

CENTRE FOR RURAL HEALTH BULLETIN

DECEMBER 2015

NEWS	02
GRAD. RESEARCH	05
PROJECTS	06
GRANTS/RESEARCH	10
EVENTS	14
DIRECTOR'S REPORT	16

In this Issue:

06

“Helping Hands”

Have you ever been stuck in a situation not knowing how to perform a procedure and having no-one around to help?

12

Rural Road Art Show

The benefits of art as therapy and as a community event to increase social inclusion, resilience and reduce stigma.

Epilepsy Connect Supporting people with epilepsy in rural Tasmania

Tasmanians living with or affected by epilepsy will soon benefit from a telephone-based peer support service delivered in a partnership between the Centre for Rural Health and Epilepsy Tasmania.

Epilepsy is a common neurological condition in which a person has a tendency to have recurring seizures. It comprises many seizure types and can develop at any age regardless of gender or background. There is no single cause and there is no cure. As many as 1 in every 100 Australians will have epilepsy at any given time – that’s over 5,000 Tasmanians. The true number who are affected, including family members, is four times this amount. Yet the impact of epilepsy on an individual and their family is much more than just the seizure itself, which in most cases only lasts a few minutes. More broadly, epilepsy can result in depression, anxiety, social stigma, poor self-esteem, discrimination,

isolation, and economic hardship. Peer support has the potential to address these issues.

“

As many as 1 in every 100 Australians will have epilepsy at any given time – that’s over 5,000 Tasmanians

Currently in Tasmania there are face-to-face support groups in Hobart, Launceston, Burnie and Devonport. People living outside of these centres have reduced access to peer support; a telephone-based service will be especially useful for people living in rural and remote parts



Epilepsy Connect Launch, September 2015.

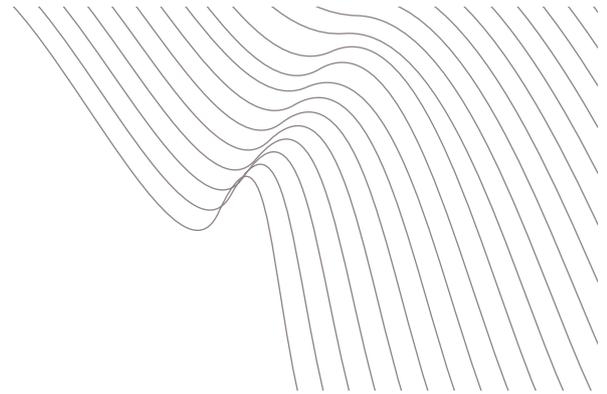
L – R: Michael Ferguson (Minister for Health), Dr Simone Lee (Centre for Rural Health, UTAS), Mark Fishwick (Tasmanian Community Fund), Phil Baker (Epilepsy Tasmania)

of Tasmania. Research has shown that telephone-based peer support can improve control of type 2 diabetes, prevent post-partum depression, reduce distress among women with a breast cancer gene mutation, improve antipsychotic medication adherence in people with schizophrenia and increase mammography screening. There is currently a gap in the evidence around the use of telephone-based peer support in the area of epilepsy. This research is the first of its kind to determine

whether such a service can reduce common comorbidities such as anxiety and depression, and improve a person’s overall quality of life. The research will also determine the effect of peer support on self-management of the condition with a focus on common seizure triggers such as alcohol consumption, stress and inadequate sleep.

STORY CONTINUED ► Page 04

NEWS & ACTIVITIES



CRH – PHCPP Welcome New Practitioners



Deb Carnes has been working at the Centre for Rural Health as part of the Primary Health Practitioner Programme. She commenced in August, working on secondment one day per week from the School of Health Sciences where she works as a lecturer. Her role is supporting Dr Merylin Cross and A/Prof Tony Barnett on the Virtual Tours Project. This includes undertaking a literature search, transcribing interviews and assisting with analysing the access data relating to the virtual tour web-page views. She has also been involved in site visits including one where the participatory action research approach involved gathering informational data, photography and welcome video clips for a virtual tour that is under development.

Deb's background is in nursing. She has worked in many different clinical settings, including a rural hospital, and can see the value that virtual tours can provide to students and the worksites themselves. The secondment

has provided her with new experiences and skills in research and she strongly encourages others to take up the opportunity if they have the chance.



Ella Anderson growing up on a dairy farm in Northern Tasmania, I wouldn't have believed that I would soon be graduating (again) after six years of university, with my studies focused on psychology. It has been a long road. When not studying for university my other passion is cattle. The once dairy farm is now beef, with hopes to establish a successful cattle stud. I will complete the Master of Psychology (Clinical) degree at the end of 2015, having already completed the Bachelor of Psychology (Honours). Through my placement experiences I have developed a keen interest in development and more specifically autism in children.

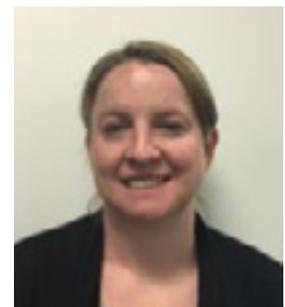
I am currently working on a project with Dr Lyndsay Quarmby examining attachment and children with special needs. While there is considerable research into

attachment and its importance for the development of children, less research has been conducted looking at children with special needs. The project aims to examine an attachment based parenting program for families with special needs children to further understand attachment in the context of for example children with autism.



Suzi Clafin is a visiting researcher from Cornell University in the USA, where she is currently a PhD candidate. Previously, she received a BA degree in Biological Sciences and a BA in Peace and Justice studies from Wellesley College. As a doctoral student, her research has encompassed the fields of disease ecology, landscape epidemiology and medical entomology. Her work focuses on the ecological and environmental drivers of disease spread. In the future, she is interested in continuing to work on epidemiological projects and hopes to pursue a career in public health.

At the Centre for Rural Health, she is working with Martin Harris on a project evaluating the transition experience of culturally and linguistically diverse students to tertiary education at the University of Tasmania.



Greer Maine is working with Dr Ha Hoang, A/Prof Tony Barnett and A/Prof Len Crocombe on the project "Provision of Oral Health Services in Residential Aged Care Facilities".

She moved to Tasmania four years ago from Brisbane with her husband for a "tree change." Her project has involved travel around the state conducting interviews with staff of Residential Aged Care Facilities and she has enjoyed her time on the road meeting people and visiting a range of places – a two day trip to Hobart and the beautiful Huon Valley was a highlight.

Her background is as a Speech Pathologist working with children and adults with disabilities, and this year she also commenced

work in the aged care sector as a Home Support Assessor. Prior to commencement of the project, Greer had contributed to some research projects and completed some conference presentations, but had not had the opportunity to participate in the range of areas she has with this project – from recruitment to interviewing and transcription. She feels the role has helped her to develop a number of new research skills which she looks forward to taking back into the workplace and implementing within her day to day clinical role.



Christabel Alliston recently commenced with the Centre for Rural Health as a Research Assistant. Her background incorporates a Masters in Primary Health Care focusing on Community Development and Community Mental Health. Her work is assisting with the Rural Art Roadshow, a collaboration between MI Fellowship and the UTAS Centre for Rural Health that is funded by a UTAS Community Engagement Grant and the School of Health Sciences. This project combines the benefits of art as therapy and the art show as a community event to increase social inclusion and reduce stigma. The Rural Art Roadshow will be exhibited at four rural locations in November and December.

Since moving to Tasmania five and a half years ago Christabel has had a variety of roles in the health sector coordinating services, working in community development roles and as a consultant. Previous to this she worked coordinating rural community mental health services in Victoria and South Australia. Her work at a national level as a Consumer and Carer Participation Officer was with the Australian Early Intervention Network for Mental Health (AUSEINET) and before moving to Tasmania with Children of Parents with Mental Illness

(COPMI). Christabel is particularly interested in peer lead and run mental health services and community development which involves people in influencing the services that they use.

Christabel enjoys living and gardening on a few acres in the West Tamar, exploring national parks, attending music concerts and theatre performances as well as travel. Her family live in Adelaide, Canberra and England.



Kimberley Kevan has been a practicing Occupational Therapist for ten years, primarily within paediatrics. For the past few years she has focussed on community capacity building within low socioeconomic areas to improve developmental outcomes for children. Kimberley has recently established a private life coaching practice and coaches around life transitions. Kimberley has two young sons and three stepsons. She is currently writing a memoir about how she applied occupational therapy principles to her experience of being a stepparent. Kimberley dips in to many hobbies, but especially loves to run, hike, read and write haiku, and crochet. She plans to travel on camels through the Australian desert with her family.

Kimberley is working as an RA with Heather Bridgman on the Recovery Camp project. Recovery Camp is a five day camp established by the University of Wollongong that aims to envelope mental health consumers and health students in an experience of therapeutic recovery. The camp is strengths based and involves the use of therapeutic recreation to promote recovery. The camp provides an immersive, interprofessional learning experience to health students. UTAS will be piloting Recovery Camp in the Fingal Valley in December 2015.

Tasmanian Government Autism Advisory Board

Dr Lyndsay Quarmby has been appointed as a member of the Tasmanian Government's Autism Advisory Panel by Jacquie Petrusma MP (Minister for Human Services). The key priority areas include:

- examining and recommending best practice early intervention models that support children with autism, and their parents, including the practicalities of access to the new web-based rethink autism program to ensure maximum use by parents, guardians, teachers, teacher assistants, child care organisations and others who support the child;
- assessing the viability and benefits of clinics that test for, and treat, the many co-morbidities of autism and working closely with established services such as epilepsy support services;
- considering the professional development of health and education workers in relation to autism, including the introduction of Autism Speaks protocols;
- the best means of delivering awareness, education and practical help for parents;
- seeking input from relevant organisations, professionals and families caring for people with autism (and individuals with autism themselves) in addressing the terms of reference; and
- any other matters seen as relevant.

The Government has also committed to invest \$1 million over four years into a long-term strategy for improved autism care.

Through the support of a University of Tasmania grant Dr Quarmby in conjunction with colleagues Damhnat McCann, Dr Creidwen Owen and Dr Chris Rayner have established a Tasmanian Autism Network and hosted an *Autism Research and Networking Forum*. This was held in Hobart Domain Campus on Friday 4th December 2015. The forum showcased local research within the ASD field across the lifespan. Professor Sylvia Rodger from the Autism CRC (Cooperative Research Centre) provided a national perspective on ASD research through her role as the Director of Research and Education for the Autism CRC. The forum concluded with an interactive facilitated conversation for participants to plan and discuss the future direction of ASD research within Tasmania.



Further Information

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► COVER STORY (CONTINUED)

The Epilepsy Connect program is based on the well-established Cancer Council Australia model known as Cancer Connect, and has attracted funding worth just over \$80,000 for 18 months from the Tasmanian Community Fund.

Epilepsy Connect will be a free and confidential service that connects someone who is living with or affected by epilepsy with a trained volunteer who has had a similar epilepsy experience.

State-wide community consultation has commenced, with focus groups recently held in Hobart, Launceston and Burnie. The response to Epilepsy Connect has been overwhelming, with many community members showing a strong interest in becoming volunteer peer support providers.

Up to 10 volunteers from around the state will be recruited and trained to provide peer support over the phone. Recruitment and training is planned for January and February 2016, with the service to commence in March during Epilepsy Awareness Month. Once the

service is rolled-out, Epilepsy Tasmania will facilitate the 'connections' – taking calls from people living with or affected by epilepsy and matching them with an appropriate volunteer. Evaluation will determine Epilepsy Connect's feasibility as an on-going service, and hopefully, demonstrate its ability to reduce the burden of epilepsy in Tasmania.

**Further Information**

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Pharmacy Liaison officer

Mark Kirschbaum Pharmacy Lecturer was appointed by the Pharmacy Board of Australia as a Clinical Board Member for a three year period, starting in September.



The Rural Pharmacy Support Network (RPSN) was established within Australia's 11 University Departments of Rural Health (UD'sRH) to support and advocate for rural communities, rural pharmacists and rural pharmacy students and interns. The RPSN is a national network of engaged, experienced pharmacists with both broad and deep understanding of rural health, pharmacy practice and research. The RPSN understands

and advocates around key issues including the role rural pharmacists can play in providing advanced care, especially in areas where GPs are scarce. People living in rural, regional and remote Australia have worse health than people living in cities. Compared with those who live in major cities, people in Australia's rural and remote areas have reduced access to prescribed and non-prescribed medicines, less advice about the use of medicines and

poorer access to professional pharmacy services. About a third of Australia's 30,000 pharmacists live and practice in rural and remote areas. Rural pharmacists can be part of the solution to these issues by providing innovative, cost effective and accessible health care solutions.

The RPSN is helping to address these rural pharmacy workforce shortages and the deficit of locum and educational opportunities that can occur outside cities. It does this by supporting quality rural clinical placements for pharmacy students which, evidence shows, can translate into rural and remote workforce growth and by facilitating rural and regional professional development for

pharmacists and other health professionals. RPSN members also make a unique contribution to rural pharmacy research. Their focus on the many specialised issues that make up rural and remote practice mean they offer informed and expert advice, collaboration and ideas to colleagues and peers.

The RPSN will continue to initiate, advocate and progress expert discussion and informed advice about these and many other rural pharmacy issues and the health and medication needs affecting rural and remote Australia.

Further Information

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Oral health funding ABC interview

A/Prof Len Crocombe was interviewed by ABC Hobart on oral health funding and waiting times in Tasmania.

According to the latest data of Oral Health Services Tasmania (OHST), people in Tasmania are waiting almost three years on average to access public dental care. A/Prof Leonard Crocombe from the Centre of Research Excellence in Primary Oral Health Care and the Australian Dental Association Tasmanian Branch who was interviewed by 936 ABC Hobart and said it was not surprising for him to see the

long wait time in Tasmania, the state with a high demand for services and the highest proportion of people with health care cards.

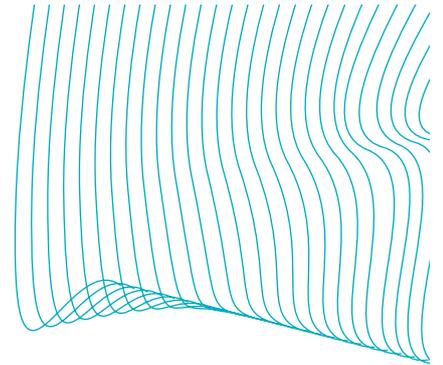
OHST provides dental care for all children and adults with health care cards. OHST operates a triage system which prioritises the worst dental cases at the top of the list, while those considered low priority wait further down the line. He emphasised that with the given resources, OHST is doing a very good job "[Oral Health Services is] always trying to find the balance between supplying regular dental care and problem based care." Prevention of poor oral health and fixing problems quickly had a bigger impact on the health system, than just for the dental services. "Unfortunately a lot of people seem to think that oral health, dental health,

is not important," Dr Crocombe said. Oral Health affects the quality of life and has strong links to general health. Poor oral health has been linked to other health problems such as diabetes, heart disease, low birth weights and respiratory illnesses. Dr Crocombe also told ABC Hobart that the most recent figures from Australian Institute of Health and Welfare indicate that dental problems were the highest cause of preventable admissions into hospital in Tasmania in 2013-2014.

**Further Information**

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GRADUATE RESEARCH



Update on students' progress and activity

The Centre for Rural health (CRH) has provided a great deal of care and support to cultivate graduate research. We are pleased to see the wonderful results achieved. As Aristotle reflects, the roots of education can be bitter and challenging but the fruit is sweet. We believe that what we plant now, we will harvest later.

With pride we extend our warmest congratulations to Deb Carnes, Anna Spinaze, Joanne Yeoh and Melissa Terry, who have successfully completed their Higher Research Degree study and will graduate in Dec 2015. Well done all!

Deb Carnes' PhD research related to "Getting the truth: A qualitative comparative analysis of rural nurses' attitude to safety climate and their views of reporting a hypothetical medication error". Her research aims were to describe the complexity of safety climate amongst nurses working in rural clinical settings. Her study focused on the nature of this complexity in relation to nurses' views of reporting medication error. Deb was supervised by Prof Sue Kilpatrick (CUPP) and Prof Rick Iedema (School of Health Sciences).

Anna Spinaze's PhD study was about: "Swimming in the stream: Being a health professional and doing chronic conditions healthcare." Her thesis documents present-day chronic conditions healthcare in regional Australia. It provides thick description of the experience of chronic conditions healthcare in response to the question: what is the lived

experience of doing healthcare work with people with chronic conditions? Anna was supervised by Prof Douglas Ezzy (Sociology), Prof Sue Kilpatrick (CUPP) and Dr Peter Orpin (CRH).

Joanne Yeoh's PhD thesis entitled "Food security and cultural identity of migrants in Tasmania" was conducted in Tasmania in response to the lack of context-specific research evidence regarding the food security issues for migrants from different cultural backgrounds living in regional area of Australia. Joanne's supervisors were Dr Quynh Lê (CRH), Dr Rosa MacManamey (CRH), and Dr Thao Lê (Education).

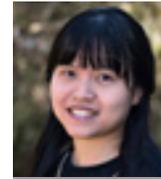
Melissa Terry conducted her Masters research on "Health services and music: Perspectives among women with postnatal depression and their health care providers." Her thesis aims were to examine the perspectives of, and issues concerning rural Tasmanian women with postnatal depression (PND) where access to services is limited or non-existent and to explore what role music plays in alleviating PND. Melissa was supervised by Dr Quynh Lê (CRH), and Mr Stuart Auckland (CRH).



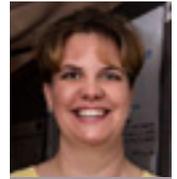
Deb Carnes



Anna Spinaze



Joanne Yeoh



Melissa Terry

On candidature progress, publication and research networking matters, congratulations to the following achievers:

Deb Carnes (PhD Candidate) has her joint paper titled "Aged care nurses in rural Tasmanian clinical settings more likely to think hypothetical medication error would be reported and disclosed compared to hospital and community nurses." accepted for publication in the Australian Journal of Rural Health. The paper also acknowledges the contribution to the study's research design by the late Dr Erica Bell, Deb's original primary supervisor.

Jessica Marathe (PhD Candidate) has two co-authored papers. "How do regional and rural general practitioners use the Internet to gather patient information?" published in the Australian Journal of Rural Health (doi:10.1111/ajr.12211) and "General Practitioners' knowledge and use of genetic counselling in managing patients with genetic cardiac disease in non-specialised settings" published in the Journal of Community Genetics (doi:10.1007/s12687-015-0229-1).

Joanne Yeoh (PhD Candidate) presented a poster entitled: "Food security of migrants in a regional area of Australia: A qualitative study" at the 12th Asian Congress of Nutrition, in Yokohama, Japan, 14-18 May 2015.

Melissa Terry (Masters Candidate) presented a paper entitled: "Rhythm and 'baby' blues: The health care perspective and the lived experience of women with PND in rural and regional Tasmania" at the 41st National Australian Music Therapy Association Conference in Sydney, NSW, 18-19 September 2015.

Peter Mulholland (PhD Candidate) presented a paper entitled: "Use of Critical Incident Technique (CIT) in interprofessional research: An example from rural paramedic care" at the Interprofessional Health, Education and Practice international (IHEP) conference in Melbourne, Victoria, 5 - 7 October 2015.

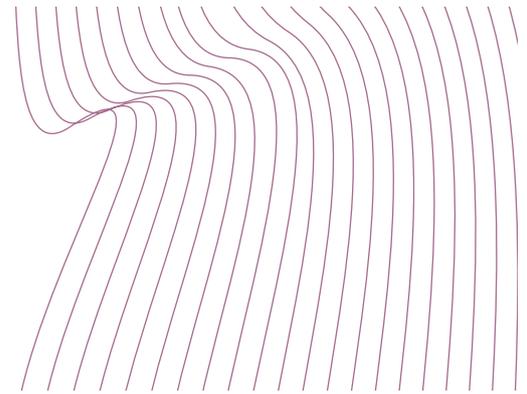
This news celebrates the end of the academic year with the achievements of our graduate research students. We have constantly cultivated our garden of graduate research to enhance the learning condition of our students. Albert Einstein shares his wisdom: "I never teach my pupils. I only attempt to provide the conditions in which they can learn."



Further Information

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PROJECTS



Rural and Remote Tele-Assistance for Procedural Skills: the “Helping Hands” Project

Have you ever been stuck in a situation not knowing how to perform a procedure and having no-one around to help? This can happen in rural and remote practice.

The safe and correct performance of clinical procedures requires guidance, feedback and practice. Students, new graduates and practitioners who may not feel 100% confident in performing a procedure or doing so for the first time in an unfamiliar environment can benefit from a little assistance. Direct supervision is not always available and can be resource intensive.

To improve this situation, a team from the University of Tasmania are working on a project that uses tele-assistance technology to better link a practitioner or student in a rural or remote location with an expert who could be located many kilometres away. This technology allows an instructor to provide both audio and visual cues to assist the learner perform a procedure, thus making guidance and expertise more accessible in real-time, without requiring an on-site instructor.

The device has two units that are connected through a network. The head mounted device is worn by the learner who is with the patient. This device includes a near-eye display, a camera and an audio headset. The focus of attention, the procedure, is captured by the camera. The headset enables verbal communication with the instructor. Looking at the near-eye display, the learner can see the “helping hands” images sent from the instructor, overlaid on their visual field.

On the instructor side a computer screen displays what the learner is doing. A camera mounted on a support arm captures the instructor’s hand movements when placed on the screen. An instructor may say “stop”,



L – R: Annette Saunders, Dr Merylin Cross, and Tia McCarthy



Hands under U-V light

then demonstrate the correct technique or movement before (“here, I’ll show you”) or at the same time as the learner (“follow my hands, I can guide you”).

The project is in the prototype stage as the team refine software programming and customise the hardware to improve its usability and portability. Work carried out in the clinical laboratory has confirmed that the technology works. Importantly, this device could be used to support practitioners working in more isolated settings and students whilst on placement. Our aim is to customise a wearable, hands-free, low cost audio-visual guidance system that has broad applicability across healthcare environments. Grants from the Tasmanian Clinical Education Network (TCEN) and the Commonwealth Government’s

Office of Learning and Teaching (OLT) have enabled work on this project to progress. A field trial of the technology is planned for later this year using a hand-washing procedure.

Team members: Tony BARNETT, Director, Centre for Rural Health, University of Tasmania
Weidong HUANG, Senior Lecturer, School of Engineering and ICT, University of Tasmania
Carey MATHER, Lecturer, School of Health Sciences, University of Tasmania.



Further Information

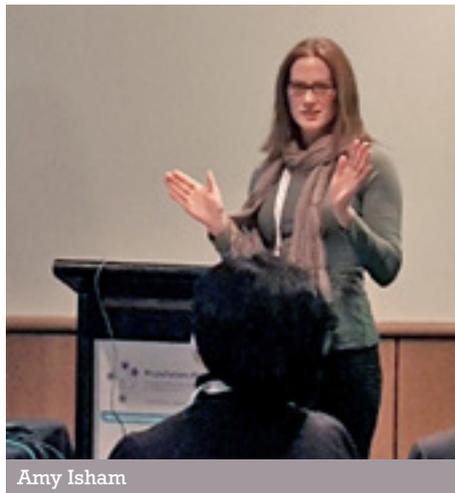
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Oral CRE's presentations to Population Health Congress 2015

The Population Health Congress 2015 was held in Hobart from 6th – 9th September 2015. Over 800 national and international health professionals, researchers and policy makers attended this public health event.

The congress covered a range of key population health issues such as mental health, child and adolescent health, Maternal and Paternal Health, Aboriginal health and oral health.

The UTAS Centre of Research Excellence in Primary Oral Health Care (CRE) showcased three out of six presentations from the oral health session. **Ha Hoang**, the CRE Postdoc Fellow presented a paper on primary care providers' strategies on how to fix the oral health crisis in the bush. **Diana Godwin** PhD



Amy Isham

student, delivered her talk on the recruitment and retention of dental practitioners in rural Australia. The CRE primary care scholar **Amy Isham** gave a presentation entitled "Information-seeking behaviours of dentists: a systematic review". The CRE presentations were well received and attracted much interest from experts in the field.

Attending and presenting at the Population Health Congress 2015 was a great experience for the CRE presenters. We had opportunities to listen to experts from diverse fields of population health research,



Diana Godwin

to meet them in person and to share our work. Though people attending the Congress came from different backgrounds and different fields of research and practice, we all wanted to make a contribution to achieving better health for everyone.



Further information

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L – R: Ms Sharon Dennis and TAS TAFE Students

TAS TAFE Community Service Students

Ms Sharon Dennis CRH (Indigenous Lecturer) is actively involved in a project with TAS TAFE Community Service Students. In this project students initiated conversations about the Mersey Bluff and Tiagarra in Devonport and the importance of the area for Tasmanian Aboriginal people. The objective of this project is the inclusion of Aboriginal perspective in consultation with the area and reopening and upgrade of Tiagarra. The students attended Aboriginal Cultural Awareness Training last

year and wanted to be proactive to change Awareness into Cultural Safety and to look at what Aboriginal perspectives were not included within their own community.



Further Information

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E-Health students' success

In 2015, 82 students enrolled in E-Health units. Enrolments included 23 students in the Professional Honours, 15 students in the Graduate Certificate, 8 students in the Graduate Diploma, 12 students in the Masters Program and 24 students enrolled in a variety of courses including health service management and nursing. Congratulations to August graduates: *Graduate Certificate*: Monique Belfer, Mun Min Fong, Tanya Gradolf, Wen Lan Lou & Deborah Pope; *Graduate Diploma*: Fay Walsh and *Master of E-Health*: Brian Woodhouse.

In 2015, CRH503 and CRH505 became core units for the newly introduced Master of Health Information Management, which is offered by the Tasmanian School of Business and Economics.

Further Information

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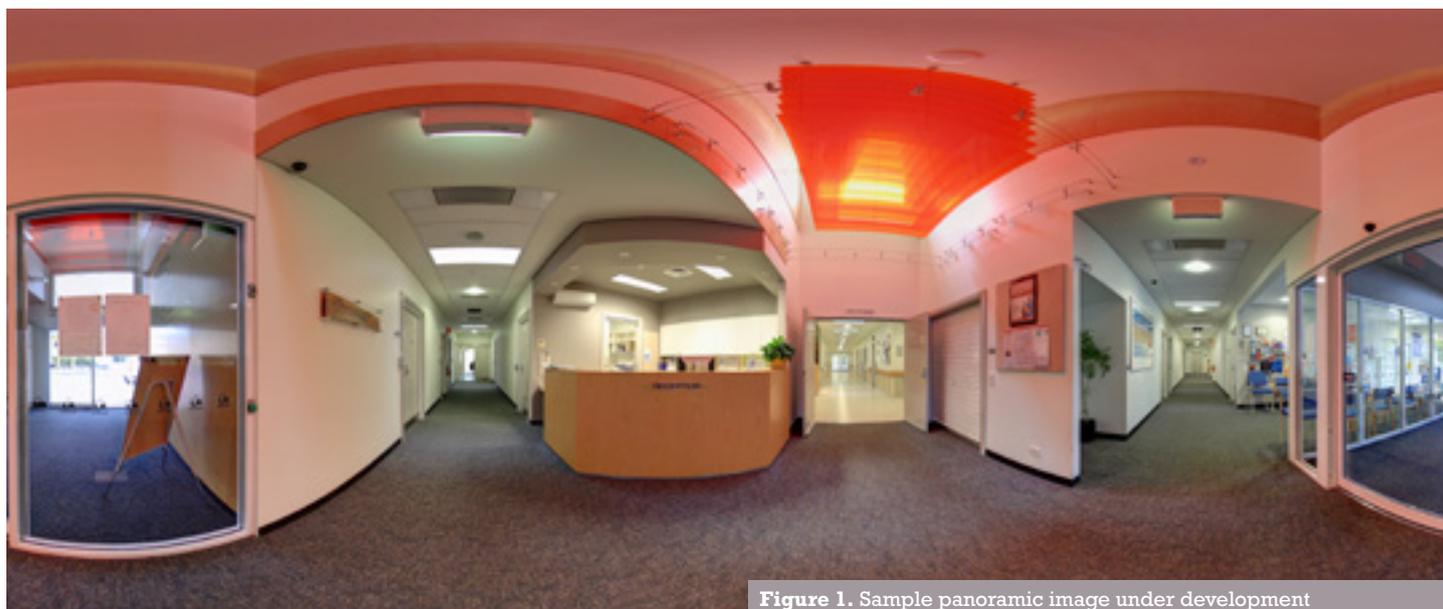


Figure 1. Sample panoramic image under development

Project report: Virtual orientation tours

The Faculty of Health at UTas offers a range of U/Grad courses that require a total of 1,000,000 hours of work-integrated learning per year. Some 20 other education providers also have students that undertake work-integrated learning in Tasmania. Inevitably this involves a number of students, disciplines, health industry partners and Faculty.

The burden of suitably, consistently and repeatedly preparing students from multiple disciplines for placements in a range of practice settings can be onerous for faculty, clinicians and industry. Students are often anxious about placements and need to feel welcome. How well students are prepared for placement influences how easily they adjust to placement, how positively they experience the placement and their learning outcomes. There is evidence that a positive placement experience influences academic as well as clinical learning outcomes, course pathway, course retention and completion, and graduate career choices.

This project involved the development of virtual orientation tours to augment the preparation of students for placement in Aboriginal, rural and remote health services. The aims of the project were to:

- Attract students to rural, remote and Aboriginal health placements;
- Better prepare students for the realities of a particular practice setting so they know what to expect and can set realistic learning goals;

- Provide a consistent and useful body of information for all students that is convenient and self-directed;
- Enable placement providers to have a say in the information given to students;
- Alleviate students' pre-placement fears about the unknown; and
- Create for students a sense of welcome and reassurance that student learning is valued.

Method

A collaborative approach was adopted to facilitate buy-in and decision-making. Photographic images were stitched together into spherical panoramas and software was used to build the tour sequence and insert video, still photos and text information.

The key components of the virtual tours are:

Content – related to what students need/want to know in preparation for placement such as: where to go, contacts, services, facilities, resources,

meals, accommodation, car parking and where to store personal belongings.

Live floor plan – The floor plan provides an orientating visual frame that viewers can return to in order to situate themselves or identify the next place they want to 'move to'. The blue balloons are live. By clicking the mouse over these balloons the viewer is taken to a panoramic view of the area. Viewers can self-select or focus their tour by progressing in the order they want through the floor plan without doing the whole tour. Alternatively, viewers can step through the tour from the front door to the back door.

360° panoramic images – Panoramic images enable viewers to see a room or area in-context and get a feel for nearby relationships with other areas or buildings (Fig.1).

Welcome Video clips – Brief 1-3 minute 'Talking head' video introductions by key staff were included to provide a sense of welcome. These video clips give students a brief overview of the services provided, potential learning opportunities and a sense that key people value having students and support clinical learning.

Clickable 'i' information 'hotspots'

– provide brief chunks of information in-context. For example, near reception information spots include the contact details of key people students are likely to deal with and where to present on arrival.

Project outcomes

Sixteen online virtual orientation tours are available to all students (health professionals and the public) via the Tasmanian Clinical Education Network (TCEN) website www.tcen.com.au

Three virtual tours of the Tasmanian Aboriginal Centre's (TACs) Aboriginal health services (AHS) in Burnie, Launceston and Hobart (Fig.2)

Project reach: By September 30th 2015 there were over 500 page views of the Aboriginal health service tours.

Outcomes of the TACs AHS tours: The AHS Virtual Tours increase viewers' awareness of the health services available and students' understanding of professional roles within the health service, including Aboriginal Health Workers. They also provide access to cultural information and may attract staff to work in Aboriginal health, an area of workforce shortage.

Thirteen virtual tours of rural and remote health services across Tasmania (Fig.3).



Figure 3. Sites of virtual orientation tours of rural and remote health services

Project Reach: By September 30th 2015 the tours were viewed in excess of 9,000 times, by people throughout Australia and in 45 countries. Variations in the frequencies that sites have been viewed reflects differences in when the tours were developed as well as differing interest (Fig.4). The 'popularity' of the Queenstown tour merits investigation.

Feedback is being sought from placement providers, education providers and students. Students are encouraged to complete the anonymous online survey available at www.tcen.com.au



Figure 2. Images 1, 2, 3 Front page of the TAC's three Aboriginal Health Services

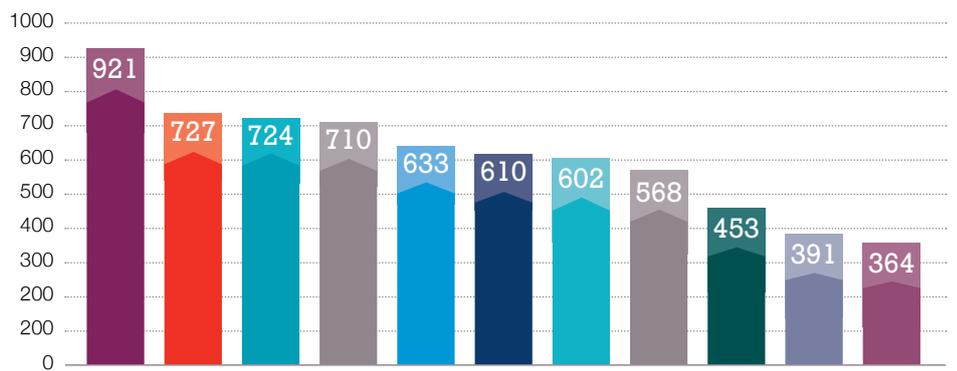


Figure 4. Page views by 11 rural health services to September 30th 2015

Feedback and enquiries welcome:
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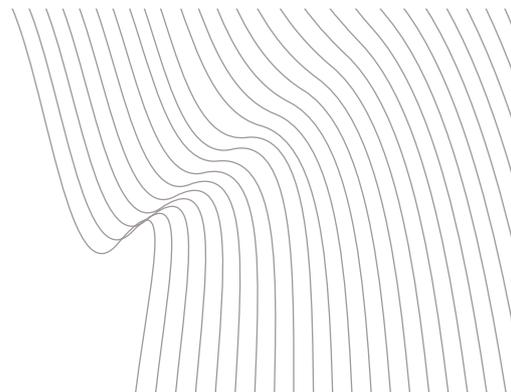
Acknowledgement: Funding provided by the Tasmanian Clinical Education Network and Health Workforce Australia enabled these online virtual tours to be developed.



Further Information

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GRANTS / RESEARCH



Community Conversations Consultations Workshop in progress

Rural Primary Health Service Provider Community Conversations Consultations Workshop

The establishment of the Primary Health Tasmania (PHT) entity on July 1ST 2015 saw project activities relating to a number of CRH research projects funded under the previous Tas Medicare local (TML) organisation extended under the new PHT banner. One such initiative was the Community Conversations Consultations (CCC) project.

The CCC project is a key component of the previous TML Rural Primary Health Services Program (RPHS). The RPHS program focuses on increasing access to a range of primary and allied health care services and activities for rural and remote communities. Specifically, the RPHS program comprises membership from 14 RPHS providers delivering a range of primary health care programs and services such as active treatments, screening programs, health education and other health promotion and prevention activities in 16 local government areas (LGAs) across Tasmania. Communities involved in the

RPHS program are located in inner regional and remote localities (ASGC – RA 2-5).

A project team from the CRH comprising Stuart Auckland, Dr Peter Orpin, Dr Jess Woodroffe, Sandra Murray and Christine Matera was engaged initially by TML and the PHT to support the extension of the scope of the work of RPHS providers to include mapping of community assets, health and wellbeing needs and to ensure that there is a broader and deeper engagement with local stakeholders. An important element to this process is the identification

of opportunities that may be generated through addressing skill development needs and gaps in the workforce. This support work was packaged into a Community Conversations Consultations (CCC) project which aimed to enhance the capacity, through the development of skills and knowledge, of RPHS provider organisations, service providers and broader rural communities to undertake community profiling activities. This was achieved through the delivery of a range of support activities as identified and prioritised by the 14 RPHS providers themselves and delivered through the CCC project team. Content of the CCC activities varied depending on the identified need. Activity topics included: Integrated care coordination, social entrepreneurship, community needs assessment, strategic planning, community engagement strategies, local food economies and men's health. Two experienced facilitators from the CCC project team worked with individual RPHS organisation site coordinators in selecting and designing the activity format and content. Format of activities included workshops, Q and A panels with community and business leaders, community forums and seminar presentations.

A total of 10 community consultative/conversation activities (workshops) were rolled out to 12 RPHS provider sites over a six week period between August – September 2015.

Outcomes from each individual CCC activity were captured in a report to be used to inform improved targeting of RPHS project funding and the development of RPHS annual service delivery plans.



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L – R: Gwen Egg and Libby work on a basket

Walking Each Other Home: Weaving End of Life Supports into a Community Garden

Walking Each Other Home (WEOH) is a collaborative research project between the Centre for Rural Health and the Okines Community Garden at Dodges Ferry, 40 kms South of Hobart. A small team of locals, including myself as researcher, applied for and successfully obtained a grant from the Tasmanian Association of Hospice and Palliative Care. The overarching aim is to assist the Community Garden to better understand how it can extend its current role in community development into the area of providing palliative care and grief and bereavement support, and to assist other Gardens to do the same. It will also contribute to the academic literature and research on both informal support for end-of-life care and community gardening.

A key aim of palliative care is to improve the quality of life of patients and their families who are facing a life-limiting illness. It is well established that for Australians dying well means to die at home, be surrounded by friends and family, and receive good support that keeps us comfortable and pain free.

WEOH is a participatory action research project which centers around three community events: an information night, four weaving workshops and a one-day creative workshop. Each event is designed to engage community members in informal, supported conversations about death, dying and grief, which will inform the future direction for the garden. The research methods include participant observation, semi-structured in-depth interviews, and a literature review.

The three questions at the heart of the research are:

1. Does the pilot project enable the Community Garden to determine how to support community members during end-of-life or grief and bereavement?
2. What factors enable and/or hinder the Community Garden in achieving its aims?
3. Are there relevant learnings for other similar organisations?

A preliminary review of the literature found that although there is much evidence that supports the importance of informal support networks during dying, death and grief there is little academic work being done in this particular area. Some research concentrates on therapeutic

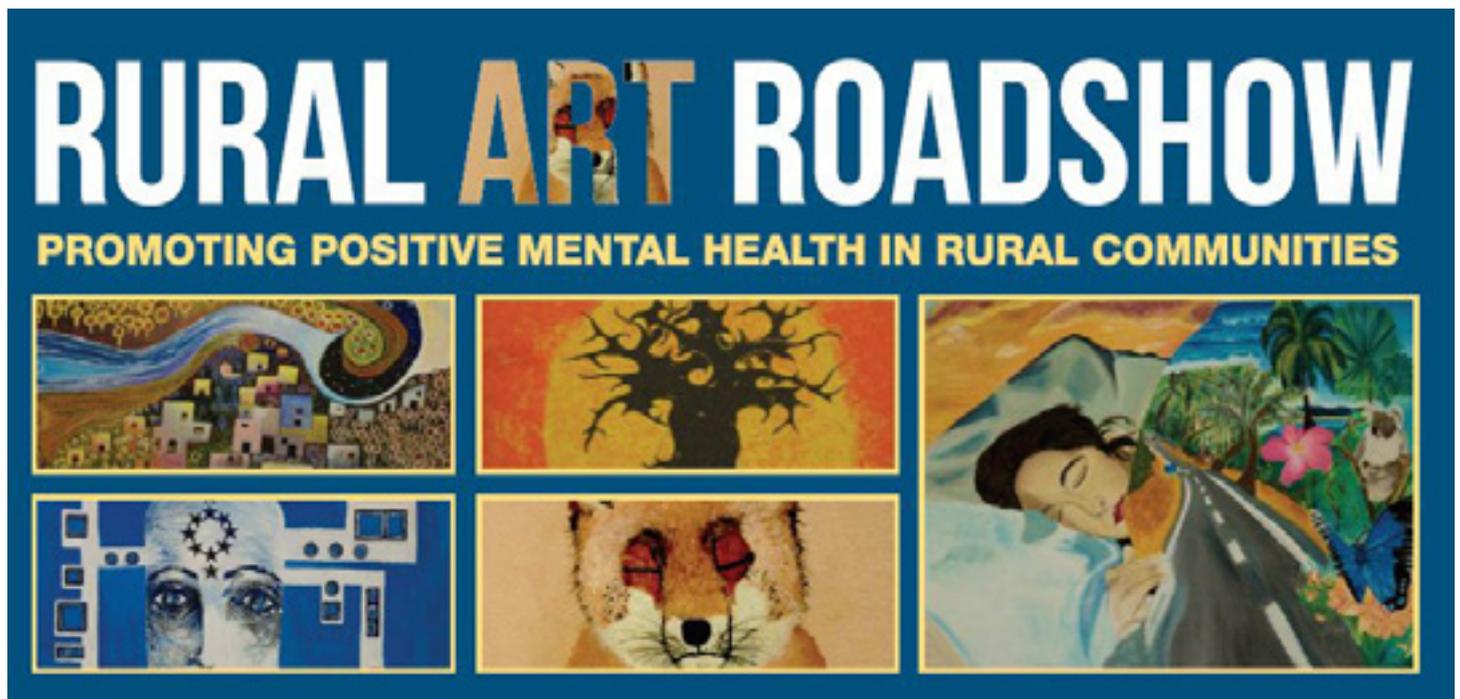
benefits of gardens (that is, plants) in end-of-life care, with particular interest in spacial planning of palliative care facilities.

The project outputs will include two peer-reviewed articles and a project report. I would like to mention the valuable input of the Research Assistant Anna Spinaze, and the project team at Okines: Gabrielle Gartrell, Gwen Egg and Andrew Nolan.



Further Information

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Mental Health Rural Road Art Show

The Rural Art Roadshow is a collaboration between MI Fellowship and the UTAS Centre for Rural Health and is funded by a UTAS Community Engagement Grant and the School of Health Sciences. This project combines the benefits of art as therapy and the art show as a community event to increase social inclusion, resilience and reduce stigma.

The benefits of art in mental health are widely acknowledged, providing a safe way to express experience and build a new identity not based on mental illness. Through social inclusion, this project will work towards breaking down the barriers that prevent rural community members from accessing mental health support. This project has the potential to provide positive directions for reducing stigma surrounding mental health in rural communities.

All four communities participating in the Rural Art Roadshow (see below) are being invited to contribute to the project in their own way. Project officer Christabel Alliston attended the Scottsdale Family Fun Day recently to promote the Roadshow. Local high school students are creating a special quilt to promote positive mental health.

MI Fellowship and UTAS Centre for Rural Health would like to acknowledge the generous contribution of each of the venues' owners and managers for donating the space to hang the Rural Art Roadshow exhibition. We'd also like to thank the artists for allowing us to display their wonderful works!

The Rural Art Roadshow was held in the following locations on these dates:

Scottsdale Nov 17th to 21st 2015 inclusive

Gallery Café 42 King St Scottsdale, open 9am-5pm

Opening Night Tuesday the 17th at 6pm for 6:30pm start

George Town Nov 24th until 28th 2015 inclusive

Bass and Flinders Centre, 8 Elizabeth St, George Town, open 10am-4pm

Opening Night Nov 24th at 6pm for 6:30pm start

Queenstown Dec 1st until 5th 2015 inclusive

Raymond Arnold's LARQ Gallery, 8 Hunter St Queenstown, open 2-6pm

Opening Night Dec 1st at 6pm for 6:30 start

Smithton Dec 8th until 19th 2015 inclusive

Time Out on Emmett, Emmett St Smithton open 5am-5:30pm

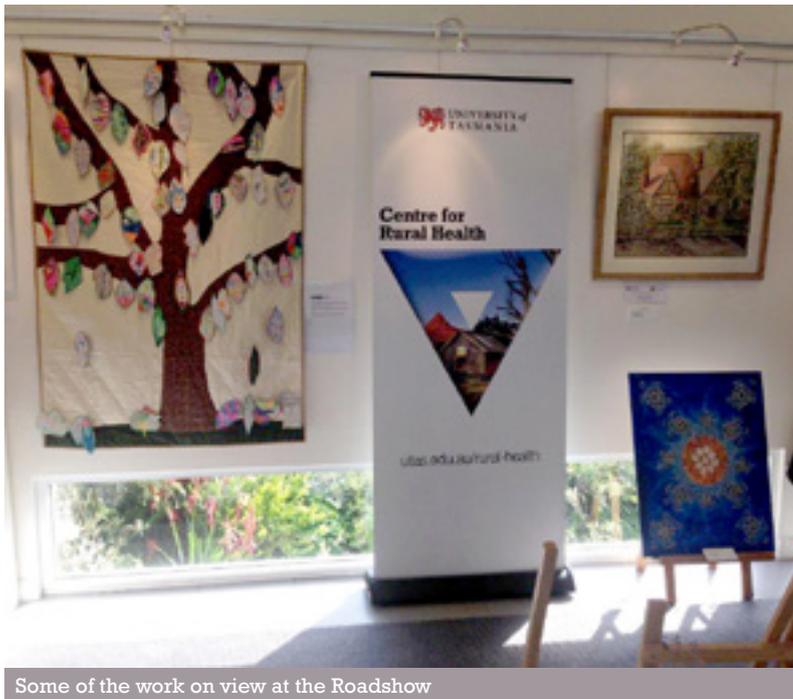
Opening Night Dec 8th 6pm for 6:30pm start



Further Information

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Some of the work on view at the Roadshow



L – R: Ms Christabel Alliston (CRH), Bridget Archer (Mayor of George Town), David Wilkes (MI Fellowship) and Dr Heather Bridgman (CRH).

Working with Communities Breadth Unit

The experience of Centre for Rural Health (CRH) staff members Dr Peter Orpin, Sharon Dennis and Stuart Auckland in rural community development was used in the development of modules for the *Working with Community Breadth Unit*.

The unit, developed as a partnership between the CRH, the UTAS Institute for Regional Development (IRD) and the Tasmanian Institute for Agriculture (TIA) was offered as a second-year on-line unit to provide students from a range of professional disciplines with the skills to work effectively with diverse communities in their professional practice. Through combining the experience and knowledge of staff from the three UTAS institutions around the theory and practice of working with communities, students were able to obtain a valuable insight into community development through the lens of regional development, agricultural extension and rural health.

Working with Communities. The focus of the unit is on understanding the concept of 'community', cultural differences among, and within, communities, and the challenges and opportunities of engaging communities in participatory planning and change processes.

The unit comprised three interlinked modules:

In search of community:

The module introduced different types of communities, common myths about



The focus of the unit is on understanding the concept of 'community', cultural differences among, and within, communities, and the challenges and opportunities of engaging communities in participatory planning and change processes.

communities, and posed key questions that students can use to reflect upon how different communities are defined, organised, and understood.

Communities and change: This module focused on drivers of social change and how communities grapple with change processes, locally and globally. Students were exposed to theories of change often used in working with communities and their practical applications in a range of community and professional settings.

Engaging with communities: The third and final module focused on approaches, tools and communication strategies for engaging communities, including participatory and 'bottom-up' approaches and methods that recognise community assets, organisations, dynamics and knowledges.

The 18 students who enrolled in the unit had the opportunity to learn from guest speakers and panellists who provided concrete examples of community development in action, drawing on their work with communities in Australia and overseas, across a range of professional domains such as:

- Local industry development
- Local government
- Rural and regional education
- Indigenous community work
- Natural resource management
- Poverty reduction
- Disaster preparedness
- Health systems evaluation
- Food security
- Community health services
- Community arts
- Community cultural development

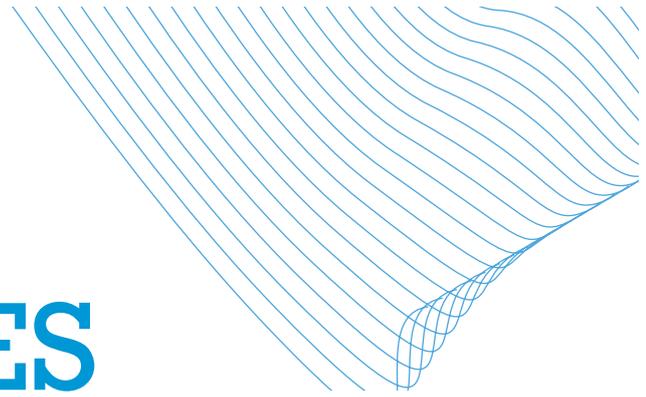
Working with Communities will be offered again in the 2016 winter semester.



Further Information

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WORKSHOPS EVENTS /AND/ CONFERENCES



Community Engagement Project: Real World Research for Health Professionals

The goal of this community engagement project was to promote the ability and confidence of clinical health professionals to search, find, read, critically review and appropriately translate research evidence into evidence-based practice.

This project involved the development, implementation and evaluation of a series of two half-day, interdisciplinary workshops. One was held onsite in a community partner organisation, the second onsite at the Cradle Coast campus, Burnie, and the third at Newstead College in Launceston for school psychologists in the north of the state.

The project team comprised four academics from the Centre for Rural Health. Dr Merylin Cross, A/Prof Tony Barnett, Dr Heather Bridgman, Dr Lyndsay Quarmby and a research librarian, Ms Louise Earwaker.

Learning resources were provided to help clinicians sift through and sort the research available, encourage them to practice and reinforce the knowledge gained and promote their ongoing engagement with Evidence-Based Practice. The resource kit included information about levels of evidence, publicly available search engines, health data bases,

mesh terms, search strategies, step sheets and criteria for critically appraising the quality of different types of research evidence.

To evaluate the usefulness of the workshops data were collected by means of anonymous post-workshop survey. Almost all respondents (97%) considered the workshop relevant to their work. In the words of one clinician, "This should be a compulsory requirement in our workplace." The strongest results were that respondents valued the small group learning environment and considered it conducive to learning. They also valued having resources provided that would enable them to continue strengthening their ability to search, find and review current research evidence. One participant commented, "Great resources/handouts." Participants also valued highly the opportunity to practice searching under the guidance of a research librarian. One participant stated that it was,

"very helpful to have a practical formula to use instead of keyword searching." Another stated that the "group practice was ++ beneficial." Almost all respondents (94%) could see ways to strengthen their practice by applying research evidence.

These results suggest that participants have strengthened their research knowledge and confidence.

Participants were invited to seek support from the project team between workshops and to consider opportunities for future collaborative engagement. Most participants elected to be notified electronically of further opportunities to refine their research knowledge or engage collaboratively in research projects. To this end, they have provided their email details and will be included on the Centre for Rural Health mailing list.

If any readers are interested in participating in a similar workshop please contact Dr Merylin Cross at merylin.cross@utas.edu.au

Acknowledgement: This project was enabled by a small internal University of Tasmania Community engagement grant.



Further Information

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National Health Informatics Conference (HIC2015) August 3-5, Brisbane Convention and Exhibition Centre

Dr Sue Whetton presented 'Educating the Health Informatics Professional: The Impact of an Academic Program' at this

conference. The paper reported on the study, undertaken by Sue and Cherie Hazlitt (DHHS) that investigated the impact of the E-Health (Health Informatics) program on the career paths of graduates, and on the use of electronic systems in health services. Sue was a contributing author to the paper 'Health Informatics and E-health Curriculum for Clinical Health Profession Degrees' presented at the Conference by Dr Kathleen

Gray from Melbourne University. Both papers have been published in *Studies in Health Technology and Informatics*.



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Early surveillance of Autism Spectrum Disorders in infants and toddlers workshop

Dr Lyndsay Quarmby, Dr Heather Bridgman, together with the team from the Olga Tennison Autism Research Centre at La Trobe University represented by Dr Josie Barbaro and the Autism CRC, conducted a three day free workshop entitled "Early surveillance of Autism Spectrum Disorders in infants and toddlers" funded by a University of Tasmania community engagement grant. The workshop was held in three venues Hobart, Launceston and Ulverstone from 31st Aug, 2nd and 3rd Sept 2015.

The workshop was a three hour training activity to equip professionals working with the 0-2 year old population with the necessary skills to carry out Social Attention and Communication Surveillance (SACS) and discuss their findings with families as

part of routine care. The SACS approach is an evidenced based surveillance method that supports professionals to monitor infants and toddlers for atypical development through skilled observations to identify early indicators of Autism. The training covers:

- Early development of Social Attention and Communication in typical development and key items for early indicators of Autism
- Development of Social Attention and Communication in Autism
- Monitoring Social Attention and Communication as part of routine developmental surveillance
- Discussing the SACS items with families and facilitating referrals of children at risk of developing Autism

Overall 201 health professionals (including 8 students) attended. Disciplines included paediatricians, child health nurses, psychologists, social workers, OTs, physiotherapists, speech pathologists, policy makers, childcare educators and school principals. A total of 157 post-workshop evaluations were obtained. Follow up data will be collected to investigate the implementation of SACS into practice.



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Interprofessional Health, Education and Practice International (IHEP) conference

Over 5-7 October this year the inaugural Interprofessional Health, Education & Practice (IHEP) International Conference was held in Melbourne. The themes of the conference were expose, immerse and experience within interprofessional disciplines. I had the opportunity to attend this conference and to present.

My first-hand experience with the conference began on Tuesday, after battling peak hour traffic from Tullamarine to Albert Park. Give me Tassie peak hour any time! The day commenced with plenary sessions followed by several paper sessions. The plenary sessions included a discussion around the future directions of interprofessional activities from both education and practice perspectives. The second plenary was a joint presentation by Professor de Courten, Director of the Victoria University Centre for Chronic Disease Prevention and Management, and A/ Professor Roger Dunston, Associate Director of the International Research Centre for Communication in Health at University of Technology Sydney. A national approach to IPE/IPP

development was suggested, connecting the already good work being done on local levels with national development.

The important aspect of this conference was the interprofessional nature it conveyed. Paper sessions on both days included topics from numerous health care professionals. Importantly, a wide scope for discussion included not only sessions around interprofessional education aimed at undergraduates and interprofessional clinical placements, but also interprofessional practice. Topics ranged from caring for foot ulcers, ambulatory care, aged care, social care, preoperative care, midwifery, pharmacy, and of course my own subject of paramedic practice.



Peter Mulholland PhD Candidate

The afternoon session of the second day gave me the opportunity to present my own paper on paramedic care and interprofessional learning. I had initially thought the presentation time was for 20 minutes and so after learning it was actually a 15 minute slot, had to edit a bit on the run. I was pleased I made it through without getting the 'speaker stop talking card' and there was time for a few questions. I find question time very useful as it places different lenses on my own research and raises areas I may not have initially considered.

Overall the conference was very beneficial. I met a few like-minded research candidates, extended my knowledge around interprofessional learning, and learnt that my own field of paramedic practice holds an interest to other professionals.

Many CRH students would be familiar with preparing and presenting conference sessions, and I would thoroughly recommend the experience for helping to ground your research. I feel honored to have been accepted to speak at the conference and would like to thank my supervisors at the UTAS CRH, Tony and Jess for encouraging me to submit an abstract.

A full list of abstracts for the conference can be located at <https://www.vu.edu.au/interprofessional-health-education-practice-international-conference/speakers-abstracts>

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DIRECTOR'S REPORT



Associate Professor Tony Barnett

Work is progressing on plans to meet performance expectations ('deliverables') associated with the new the Rural Health Multidisciplinary Training (RHMT) Program that sees funding continue from the Department of Health for rural health activities over the next 3 years though under a single, consolidated framework. The primary focus of the program remains on the recruitment and retention of health care professionals in rural and remote Australia and on improving health outcomes for people living in these areas.

The new agreement with the Commonwealth has also provided a timely opportunity to engage an external consultant to review operations of the Rural Clinical School and the Centre for Rural Health with a view to strengthening collaboration across disciplines and enhancing rural health workforce and research outcomes.

Staff and students from the CRH were well represented at the Tasmanian Allied Health Symposium held in Launceston in November at the Tailrace Centre. Three papers and a poster were presented at the event on topics that included: *the long term retention of the allied health workforce in rural and remote areas* (**Dr Lyndsay Quarmby**), *rural paramedics* (**Peter Mulholland**) and, *the readability characteristics of oral health information literature* (**Dr Ha Hoang**). The symposium is organised by the Allied Health Professional Executive Committee (DHHS) and the Tasmanian Allied Health Professionals Advancement Committee (TAHPAC). It provides an opportunity to showcase Tasmanian allied health service quality, research and innovation.

At the symposium **Dr Jess Woodroffe** received a TAHPAC achievement award for a project titled: *Consumer Centred Pathways – Food for Thought*.

CRH staff have been members of collaborative teams that have recently attracted a number of external grants. **Stuart Auckland** and collaborators have been successful in securing a grant from *Primary Health Tasmania* (previously known as the Tasmania Medicare Local) for \$50,000 to undertake an evaluation of the *Bridges Out of Poverty* workshop program. Stuart, with **Dr Jess Woodroffe**, has also been granted \$14,500 from Taswater to undertake a project on *Social and Economic Profiling for Small Towns* that will keep them both busy into next year. Warmest congratulations to **Dr Simone Lee** and team on being awarded a highly competitive Tasmania Community Fund grant with *Epilepsy Tasmania* of \$80,000 to develop and implement an innovative tele-assistance support service for people in rural and remote areas who may be living with or affected by epilepsy. **Dr Pauline Marsh** was awarded \$10,000 from the Tasmanian Association

of Hospice and Palliative Care for a project titled "Walking Each Other Home". Pauline will be working with supporters of the Okines Community Garden in Dodges Ferry (SE Tasmania) to help develop stronger support services within the community for people experiencing grief and loss. Well done everyone.

A big congratulations those higher degree research students who have successfully submitted their work for examination and are due to graduate. Well done to **Deb Carnes, Anna Spinaze, Melissa Terry** and **Joanne Yeoh**. A wonderful achievement.

Our Primary Health Care Practitioner Scheme saw a number of new faces join the multi-disciplinary CRH team in Launceston. We extend a very warm welcome to **Deb Carnes, Ella Anderson, Christabel Alliston, Suzi Claflin, Greer Maine, Kimberly Kevan, Suzanne McNab** and **Dr Bianca Perera**, each of whom is on short term (6month) part-time secondment to gain skills in research that they can then apply within their professional and local work environments on completion of the program.

In addition to welcoming new folk over this period, we have also given the fondest farewell to **Kim Boyer** and **Dr Peter Orpin** who have retired after many years' with the CRH and service to the University and the community. We wish them both every happiness as they both embark on new chapters in their life. We also say a big thankyou and farewell to **Dr Jess Woodroffe** who will also be leaving the CRH at the end of this year for another position within the university.

As we head rapidly toward the festive season, I would like to thank each and every member of staff at the CRH for their hard work and many achievements over the last 12 months and also extend my sincere 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.

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