and “safe” environment of the Centre to the often busier, more intense clinical setting.

Already the Centre, which was established over 12 months ago, is providing a regional facility for interprofessional learning and teaching. At the start of the year, the Centre was used as part of the orientation program for junior medical officers, graduate nurses and fifth-year medical students, commencing work at the NWRH and in the undergraduate medical program.

The Centre is reflective and supportive of hospital policy and procedures in practice in the North West Regional Hospital’s two campuses, and so has direct relevance to the ongoing teaching and learning for a range of health professionals and students.

Ongoing weekly skills training sessions will continue throughout 2007, with progression to more complex procedures as the year progresses.

For more information about the Centre, please contact Maree Gleeson at the Rural Clinical School on 6430 4553 or email at Maree.Gleeson@utas.edu.au.

Innovative Roles for Rural Paramedics

A pre-conference workshop held before the 2007 9th National Rural Health Conference provided a platform for sharing innovations in rural ambulance service delivery.

The UDRH representatives, Professor Judi Walker, Christine Stirling and Peter Mulholland helped to lead the workshop “Innovations in Rural and Regional Paramedic Roles”, which was attended by over 30 ambulance service managers and service professionals from around Australia.

Other workshop leaders were Associate Professor Peter O’Meara and Vianne Toule from Charles Sturt University and Associate Professor Daryl Pedler from Monash University. This collaboration of researchers follows on from a national study of the rural expanded scope of practice for rural paramedics.

Charles Sturt University Associate Professor Peter O’Meara conceived of the workshop as an important platform for sharing innovations, trends and future directions amongst ambulance service stakeholders. The Charles Sturt University Institute for Land, Water and Society provided funding for the workshop administrative support, venue and catering.

Services from all states and territories (apart from the ACT) were represented at the workshop and shared information from recent projects and trends in ambulance services.

Paramedics are increasingly seen as a valuable health care resource in rural Australia which is reflected in changes to job descriptions and education provision. The workshop was a stimulating experience for participants and confirmed that paramedics will increasingly play an expanded health care role.
Graduate Research Student Profile: Andrew Harris

Andrew Harris began as a Masters student at the UDRH while working as the Coordinator of the Phoenix Centre, the support service of torture and trauma in Hobart. In 2005, in an effort to shape service delivery to suit the current client base, Andrew began informally interviewing some African staff with counselling expertise. He quickly discovered that there was a wealth of knowledge and skill available, not just about working with Africans, but in a wide range of counselling strategies and philosophical ideas which he thought could be applied universally. After discussing this with UDRH Senior Lecturer Dr Peg LeVine, Andrew enrolled with the UDRH in a Masters Program in 2006 to investigate culturally appropriate counselling for African men, with Peg as his supervisor.

Naturally this had great benefit in his role at that time! However Andrew left Phoenix early this year and is now working at the UDRH, with the role of investigating and developing mental health service delivery in rural, regional and remote Tasmanian communities. As well as working with service providers, he is still very much engaged with the migrant and refugee communities, and has also begun exploring connections with Aboriginal communities and mental health consumer groups. Andrew has a particular interest in effecting change for groups which have the most difficulty accessing mainstream services, and his Masters research is providing a wonderful framework for thinking about this.

The research project itself consists of four main stages, with the pivotal component being consensus groups of different African nationalities, exploring issues associated with counselling. To help ensure that these groups are themselves run in a culturally sensitive way, the first stage (which Andrew is currently undertaking) is interviewing key informants of each nationality who are professional level staff working in the area. The formal literature review will come after the consensus groups, a design intended to allow for fresh perspectives to emerge from the groups themselves and also to provide an enhanced opportunity for triangulation for the themes that do emerge. Andrew will then design a questionnaire to get broader based feedback from the communities.

Throughout the project Andrew is maintaining a journal of informal observations and experiences, with a particular emphasis on the development of his own understanding, the challenges of cross-cultural work, and as a way of identifying and allowing for his own prejudices and pre-conceived ideas.

Andrew described the ethics application process as instructive! There were issues with the lack of a formal literature review, the fact that the methodology specified that the questionnaire would not be developed until later, and that the interviews with key informants were unstructured. What was particularly interesting however was that the methodological processes designed to manage the cross-cultural ethical issues (particularly the need for open interviews, and the identities of the recipients of courtesy letters to community groups), themselves created the most difficulty in approval. At one point the key purpose of one of the processes was in danger of needing removal.

For a while Andrew was envisaging a methodology to manage the methodology of the methodology! “Never mind, we got there in the end after I think two re-submissions, some last minute email communication, and a hearty dose of Christmas Cheer,” said Andrew.

Building a Tasmanian Social Capital Network

The Tasmanian Social Capital Network was launched on 24 March in Hobart. It is a joint initiative of the “Our Economy” taskforce of the University of Tasmania and the Tasmanian Department of Economic Development.

At the launch, Professor Godfrey Baldaccino of the University of Prince Edward Island spoke about the importance of relationships and networks for economic and social wellbeing.

The website and email list will promote events about social capital and facilitate bringing interstate and international experts to Tasmania. Address of the Social Capital Network website is: http://www.development.tas.gov.au/tscn/index.html

Around 130 people have already joined the network. To join, please email Dr Richards at Tristan.Richards@development.tas.gov.au.
Rural Health Partner: The Midlands Multi-Purpose Health Centre

In Oatlands the Midlands Multi-Purpose Health Centre (MMPHC) is commonly referred to as “the hospital”. Locals have a strong sense of ownership. Opened in 1991, the building was largely the result of a community-driven campaign: they raised $192,000 to retain their hospital to meet health and aged care needs in the Southern Midlands municipality. 10.5% of the region’s population is aged 65 and over. The Centre has been managed by the Department of Health and Human Services since 2001. The prior manager, the Southern Midlands Council, continues to play an important role in supporting the provision and initiation of health services and collaborations in the community.

The 22 bed facility provides four acute, nine high care and nine low care beds. A medical practice is situated in the building, with two doctors providing private practice and 24 hour emergency call services. The doctors are involved in MMPHC committees and in community activities. One of the doctors also links Oatlands to the troubles of the wider world through his periods of work with Médecins sans Frontières in Afghanistan and Liberia.

Private visiting medical specialist services are also available. The Centre is a base for Community Health Nursing, Regional Health Services and Community Care Services. Across the road is the Southern Midlands Rural Health Teaching Site, providing accommodation for students and at times for locum doctors. The Centre is represented on its Liaison Committee.

In common with rural and regional centres around Australia, the MMPHC is experiencing a reduction in the availability of health care professionals. It is making big efforts to overcome this challenge. In 2006 it hosted a first-year medical students’ rural practice study day, facilitating interaction with community members and focusing on communication skills. It also hosts an annual Emergency Care course aimed at fifth-year medical students. They overnight in the community and spend their two days interacting with the local doctors, a number of visiting specialists, State Emergency Services personnel, and community members including the Hospital Auxiliary which provides catering for the course.

The Centre is also involved in plans for the annual Rural Health Week in September. Possible activities include men’s health and the impact of the drought on mental and physical health.

The Centre is a nucleus for a number of partnerships organised around improving the health and wellbeing of the Southern Midlands community. Together with community groups, the small Rural Health Services staff sought a solution to the lack of local social outlets; community halls in Oatlands, Campania, and hamlets such as Woodsdale and Levendale are now coming alive with dances.

Local people are proud of their hospital. Apart from being a vital health and medical resource, it is one of the biggest local employers. As the recent UDRH seminar by Dr Gerald Doeksen of Oklahoma State University emphasised, health services are important economic engines for rural communities. Locals probably see their hospital more like a beating heart for the community.

This article draws on information kindly provided by UDRH Lecturer Dr Pat Millar, Midlands Multi-Purpose Health Centre manager Shelley Moor and nurse manager Judy Bradford, and also on two prior UDRH articles on health and community partnerships in the Southern Midlands. These are a case study by UDRH staff Jess Whelan, Susan Johns and Sue Kilpatrick, and a journal article “Our Health in our Hands: Building Effective Community Partnerships for Rural Health Service Provision” by Susan Johns, Sue Kilpatrick and Jess Whelan, to appear soon in Rural Society, vol. 17, issue 1.

Subscribing to UDRH Tasmania Rural Health E-Bulletin

Please visit www.ruralhealth.utas.edu.au/news/newsletter. Click [Subscribe] to input your email address for subscription.
Meander Valley Health and Wellbeing Map Project

On the 28 March the Meander Valley Health and Wellbeing Map Project was officially launched in conjunction with the announcement of Rural Health Week.

The project has been an ongoing collaboration between the UDRH, Department of Health and Human Services and the Meander Valley Council. Commencing in February 2006, the project involved extensive research aimed at identifying the current health and community needs of the Meander Valley municipality and investigating ways of keeping Meander Valley residents “healthy and well” in the present and future.

Along with service provider interviews and focus groups, a community survey was the major data collection tool for the project with approximately 1,950 surveys distributed throughout the Meander Valley. The survey generated an overwhelming community response with over 1,150 completed surveys being returned producing much valuable data about the Meander Valley region. This information combined with that from other sources has been compiled into a comprehensive report which includes over 130 recommendations and actions aimed at promoting and maintaining the long term health and wellbeing of the Meander Valley population.

The results of the project indicate that generally the Meander Valley compares favourably with the rest of Tasmania and Australia in terms of physical health status, having lower than the Tasmanian average for all types of mortality and lower incidences of most major diseases. Mental health issues are however increasing in prevalence within the Meander Valley (as is the case globally) and are an important health issue as is the municipality’s poor ranking in terms of health promoting behaviours such as physical activity, alcohol and drug use, and participation in screening programs.

Data collected from the survey regarding future issues and needs of the municipality was extremely extensive and varied. However, a number of issues and areas resulted in high levels of response and these included the need for development and provision of additional low cost, all access recreational opportunities throughout the Meander Valley, e.g. walking and cycling trails, increased activities and support for young people throughout the municipality, continued development of facilities and resources focusing on maintenance of wellbeing for the aged, development of comprehensive Meander Valley health service information, opportunities and initiatives that promote and support social inclusion and participation, and development of strategies and initiatives that support the community’s engagement in learning new skills and knowledge.

An additional and recurrent issue from survey respondents which crossed a number of areas was that of the need to consider and promote access for all activities and services as factors such as lack of transport, limited internet access, and increasing costs impacted negatively on the ability of individuals to access services and participate in community activities.

Graduate Research Activities

The first month of the first semester in 2007 has been an active and interesting time for staff and students involved in the UDRH Graduate Research program. The first issue of the UDRH Graduate Research News was well received and the second issue will be available in May.

A number of workshops and group sessions have been organised. Professor Carey Denholm, Dean of Graduate Research, conducted a session on “threshold concepts” in Graduate Research. UDRH Senior Researcher Dr Peter Orpin led a session on literature review in research. The Nvivo 7 workshop was conducted by an outside consultant. An induction workshop for new students took place on 26th March. The full year UDRH Graduate Research Student Support program is available at: http://www.ruralhealth.utas.edu.au/gr/support-program.php.
Suzette Seaton to Present at Hot Milk Conference

Rural Health Graduate Research student Suzette Seaton’s co-authored paper has been accepted for publication in the Australian and New Zealand Journal of Obstetrics and Gynaecology and is scheduled to be published in June 2007.

The paper titled “Oxycodone as a Component of Multimodal Analgesia for Lactating Mothers after Caesarean Section: Relationships Between Drug Dose, Breast-milk Levels and Neonatal Plasma Levels” is co-authored by Suzette Seaton, Dr Mark Reeves of the Rural Clinical School and Prof Stuart McLean of the School of Pharmacy.

Oxycodone has become popular for post-Caesarean section analgesia yet it is not currently recommended for use in breastfeeding mothers due to limited information on its excretion into breast milk.

The paper investigates the relationship between maternal ingestion of oxycodone after Caesarean section and the resultant maternal plasma, breast milk and neonatal plasma drug levels up to 72 hours postpartum.

Fifty breastfeeding mothers taking oxycodone had blood and breast milk samples analysed for oxycodone levels at 24h intervals after Caesarean section. Forty-one neonates had blood samples taken at 48h.

Oxycodone was detected in the milk of mothers who had taken any dose in a 24h period, with significant correlation between maternal plasma and milk levels. The median milk:plasma (M:P) ratio for the same period was 3.2:1. Over the subsequent 48 hours the relationship between plasma and milk levels was less strong and there was a larger range of M:P levels with evidence of persistence of oxycodone in the breast milk of some mothers. Oxycodone levels up to 168 ng/ml were detected in breast milk (20 percent > 100ng/ml). Oxycodone was detected in the plasma of one infant.

As this will be quite a mixed audience, it will be important to reinforce the focus on successful initiation of breastfeeding for mothers post Caesarean section, the importance of adequate pain relief in this process, the analgesics commonly used, knowledge about the safety of these drugs in breast feeding and the findings from our research.

Suzette is also one of the two Tasmanian contributors to the book launched in November 2006 by the Australian Rural Health Education Network titled Opportunities as Vast as the Landscape, Working in Rural and Remote Health.

UDRH Seminar - Supporting Vulnerable Children in their First Five Years of Life

Dr Pat Millar, Lecturer, and Dr John Guenther, Honorary Associate, of the UDRH led a discussion on 21 March 2007 about initiatives to improve access to services for children in the early years, focusing on two Communities for Children projects in Burnie and South East Tasmania for which the UDRH is local evaluator.

The UDRH Seminar was titled “Communities for Children Projects: Supporting Vulnerable Children in their First Five Years of Life” and attracted about 70 participants in six locations across the state.

The purpose of the seminar was twofold: to stimulate discussion about the potential of such projects, and to explore new ways of networking in Tasmania in order to better link project officers, government and non-government organisation officers with researchers on the topic.

Research shows that, when Australian children begin school, more than one in five are developmentally vulnerable in at least one of the following areas - physical health and wellbeing, emotional maturity, communication skills and general knowledge, social competence and language and cognitive skills (Australian Early Development Index 2004).

Nobel Prize-winning economist Dr James Heckman from the University of Chicago showed that every dollar invested in programs in the early years of life can bring returns up to 17 per cent each year (Heckman 2006). Priority areas for Communities for Children projects therefore include healthy young families, supporting families and parents, and early learning and care.

The discussion at the seminar was very interactive with participants in the various locations sharing their ideas and resources, thanks to the DHHS Telehealth video conference network. Some of the participants even suggested forming an early years network, which is now taking shape.

Dr Pat Millar and Dr John Guenther

Dr Pat Millar has recently been appointed Lecturer in Rural Health, after working for the University Department of Rural Health for two years as a Research Fellow. She is working with other UDRH researchers to develop a Conference and Web Clearinghouse to highlight outcomes of projects involving early childhood and to promote liaison between project officers, government and NGO officers, and researchers. On the Communities for Children projects evaluation, Pat works with UDRH Honorary Associate Dr John Guenther. John’s experience with interventions to benefit children also includes Northern Territory Communities for Children and Invest to Grow projects.
Paramedic Research Bursary Granted to Glenn Aslin

Launceston paramedic Glenn Aslin has been awarded the Paramedic Research Bursary for 2007. The bursary is jointly supported by the University Department of Rural Health, Tasmania, Calvary Health Care Tasmania, and the Australian College of Ambulance Professionals (Tasmania) in order to promote rural pre-hospital research.

Glenn Aslin was awarded the bursary because his research proposal was focused on rural needs and was achievable within the time-frame of the bursary. Glenn proposes to look at the actual and potential linkages between rural ambulance services and palliative care services in Tasmania, which is a project with many potential benefits for rural Tasmanians.

A bursary presentation ceremony will take place at the Tasmanian Ambulance Service headquarters in Hobart on 23 May 2007.

UDRH Wins CPC Kickstart Seed Funds

The UDRH has just received the good news that its application for the Community Place Change (CPC) Kickstart Seed Funds has been successful and will receive $1,500 in total. The title of the proposed research program is “Planning for Service Delivery with Rural Communities”.

Tasmania is Australia’s most decentralised state. Technology is altering the ways in which services such as health, education and policing can be delivered. In some industries, notably health, workforce shortages and costs are forcing government and private services to find alternative models of delivery to rural locations, while changing demographics mean changing needs and expectations of involvement in planning. Delivery models are being developed largely in isolation, rarely take a whole of community / government approach and are urban focussed. This program will adopt a critical analytical approach across disciplines to investigate innovative practice in working with rural communities to plan sustainable, effective service models.

The overarching and long-term aim of the research program is a comprehensive and coordinated suite of projects which tackle the issues of developing crosscutting models and guidelines for planning the full range of services for the 21st century rural community: health, education, business, environment and social and cultural life. While there is a considerable amount of work being done into alternate models of service delivery, especially in health, there are substantial discontinuities and gaps.

An initial series of workshops in 2007 will focus on the development of projects around “Planning service delivery with rural communities”, taking a critical analytical approach to the issues of community involvement / participation in shaping and delivering local services. These workshops will be structured to allow researchers and stakeholders to jointly shape priorities and projects around this theme.

The research program will culminate in a meta-project that analyses data and themes across the projects within the overarching theme. This researcher-stakeholder community engagement approach will not only ensure that the research program is relevant and consistent with the UTAS community engagement agenda, but will increase the chances of collaborative projects such as the Australian Research Council Linkages in the program.

The proposal is timely as a number of Tasmanian government initiatives that will drive redesign of rural services are being formulated and implemented, for example the State Primary Health Care Plan (currently under development) and the Early Years Foundation, established in 2007.

Team members include a mix of established and emerging researchers from the UDRH, School of Education, Institute for Regional Development, Tasmanian Institute of Law Enforcement Studies and School of Sociology and Social Work.

Researcher collaboration through the program will facilitate research translation into teaching, especially in cross-disciplinary teaching, eg Master of Ageing and Social Planning, Bachelor of Regional Resource Management and Bachelor of Education (rural focus) at Cradle Coast Campus.

The program has the support of the Department of Health and Human Services, General Practice Workforce Tasmania, Area Consultative Committee Tasmania, Local Government Association of Tasmania and Northern Tasmanian Development.
UDRH Researcher Dr Erica Bell has embarked on a project which focuses on constructive development of services for small children aged 0-5 exposed to family violence, a most vulnerable client group.

“This project touches on a subject many feel uncomfortable with - family violence,” said Erica.

“The project focuses on emergency services, which offer a critical six week window of opportunity to help small children. All the literature points to the value of early intervention.”

The report of the project is called ‘States of mind’: A best practice framework for Women’s Immediate Emergency Accommodation SAAP services in Tasmania working with children aged 0-5 exposed to domestic violence. It was a UDRH consultancy commissioned by The Salvation Army and funded by the Supported Accommodation Assistance Program (SAAP) jointly funded by the State and Commonwealth Governments.

The short title of the report - States of Mind - is taken from a keynote address by leading light Jenn MacIntosh at the National Forum on Children, Young People and Domestic Violence in 2000. She spoke about “the ‘unthinking, non-reflective space’ that accompanies violence in the home and the profound impacts on a child of a parent’s state of mind in its own right.” She also spoke about “an absence of child-focused thought that can be perpetuated by the care-giving system and the legislation and policies that guide it.” She argued that “it is the overturning of such unthinking states of mind, in and out of the home, that so determines the nature of a child’s recovery from domestic violence.”

The report focuses upon the specific needs of children aged 0-5 affected by family violence in Tasmanian Women’s Immediate Emergency Accommodation (IEA) services. Specifically, it aims to: identify key elements of a best practice framework for working with children aged 0-5; identify assessment tools for effective responses to children aged 0-5; identify key support and links to other children’s services; identify key activities and therapeutic play modules for use by Family Support Workers and Child Support Workers in Women’s IEA SAAP services; describe key current early intervention activities within Women’s IEA SAAP services, and identify key areas where development of services could occur.

“This study uses a select literature review, as well as the results of formal interviews with the managers of Women’s IEA SAAP accommodation services, to develop key directions for moving policy and practices forward,” said Erica.

“Rather than being diagnostic, it aims to offer practice-based information about tools and specific interventions, which is why I wanted to do it in the first place.

“We can’t be certain of exactly how many Tasmanian children are affected, though figures reveal that thousands of them move through emergency and other supported accommodation services. What we do know is that there are good policy frameworks put in place by the Tasmanian government in this area: the tasks now are about service development.

“The challenges this area presents for researchers are professional and personal,” said Erica. “On the professional front there is an urgent need for researchers to deliver better evidence for many of the tools that are being used in emergency accommodation service settings. What tools work best in what ways for which groups?

“I would like to see more national and international studies answering such questions – certainly that question is the basis of future grant applications we’re making in collaboration with The Salvation Army which involve working at grass roots levels with services.

“The personal challenges are ones I think we should talk about much more as researchers and as a community than we do. Why is it that being a researcher in those areas of the greatest social need puts us in research ghettos? Certain areas of practice are marginalised and undervalued; so too is research into those areas. Why?

“Yet there are many constructive things we can do to show our pride in the work we do as researchers in these areas of pressing social need. Publishing in top international journals can send a strong message about the intellectual rigour and research value of such work.
Georgie Routley to Speak on Challenges Facing Dementia Diagnosis

UDRH Associate Lecturer Georgie Routley has had an abstract accepted for presentation at the 2007 Australian Alzheimer’s Conference: A Journey of Passion and Purpose. The Next 100 Years, which runs from 29 May to 1 June 2007 in Perth, Western Australia.

Dementia diagnosis is an area of medicine embedded with difficulty. Dementia can be a frightening and unwelcome diagnosis. Georgie’s paper titled “The Dynamics of Disclosure: Reflections on Dementia Diagnosis” will look at a range of issues and themes relating to disclosure obligations, patient inclusion and exclusion, medical decision-making, stigma and nihilism. This research aims to encourage debate about the existing biomedical approach to dementia.

UDRH Seminar - Tasmanian Breast Cancer Care Resource for Community Health Workers

The latest UDRH seminar took place on 19 April and was presented by Suzanne Crowley, Project Officer of the Support Rural Women with Breast Cancer project, Cancer Screening and Control Services, Department of Health and Human Services. At the seminar she shared a resource she has compiled for Tasmanian community health workers working with rural women with breast cancer and their families. The seminar drew twenty plus participants from six locations across the state with exceptionally good responses from locations outside Hobart.

The Support Rural Women with Breast Cancer project is funded by the Department of Health and Ageing. Its aims have been:

- To develop a training package for community sector health workers working with rural women with breast cancer and their families; and

- To deliver training to community sector health workers working with rural women with breast cancer and their families.

The project undertook extensive consultation with community health workers, women who have had breast cancer, and health care professionals working in the area of breast cancer to develop a practical Resource, which is now being distributed to community health centres.

At the seminar, Suzanne introduced interested health workers to the Resource and explained its purpose and how it works. It is a compilation of reliable and endorsed material available on the Internet. Its purpose is to simplify access to current breast cancer health management practices for time poor health workers. It is expected that the design could be adapted for use with other health education topics.

The seminar was also attended by Tasmanian Country journalist Bruce Mounster. He was interested in how the video conference technology works to benefit the professional development and education of rural and remote health care workers.

Breast cancer care workers interested in obtaining a copy of the CD Rom can approach Suzanne Crowley at Suzanne.Crowley@dhhs.tas.gov.au.

Suzanne Crowley

Suzanne Crowley has been involved in research and project management for the past ten years and has undertaken project work within Vocational Education and Training, Adult Literacy, the Building and Construction Industry, the Arts, Housing, Primary Industries, Community Cultural Development and most recently, Health. She aims for genuine consultation, the identification of any obstacles to best practice and pathways to achieve improved outcomes.
Embracing Pharmacy in Rural Interprofessional Education – a RIPPER!

The RIPPER experience has been presented twice in recent months to different pharmacy audiences at conferences in both Adelaide and Albury. RIPPER stands for Rural Inter-Professional Program Emergency Retreat.

At the annual National Australian Pharmaceutical Sciences Association Conference in Adelaide, December 2006, the UDRH RIPPER program was presented by UDRH Lecturer Helen Howarth as part of a pre-conference forum on Interprofessional Education portraying a tested model of education. The aim of this workshop was to raise awareness of environmental factors which impact on the move towards interprofessional education, examine models used and debate models for pharmacy.

The audience was primarily pharmacy academics from around Australia. Other presentations during this workshop included a South Australian Occupational Therapy Interprofessional program and the University of Sydney 1st year Elective Interprofessional unit. RIPPER was also showcased as a poster at the main conference.

Pharmacy sometimes struggles to be included in interprofessional programs and RIPPER provided examples of how this profession could be integral to the series of scenarios presented to Tasmanian health science students. Participants in this workshop were asked to discuss how such participation could be assessed and how interprofessional learning contributes to pharmacy education. As Schools of Pharmacy currently use the Competency Standards for Pharmacy in Australia and Pharmacy Professional Practice Standards as guides for assessment, the challenge was how to use these standards to measure knowledge and skills obtained during interprofessional clinical placements. The workshop was well received and suggested potential opportunities and challenges to including pharmacy in interprofessional education in Australia.

In March 2007 at the Rural Pharmacy Forum prior to the National Rural Health Conference in Albury, aspects of the program were again presented to an audience of pharmacists from rural Australia including academic and community practitioners.

The presentation acknowledged that the contribution of local health professionals was crucial to the success of the program. The audience also appreciated the work required to set up and run such a program and the opportunities it presented for students to work and learn together over the weekend of activities. Another benefit of the weekend was that the health professionals assisting the program acquired some valuable professional development. The inclusion of pharmacy in such a program was appreciated thus highlighting to the audience ways in which this profession can participate and support interprofessional learning for a relatively large number of students from a variety of disciplines.

This program will also be presented as a poster at the Interdisciplinary Pharmacy Workshop in Prato, Italy in July giving it greater exposure in the pharmacy world internationally.

Helen Howarth was part of the RIPPER program, together with UDRH Lecturers Jess Whelan and Judy Spencer, Dr Kim Rooney of the School of Medicine and Amanda Reilly of the School of Nursing and Midwifery.

Call for Contribution to Graduate Research Papers in Rural Health

Publication is an important aspect of graduate research. It provides windows into our research interaction, profile enhancement and networking. For this the UDRH Graduate School warmly invites all our Graduate Research students and supervisors to contribute to the forthcoming on-line publication Graduate Research Papers in Rural Health (and CD). Students’ papers will have their names appear as the single author and authors will own the copyright of their respective papers.

The UDRH would like to also invite supervisors to write brief impressions reflecting on their experiences of supervision. We welcome papers reporting on research in progress, completed research, or issues arising from your research such as data collection, data analysis, fieldwork, methodology, ethical aspects, theoretical and practical implication, potential impact on policy, etc.

The deadline for submission is 31 August 2007. Your manuscript should not exceed 3000 words and be submitted electronically via email attachment in Microsoft Word format to UDRH Graduate Research Coordinator Dr Quynh Lê at Quynh.Le@utas.edu.au.

Many people have given us their encouragement and support for this initiative. Special thanks are owed to UDRH Lecturer Lisa Dalton and Senior Lecturer Dr Peg LeVine for contributing their ideas in the preparation of this first issue of the graduate research book.


We look forward to hearing from you, even just a provisional topic or an initial idea.
Briefs . . .

The UDRH would like to welcome new staff Bedeliah Mallet who is now our new full-time receptionist. Bedeliah comes to us from Queensland and is employed under an identified Aboriginal & Torres Strait Islander (ATSI) traineeship.

St Helens Rural Health Teaching Site Approved

The UDRH Tasmania’s application for infrastructure funds to set up a new Rural Health Teaching Site at St Helens has been successful. The UDRH would like to thank Sheryl Thomas of the Area Consultative Committee Tasmania and Phil Edmondson of General Practice North for their expressions of support.

We are looking for a suitable site and will report further progress in future.

Pay a Visit to the Rural Health Training Events Home Page

The UDRH Rural Health Training Events (www.ruralhealth.utas.edu.au/events/) home page is a central repository of information about rural health training events for rural Tasmanian health professionals, health students, community organisations and consumers.

We welcome your visit to check out training information or to include your events.

Upcoming Training Opportunities

UDRH Seminar Series - Seminar 17

Subject: Forging Interprofessional Links: How a Clinical Skills and Simulation Centre can Bring Key Stakeholders together
Presenter: Marie Gleeson, Manager - Clinical Skills and Simulation Centre, Rural Clinical School
Date: 16 May (Wednesday)
Time: 12:15 - 1:30pm
Venue: Telehealth Studios in Burnie, Hobart, Latrobe and Launceston (Other locations by arrangement)

For details, please contact Cecilia Chiu (tel: 6324 4029, email: Cecilia.Chiu@utas.edu.au)

UDRH Professional Development & Community Education Workshops

Subject: Interdisciplinary Workshop on Complex Mental Health Issues
Date: 22 May (Tuesday)
Time: 10:00am - 4:30pm
Venue: Room 315, Level 3, Anne O’Byrne Centre, cnr Howick and Charles Sts, Launceston

For details, please contact Andrew Harris (tel: 6324 4043, email: harrisaj@utas.edu.au)

Subject: Mental Health First Aid
Dates: 27 June (Wednesday), 5 July (Thursday), 12 July (Thursday), 17 July (Tuesday)
Time: 9:30am - 12:30pm
Venue: Room 315, Level 3, Anne O’Byrne Centre, cnr Howick and Charles Sts, Launceston

For details, please contact Georgie Routley (tel: 6324 4047, email: Georgina.Routley@utas.edu.au)

UDRH Induction to and Challenges of Clinical Supervision Workshop

Format: A 2 half-day workshop
Date: 25 May (Friday)
Time: Workshop 1: 9:30am-12:30pm
Workshop 2: 1:30 - 4:30pm
Venue: Graduate School Meeting Room, Level 5, CML Building, 18 Elizabeth Street, Hobart

For details, please contact Amanda Feely (tel: 6324 4045, email: Amanda.Feely@utas.edu.au)

PHCRED Research Capacity Building Initiative (RCBI) Workshops

Subject: The Primary Health Care Process: Refining Questions and Choosing Methodologies
Presenters: Dr Emily Hansen, Discipline of General Practice; Dr Peter Orpin and A/Prof Sue Kilpatrick, UDRH
Date: 9 May 2007 (Wednesday)
Time: 9:30am - 4:00pm
Venue: Graduate School, Level 5, CML Building, 18 Elizabeth Street, Hobart

Subject: Quantitative Data Analysis
Presenter: Prof Mark Nelson, School of Medicine
Date: 1 June 2007 (Friday)
Time: 9:30am – 12:30pm
Venue: Nursing Education Centre, 24 Campbell Street, Hobart

Subject: Writing Skills
Presenters: Dr Clarissa Hughes and Dr Erica Bell, UDRH
Date: 8 June 2007 (Friday)
Time: 9:30am - 4:00pm
Venue: To be confirmed