

UNIVERSITY DEPARTMENT OF RURAL HEALTH

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DISTRIBUTED SIMULATION PROJECT

Since the last Bulletin (Dec 2012), the Distributed Simulation Project (funded by Health Workforce Australia (HWA) for \$440,000) has distributed simulation equipment to St Helens, St Marys, Scottsdale, Deloraine, Queenstown, Smithton, Oatlands, Dover, Georgetown and King Island. The remaining equipment will be delivered to Campbelltown, Swansea, Nubeena and Flinders Island over the coming weeks.

The equipment we have gifted to RHTS/RICETC locations will assist staff to maintain confidence and competence in life support, build their CPD profile, facilitate Interprofessional Learning (IPL) and augment and enrich the rural clinical learning environment for students. Having resuscitation mannikins and IV cannulation arms on site in the practice setting will enable staff and/or students to initiate their own simulated learning experiences when opportunities or needs arise.

I have been kept quite busy travelling to the participating RHTS facilities and to date, have run six half-day workshops on IV Cannulation, IV Fluids and Electrolytes, attended by 35 staff and 15 students. The response from staff has been overwhelmingly positive. Feedback from participants (figure 1) suggests

they have really appreciated the opportunity to participate in simulated learning activities on site in the workplace and that they would recommend this workshop to others.

A manual has been produced to assist clinicians in developing simulated learning activities that meet local needs (A Guide to Developing Simulated Interprofessional Learning Activities). This guide has been used to develop the IV cannulation activity package provided to participants at the workshops. The guide is also in the process of being applied to life support.

The project team is in the process of developing a life support DVD to augment the Advanced Life Support (ALS) training, activity package and equipment provided as part of this project.

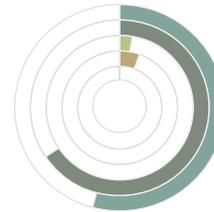
An e-learning resource has been designed as a virtual tour to welcome and attract students to rural practice settings. (St Helens and St Marys are almost completed; Deloraine and Dover have been filmed; Queenstown will be filmed on the 2nd July. The Project Team is considering options for hosting the virtual tours online to optimise access and sustainability.

An area of continuing development and negotiation with the



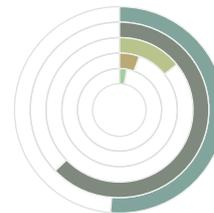
Prior to the workshop I rated my skill in IV cannulation as excellent

● Strongly agree ● Agree ● Unsure
● Disagree ● Strongly disagree



The workshop improved my knowledge and skills of IV cannulation

● Strongly agree ● Agree ● Unsure
● Disagree ● Strongly disagree



The simulated learning environment was a valuable learning tool

● Strongly agree ● Agree ● Unsure
● Disagree ● Strongly disagree

Collective results of cannulation workshop evaluations

stakeholders and the state-wide Simulated Learning Environment (SLE) project is the education of staff in the management and maintenance of SLE equipment.

The project team applied for Round II extension funding with a view to providing all RHTS/RICETC facilities with the equipment and simulated learning activities and resources distributed through this project to pilot sites. Though unsuccessful in accessing further funding

to enable us to do this, we have been approved to continue the project until 30 November 2013 without additional funding and we look forward to achieving the best outcomes possible.

Further information

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NEWS

RESEARCHING THE IMPACT OF THE HEALTHY COMMUNITIES INITIATIVE ON THE NORTH WEST COAST OF TASMANIA



In Australia, the Healthy Communities Initiative (HCI) has been established and funded through the Department of Health and Ageing to help promote healthy lifestyle choices. A total of 71.8 million dollars has been committed to preventative health activities over a period of 5 years since 2009/10. The funding has assisted 92 Local Government Areas (LGAs) in delivering many community-based physical activities and healthy eating programs leading to the development of relevant local policies. In Tasmania, a total of 37 programs were delivered by local councils, including the nine council areas on the NW as represented by the Cradle Coast Authority (CCA). The Heart Foundation Tasmania was contracted to undertake an evaluation of the HCI and provide valuable baseline data around the barriers and enablers to the effective delivery of health promotion activities across Tasmania.

In 2011 the Cradle Coast Authority (CCA) acting on behalf of nine NW member municipal council areas was successful in securing HCI funding for a further two years (2011-2013) to further develop local capacity and respond to local community needs under an extension phase of the HCI program. The funding resulted in the delivery of a range of community-based preventative health activities concerning healthy nutrition, cooking skills and physical activity programs within the nine council areas.

The University Department of Rural Health (UDRH) was engaged by the CCA to undertake the evaluation over a five-month period. The key objectives of the evaluation included a review and comparative study of the Heart Foundation baseline data and follow-up survey; a measurement of the impact of the Healthy Communities Initiative (HCI) on awareness of, and engagement in, health

promotion and attitudinal change to the role local government plays in delivering health promotion within the region.

The evaluative study was conducted over a five month period concluding in June 2013. Representatives from the nine participating councils and other stakeholders groups generously gave their time to participate in survey activities. Whilst the findings from the follow-up survey were generally in line with base-line information, the study provided an ideal opportunity to “test” the initial HCI base-line data against the perceptions and attitudes of NW municipal councils.

Overall the follow-up survey revealed a positive view about the general effectiveness of the health promotion initiatives as delivered under the HCI on the NW coast. In particular, the findings strongly indicate that natural, social, economic and human capitals are all

community assets which underlie the ability and readiness of a community to support health promotion programs. Local leadership, community participation, social interaction and support, and the utilisation of networks are vital to community organising efforts to promote health. Importantly, the impact of strong partnerships cannot be understated as the mechanisms that strengthen relationships between stakeholder agencies and communities, which in turn lead to increased community capacity for the delivery of health promotion initiatives.

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2013 GRADUATE RESEARCH UPDATES

INDUCTION WORKSHOP FOR NEW STUDENTS

Embarking on a graduate research journey can be filled with both excitement and anxiety. It can mean a new life and new academic frontiers for many.

Our Induction Program for new graduate research students took place on 12 June 2013 with the participation of current students, supervisors and interested others to warmly welcome new students to our Rural Health Graduate Research family and most importantly to share with them some important aspects and procedures of graduate research at the University as well as enrolment.

The induction program was enriched by the Student Discussion Panel with the enthusiastic and inspirational participation of Dr Chona Hannah, Dr Ha Hoang, Mark Kirschbaum and Daniel Terry. They created a very interactive atmosphere with the engaging audience. Apart from their knowledge and experience about research journeys, the tips and practical advice were very helpful for new students.

Warmest welcome to our new students: Thao Doan, Diana Godwin, Linda Jaffray, Melissa Kirschbaum, Melissa Terry and Loraine Walker. We would like to welcome new supervisor, Dr Ha Hoang, who has recently joined the Rural Health Graduate Research Community.

Congratulations to Linda Jaffray and Melissa Kirschbaum who were awarded the Elite Research Scholarship and Tasmanian Scholarship in 2013. Linda's research will explore the value of 'Mindfulness' as a holistic care approach in the support of people living with a terminal, life-limiting illness and

their carers in a rural context. Melissa's research will examine OTC codeine addiction in rural Tasmania. We would like to thank our colleagues and former students for their enthusiastic participation and strong support given to our Induction Program.

GOOD NEWS FROM GRADUATE RESEARCH CANDIDATES

Winter is bringing cold wind and grey skies to Tasmania, but in contrast, there is so much sunlight of achievement brightening our graduate research home. We would like to share with you the success stories of our students. Please join me in our congratulations to the following students for their achievements.

DR JOHN HENSHAW AND ANNETTE LOUDON

Dr John Henshaw (PhD candidate) and Annette Loudon (Masters candidate) have passed their thesis examinations. Dr John Henshaw is supervised by Prof Dominic Geraghty (Human Life Science and Deputy Dean of Graduate Research), Prof Judi Walker (Monash University) and Dr Helen Malcolm. Annette Loudon is supervised by A/Professor Tony Barnett (UDRH) and Dr Andrew Williams (Human Life Science). Congratulations to John and Annette and their supervisors.



From Left: Chona Hannah, Melissa Kirschbaum, Linda Jaffray, Ha Hoang, Dr Quynh Le (Graduate Research Co-ordinator), Daniel Terry, Thao Doan, Melissa Terry, Joanne Yeah, Lorraine Walker

HEATHER BROOKES, REE VAN GALEN AND ALEX FITZPATRICK

Heather Brookes, Ree Van Galen and Alex Fitzpatrick (PhD candidates) have submitted their theses for examination. We hope to hear the good news from Heather very soon. Heather is co-supervised by Dr Peter Orpin and A/Prof Tony Barnett. Ree is co-supervised by Drs Clarissa Hughes and Christine Stirling (Nursing and Midwifery). Alex is supervised by Dr Clarissa Hughes and Professor Robert White (School of Sociology).

ROWENA MACKEAN

Rowena Mackean was awarded the City of Clarence Senior Australian of the Year at the Australia Day celebrations in Bellerive, Tasmania.

DANIEL TERRY

Daniel Terry, PhD candidate, is awarded a conference grant for graduate research student to attend and present a paper entitled "Recruitment and retention of International Medical Graduates (IMGs): The experience of living and working in rural Tasmania" at the 20th WONCA world conference on Family Medicine – Care for Generation in Prague, Czech Republic, 19 – 25 June 2013. We are very proud to learn that Daniel was invited to chair two sessions at this prestigious conference. For Daniel, "enough is not enough" as he is also invited to conduct SPSS training to staff and students at the School of Nursing and Midwifery in Sydney as part of a UTAS Group Career Development Scholarship.

DR JOHN HENSHAW

Dr John Henshaw had three articles entitled "Do transdermal opioids reduce healthcare use in an Australian rural pain population? A comparison with oral opioids", "Do transdermal opioids affect the personal socioeconomic costs of healthcare access in an Australian rural pain population?", and "The effect of transdermal opioid use on breakthrough opioid and sedative prescribing for rural patients with chronic pain in Northwest Tasmania: A longitudinal study" published in the *Journal of Opioid Management* and *Journal of Pain Resources*. These published articles were derived from John's PhD thesis. Well-done John!

YUN YUE

Yun Yue had her two articles entitled "International Students' Social Engagement and Social Well-being in an Australian Regional Area" and "Coping Strategies Adopted by International Students in an Australian Tertiary Context" published in *The International Journal of Health, Wellness, and Society* and *The International Journal of Interdisciplinary Educational Studies* respectively.

The UDRH graduate research family is moderate in size but huge in research achievements. What is our success secret? The reply is, we value knowledge and research is creating new knowledge!

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2012 PUBLICATIONS

During 2012, the UDRH produced a total of 84 publications. Of these, 40 were journal articles, an increase of 26 on the previous year, and 24 were conference abstracts, an increase of seven.

Our graduate research students continue to publish with our senior and experienced academic staff in a number of highly respected journals. Of the 40 papers published, 14 were co-authored by our students, with 10 as first-named authors. Thirteen of our 24 conference papers involved our students.

Below is a list of our 2012 journals, book chapters and conference publications. For further information about these or any of UDRH's publications please contact Associate Professor Erica Bell, Research Co-ordinator, telephone 03 6226 7377, or email Erica.Bell@utas.edu.au

JOURNAL ARTICLES (ALPHABETICALLY)

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Barnett, T and Sellick, K* and Cross, M* and Walker, L* and James, A* and Henderson, S*, 'Preparing student nurses for healthcare reform', *Focus on Health Professional Education*, 14 (1) pp. 23-34. ISSN 1442-1100.

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health', *Journal of Public Health Dentistry* pp. 1-7. ISSN 0022-4006.

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Harris, MW and Myhill, ME and Walker, JH*, 'A promising career? The thriving transition cycle', *International Journal of Sports Science*, 2 (3) pp. 16-23. ISSN 2169-8791.

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Das, S* and Ismail, SM* and Barnett, A, 'Information needs of family members of critically ill patients in intensive care unit of a tertiary hospital', *La Clinica Terapeutica*, 163 (1) pp. 63-67. ISSN 0009-9074.

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EVALUATION HEALTH PROMOTION IN ACTION COURSE

Health Promotion in Action is a short eight-week course 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 in working in health-promoting ways. This is being addressed through the application of a range of e-learning strategies and techniques including webinar and on-line discussion boards. Of particular interest to the course developers is the effectiveness of e-learning as a modality for change in practice. They are interested to know whether any change is due to increased accessibility of learning or other factors. To this end the University Department of Rural Health (UDRH) has been engaged to undertake an evaluation of two of the course programs.

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.

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 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.

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2013 PRIMARY HEALTH CARE PRACTITIONER SCHOLARSHIPS

Each year the University Department of Rural Health (UDRH) at the University of Tasmania offers a small number of project-based research training opportunities attached to research projects operating within the department. These involve primary health care (PHC) professionals working in short-term, part-time casual placements.

These placements 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. While the mix of duties are broadly those of a research assistant, there is a strong emphasis on mentoring, training and capacity-building—in essence, a short-term ‘mini research apprenticeship’ or brief, on-site research training scholarship. Many previous participants in this program have moved on to study for higher degrees, have found positions with a research component or have done further research as practitioners.

The UDRH’s research capacity building initiative grows out of the federal government’s cessation of funding across Australia for regional PHCRED research capacity-building programs after 2011. The loss of this funding left an unmet need for Tasmanian practitioners to experience research development under flexible and supportive arrangements. Accordingly, it has been proposed that the UDRH fund a number of primary health care practitioner scholarships from core funds each year and that these be called ‘Primary health care practitioner scholarships’.

The total hours available in each project will vary considerably depending on the demands of projects, applicant availability and the number of appointments but are likely to be capped at 140 hours total per placement, to be worked in the second half of 2013 (approximately July to December) at a casual hourly rate commensurate with casual research assistant level 2. Exact conditions of involvement will be negotiated at the time of appointment depending on the needs of the individual project and the availability and preferences of the successful applicant(s). The exact scope of the training will also depend on the particular project but will likely cover many of the basic skills required to undertake research and/or evaluation within primary health care, such as research design, data collection methodologies, data analysis and reporting.

TOPICS

The topic areas have been proposed by supervisors and decided by an independent panel targeting strategic priority research areas of the UDRH. In 2013 these topics will be within the following areas, subject to ethics approval being obtained, where necessary.

TOPIC 1 BUILDING LIFE SUPPORT (LS) SKILLS FOR HEALTHCARE PROFESSIONALS

The maintenance of life support (LS) skills is important for healthcare professionals. Resuscitation quality affects cardiac arrest patient outcomes. A recent systematic review and meta-analysis of research studies on this topic has demonstrated that deeper chest compressions (>50mm) and rates closer to 85-100 cpm are significantly associated with improved survival; though achieving and maintaining this level of proficiency can be problematic if regular training is not provided. There is a lack of research evidence to know how often doctors, nurses and others need to update their knowledge and skills to maintain competency in this area. This cross-sectional study aims to determine how often this training should be provided and the preferred mode of training. The objectives of the study are to:

1. Investigate the association between previous LS training, experience and the performance of LS skills using an adult manikin.
2. Evaluate the effects of training on the acquisition and subsequent decay of: skills, knowledge and level of confidence to participate in LS within a hospital environment.
3. Determine the preferred frequency of LS training required to maintain confidence in responding to an emergency situation (requiring life support) within a hospital environment.

Ethics approval has already been obtained for this project (Health and Medical, H0013120).

The applicant would ideally be a health care professional with some experience or knowledge of CPR

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TOPIC 2 E-THERAPY IMPLEMENTATION IN NORTH-WEST TASMANIA

Mental health problems account for 50% of the disease burden in Australian youth, with up to 40% of Indigenous Australian youth experiencing a mental health problem in their lifetime. Youth, however, are generally deterred from accessing professional services for a variety of reasons. In rural NW Tasmania, an area characterised by lower socio-economic status, health and educational outcomes, these problems are compounded by lack of transport, lack of qualified professionals, lack of after-hours services and social visibility within rural communities. The SPARX e-therapy program has the potential to address some of these problems. SPARX is a 7-level CBT-based therapeutic computer ‘game’ originally developed for Polynesian youth in New Zealand that has been shown to be as effective in alleviating mild-moderate depression symptoms as individual counselling. In order to implement a new mode of service delivery, careful consideration needs to be made into how to engage stakeholders, as well as implementation and evaluation processes. We will use a community participatory model to plan implementation, using the RE-AIM framework (Glasgow) for the evaluation process. This model requires a representative sample of service settings and engagement of stakeholders. Accordingly, we seek to recruit a primary mental health practitioner (i.e. from the NW Child and Adolescent Mental Health Service (CAMHs), Education Department school psychologist/social worker, Tas Medicare Local MH clinician etc.) to be involved in the pre-planning and engagement of their respective services before project implementation. There is potential for several research approaches to be undertaken, including qualitative and quantitative enquiry into the use of online technologies, attitudes and beliefs of rural Tasmanian mental health practitioners about e-therapy.

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TOPIC 3 EARLY CHILDHOOD CARIES

Early childhood caries (ECC) is a serious dental condition occurring during the preschool years of a child's life when developing primary teeth are especially vulnerable. It can be a devastating condition often requiring treatment under a general anaesthetic (GA). The pain, psychological trauma, health risks and the cost associated with restoration of these carious teeth can be substantial. Factors that may increase the risk of ECC include: prolonged use of bottles of sugary drinks, especially at night; frequent sugar snacking; unavailability of fluoride; and bacteria transmitted on spoons, bottles and dummies. The aim of this project is to reduce the incidence of repeat dental treatment under a GA for high risk children and improve the oral health of the family, as a whole. A Tooth Smart Prevention Program, based on a similar program at Westmead, will entail a prevention program for children who are on a general anaesthetic (GA) waiting list for dental treatment, oral hygiene and dietary information and resources for parents/carers, and follow-up, including a dental check-up for siblings under 5 years of age.

A multidisciplinary management committee will be established to oversee the project (Oral Health Promotion Project Officer, Dietician, Child and Family Health Nurse, Dentists). The Tooth Smart Team will spend approximately 20 minutes with each family and speak about the causes of ECC and how it can be prevented. The families will be provided with a take away Oral Health Family Pack (toothbrush, toothpaste, floss and disclosing tablets; information on the procedure for dental treatment under a GA; and relevant early childhood brochures will be available in a variety of languages) and a fluoride application will be provided to individual children, as required, at the request of the dentist.

An evaluation will be conducted on the families who are recalled to determine if any changes in behaviour has occurred in the four months from the initial

visit to the recall visit. This will include oral health behaviour and knowledge, assisting their children with tooth brushing, brushing their children's teeth at least once a day with fluoride toothpaste, drinking more water, eating healthy snacks, ceasing bottle feeding their babies and introducing a cup. In addition, siblings under 5 years who received a dental check-up will be measured.

Supervisor

Dr Leonard Crocombe
Senior Research Fellow
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TOPIC 4 RURAL COMMUNITY NURSES— INSIGHTS INTO HEALTH WORKFORCE AND HEALTH SERVICE NEEDS IN TASMANIA

This study aims to examine the benefits and challenges community nurses experience when working in rural and remote areas of Tasmania. Community nurses often work in isolation, particularly in rural areas where many other non-government adjunct health services are absent. At times, they feel overwhelmed, stressed and undervalued while undertaking diverse responsibilities. The study attempts to understand the skills, practices and experiences of community nurses when caring for clients in rural community settings where other health care organisations are little present. The project will use currently available statistical data about community nurses in Tasmania, the social demographics and health of rural communities. In addition, qualitative data will be collected through interviews with community nurses from various rural areas of Tasmania about rural workforce challenges, gaps in services and their ability to provide adequate health services to these communities. The project findings will offer directions for developing better healthcare provision, in ways that address rural workforce needs and the identified health needs of rural communities, particularly older citizens. The outcomes of the project will be disseminated through

publications, provide incentives for community grants to address identified needs, while identifying future research in the area of rural workforce.

Supervisor

Dr Quynh Lê
and **Mr Daniel Terry**
Senior Lecturer and Graduate
Research Coordinator
03 6324 4053
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SUPERVISORS

Supervisors have an established track record and experience consistent with providing training and mentoring to possibly senior health practitioners. Consistent with previous practice, senior staff in other departments or agencies may be invited to co-supervise research projects where such partnerships are strategic for the UDRH and will help ensure the required level of expertise is obtained.

LOCATION

The UDRH has a commitment to making these scholarships available on a flexible basis to primary health care practitioners in rural and remote areas of the state. Supervisors may therefore elect to allow scholarship holders to study off-site in remote locations if the project makes such arrangements feasible.

SELECTION CRITERIA FOR SCHOLARSHIPS

- › A university degree in an area related to primary health care.
- › An understanding of, and experience in, primary health care.
- › A demonstrated interest in research.
- › The degree of fit between the applicant's skills and interests and the nature and needs of available projects.

Applicants are invited to provide expressions of interest by COB 31 July including a current CV and a covering letter of no more than a page briefly addressing the selection criteria. Applications must be forwarded to: Emily.Collins@utas.edu.au (Ph: 03 6324 4000).

ADMINISTRATION AND COORDINATION

The scholarships will be administered by administrative professional Emily Collins, Emily.Collins@utas.edu.au (Ph: 03 6324 4000) who will undertake/facilitate the advertising, recruitment, HR and payment forms and processes, physical arrangements for desks and spaces, IT support and orientation, and be available for orientation on the first day each scholarship holder commences duty.

Co-ordinator

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

MENTAL HEALTH PORTFOLIO

The UDRH has been busily contributing to several aspects of the Mental Health Portfolio over the past six months, including:

- › Assessing the Mental Health training needs of community pharmacists
- › Evaluating the Indigenous Drug and Alcohol Service for Cornerstone Youth Services
- › Supporting the Mental Health Professionals Network in organising local expertise to discuss aspects of eating disorders, with very well-received and attended talks
- › The supervision and support of rural and remote mental health clinicians and masters of psychology students on placements.
- › Collaborating with the School of Psychology and RCS, looking at innovative ways we can offer psychology students positive rural placement experiences

In an exciting new project, we are collaborating with the Rural Clinical School UTAS and the Werry Centre for Child and Adolescent Health to better support our young people in rural Tasmania who experience depression. The Werry Centre have developed 'SPARX'. This unique computer program delivers cognitive behaviour therapy to young people via an interactive, graphically rich, computer-game environment. We believe this style of narrative interactive game will appeal to young people, particularly in our rural areas. It has been shown in RCTs in NZ to be as effective as practitioner-delivered CBT, which means it has great potential for rural/remote mental health service delivery.



Conducting focus groups with youth aged 12-19 years in Smithton – 'What Do You Think About SPARX'

In collaboration with two youth services, Rural Health Tasmania and the Circular Head Aboriginal Corporation based in Smithton, we recently introduced the SPARX program to 16 young people aged 12-19 years and asked their thoughts about the program. Overall the young people felt a program such as SPARX was very much needed in their rural area and would be a great help to young people that are struggling to cope. Clinician feedback has also been very positive.

Using a community-participatory model, we hope to implement the SPARX program across a variety of settings in NW Tasmania and will evaluate the reach and engagement of our young people and practitioners.



Meet and greet with the young people at the 'Seven up' youth centre in Smithton involving a slightly competitive pancake cooking competition

We will also be offering a primary care scholarship for a clinician to assist in the planning and implementation phase of this project.

In addition later this year, in conjunction the Mental Health Professionals Network, the UDRH is funding Dr Michael Carr-Gregg (adolescent psychologist and director of the Young and Well Cooperative Research Centre) to deliver free workshops in Launceston and Burnie for mental health clinicians on the use of online mental health applications and resources.

Further information

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RPLO FUNDING NEWS

The UDRH is pleased to announce that the funding for the Rural Pharmacy Liaison Officer (RPLO) has been extended until June 2015. This position was recently filled by Mark Kirschbaum, an experienced pharmacist, and this funding ensures the program will develop and grow to enhance the support to pharmacists, and students in rural areas.

The position of RPLO has long been a feature of UDRHs nationwide and these pharmacists ensure that rural practitioners have appropriate resources to work effectively in the rural sector. Mark has undertaken many activities this year, including site visits to pharmacies and supporting recruitment activities targeting final year high school students in the North-West of

the state as part of the Faculty of Health Science Careers Nights. "Recruiting potential students from rural areas to study pharmacy has the best chance of improving the rural workforce as we know those people are the most likely to return to this setting", Mark said.

"Recruiting potential students from rural areas to study pharmacy has the best chance of improving the rural workforce as we know those people are the most likely to return to this setting"

In reviewing data collected from students at the National Australian Pharmacy Students Association congress in Hobart in January 2013, it is clear that students have rural practice at the front of their minds when it comes to considering career paths. Less than 15% of students

nationally considered it unlikely that they would not consider joining the rural workforce. This is a good sign for the future but more work needs to be done to ensure this translates into actual improvement in the rural workforce. "There is still a significant undersupply of pharma-

cists in the rural areas and this project will help address some of these issues", he said.

Mark is currently undertaking a review of the rural clinical placement process with a view to improve the educational and personal experience of students

on placement. To this end he has been working closely with the school of pharmacy to enhance the rural curriculum and is on the work group to develop the Rural and Remote Community Friends and Alumni Program. This program will help link health students who are on placement with a "community friend". This relationship can help the student learn more about rural Tasmania and the benefits of living and working in a rural area. "We know that a positive experience improves attitudes to rural employment and importantly we also know that a negative experience can dissuade a student from this environment for their whole career."

Further information

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ACTIVITIES

RURAL AND REMOTE COMMUNITY FRIENDS ALUMNI PROGRAM

The importance of a friendly face and a recommendation of where to find good coffee whilst on a rural placement cannot be understated, according to Caroline Bertrand.

A recent UTAS Clinical Psychology graduate, Caroline recently undertook her final placement with the North-West Adult Mental Health Team in Devonport and subsequently accepted an ongoing position with the service. Caroline credits the success of her placement with the welcome and ongoing support from the local community and hopes to encourage other psychology students to head North-West!

Originally from Melbourne, Caroline undertook her Honours year in country Victoria before applying for the Masters in Clinical Psychology Program at UTAS, "I felt the program provided a strong balance of academic and research teachings within a relaxed regional setting," she said.

As part of her training Caroline completed three clinical placements in Hobart before deciding to undertake her final placement with the North-West Adult Mental Health Team (MHT) in Devonport, Tasmania. Despite the challenges of juggling coursework, writing her thesis and a weekly commute to Hobart, Caroline specifically chose the placement for the experience it offered her. "It was a great opportunity to work within a complex area of

psychology and to work with a wide variety of presentations. Because the services are much more limited up here, basically you're 'it!' Caroline was able to access additional support for her rural placement from the Department of Rural Health and the Rural Clinical School, UTAS

Caroline discovered that having encouragement and support from local practitioners and community members helped to enhance her placement experience. She felt an immediate sense of welcome. "Having people opening their homes, offering a meal, telling me where to find good cafes and giving me touristy information was really helpful in assisting me to settle in and enjoy my placement, particularly as I was living away from home and missing my friends. When you are staying up here connections in the community are really important."

When Caroline completed her placement, she accepted an ongoing position with the service and has now relocated to the North West. "The idea of working in a rural area had always appealed to me but the success of my placement really helped me to see that accepting a role on the North West coast



Caroline Bertrand enjoying rural life!

“

I felt the program provided a strong balance of academic and research teachings within a relaxed regional setting

was going to be rewarding and fulfilling. I'm looking forward to continuing to develop my skills as a psychologist, exploring the beautiful North West and becoming a part of the community here."

Caroline hopes to encourage other Clinical Psychology students to undertake a placement in rural Tasmania. "Do it! Yes, there are some challenges, but the benefits of the experience and opportunities are well worth it! I hope that I can be a friendly face for future students and offer the same

support that I have enjoyed, as well as pointing out the best coffee places around town..."

The Department of Rural Health (www.utas.edu.au/rural-health/) is seeking Alumni to provide a friendly point of contact in the community for health students when they are on placement in rural areas of Tasmania.

Further information

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AGFEST 2013



AGFEST is the largest agricultural trade show in the southern hemisphere with over 65,000 patrons and 600 exhibitors attending in 2013.

In the traditional sub-zero rainy weather that is typical of Agfest, the Pharmaceutical Society of Australia (PSA), Medicare local along with support from UTAS provided an excellent array of health education and lifestyle intervention checks to help rural Tasmanians. Over the three days of Agfest, a team of highly motivated students and supervisors from UTAS teach staff-led demonstrations promoting inter-professional cooperation between medical, nursing, pharmacy and sports science

students. This helped to improve an understanding of each other's role and showcased referral pathways between disciplines. The tent was divided into five areas: blood pressure checks, sports fitness testing, active Launceston, simulations learning and cream making activities. These activities were monitored by senior medical, pharmacy and sports science staff.

The Agfest activities resulted in over 1000 blood pressure checks and utilising pharmaceutical techniques, 900

cream-making demonstrations were conducted. Evaluation of these activities showed that half of the patrons indicated they would like to improve their fitness and diet and one third were referred to their GPs for further assessment. It is known that the rural population is generally of poorer health, with obesity, smoking, lack of interest in health and reduced physical activity which translates to poorer health outcomes. Agfest proved to be an important avenue for promoting health and health screening checks, and encouraged dialogue between health professionals and the public.

Eric, the "Swap It, Don't Stop It" mascot of the health promo-

tion activities, allowed many students to don the blue suit and allowed them to have fun and promote a healthy message at the same time.

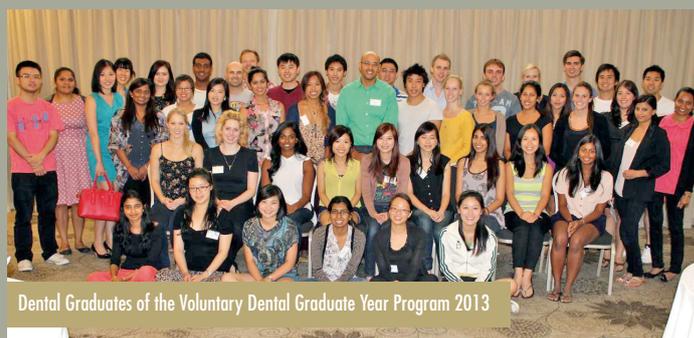
Agfest is the largest event in Tasmania and provides an excellent opportunity for UTAS, PSA and Medicare local to pass on their messages of health and wellbeing. Large numbers of patrons passed through the tent which would have numbered in the 1000s over the three days. Full marks should be given to the 140 students that rotated through the tent over these days, and most of these were able to interact and learn from other disciplines and enhance their own inter-professional relationships.

VOLUNTARY DENTAL GRADUATE YEAR PROGRAM WORKSHOPS (ADELAIDE)

The Voluntary Dental Graduate Year Program (VDGYP) mentors, dental graduates, and the team at AITEC Corporate Education and Consulting met at a Workshop 3-5 February at the Grand Chifley Hotel in Adelaide. Mr Geoff Ewens, Managing Director of AITEC Corporate Consulting and Education, said that he was very encouraged by the enthusiasm and professionalism shown by all the graduates, the mentors, and the AITEC dental team and their desire to ensure the program's success.

Dr Len Crocombe, the AITEC dental consultant, an UDRH senior research fellow and a chief investigator with the Centre for Research Excellence in Primary Oral Health Care, said he was pleased that AITEC were able to attract some of the best people in dentistry into its team, and mentioned that the quality of both the graduates and mentors was impressive.

The VDGYP curriculum has been designed and developed by the Australasian Council of Dental Schools (ACODS) under the chairmanship of Prof Johann de Vries, on behalf of the Commonwealth Department of Health and Ageing. This curriculum is a culmination of consultation and analysis with stakeholders, new graduates and final year dental students, and all content material has been developed with the assistance of specialists and academic clinicians drawn from



universities, private practice and public sector dentistry from across Australia. This curriculum is intended to support the continuation of the graduate's professional development and offers continuing education on a diverse range of topics and issues that will extend the depth of the graduate's knowledge base.

The Government has announced that the Program will be enlarged from 50 to 100 placements each year from 2016, and a new program for 50 oral health therapists will commence in 2014.

Further information

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LEARNING FROM THOSE WHO HAVE BEEN EVACUATED FROM BUSHFIRE

A proposal has been submitted to the Bushfire and Natural Hazards Cooperative Research Centre to transcribe and analyse a sample of 50 of the 245 interviews undertaken by staff of the Rural Clinical School (RCS) and University Department of Rural Health (UDRH) in January at the time of the Forcett bushfire. The project team includes from the RCS: Prof Timothy Skinner, Mrs Colleen Cheek, Dr Sharon Condon, Prof Isabelle Ellis, School of Nursing & Midwifery; and from the UDRH, Dr Heather Bridgeman, Dr Merylin Cross and Mr Mark Kirschbaum. The funding sought for the overarching project was \$55,000. This includes a position for a research assistant to undertake transcription and coding. The focus of attention for the UDRH team is to interrogate the data to establish the lived experience of evacuation from bushfire.

METHODOLOGY

Studying lived experience produces rich description and reflective insight to the essential themes that characterise the phenomenon being studied. The data embedded in the audio-taped interviews undertaken with people impacted by the Forcett bushfire in Tasmania on 4 January 2013 provides a rare opportunity to source information-rich data to study their lived experience of evacuation. During these interviews people reflected on and re-lived their personal experiences of the bushfire and their evacuation pathway. They made numerous references to what happened, what they did, when they did things, their thoughts, senses and their reasoning. These accounts often refer to time, place, situation, self, other, and physical and

emotional reactions immediately before, during and immediately following evacuation. Whereas such studies are often plagued by issues of time, access, the difficulty of recall and contextual variation, the Forcett fire interviews afford timely access to a group of evacuees who shared the one fire event in a relatively confined local area and environment.

SIGNIFICANCE OF THE STUDY

Analysing the interview data phenomenologically is likely to reveal the role of time, place, person and experience and the nexus between perceived urgency, physicality and emotions. It may also profile the role of local knowledge and community in responding to the imminent danger of bushfire, and flag opportunities to harness this shared experience and consciousness to assist the processes of re-building and recovery. The knowledge and insights gained from people evacuated from bushfire is an important area to study because it has particular salience for rural Australians and policy-makers. Furthermore, the risk of bushfire is likely to increase as the urban fringe continues to encroach rural areas, and climate change is predicted to

cause more extreme weather events (CAHA report, 2013). It is hoped that the insights gained can be harnessed to better 'reach' the public, inform community education, target 'at risk' communities and provide informed insights to better prepare/protect others from the threat of bushfire in the future, and to devise appropriate follow-up. At the time of going to print we are yet to begin.

Feedback from CEO of Bushfire CRC, Mr Gary Morgan, thanked UDRH for being a part of the Research taskforce and highlighted that the bulk of the data collection work from resident interviews has been completed and the data consolidation and analysis stage is continuing. This data will provide a sound basis that will be drawn upon by agencies in Tasmania as well as the rest of Australia, to learn from the devastating effects of these bushfires".

Further information

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UTAS CAREERS FAIR

UTAS hosted its annual Careers Fair activity at the Sandy Bay Campus, Hobart in March, 2013. At this fair there were representatives from the schools of Medicine, Pharmacy, Nursing and Midwifery and Paramedics. Key employers were represented such as Department of Defence and DHHS and a number of private employment groups. Mark Kirschbaum, the Rural Pharmacy Liaison Officer (RPLo) took the opportunity to represent the School of Pharmacy and the UDRH to provide a snapshot for soon to be gradu-

ates of pharmacy, on what career opportunities there are in the workplace. He provided information about the nature of certain career paths in pharmacy and gave advice on how to successfully approach employers and get the jobs they wanted. From an RPLo perspective, Mark had the opportunity to highlight the advantages of working in a rural environment, promoting the fact there is a higher job satisfaction rate in rural employment and an abundance of job opportunities in these areas. At the end of the formal presentations

Mark joined the expert panel from the other disciplines of the faculty to field questions from the audience. The presentation and expert panel was podcast through the UTAS website, and at least 50 students were physically at the presentation and untold numbers viewed it online. Mark fielded many questions from the audience and a number from Twitter. Questions ranged from how to apply for work to what is the employment environment like? Here Mark had a good opportunity to promote rural health as a valid career option.

After the session Mark engaged in conversations with a number of pharmacy students concerned about their career paths. "This event was a great opportunity to support students in their career development and is a good occasion to present rural pharmacy as a credible career option" he said.

Further information

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UDRH-FACULTY AGED CARE COLLABORATION RECOGNISED IN TOP RANKING JOURNAL

Unprecedented global population ageing accompanied by increasing complexity of aged care has made quality in aged care a policy priority.

In the business literature, Senge's theory of adaptive learning organisations offers a model of organisational quality that has been pioneered in aged care practice by the Wicking Institute's program of aged care research led by Professor Andrew Robinson. However, while accreditation of national standards is increasingly a mechanism for achieving quality in aged care, there are anecdotal concerns it creates a 'minimum standards compliance mentality' at odds with quality aged care. As part of the UDRH's commitment to faculty-wide research collaborations, Deputy Director and Associate Professor Erica Bell designed a study to measure how well accreditation standards in the different countries model learning organisations.

'The UDRH has built a strong profile in mixed methods and qualitative research that we are eager to use to help meet the big health challenges of our time,' says Erica. 'I have always believed that leading practitioners need to define the research

problem. This study was inspired by a Wicking Institute project team meeting in which Professor Andrew Robinson said that he was very interested in under-

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The UDRH has built a strong profile in mixed methods and qualitative research that we are eager to use to help meet the big health challenges of our time.

standing cultural barriers to better quality aged care. He said the role of accreditation standards needed to be better understood as a shaper of organisational culture in aged care but persuasive empirical evidence was needed for policy-makers.

'I was fortunate also in having another collaborator, Dr Cathy See, who is a consulting partner at Gravitas Leadership Group, and has worked with Andrew to build a national reputation for



excellence in helping aged care services improve. Dr See has led many organisational redesign activities in aged care facilities as part of the University of Tasmania's Teaching Aged Care Facilities program.

'These two collaborators, who have extensive knowledge of aged care organisational culture, presented an intriguing methodological challenge for me and I resolved to design a study that we could publish in a top ranking journal.'

accreditation standards from seven countries. The method was multi-layered and innovative, involving both quantitative mapping of the presence of learning organisation concepts in standards as well as qualitative analysis to examine nuances of meaning.

The results of the study suggested not only how little present are learning concepts in national accreditation documents. They also suggested that learning concepts tend to co-occur with negative rather than positive sentiment language. The study showed that, with important exceptions, aged care accreditation standards generally use the language of organisational change and learning in limited ways that appear to model 'learning averse' communities of practice and organisational cultures.

The study, which was published in 2013 in the APLUS ranked *International Journal of Nursing Studies*, provides the first empirical evidence internationally that the role of standards needs rethinking in the context of 21st century aged care quality challenges.

Further information

Associate Professor Erica Bell
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CRE IN PRIMARY ORAL HEALTH – ADVISORY BOARD MEETING

The chief investigators and the advisory board members of the Centre of Research Excellence in Primary Oral Health Care (CRE), a collaboration between

the Universities of Adelaide, Tasmania and Western Australia, met in Adelaide on 31 May 2013 to discuss progress with the four themes and eight research projects. The CRE four research themes: successful aging and oral health, rural oral health, Indigenous oral health and the oral health of people with physical and intellectual disabilities represent priority areas identi-

fied in Australia's National Oral Health Plan.

The UDRH is responsible for the two rural oral projects: Dental practitioners: Rural work movements, the relationship of dental practitioners to rural primary care networks; and Oral health policy: International policy implications for Australia.

Dr Crocombe, a CRE chief

investigator, reported that Ms Diana Godwin, a student on a PhD pathway with the UDRH, had completed a systematic literature review investigating the attitudes, barriers and enablers of Australian dental practitioners towards living and working in rural areas that had been accepted for presentation at the Primary Health Care Conference in Sydney. Ms Godwin found that



Ms Diana Godwin

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Ms Godwin found that there was limited research into the factors influencing the rural work movements of dental practitioners.

there was limited research into the factors influencing the rural work movements of dental practitioners and that what encouraged health practitioners to move to rural areas was not the same that encouraged them to stay.

Associate Professor Erica Bell, a CRE chief investigator, reported on her findings into

oral health policy research. She compared over 125,000 oral health research abstracts published between 2000-2012 with eight OECD national oral health policy documents and found that oral health research and the policies were so different as to raise doubts about the ability of research to be policy-relevant, or policy to be evidence-based.

NORTHERN EAT & MEET – AUSTRALIAN DENTAL ASSOCIATION

Oral health in Timor Leste (East Timor): Working together to find solutions

There are forty six dental nurses and seven dentists in East Timor with an average of one dentist per 214,286 people. Almost all of the oral health professionals are employed by the government to work in government dental clinics that are located in one main hospital, five referral hospitals, and 15 health centres around the country.

In 2002, dental caries was highly prevalent in the deciduous teeth of children aged 6 – 17 years old. The prevalence of dental caries in this group of children was 66.7% (Timor Leste National Oral Health Survey, 2002).

Dr Lucio Frederico Babo Soares is undertaking a PhD under the supervision of Dr Len Crocombe, an UDRH senior research fellow, and a chief investigator with the Centre for Research Excellence in Primary Oral Health Care and A/Prof Stella Stevens from the School of Medicine. At meetings in Launceston and Hobart of the Australian Dental Association, he explained that he will gather information to develop an oral health status profile of Dili children that will be used to inform policy



Dentists at work in East Timor

development. He hypothesises that the level of dental caries prevalence in Dili has increased since the East Timor Oral health Survey of 2002 and suggests that this may be due to increased dietary refined carbohydrates.

Further information

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STAFF

WELCOMES!



Dr Jackie Stuart

We would like to welcome Dr Jackie Stuart on board as an adjunct Lecturer in a voluntary position. Jackie is a private dentist with 26 clinical years experience. Her research interests relate to rural dentistry and she is currently working with our oral health team on the CRE in Primary Oral Health Care project. Welcome Jackie.

Contact

Jackie.Stuart@utas.edu.au

The UDRH would like to welcome a new staff member, Frances Stewart. Frances is a psychologist and has worked in London and Melbourne in research, and then after moving back to Launceston in 2008, worked at the Family Violence Service and Adult Community Mental Health. Frances is currently working on a project with Stuart Auckland and Tony Barnett evaluating a Youth Drug and Alcohol program for Indigenous youth, and works Mondays and Wednesdays. Welcome to the UDRH Frances!

Contact

Frances.Stewart@utas.edu.au

We would like to welcome Dr Chona Hannah to the Rural Health Graduate Research supporting role to assist with RHD administration as Kim moves from her role with the UDRH to the Domain Hub. Chona will work for this position on Mondays and Wednesdays.

Contact

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Jennifer Kraatz

Jennifer Kraatz joined the UDRH in May this year as an Adjunct Lecturer. She is currently working on a paper relating to the Medicare funded Chronic Dental Disease Scheme as part of a research team with Dr Daiyi Qin from Melbourne, Dr Ha Hoang, a postdoctoral research fellow from UDRH, and Dr Len Crocombe a senior research fellow from UDRH. Her abstract has been accepted as an oral presentation at the 2nd Meeting of the International Association for Dental Research – Asia Pacific Region in Bangkok, Thailand in August this year. Jennifer's background is as a dentist and has been on the Australian Dental Association Tasmanian Branch Council since 2011. She divides her time working privately in Launceston, as well as for Oral Health Services Tasmania in both the North and North West of Tasmania.

FAREWELLS



Ms Kim Izard

Kim Izard will soon be leaving the UDRH for a finance role with Domain Hub. Whilst we will miss Kim and her helpful and productive nature, we congratulate her on her new role and wish her well for the future. We would like to thank Kim for her many years of support and friendly nature, and I am sure we will continue to have many dealings with Kim in her finance role.

EVENTS

12TH NATIONAL RURAL HEALTH CONFERENCE



STUART AUCKLAND ATTENDED THE 12TH NATIONAL RURAL HEALTH CONFERENCE HELD IN ADELAIDE 7-10 APRIL

He presented a paper co-written with colleagues from the University on "Food security and health risks facing vulnerable youth in north-west Tasmania". The National Rural Health Conference, titled "Strong Commitment. Bright Future", is the largest regular public event on the agenda of those interested in improving health and wellbeing in rural and remote Australia.

The biennial Conference is the NRHA's biggest project, it is a key element of its core business and sets much of the agenda for the Alliance's work for each two-year period. It has become a key part of the agenda-forming process

for the rural and remote health sector as a whole.

Networking among interested parties and celebration of successes are key parts of the Conference's broader agenda, as well as the formal and informal presentation of research reports.

The Conference potentially involves all sectors that can make a major contribution to the health of people in country Australia. It seeks to widen the rural and remote health community to include people involved in education, the environment, economic development and community services. It reminds us that the rural health community includes many people who live and work in the major cities and who care about the health of people from country areas.

For the rural and remote health sector itself, the Conference aims to:

- › showcase developments on the ground;

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(The Conference) reminds us that the rural health community includes many people who live and work in the major cities and who care about the health of people from country areas.

- › help build interdisciplinary health teamwork;
- › engage health consumers with others in the sector;
- › provide an opportunity for research reports to be delivered by experienced and beginning researchers;
- › encourage information dissemination and the building of networks in the pursuit of better health;
- › anticipate developments and

issues and help set the sector's agenda; and

- › promote an awareness of rural and remote health issues in the wider community and among policy-makers.

Further information

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<http://nrha.org.au/12nrhc/>

WORKSHOPS AND TRAINING EVENTS



UDRH SEMINAR SERIES

Clinical Associate Professor Susan Brumby presented a lunchtime seminar on Friday 14th June titled "Keeping the Rural Heart Beating".

Sue is the founding director of the National Centre for Farmer Health, a partnership between Deakin University and Western District Health Service, Hamilton Victoria. She leads the implementation of five key strategies to improve the health, wellbeing and safety of farm men and women blending both a theoretic

cal and practical understanding of agriculture, health, management and rural communities. Sue is the course leader for the Graduate Certificate in Agricultural Health and Medicine, PI of the award winning Sustainable Farm Families™ (SFF) project and CI on Australian Research Council, NHMRC, RIRDC and Beyond Blue grants. She has previously been recognised for her contribution to rural health, awarded a Victorian Travelling Fellowship to the USA and the EU looking at farmer health and decision making and has presented locally and internationally on farmer health.

"Keeping the Rural Heart Beating" highlighted the learnings, baseline anthropometric risk factors and health behaviours

of farmers from 2003-2012. It also include fascinating snippets from history. Australia faces a decreasing number of farms, a diminishing and aging agricultural workforce, increased climate variability and raised global food demands. It is now more important than ever to find new ways to keep farmers and rural communities thriving. Farmers ARE interested in their health. The key is dispelling the myths around farmers' attitudes and practices and filling the gap with health and rural professionals who understand the farm business, the risks they face and their responses to health problems.

Other topics covered as part of our seminar series included:

- › Hidden injuries, legacies of

restructuring Victoria's public holidays: presented by Dr Merylin Cross

- › Australia's changing oral health situation: will Australia move towards primary oral health care: presented by Dr Len Crocombe
- › The Devil made us do it! Implementing SPARX in rural North West Tasmania: presented by Dr Heather Bridgman
- › Oral Health Seminars: presented by Dr Len Crocombe and Diana Godwin

Further information

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TRANSLATING PROJECTS INTO PUBLICATIONS WORKSHOP

Associate Professor Erica Bell presented a workshop in

February to colleagues across the Faculty on "Translating your community engagement projects or other kinds of projects and

ideas into journal publications'. This workshop was organised in response to requests from collegial staff keen to support each other to build journal publication profiles. The content was delivered in parts, with the first part looking at broad issues and

strategies for getting published, as well as sharing practical tools for making sure journal requirements for quality, scope and style are met, and providing an illustrative case study of a humble Salvation Army project report that was used to produce three international journal papers. Participants were then invited for a round table discussion of their ideas and project

reports with a view to exploring possibilities of turning them into journal papers, with a step by step approach for bringing these particular ideas and reports to academic publication.

Further information

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BRIEFS

Dr Clarissa Hughes was invited to serve on an expert panel for a Medicare Locals education session for GPs and psychologists in connection with her work on rural adolescent alcohol use. The session titled "When 'don't drink' isn't working.....Adolescents and Alcohol" involved a Q&A session and brainstorming discussion with a panel of experts.

Further information

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The OzHelp Tasmania Foundation work-based suicide prevention, early intervention and social capacity building program, has targeted apprentices in the Tasmanian building and construction, hospitality and automotive industries as an independent Foundation in Tasmania. They have provided effective suicide prevention, mental health promotion and outreach services particularly through social and life-skill building activities and training. Further they have conducted valuable field visits and provided broad counselling support for workers on-site and off-site through individual, family and work group sessions.

The University Department of Rural Health (UDRH) has had a long partnership with OzHelp, providing independent evaluation, program review and change mentorship. Further, this partnership has

contributed to the UDRH commitment to improved mental health outcomes for the Tasmanian community.

Further information

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DIRECTOR'S NOTE

JUNE 2013

With Associate Professor Erica Bell and Dr Len Crocombe, I was very pleased to attend the inaugural meeting of the Advisory Board for the recently established Centre of Research Excellence in Primary Oral Health Care.

The Board received updates on the oral health research projects currently underway through the CRE, including the three led by UTAS (rural oral health workforce, oral health primary care networks, and international oral health policy). Members of the Board provided enthusiastic support and constructive comment on the projects undertaken, noting how relevant and important these were to the major new initiatives that have been proposed for oral health services in this country.

2012 was another terrific year for **Research publications** for the UDRH, with over 40 peer reviewed papers published in international journals, as well as a number of book chapters, conference papers and presentations (see <http://www.utas.edu.au/rural-health/publications/2012>). Amongst these, were three presentations at the 2013 National

Rural Health Conference held in Adelaide and delivered by Stuart Auckland, Dr Len Crocombe and Dr Sharon Condon (from the Rural Clinical School)

Our Hobart based staff have moved! Staff previously located at the CML Building have moved into the refurbished, Heritage listed "Advocate House" located on the Medical Sciences (MS) precinct in the CBD. The precinct houses the School of Medicine, the Faculty Office and the Menzies Institute. The relocation will enable opportunities for closer relationships to be built with staff and students from these areas as well as providing staff with closer access to faculty support services and facilities.

The **Australian Rural Health Education Network** (ARHEN) has recently endorsed a revised list of priorities for 2013/14 for which it is seeking funding support.

These priority areas include: "service learning" in rural and remote settings, a rural oral health academic program and an Aboriginal and Torres Strait Islander academic leadership program. The ARHEN has been active in approaching the DoHA and politicians to seek support for these initiatives as part of its advocacy for rural health. Established in 2001, ARHEN is the peak body which connects 11 University Departments of Rural Health (UDRHs) in rural and regional areas across every state and the NT in Australia.

The recently released "**Mason Review**" of health workforce programs that commenced in October last year funded by the Australian Government, delivered a raft of recommendations. The acceptance and implementation of these will likely await the outcome of the federal election. The main purpose of the review was to analyse existing programs to ensure these were aligned with workforce priorities. The review saw UDRH as a key component of the rural workforce strategy that would benefit from additional funding support.

We have welcomed a number of new faces to the UDRH this year. In the South, **Diana Godwin** has joined the CRE oral health group as a research candidate and a past graduate from the



Tony Barnett

UDRH, **Dr Ha Hoang**, has been appointed as a post doc with the Centre. Also joining the CRE over the more recent period was **Dr Jacqueline Stuart**, **Dr Jennifer Kraatz** and **Amy Isham**. In the simulated learning area, **Michael Valk** has joined the team and in mental health, **Frances Stewart** has continued to work with us though has moved to assist in program evaluation with Stuart Auckland and Sharon Denise. **Emily Collins** has recently joined us in the office as our receptionist. Emily also provides administrative support across a number of projects. We warmly welcome everyone to the Department.

Further information

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