HOSTING VIRTUAL ORIENTATION TOURS OF RURAL AND REMOTE PRACTICE SETTINGS VIA THE TASMANIAN CLINICAL EDUCATION NETWORK (TCEN) WEBSITE

Staff from the UDRH have been actively engaged in two projects recently granted funding by the Tasmanian Clinical Education Network (TCEN) and Health Workforce Australia (HWA): virtual orientation tours of rural and remote practice settings ($39,320), and improving clinical education and support for students in interprofessional settings ($33,740). The projects have involved staff and students from a number of rural and remote hospitals across Tasmania, Cornerstone Youth Services (Launceston), as well as the UDRH.

A project team from the University of Tasmania, Department of Rural Health, comprising two nurses, a photographer and an IT web developer, received funding of $39,320 from the Tasmanian Clinical Education Network (TCEN) to extend the pilot work on virtual orientation tours undertaken previously through the HWA-funded Distributed Simulation project.

The project aims to develop an additional six to eight virtual orientation tours (VTs) of rural and remote placements, allay students’ pre-placement anxiety by demystifying the rural/remote context, and prepare students for rural and remote practice by increasing their awareness of the facilities, services, learning opportunities and resources available.

An action research process was adopted to ensure placement providers at participating agencies had active input into the informational content and visual development of the VT of the organisation in which they were employed.

Each VT was underpinned by a floor plan of the facility Panoramic photos were shot inside and outside participating agencies. Video clips were taped with one or more key staff such as the Director of Nursing, Unit Manager or Preceptor to welcome students and briefly orientate them to the services provided by the agency. Key information points such as phone numbers, after-hours access and car parking were embedded within the visuals. Where a designated learning space or lockers exist these were included. Accommodation was profiled, unless it was in use at the time of filming.

The original four pilot VTs of Rural Interprofessional Clinical Education Training Centres (RICETCs)/Rural Health Teaching Sites (RHTS) were refined and an additional seven developed. To maximise the reach of the virtual tours to all health science students regardless of where they study or in what discipline, the VTs are being hosted via the TCEN website (watch this space).

The limited timeframe of the project (12 weeks) has meant evaluating the full extent to which project aims have been achieved will necessarily continue into the future. However, a website was established to trial the utility and functionality of the virtual tours. Feedback has been positive and the notion of virtual orientation tours to promote rural/remote placements has generated enthusiastic responses from local and interstate audiences. The products developed, such as the VT template and evaluative framework, have been designed to facilitate the model being applied more extensively and project outcomes being evaluated into the future. The evaluative framework incorporates a student feedback survey, and expert opinion will also be sought from placement coordinators and RHTS coordinators.

We look forward to hearing your comments about the notion of virtual orientation tours as a way to assist students prepare for placement.

Further information
Dr Merylin Cross
Virtual Tour project leader
Merylin.Cross@utas.edu.au
Darren Grattidge
VT photographer
Darren.Grattidge@utas.edu.au
Michael Valk
VT Web developer
Michael.Valk@utas.edu.au
RURAL HEALTH WEEK 2013

Rural Health Week was launched at St Helens on Monday 11 November. Rural Health Week is a whole-of-community health promotion initiative that has been held biannually since 2007.

In 2013 it was funded by Tasmania Medicare Local and the University of Tasmania’s Telehealth Access Made Easier project (TAME).

Rural Health Week aims to highlight rural health issues and the good work that’s happening in rural communities – much of which is often overlooked. It provides communities with an opportunity to get together and celebrate health and wellbeing in ways that best suit their needs.

This year’s theme, ‘Bringing Communities Together’, encapsulates the spirit of the event.

Rural Health Week provides funds for communities to develop and implement health promotion activities. Partnerships and collaboration are an important element of Rural Health Week. Activities were held right around the state, including all the islands – Flinders, King and Bruny – and included health expos, exercise classes, healthy cooking demonstrations, smoking cessation programs, a country dance and a breast cancer awareness program. A number of schools participated as well.

Rural Health Week Project Officer Karla Peek said she was pleased with both the number of activities and the diversity of activities held during the week. “I am constantly impressed by the resourcefulness of rural communities who are able to take a small amount of funding and get the maximum benefit from it. Clearly these events could not happen without the support and goodwill of a great number of people.”

Rural Health Week was launched from St Helens and featured a panel discussion with Professor David Adams (Tasmania’s inaugural Social Inclusion Commissioner), Dr Martin Harris (Suicide Prevention expert from the University Department of Rural Health), Leonie Young (Tasmanian Health and Wellbeing Advisory Council) and Gary McMurtrie from St Helens Healthy House. Topics were rural health and ageing communities, suicide in rural areas, opportunities for health reform, and opportunities presented by new technologies.

Phil Morris from Tasmanian Health Organisation – North chaired the session, which was held via videoconference linking St Helens with Campbell Town, Launceston, George Town, Hobart and Scottsdale.

Further information
Karla Peek
03 6324 4012
K.Peek@utas.edu.au
MENTAL HEALTH PORTFOLIO UPDATES

The UDRH has supported a series of education events in the second half of 2013 including:

- Mindfulness and Young People video link PD session with Dr Richard Chambers (clinical psychologist and one of the developers of the Smiling Mind App) in October.
- Half-day workshop on clinical hypnotherapy with Glynis Brethereton in November.
- A one-day free workshop with Donna Zander on ‘Unlocking Complex Trauma in Adults Traumatised as Children – keys to transforming the mind, brain and body’ in December.

SPARX PROJECT

- Focus group data from youth in North West Tasmania has been analysed and presented at the Australia Rural and Remote Mental Health Conference. Colleen Cheek (eHealth Research Fellow and SPARX project collaborator) recently submitted her Masters thesis titled: ‘Playing With Conventions: Healthcare via Computer Games’ based on this analysis.

CLINICAL SUPERVISION

In collaboration with the School of Psychology and the Rural Clinical School, we have started offering group psychology supervision for Masters in Clinical Psychology students based in Launceston and video linked to students in Burnie. This format of supervision offers students a supportive forum in which they can discuss clinical cases and also problem solve placement challenges, particularly in the rural context. Feedback from students has been very positive.

Further information
Dr Heather Bridgman
03 6324 4048
Heather.Bridgman@utas.edu.au

SAVIATION ARMY – UDRH COLLABORATION CELEBRATES ANOTHER AWARD

A Salvation Army collaboration with the UDRH and Swinburne has won a fourth award: the ‘2013 Play Your Part Awards: Protecting Children is Everyone’s Business’ award conferred during National Child Protection Week 1–7 September 2013.

The ‘Safe from the Start’ collaborative project won the Tasmanian State NAPCAN Award, which was presented by the Hon. Julie Collins on 2 September 2013 in Hobart. The NAPCAN Award is part of National Child Protection Week and is celebrated in each state. Nell Kuienburg of the Salvation Army received the award and acknowledged the UDRH’s work over multiple funded projects since 2006 that have helped develop this domestic violence intervention. She also thanked Assoc. Prof. Erica Bell (Swinburne University), Wilma Gallet (training facilitator) and Jo East (administration support).

‘Safe from the Start’ is an early-intervention, evidence-based project that aims to raise awareness of the effects of domestic and family violence on young children aged 0–6 years. Developed in 2007 by the Salvation Army in partnership with UTAS, which conducted the foundational research work, and Swinburne University, the project has been implemented in all Australian states, New Zealand and more recently in the UK. In Australia over 1000 workers have attended training and 750 ‘Safe from the Start’ resource kits have been distributed throughout Australia, New Zealand, Canada, Singapore and the UK (see www.salvationarmy.org/au/safefromthestart).

This is the fourth award that the ‘Safe from the Start’ intervention has received. It was given a 2011 national Australian Crime and Violence Prevention Award (The annual Australian Crime and Violence Prevention Awards are sponsored by the heads of Australian governments and members of the Ministerial Council for Police and Emergency Management – Police as a joint Australian Government, state and territory initiative). The project also received a child protection award in 2010 from Tasmania’s Department of Health and Human Services (Children and Young Persons Division). In 2012, Associate Professor Erica Bell was also awarded a UTAS Vice-Chancellor’s individual award for Excellence in Community Engagement for her work on this and other social justice projects with The Salvation Army and the way her work has been articulated into an international program of publications on translational research.

Further information
Associate Professor Erica Bell
03 6226 7377
Erica.Bell@utas.edu.au
NEW BACHELOR OF E-HEALTH (HEALTH INFORMATICS) (PROFESSIONAL HONOURS) PROGRAM A SUCCESS

In Semester 2, 2013, a Bachelor of E-Health (Health Informatics) (Professional Honours) course was added to the existing E-Health (Health Informatics) program offered through the University Department of Rural Health.

This new course was introduced in response to the increasing status of health informatics as an academic discipline and the resulting increased interest in research and evidence-based practice. It further strengthens the presence of the University of Tasmania in the e-health and health informatics discipline and profession while addressing an identified gap between e-health coursework offerings and research activity in the field. The program is suitable for health professionals and information management professionals wishing to pursue research projects in their workplace or who may be looking to move into research career options.

The course articulates directly with the Master of E-Health (Health Informatics) course, with students completing the Professional Honours program able to continue on to the Master of E-Health (Health Informatics). In addition, students who complete the four core units will be able to exit the course with a Bachelor of E-Health (Health Informatics) should they wish to do so. Students who complete eight coursework units may be able to exit the degree with a Graduate Diploma of E-Health (Health Informatics).

The Professional Honours course has been well-received both by new students and existing students, a number of whom have transferred to the new course. As a result, more than a quarter of our current e-health students are enrolled in this new program.

Further information

Dr Sue Whetton
03 6324 4025
Sue.Whetton@utas.edu.au
http://www.utas.edu.au/rural-health/health-informatics/e-health-courses

PERSISTENCE PAYS OFF WITH PHDS!

UDRH staff and students join in congratulating two graduate students, Ree Van Galen and Alexandra (Alex) Fitzpatrick, who will receive their PhDs during upcoming UTAS graduation ceremonies.

Both Alex and Ree commenced their candidature as mature-aged students and are living proof that it’s possible to succeed with research higher degrees even if you aren’t “straight out of school”. Despite encountering various hurdles along the way, both students exhibited great determination to complete.

Alex’s PhD research focused on the topic of neglect of the “under fours”. The research explored the nature of early childhood neglect and definitional issues surrounding the problem. The main contribution of Alex’s research has been the identification of a system for identifying and measuring the different subtypes of neglect that are unique to infancy and early childhood. It is anticipated that this system will be useful for both research and practice.

Alex agrees that the PhD journey can be immensely challenging. “There were times that I felt overwhelmed by the pressure to meet deadlines and finish my thesis. My supervisors Dr Clarissa Hughes and Professor Rob White have been fantastic. They helped me through those times with great skill, care and pragmatism. I’m just thrilled and excited to have completed what I set out to do!”

Ree’s PhD thesis is an investigation into primary health care (PHC) nursing in Australia, focused on the interface between nurses, their health organisations and the local community. A Critical Realist theoretical perspective was adopted to investigate primary health care nursing identity as a social structure, through analysis of the interactions between structure and agency within a social, cultural and historical context.

Late in Ree’s candidature, she had to cope with the trauma of bushfire and dealing with the aftermath in her community on the Tasman Peninsula. “One minute I was finishing my thesis, and the next minute I found myself dealing with all the emergencies coming in to the health centre. Afterwards we had an extended time without power – which certainly made thesis-writing difficult!”

Ree is thankful for the supervision and support she received at UTAS. “Drs Clarissa Hughes and Christine Stirling worked so well together. I am so grateful for their timely and pertinent academic feedback and the direction they provided throughout all stages of my candidature. I also want to thank the ‘support crew’ at UDRH, especially Dr Quynh Le, Associate Professor Tony Barnett and Kim Izard in Launceston, and Dr Peter Orpin and Sarah Brickman in Hobart.”

Both Ree and Alex are looking forward to “post-thesis life” and will be celebrating with their supervisors, family and friends at the Federation Concert Hall graduation ceremonies in December.
CONGRATULATIONS TO TAHPAC AWARD WINNERS!

The Tasmanian Allied Health Professional Advancement Committee has again provided an opportunity for all Tasmanian Allied Health Professionals to showcase their achievements in 2013 through the Tasmanian Allied Health Awards. The awards aim to promote the role of allied health professionals and reward allied health excellence in the provision of all levels of health care in Tasmania. The award categories change from year to year and, for this year, the award themes were:

1. Putting Research into Action: the successful implementation of research findings to the benefit of clients/patients
2. Health Promotion: Allied Health at the forefront of health care
3. Connecting with Community: Allied Health working in partnerships

An award of $1000 to support continuing professional development is given for the winner of each category. Applications were invited from sole practitioners, clinical teams, practice groups or agencies and were presented at the Allied Health Professional Symposium held in Hobart on 14 November 2013.

The winners were:
- David Heap, physiotherapist (Flinders Island), for his project ‘Health Island’;
- Dr Andrew Williams, exercise physiologist at UTAS, for his project ‘Lungs in Action’; and
- Troy Wanandiy, RHH pharmacist, for his project ‘Investigation of the Chemical and Physical Stability of Iron Polymaltose Intravenous Infusions’.

---

yAdas

The Young Aboriginal Drug and Alcohol Service (yAdas) was developed in response to the high level of need for a clinically and culturally competent service for Aboriginal youth in Northern Tasmania.

Very often associated with a range of other health problems such as high levels of psychological distress and suicide, substance use among Aboriginal youth severely affects quality of life and wellbeing.

Funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH), yAdas aims to respond to this need by providing a clinically and culturally competent service. The service is delivered via a collaboration between Cornerstone Youth Services Inc. (CYS) and Relationships Australia Tasmania (RA). The University Department of Rural Health (UDRH) was engaged to evaluate the program, and did so in three phases: development of the framework and specification of the evaluation, a pilot, and the program evaluation. The first phase involved the development of an appropriate evaluation framework, development of an audit tool, identification of key stakeholders and the establishment of an evaluation team. The yAdas team were engaged and extensively involved to ensure that the evaluation framework reflected the mission of the program and the realities of service delivery. The yAdas WIP (Work in Progress) meetings provided an opportunity for members of the evaluation team to meet with and develop a framework suited to the program.

The second phase involved the implementation of the pilot of the evaluation audit tool with service provider agencies and referral agencies, the collection and collation of baseline information and the provision of formative feedback to the program. The final phase involved the implementation of the full evaluation of the project, utilising the audit tool and including stakeholder and end-user (clients) representatives.

Key findings from the evaluation included the positive experience of clients, and that the success of the program could be, in part, attributed to the adoption of an outreach model by the yAdas service. A number of suggestions were also made for consideration by the service for ongoing improvement.

Further information

Associate Professor Tony Barnett
03 6324 4011
Tony.Barnett@utas.edu.au

Stuart Auckland
03 6324 4035
Stuart.Auckland@utas.edu.au

Sharon Dennis
03 6324 4506
Sharon.Dennis@utas.edu.au

---

RURAL HEALTH CHAPTER IN TOP HEALTH SOCIOLOGY TEXTBOOK

UDRH Senior Research Fellow Dr Clarissa Hughes has once again been selected to contribute the ‘Rural Health’ chapter for a top-selling undergraduate health sociology textbook used in Australian and overseas universities.

“The early editions of Second Opinion did not have a chapter devoted specifically to ‘Rural Health’. I was really honoured to be approached to write the Rural Health chapter for the 4th edition published in 2009, and it’s great that the topic has been retained for this latest edition,” said Dr Hughes.

Dr Hughe’s chapter provides an overview of issues including rural/urban health differentials, health care provision and access, and the challenges faced by health professionals living and working in rural communities.

According to Dr Hughes, “Second Opinion is a great learning resource for students. It’s very practically focused and includes discussion questions, summaries, and even ‘non-traditional’ information sources like films and documentaries. It’s a really comprehensive and accessible text, and I’m proud to have an ongoing association with it”.

Further information

Further information about Second Opinion (including the available student and lecturer resources) can be found at the Oxford University Press website: www.oup.com.au or by contacting
Dr Clarissa Hughes
03 6226 7797
Clarissa.Hughes@utas.edu.au

---

Now in its fifth edition, John Germov’s popular text Second Opinion: An introduction to health sociology is published by Oxford University Press and is recommended reading for many health sociology undergraduate courses throughout the country.
STUDENT SUPPORT PROGRAM

The UDRH’s Student Support Program is one of a number of strategies aimed at increasing the number of health professionals in rural areas, and includes free accommodation at 16 locations and a Rural Placement Allowance.

Rural clinical placements use the rural context to provide students with a learning experience that will inform them of the norms, values and beliefs that underpin rural practice and rural life. Students are introduced to the positive lifestyle opportunities available in rural areas, and there is evidence to suggest that a positive rural experience increases the likelihood of students considering rural practice as a viable career option once they graduate.

The Student Support Program provides benefits to students, health facilities and rural communities. Many students prefer rural placements simply because of the availability of free accommodation. Providing internet access and wireless connectivity ensures that students are not disadvantaged as they can access study materials and keep in contact with family and friends just as easily as they could if they were placed in an urban centre.

Anecdotal evidence suggests staff at rural health facilities like having students as they bring materials and keep in contact as they can access study and transport. Rural Placement Allowances are paid to those students undertaking rural clinical placements who receive no financial support from their schools. The increase in students receiving the allowance is largely attributable to a cohort of physiotherapy students who began their studies at the University of Tasmania and who are continuing at the University of South Australia. A Facebook group was established in late 2012 and has become an increasingly important communication tool with posts covering questions (and answers) about placements, IT issues, recommended activities and scholarships. The group has 115 members and there are plans to grow membership substantially in 2014.

Further information
Karla Peek
03 6324 4012
K.Peek@utas.edu.au

UDRH INPUT INTO THE PRIMARY HEALTH CARE RESEARCH AND INFORMATION SERVICE (PHCRIS)

UDRH Senior Research Fellow Kim Boyer has been a member of the PHCRIS national strategic advisory committee for the past three years, as a key player in the PHCRIS response to Phase 3 of the national PHCRED (Phase 3).

Phase 3 is currently being evaluated, and with it the role of PHCRIS and the other key aspects of the Strategy, including Australian Primary Health Care Institute (APHRI) and the various CREs funded through APHRI.

The Strategic Advisory Committee spent time with the evaluators late in October discussing both the performance of PHCRIS during Phase 3 of PHCRED and its potential for Phase 4 in providing key evidence for primary health care, supporting researchers and policymakers, facilitating knowledge exchange and advocating for primary health care in the changing national health environment.

PHCRIS is also responsible for staging the annual national Primary Health Care Research Conference. Kim is a member of the planning group for the 2014 conference, to be held in Canberra 23–25 July.

Further information
Kim Boyer
03 6226 7372
Kim.Boyer@utas.edu.au
The scholarships provide an opportunity for primary health care professionals with an interest in research to build their research skills, experience and track record through hands-on involvement in an existing or new research project under the guidance of an experienced researcher. Scholarship placements for 2013 are:

- Supervised by Dr Quynh Le and Daniel Terry, Annette Barrett will look at ‘Rural Community Nurses – Insights into health workforce and health service needs in Tasmania’.
- Michele Segger, who will be based in Launceston, will look at the topic of ‘Life Support Skills’ and is supervised by Assoc. Prof. Tony Barnett and Joy Hills.
- Clara Jo will look at the topic of early childhood caries and will be based in our Hobart office in the Medical Sciences Precinct and supervised by Dr Len Crocombe.
- Supervised by Dr Heather Bridgman, our mental health academic, Kate Cross will look at ‘Mental Health Community Service Mapping for Young People in North-West Tasmania’.

**RURAL HEALTH CONTINUING EDUCATION STREAM 2 (RHCE2) FUNDING AWARDED**

The UDRH was recently successful in a collaborative Rural Health Continuing Education (RHCE2) grant application with the North and North West Tasmanian branches of the Australian Psychological Society (APS), the Tasmanian branch of the Australian Association of Social Workers (AASW) and the UTAS Social Work Program! This grant was fully awarded to facilitate two one-day workshops in Launceston and Burnie (videolinked to King Island, Flinders Island and Queenstown) in February 2014. These heavily subsidised workshops will focus on the use of mindfulness when working with young people. This training was chosen in response to a recent survey of professional development needs in mental health clinicians based in rural Tasmania and will be offered to allied health professionals including psychologists, social workers, OTs, youth workers, counsellors and other mental health clinicians.

Mindfulness focuses attention on the “here and now” and teaches a new way of relating to internal experiences and regulating automatic reactions, whilst fostering attitudes of curiosity and kindness. Originating from Eastern thinking, it’s now used in individual and group settings as a method to increase awareness of internal responses to external stressors and choose more appropriate actions, rather than reacting on “automatic pilot”. Mindfulness has quickly gained attention in the therapeutic and educational sectors as an efficient, effective and user-friendly approach to assist young people with issues of concentration/attention, stress, anxiety, depression and anger. Interventions promote emotion regulation, self-acceptance and self-esteem. It can also improve performance in a range of areas critical for functioning at school including attention, executive functioning, social skills and behaviour in the classroom. Despite rapid growth amongst helping professionals, many are still not comfortable with its rich and gentle repertoire of interventions. In this practical workshop, participants will explore how to apply mindfulness-based interventions with children, young people and families.

**Further information**

Dr Heather Bridgman
03 6324 4048
Heather.Bridgman@utas.edu.au

**CHALLENGING BEHAVIOURS WORKSHOP**

As part of the Health Workforce Australia, Distributed Simulants grant, the UDRH conducted a number of training workshops in regional Tasmania. A needs analysis was conducted at the start of the program to determine what the training requirements of the rural health workforce were.

One of the suggestions was to provide training in mental health and specifically managing challenging behaviours. A four-hour workshop was developed and delivered in a format that best utilised the UDRH’s interprofessional environment. The workshops were developed by mental health, pharmacy and nursing academics; these allowed them to add their own unique experiences in managing patients with a variety of comorbidities that may contribute to aggressiveness. The recipients of the training included a range of professional and administrative staff located at these facilities. It was determined that this training should not be limited to health care professionals as all staff may be exposed to a range of challenging behaviours.

The training was conducted at Scottsdale, George Town and Deloraine with a total of 34 staff being trained. In addition to this, 64 undergraduate pharmacy students participated in a combined workshop that included training on challenging behaviour. The workshop aimed to provide a background on why patients present with challenging behaviour and help participants understand that not all issues are mental health related and that physiological and pharmacological issues can cause this behaviour or contribute to it.

The workshop then presented examples of challenging behaviour and suggested a range of tools and strategies for hospital staff can use to de-escalate aggressive situations safely and operate within their local policies and procedures. Another important aspect of the training was to highlight the importance of reporting and self-care after the event, particularly to support their own health after these stressful events.

The training was well received and proved to be a valuable and worthwhile activity.

**Further information**

Joy Hills
03 6324 4050
Joy.Hills@utas.edu.au
BENCHMARKING PROJECT

Earlier this year the UDRH was successful in applying for an internal grant to undertake a benchmarking project. This grant was awarded as part of the University’s commitment to fostering career development under ‘Open to Talent’ and ‘The UTAS Academic’ strategies.

The Greater Green Triangle (GGT) UDRH based in Warrnambool, Victoria, was chosen as one of the 11 other UDsRH to benchmark against, due to their impressive track record in research, and similar balance of teaching–research activities. This project provided an opportunity for mutual learning, particularly in developing strategic alliances to build a systematic research program, community engagement strategies and to highlight the program, community service workers working in health promoting ways.

In November 2013, the first phase of the benchmarking project took place. Three staff members (Prof. James Dunbar, Dr Mike Coates and Mr Chris Healy) from GGT came to Tasmania to participate in a two-day benchmarking workshop at Cradle Mountain. Staff from the UTAS UDRH who participated in the workshop were Amanda Feely, Stuart Auckland, Assoc. Prof. Tony Barnett, Dr Heather Bridgman, Dr Merylin Cross, Sharon Dennis and Mark Kirschbaum.

Cradle Mountain was chosen as the ideal location to undertake these workshops for its inspiring atmosphere and to showcase Tasmania. Our GGT colleagues were indeed suitably impressed.

The workshop involved structured discussions using a quality-improvement framework and rating system. Organisational context and structures were identified to frame these discussions. Respective processes were compared and ideas shared regarding approaches to each of the UDsRH Key Performance indicators (including a ‘KPI’, which represented the outcomes associated with the Rural Pharmacy Liaison Officer role). Early outcomes of this process have identified several key areas of strength for UTAS UDRH and also areas to focus on for improvement. The second phase of this project will take place in February in Warrnambool in 2014.

A special thanks to Amanda Feely for her great efforts in coordinating this event!

Further information
Associate Professor Tony Barnett
03 6324 4011
Tony.Barnett@utas.edu.au

EVALUATION HEALTH PROMOTION IN ACTION COURSE

Health Promotion in Action is a six-week course that has been developed by health promotion staff within the Tasmanian Health Organisations (THOs). The course has been developed to support the implementation of the THO Working in Health Promoting Ways framework. The framework is a mechanism for providing all THO staff with the policy direction, knowledge and tools they need to be able to work in health promoting ways (Working in Health Promotion Ways Background Paper).

The overall aim of the Health Promotion in Action course is to strengthen the knowledge, skills and practice of health and community service workers working in health promoting ways.

The evaluative study is due for completion at the end of 2013. In addition, interviews were held with a number of participants who completed the first course.

Findings from the evaluation will help contribute to a greater understanding of the value and potential of e-learning as a modality for change in practice. Importantly, the evaluative study will provide important baseline data on the skills base and capacity of THO staff in utilising e-learning tools to further enhance their capacity to work in health promotion. It will also help identify and facilitate the necessary support required to implement the Working in Health Promoting Ways framework.

The evaluative study is due for completion at the end of 2013.

Further information
Stuart Auckland
03 6324 4035
Stuart.Auckland@utas.edu.au

“The overall aim of the Health Promotion in Action course is to strengthen the knowledge, skills and practice of health and community service workers working in health promoting ways.”

The overall aim of the Health Promotion in Action course is to strengthen the knowledge, skills and practice of health and community service workers working in health promoting ways. This is being addressed through the application of a range of e-learning strategies and techniques including webinar and online discussion boards. Of particular interest to the course developers is the effectiveness of e-learning as a modality for change in practice.

The evaluative study has been undertaken by Dr Sue Whetton and Mr Stuart Auckland.

The evaluation will draw on extensive UDRH experience in the design and application of e-learning course material to develop an appropriate evaluation methodology and associated survey tools.

In keeping with the e-learning theme, the evaluation will use information technology to gather both quantitative and qualitative data from course participants and their respective managers. Data has been collected from participants who attended two of the six-week courses held in June/July and August/September 2013.

Participants (L–R) Mark Kirschbaum (UDRH), Dr Merylin Cross (UDRH), Amanda Feely (UDRH), Stuart Auckland (UDRH), Assoc. Prof. Tony Barnett (UDRH), Dr Michelle Coats (GGT), Dr Heather Bridgman (UDRH) and Prof. James Dunbar (GGT). Taking picture is Chris Healy (GGT).
GOVERNANCE FOR PARTNERSHIP RESEARCH GRANTS: WHY DOES IT MATTER?

UDRH Senior Research Fellow Kim Boyer and Monash Rural Health Professor Judi Walker attracted significant interest from other researchers and partner organisations at the recent prestigious NHMRC annual Research Translation Symposium in Sydney when they discussed models of governance which they, and their “healthy ageing” team, have developed over the past six years to support researchers and their funding partners in ensuring research evidence has the best chance of being put into policy and practice.

Kim and Judi described the models of governance they have developed over complex ARC and NHMRC grants, as well as Home and Community Care (HACC) grants, to ensure that research stays focused, partner organisations remain engaged and researchers and partners stay abreast of the changing health environment in which they work.

The relationships with government and NGOs developed by the “healthy ageing” team, and the level of its input into policy and practice, was envied by a number of the research participants at the symposium who had found the challenges of developing and maintaining such relationships overwhelming at times.

Kim’s and Judi’s presentation demonstrated how such relationships need to be supported by governance arrangements which are both transparent and flexible, and which are truly inclusive of partner organisations throughout the grant process, from grant development to conclusion.

WORKING WITH AT-RISK FAMILIES IN SOCIO-ECONOMICALLY DISADVANTAGED COMMUNITIES

The UDRH’s Associate Professor Erica Bell is working with her colleague Dr Romy Winter on an exciting community-based project for which The Salvation Army has obtained funding from the Commonwealth Government’s Department of Families, Housing, Community Services and Indigenous Affairs (FaCHSIA) to build “cohesive communities and families that nurture children to be happy, healthy and confident” in the South Eastern Tasmanian communities of Brighton, New Norfolk, Southern Midlands and Central Highlands and Glamorgan/Spring Bay.

“Communities for Children’ is based on the notion that families are central to the nurturing of children and need to be supported through various support systems working effectively together,” says Erica. “The Communities for Children program began in 2004 with FaCHSIA funding non-government organisations (the ‘Facilitating Partners’) in 45 disadvantaged geographic areas around Australia to develop and implement a whole-of-community approach to early childhood development,” says Erica.

“The Facilitating Partners were funded with the objective of increasing cooperation and collaboration among local service providers and thus improving outcomes for families with young children. This model was used in order to foster service cooperation and integration, offering an exciting opportunity to support the kind of whole-of-community’ approach that makes a difference at the coalface.”

“Key outputs for Communities for Children include the delivery of positive and sustainable outcomes for at-risk children and families in the areas of health, learning and care – including improved antenatal and postnatal health, child physical health and development, child cognitive development and competence, and child social/emotional development,” says Erica.

“The work Dr Winter and I will be collaborating on involves traditional action research with a focus on Tasmanian practitioner and community capacity-building. We have also built in some innovative methodological elements that should ensure the project findings will be of interest to high-ranking international journals.”

UPDATE RPLO ROLE

Rural Pharmacy Liaison Officers (RPLO) are part-time positions held by pharmacist academics in all the UDRHs nationwide. Their role is to support pharmacists and pharmacy students in rural practices in Australia.

This year Mark Kirschbaum, RPLD at UDRH, has contributed to the education of rural pharmacists by writing the first article for a newly formed rural section of the Australian Pharmacist, a peer-review journal read by the majority of registered pharmacists in Australia. He also supported a number of Faculty of Health Science activities including the UTAS Open Day where a team of pharmacists and students promoted pharmacy as a career choice. This time of year is always busy with students finalising and submitting assignments and preparing for exams. The students’ reflective learning assignments are an important part of their training and it is encouraging to find that many students have a growing interest and understanding of rural practice.

Going forward, the RPLO position will see an even greater involvement in student placement activities and promoting an inter-professional approach to learning in these placements. Another new initiative is the Rural and Remote Community Friends Alumni Program, which is planned to start next year. It will be available to all health students on rural placements. This program aims to link health students undertaking clinical placement in a rural area with a local “community friend”, enhancing the social experience of the student and providing an opportunity to promote the benefits of working in a rural environment.

As part of the HWA distributed simulations project, Mark has conducted a series of workshops for pharmacy students and nursing staff at rural hospitals across the state looking at challenging behaviours. The aim of these was to provide health professionals with the tools needed to deal with patients who are threatening or difficult to deal with in a clinical setting.

The RPLOs have also entered into a new period of collaboration, and it is encouraging to see the sharing of ideas that other RPLOs have found to be successful. To that end, the group has decided to conduct a benchmarking activity to formally capture these ideas and to review strengths and weaknesses of each.

Further information

Kim Boyer
03 6226 7372
Kim.Boyer@utas.edu.au

Erica Bell
03 6324 4014
Erica.Bell@utas.edu.au

Further information

Associate Professor Erica Bell
03 6226 7377
Erica.Bell@utas.edu.au

Further information

Mark Kirschbaum
03 6324 4014
Mark.Kirschbaum@utas.edu.au
The UDRH was invited by Cornerstone Youth Services (Cornerstone) in Launceston to be part of their ‘Cornerstone Interprofessional Project’ funded by the Tasmanian Clinical Education Network.

Cornerstone provides a range of integrated mental and physical health services for people aged between 12 and 25.

The UDRH task was to evaluate the effectiveness of organisation practices for interprofessional practice/education and review their structures and network characteristics. Cornerstone invited their staff and students to attend two interprofessional workshops on-site conducted by the UDRH team of researchers (Assoc. Prof. Tony Barnett, Drs Ha Hoang, Dr Merylin Cross and Heather Bridgman). A total of 16 staff from a range of disciplinary backgrounds including registered nurses, social workers, occupational therapists, psychologist, community service workers, administrative staff, project workers and three health science students undertaking placement attended the two workshops.

The first workshop introduced the Cornerstone staff and students to the notions of Interprofessional Practice (IPP) and Interprofessional Learning (IPL) and explored their understanding of each other’s roles. The participants were invited to participate in the Readiness for Interprofessional Learning Scale (RIPLS), complete a network survey and engage in two case studies to review a clinical pathway from a focused IPL perspective. Data elicited from the first workshop were reported back to participants for clarification and discussion at the second workshop. The second workshop also involved participants completing a follow-up RIPLS survey, organisational IPL readiness checklist and exploring opportunities to progress IPP and IPL within the organisation.

The UDRH team received very positive feedback about the workshops from the Cornerstone staff and students. The workshops have provided a valuable forum for staff and students to learn with, from and about each other’s roles and enabled them to develop greater insight and understanding about their organisation’s structures and network characteristics. A workshop evaluation report has been written and submitted to the organisation. The workshops have also provided an opportunity for the UDRH staff to get to know the organisation and opened up further opportunities for collaboration between Cornerstone and the UDRH.

Further information

Dr Merylin Cross
03 6324 4032
Merylin.Cross@utas.edu.au

Dr Ha Hoang
03 6324 4031
Ha.Hoang@utas.edu.au

The Distributed Simulation project was funded by Health Workforce Australia ($440,000) as part of an Australia-wide strategy to build capacity for clinical training in rural and remote settings to enrich students’ rural placement experiences. The project team comprised four nurses, a clinical psychologist, a pharmacist and two IT web developers, one of whom attended the photography involved in the Life Support Training DVD and virtual tours.

This project was funded to equip rural health facilities with Simulated Learning Resources and the capacity to provide Simulated Learning activities on-site as and when needed. To prioritise equipment and learning needs, a needs analysis was undertaken. The following equipment was purchased and gifted to 14 Rural Health Teaching Sites around Tasmania: four Resusci Anne CPR-D manikins with airway head and skill reporter, eight Resusci Anne manikins with skill reporter, four Resusci Juniors with skill guide; 10 iSimulate kits and 14 female IV cannulation arms.

Equipment training workshops were held in St Mary’s, Oatlands and Launceston to maximise utilisation of the simulation equipment provided and enable staff in participating agencies to become familiar with its use, safe handling, storage and maintenance. The regional SLE coordinator for the NW provided similar training in that region.

The Simulated Learning resources developed and activities provided included: Life Support Training and Life Support Training DVD, IV Cannulation / Managing IV Fluids and Electrolytes workshop and learning resource package; Managing Challenging Behaviour workshop and learning resource package, a Guide to Developing Interprofessional Simulated Learning Activities and four pilot Virtual Orientation Tours of rural and remote practice settings. Overall, the project team were involved with 45 workshops, which were provided on-site at RHTSs/RICE TCs. These were timed, where possible, to coincide with student placements and to facilitate Interprofessional Learning (IPL).

The Distributed Simulation Project Team collaborated with Craig Shennan, Life Support Trainer, (LGH) to produce an instructional Life Support Training DVD suitable for acute and rural/primary health care sectors. The DVD will be available for distribution in early 2014.

On the basis of the pilot work undertaken on virtual orientation tours (VTs), further funding was received from the TCEN to develop additional tours and to have them hosted on the TCEN website. It is anticipated the VTs will provide a valuable resource for attracting students to rural placement and preparing students for placement at those sites.

To evaluate project outcomes and the merit of locating simulation equipment on-site in the practice setting, the project team has asked stakeholders to monitor the use of the equipment provided. The team is also using some of the equipment provided to undertake research related to life support (LS) training. The information gained will help support planning and decision-making around LS training into the future. Thank you to those who have already participated and we hope to reach many more of you in the coming year.

Further information

Dr Merylin Cross
on behalf of the Distributed Simulation project team
03 6324 4032
Merylin.Cross@utas.edu.au
What happens to patients with dental problems in rural and remote Australia? It appears that in the absence of a dentist they must turn to the rural primary care network to provide help with painful and even potentially life-threatening dental issues.

How do the rural doctors, pharmacists, nurse practitioners and other medical auxiliaries cope with the problem? Is there a problem? These questions and more are being explored at the moment by the University Department of Rural Health (UDRH) of the University of Tasmania (UTAS).

Two intrepid Tasmanian researchers and one brave dentist went “bush” in Central Western Queensland recently to interview these dedicated, busy and undoubtedly overworked health care providers to find out how the dental workforce shortage affects these outback communities. How do these professionals deal with dental emergencies in the absence of a resident dentist?

Associate Professor Tony Barnett and Dr Ha Hoang from UTAS were met by a Queensland dentist who is undertaking a Masters of Medical Science degree at UTAS, Dr Jackie Stuart, to begin the fact-gathering journey. The team met in Charleville and travelled to Quilpie, Cunnamulla, St George and Mitchell, all in the central west of Queensland. They are undertaking research for a project being conducted by the Centre of Research Excellence in Primary Oral Health Care, and funded by the Australian Primary Health Care Research Institute (APHCRI).

The project, ‘The Relationship of Dental Practitioners to Rural Primary Care Networks’, is one that deserves detailed discussion, and the final outcomes of the study are expected to inform government policy in the area. It will explore issues relating to dental workforce shortages and possible solutions to the problem of attracting dentists to these areas of need.

The reception that our team received was wonderful, as only Queensland can provide. The locals, as well as the health providers, were very happy to speak with us. The main concerns facing the primary care network were universal. Participants all reported the need for more regular servicing by dentists and other oral health practitioners. The communities we visited all had a fully equipped hospital-based dental chair, but irregular visits by a dentist to service the population. The local primary care network was very active in providing suggestions as to how to attract dentists to their regions. These suggestions will be further explored as this and related studies being conducted by the Centre of Research Excellence progress.

One goal of the team is to examine the communication networks that are already established to triage patients with dental problems in the absence of a dentist. Visiting dentists are undoubtedly all working extremely hard to provide a service to these rural communities. They can be overworked and extremely busy when they visit these small outback towns. Many of the locals expressed doubts about their ability to be seen routinely or for dental problems when they arise. They understand that dentists are booked out well in advance, and often the dentist is required to prioritise and treat emergencies or toothache situations. By the time the locals are aware that the dentist is visiting their community, they may have left. This can lead to high levels of frustration and place an added burden on other health care professionals. It was an extremely rewarding experience to be able to actively speak with the dedicated people providing medical care to remote Queenslanders. We are very grateful to these busy professionals for taking the time to speak with us. It was a measure of how important an issue these health care providers feel the lack of dental care in the bush is that they made time to share their experiences. Our project is to be further explored with other communities in Queensland. Using a wonderful expression that we heard in Cunnamulla, UTAS will be “on the wallaby” for a bit longer yet.

Further information
Dr Jackie Stuart
Jacqueline.Stuart@utas.edu.au

Projects

HEALTH NEEDS ASSESSMENT FOR THE COMMUNITIES OF LONGFORD, PERTH, CRESSY AND EVANDALE IN THE NORTHERN MIDLANDS MUNICIPAL AREA

The Health and Wellbeing Needs Assessment of the communities of Longford, Perth, Cressy and Evandale, and surrounding districts located in the northern section of the Northern Midlands municipality, has been undertaken by the University Department of Rural Health (UDRH), Tasmania, on behalf of the Northern Midlands Council.

The study, commissioned in June 2012 and completed in October 2013, was aimed at reviewing the health and wellbeing needs of the residents of the aforementioned townships and surrounding districts. This study represents the first attempt to strategically map and record the current and future health service needs of the target population in this northern midlands municipal area.

Findings from the study will help inform the Northern Midlands Council’s strategic framework for the health and wellbeing of residents in the relatively more densely populated areas of the Northern Midlands municipality. Specifically, the study had the following objectives:

› to create an up-to-date demographic profile of the study area,
› to consult with local health professionals, community stakeholders, service providers and community members to obtain a snapshot of the population health and service needs of the residents in the study area and,
› to prepare a report outlining the key findings of the study and to make recommendations of actions/“ways forward” for addressing the key issues.

In addressing the objectives, the project team undertook a demographic profile of the study area and conducted a series of interviews with a range of local health professionals, community stakeholders and service providers. The interview questions focused on the interviewees’ perceptions of current health and wellbeing issues, as well priority health issues that communities within the study area may face over the next five years.

A report containing key findings and recommendations from the study was presented and accepted by the Northern Midlands Council at the November meeting of the Northern Midlands Council.

Further information
Stuart Auckland
03 6324 4035
Stuart.Auckland@utas.edu.au

Dr Jess Woodroffe
03 6324 4020
Jessica.Wheilan@utas.edu.au
UDRH Graduate Research is not only an important source of research productivity and inspiration within the department, but also a place of nurturing where our fellow students will potentially contribute to a wider research discourse. International students and their local peers are interacting closely to enrich academic and cultural activities in the UDRH.

Warmest welcome to our new fellow students: Melissa Kirschbaum, Jacqueline Stuart, Melissa Terry and Lorraine Walker.

Congratulations to Melissa Kirschbaum who was awarded the Elite Research Scholarship and Tasmanian Scholarship in 2013. Her research examines OTC codeine addiction in rural Tasmania. Jacqueline Stuart will conduct research on the relationship of dental practitioners to primary care networks in rural and remote QLD and the application of technology in the management of dental problems. Melissa Terry investigates the effects of music on women with post-natal depression. Lorraine Walker examines education and interprofessional learning in rural clinical learning environments.

We would like to share with you the success stories of our students. Please join me in congratulating the following students on their achievements:

- Dr Christine Stirling (SoNM). Alexandra was supervised by Dr Clarissa Hughes (UDRH) and Professor Rob White (Sociology). Heather was supervised by Dr Peter Orpin and Assoc. Prof. Tony Barnett. Congratulations to Ree, Alexandra, Heather and their supervisors.
- Deb Carnes (PhD candidate) presented a paper titled ‘Charm, challenges and hidden gems: Reflecting on the use of QCA for a healthcare PhD’ at the First International Conference on Public Policy in Grenoble, France.
- Linda Jaffray presented the Ian Maddocks guest lecture at the 12th Australian Palliative Care Conference, 3–6 September 2013 in Canberra. It was the result of her winning the best abstract for the conference.
- Alexandra King (PhD candidate) has been selected to deliver an oral presentation at the 34th National Conference of the Australian Association of Gerontology, ‘Grey Expectations: Ageing in the 21st Century’, to be held in Sydney, November 2013. The title of her presentation is ‘Qualitative methods for investigating food security in community-dwelling older adults’. She was also awarded a $500 bursary from the Tasmanian Division of the Australian Association of Gerontology towards the cost of attending the 46th National AAG Conference in Sydney, 27–29 November 2013. Well done Alexandra.
- Daniel Terry (PhD candidate) recently presented a paper entitled ‘Recruitment and retention of International Medical Graduates (IMGs): The experience of living and working in rural Tasmania’ and chaired two sessions at the 20th WONCA world conference on Family Medicine – Care for Generation in Prague, Czech Republic, 25–19 June 2013. The conference was a good opportunity for Daniel to present his PhD research findings and meet with academics such as Dr Margaret Chan, the Director-General of WHO, and Dr Amanda Howe, the Chair of the WONCA Working Party for Women in Family Medicine. We are also very proud to learn that Daniel has been accepted to present a joint abstract entitled ‘Rural community nurses: Insights into health workforce and health service needs in Tasmania’ at the 4th International Conference on Health, Wellness, and Society, Vancouver, Canada, 14–15 March 2014. In addition, Daniel has recently conducted SPSS training for staff and students at the School of Nursing and Midwifery in Darlinghurst, Sydney, as part of a UTas Group Career Development Scholarship.

In special attendance was our visiting scholar Chadyane Jantaratpat from Thailand, who shared her research view and experience in Thailand with us.

This is not only an event full of research vigour but also full of friendly interaction and intercultural flavour. We also celebrated the success of our three recent PhD graduates and students with outstanding achievements/contribution at the symposium dinner, which was presented by Assoc. Prof. Tony Barnett, Director of the UDRH.

We wish you a wonderful Christmas and a happy New Year.

For further information:
Dr Chona Hannah
03 6324 4009
Chona.Hannah@utas.edu.au

Dr Quynh Le
03 6324 4053
Quynh.Le@utas.edu.au

Dr Christine Stirling

Dr Quynh Le
03 6324 4053
Quynh.Le@utas.edu.au

Melissa Kirschbaum

Dr Chona Hannah
03 6324 4009
Chona.Hannah@utas.edu.au

Dr Quynh Le
03 6324 4053
Quynh.Le@utas.edu.au

Dr Christine Stirling

Dr Quynh Le

Dr Christine Stirling

Dr Quynh Le

Dr Christine Stirling
In September 2013, the UDRH hosted a major mental health education series with Australia’s leading adolescent psychologist, Dr Michael Carr-Gregg. Michael is the founding member of the National Centre Against Bullying and chairs their Cybersafety Committee. He is the Director of The Cooperative Research Centre for Young People, Technology and Wellbeing. He is also a columnist for a number of publications including New Idea and Girlfriend magazine and the resident parenting expert on Channel 7’s Sunrise program.

Michael presented two one-day workshops and two evening forums on ‘The use of web-based interventions and smart phone apps in the promotion of youth mental health and wellbeing’. The events were held in Launceston and Burnie and videolinked to clinicians in Hobart, Queenstown and King Island. Over 140 health professionals from a variety of backgrounds including social work, psychology, medicine, nursing, youth work and welfare were able to access free training in the use of online apps and therapies to support Tasmanian youth experiencing poor mental health. Feedback from the workshop was excellent with nearly all clinicians rating the forums and workshops as useful and valuable for their practice. Michael was an engaging speaker who captivated the audience with his wit, enthusiasm and humour.

Michael was delighted to be invited to speak in Tasmania and said the trip had significantly enhanced his understanding about the challenges faced by rural clinicians in delivering mental health care – “This is terribly exciting, particularly for rural and regional areas where it’s hard to get access, and to me that’s so exciting because we’ve got a workforce shortage, and so using evidence-based programs can make a difference to the psychological wellbeing of young people.”

This fantastic interprofessional education event was the result of a collaboration between the UDRH, the Rural Clinical School, the North and North West Branches of the Australian Psychological Society (APS) and the Northern Mental Health Professionals Network (MHPN).

Thanks to our fabulous UDRH staff Amanda, Emily, Mark, Darren and Karla who assisted with the organisation and running of the events.

**Further information**
Dr Heather Bridgman
03 6324 4048
Heather.Bridgman@utas.edu.au

---

**STUDENT WORK IN THE SPOTLIGHT**

Graduate students from across UTAS recently gathered at the Tasmanian College of the Arts Precinct in Hunter St, Hobart, for the 2013 ‘Sharing Excellence in Research Conference’.

During the two-day conference (hosted by the Tasmania University Union Postgraduate Council and Graduate Research Unit), candidates from all disciplines enjoyed the opportunity to share and develop their research ideas, findings and skills. The theme for this year’s conference was ‘Beyond candidacy – exploring local and global research pathways’.

Candidates undertaking the Graduate Certificate in Research unit ‘Communicating Research’ are required to submit and defend a poster at the Graduate Research Conference during the first two years of their candidature, providing valuable experience essential to their future careers in research and related fields.

UDRH Senior Research Fellow, Dr Clarissa Hughes served on the poster-judging panel for this year’s conference. It was an interesting and challenging experience which reinforced the high calibre of graduate research at this University and the diversity of projects being undertaken.

“There was great energy and passion evident at the SEIR Conference. It was really exciting to speak individually with candidates, and I was impressed by their ability to not only ‘speak to’ their posters but also confidently answer questions about the wider implications of their research”, said Dr Hughes.

Dr Hughes is supportive of “presentation skills” being structured into PhD/Masters programs. “Presenting is like any other skill – it improves with practice! Regardless of whether or not our graduate students pursue academic careers following graduation, they will always benefit from experience in explaining their work to various specialist and non-specialist audiences.”

**Further information**
Anyone who is interested in undertaking graduate research at UTAS is encouraged to explore www.utas.edu.au/research/graduate-research/ and contact UDRH’s Graduate Research Coordinator, Dr Quynh Le at Quynh.Le@utas.edu.au or 03 6324 4653.
THE LEADERS IN INDIGENOUS MEDICAL EDUCATION (LIME) CONFERENCE

The Welcome to Country was with the Larrakia people and given by elder June Mills. The theme was ‘re-imaging Indigenous health education: Harnessing energy, implementing evidence, creating change’. One of the themes of the conference was addressing leading approaches to the inclusion of Indigenous health in medical and educational health. The speakers delivered positive examples of the inclusion of Indigenous health with leaders who were medical students, Indigenous staff and Indigenous health champions. The presentations were inspiring and transformative not only for the states of Australia but also internationally. The commitment and passion of the speakers for Indigenous health and educational leadership was evident not only in their presentations but also in their own journeys, which they shared.

Further information
Sharon Dennis
UDRH’s Associate Lecturer – Indigenous Health & Higher Education
03 6324 4506
Sharon.Dennis@utas.edu.au

UDRH CONTINGENT AT BANGKOK IADR CONFERENCE

Dr Jen Kraatz presented on the regional use of the Chronic Disease Dental Scheme, in which she found that the number of dental services provided per head of population declined with increasing remoteness, and the type of dental service varied between regional areas. A comparison of the number of services provided by dentist number per regional area did not vary greatly between major cities and inner and outer regional areas of Australia. There was, however, a significant decrease in remote / very remote areas.

Assoc. Prof. Len Crocombe presented on research done in collaboration with Erica Bell titled ‘Rural oral health inequality: An international comparative analysis of national policy in OECD countries’. The research aim was to examine the production of policy stories about oral health in ways that decipher the key assumptions in policy language about rural communities. Critical discourse analysis disclosed four key enabling assumptions of policy stories about rural oral health. It found that a service model story dominated the other discourses, a workforce story formed a lesser, but important discourse, a prevention story was the third largest discourse and a socioeconomic story was the least present discourse.

Further information
Associate Professor
Leonard Crocombe
03 6226 7376
Leonard.Crocombe@utas.edu.au

ORAL HEALTH RESEARCH VERSUS POLICY:

NOT ONLY ‘LOST IN TRANSLATION’

Associate Professor Erica Bell and Associate Professor Len Crocombe of the UDRH presented an exciting paper entitled ‘Oral health research vs oral health policy: not only “lost in translation”’ at the prestigious 2nd Annual NHMRC Symposium on Research Translation’, held 2–3 October 2013 in Sydney. The aim of this multidisciplinary event was described by the NHMRC as to “showcase Australia’s talent and creativity across the entire spectrum of research translation, including advances from innovation and industry through to clinical and public health practice and health policy”.

The work presented by Erica and Len argued that “Evidence-based oral health policy is a priority, yet no studies exist of the congruence of evidence to policy”.

Their study answered the question ‘How well matched is the content of research to oral health policy?’. The study compared two different samples: 1) 127,927 oral health abstracts published 2000–2012, indicative of all oral health research, and 2) eight national government oral health policy documents from eight OECD countries. A quantitative content analysis was performed using a Bayesian-based approach to describe 1) the changing content of oral health research, by year, and 2) the content of policy documents, by country.

“The study shows exactly how much and where policy content differs from research content,” said Erica. “In the eight policy documents, there are 20,850 instances of 73 concepts. In the 127,927 research abstracts, there are 3,386,148 instances of 142 concepts. The content of policy documents is dominated by workforce and practitioner development concepts, as well as health prevention and service development concepts, including for disadvantaged groups. In contrast, research is dominated by clinical concepts not linked to these wider systemic concepts.”

The researchers concluded that “Far from being ‘lost in translation’, oral health research and policy are so different as to raise doubts about the ability of research to be policy-relevant or policy to be evidence-based.”

The presentations were inspiring and transformative to “showcase Australia’s talent and creativity across the entire spectrum of research translation, including advances from innovation and industry through to clinical and public health practice and health policy”.

Further information
Associate Professor
Erica Bell
03 6226 7377
Erica.Bell@utas.edu.au

Further information
Associate Professor
Leonard Crocombe
03 6226 7376
Leonard.Crocombe@utas.edu.au
Health Workforce Australia’s 2013 Conference – ‘Skilled and Flexible’ was held at the Adelaide Convention Centre during November. The following themes of:
- building capacity
- boosting productivity
- improving distribution
- building the evidence
were highlighted.

Day one was a choice of master classes and workshops and I spent the afternoon, along with many others, listening to the CEO of Jönköping County Council in Sweden, Agneta Jansmyr. Agneta leads the health, dental, transport, education and cultural programs within her county and she shared her experiences of collaboration with the county inhabitants, which allowed her to lead and make innovative changes within their health system.

The plenary sessions got off to an exciting start on day two as Rob Coffee and Gareth Jones (London Business School) presented a lively ‘Authentic Leadership and Building Capacity’ session to get us all enthused and excited at the beginning of the day. Agneta Jansmyr continued after lunch with ‘The Jönköping experience: Lessons learned on collaboration and leadership to adapt to the changing needs of your community’. The day was finished off with Mark Pearson (Head of Health Division – Organisation of Economic Co-operation and Development) as he looked at ‘How evidence is used in policy making, giving an OECD perspective’. Leadership transformed: How ordinary managers become extraordinary leaders’ with Peter Fuda (Adjunct Professor, Macquarie Graduate School of Management) began day three and ‘Closing the Gap in Aboriginal and Torres Strait Islander health: A panel discussion’ with Lisa Briggs (CEO, National Aboriginal Controlled Health Organisation), Greg Craven (Council of Australian Governments) and Tim Senior (Royal Australian College of General Practitioners) rounded off the plenary sessions at the end of the three days.

The plenary sessions were interspersed with six separate concurrent sessions with four themed topics to choose from in each session. I found it difficult to choose where to go and who to listen too as the choices were all of exceptional quality, but decisions had to be made and I tried to cover as much as I could with the choices I made. I spent my days listening to Joshua Tepper tell us how Canada was improving their rural and regional health workforce by offering their students jobs over the summer holidays to keep them coming back home. Brenda Wright (HWA) introduced us to initiatives that will hopefully help to make Australia’s health workforce more productive nationally by looking at incentives and behaviours, models of care and scopes of practice, leadership capacity and capability, quality and waste.

Liz Burgat (headspace) and Richard Murray (President Australian College of Rural and Remote Medicine) explained how the use of technology can help bring health services to patients with headspace’s online mental health service to Australia’s youth and an online dermatology resource that enables rural doctors to get practical advice, diagnosis and treatment plans for their patients who cannot get to specialist services. Richard Chataway (University of Melbourne) enticed us further towards the technological age by showing us how to engage with our patients and peers through apps and exhibited the QUIT app and then described how it is assisting with workforce distribution.

Erica’s keynote speech drew on the program of publications the UDRH has built in ERA APLUS and A grade journals. It also reviewed key findings from a analysis of 753 submissions to the Queensland floods enquiry, and discussed the procedural and technical nature of the CHWRA tool, and the implications of data gathered from its use in workshops in three rural Tasmanian local government sites.

“The CHWRA tool offers a new integrative IT-based approach to supporting vulnerable communities to translate climate projections into judgements about local health adaptation priorities’, said Erica. “A recent international review of over 300 applied climate science tools identified only one online health adaptation tool for local communities – ours. This also suggests how slowly the benefits of climate science have been translated into health service development at the local level. That’s a deficit we are hoping to address through development and application of this tool so it was important that our work was recognised at this local government practitioner event.”

The project was supported by the Tasmanian Government’s Office of Climate Change, Department of Premier and Cabinet ‘Climate Connect’ community grants program, and the UTAS REGS grant program. In-kind support has been variously provided by the Australian Centre of Excellence in Local Government, the Local Government Association of Tasmania and the Southern Tasmanian Councils Authority, as well as three Tasmanian local government authorities.

Further information
Associate Professor Erica Bell
03 6226 7377
Erica.Bell@utas.edu.au
DIRECTOR'S NOTE

December 2013

The UDRH Board of Management held a meeting in July this year to amongst other things receive and review the department’s performance outlined in its mid-year report to the DoHA, and to receive updates and provide feedback on a range of projects currently being conducted by staff. Members of the Board provided input around how project outcomes (often represented by publications) could be communicated to a broader audience, and findings translated into practice. The board has recently been augmented by the arrival of the new UTAS head of Nursing and Midwifery, Prof. Steve Campbell, and the faculty’s newly appointed Associate Dean for Research, Prof. Greg Peterson. Members were especially pleased to note that board member Pip Leedham had joined the University Council and congratulated her on this appointment. Members of the Board noted that a one-year extension to funding to the UDRH had been granted by the DoHA until mid-2015.

In follow-up to discussion and a recommendation from a meeting held late last year, the board noted that the proposed change in the name of the Department to the UTAS Centre for Rural Health was proceeding through University channels. Subject to final approval, it is expected that the change in name would come into effect on 1 January 2014, in line with proposed changes to the names of the faculty (Faculty of Health) and the alignment of the existing schools, centres and disciplines of the faculty into two new “super schools”.

Our Launceston based staff have moved! Staff previously located at various sites on the Newnham (Launceston) campus of UTAS have moved into refurbished premises on the ground floor of “E” Building. The new location brings all northern-based staff together on the one premises and in close proximity to colleagues in Nursing, Psychology, Social Work and Human Life Sciences. The relocation will enable opportunities for closer relationships to be built between staff and students from these and other areas, as well as providing staff with closer access to broader support services and facilities.

Through our Primary Health Care Practitioner Scholarship Scheme, and under the leadership of Assoc. Prof. Erica Bell, a number of research “mentees” in Hobart and Launceston have been appointed to work on a part-time basis with UDRH staff to gain skills in research that they can apply within their local community and work environments. Such work provides busy practitioners a little time out from their mainstream job and offers them a “mini-apprenticeship”, working with UDRH staff on existing projects. The scheme underlies the commitment we have to rural health research, supervision and training at all levels.

Rural Health Week 2013 was the highlight of November with many worthwhile projects being funded through sponsorship of the event by Tasmanian Medicare Local and the ‘Telehealth Made Easier’ program. The RHW program has been a stand-out success for the department and we believe has made a difference to many rural communities across the state. Managed by UDRH staff member Karla Peek, this is the fourth time this program has been conducted (2007, 2009, 2011, 2013) and provides an additional avenue for communities to identify health development needs and engage in projects for long-term benefit.

We congratulate our three PhD research students who have recently graduated: Heather Perciey, Alexandra Fitzpatrick and Ree Van Galen. The award of the Doctor of Philosophy (PhD) represents many years of very hard work and effort, though the culmination of this work can make a significant contribution to our knowledge in and around rural health. Our congratulations are also extended to the supervisors and many supporters who have guided and accompanied them on this journey. Well done all!

We have welcomed a number of new faces to the UDRH this year. Dr Kath Collins has joined staff in the north as a lecturer with a special brief to support and facilitate the development of grant proposals and academic writing. Ms Chadjane Jantarapat has also joined us as a “visiting lecturer”. Jane is a senior mental health nurse in Thailand and is currently enrolled in doctoral studies at the Prince of Songkla University (a regional university in Southern Thailand). Her research work is around the mental health and wellbeing of teachers in an “unrest” area in rural Thailand and she will be with the UDRH until March 2014. During her time with us, she plans to publish and write up components of her thesis.

As we head rapidly toward the festive season, I would like to thank each and every member of staff at the UDRH for their work and many achievements over the past 12 months and also extend my thanks to our supporters and partners who have all been critical to this effort. I wish you, your family and friends a happy and safe Christmas.

Further information
Associate Professor Tony Barnett
03 6324 4011
Tony.Barnett@utas.edu.au