



Country SA News

Volume 1, Issue 1

July 2015



Kim Hosking

CEO Message

“As of this publication the Country SAPHN is 24 days old. Our particular focus since inception has been to ensuring the continuity of those services that were previously funded by the Commonwealth through the Medicare Locals. All five SA Medicare Locals had some degree of country footprint and a wide range of services and activities were provided direct to the community, either by the Medicare Locals or by other organisational and private service providers.

Our first three weeks have been taken up ensuring contracts have been provided to these service providers, ensuring they are able to continue the good work that has occurred prior to this new financial year. All activities that provide direct service provision have been renewed.

There are no instances where service has been discontinued as part of the change to PHNs from Medicare Locals. Country & Outback Health is in operation, continuing services formerly provided by Country North SA Medicare Local. The Riverland and Murray Mallee Divisions of General Practice continue to provide services in the Riverland, South East and Murray Mallee.

Summit Health continues to provide services in the Adelaide Hills. In the Fleurieu Peninsula and Kangaroo Island region we have maintained the linkages and service delivery model provided by the SAFKIML but temporarily provided by the APHN. Contracted services provided by CHSA have also been continued.

With that surety of on going services we are able now, to move to the new tasks and activities of the PHN. I must express my appreciation to the ‘discontinuing’ Medicare Locals for their support and assistance in making this change over quick and complete.

I must also thank the Country South SA Medicare local for the information and population health product they have provided, which we can build upon to continue positive population health work they have undertaken.”

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Decision Assist Special TV Event

ACC is proud to co-produce this special TV Event: Decision Assist – Palliative Care support for Aged Care on Wednesday 29th July 2015 at 2:15pm EST to 2:45pm EST. This program is suitable for Registered Nurses, Enrolled Nurses, experienced aged care staff, Case Managers,

GPs, and allied health professionals working for providers of Residential Aged Care and Home Care Packages.

[Click here](#) to register for this free TV event.

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Sammy D Foundation visits Roxby!

Approximately 90 students in years 10/11 and 12 from the Roxby

Downs Area School attended the Party Wise session on Monday 22 June 2015 and a number of community members attended the evening session, Party Wise. The local Roxby Downs Health Forum and Country North SA Medicare Local were the joint sponsors for the event.

The Sammy D Foundation was founded with the ultimate aim of providing skills to young people in order to prevent such a tragedy from happening again. The telling of Sam's story by his father Neil Davis was extremely powerful to the participants. Importantly, the students seemed able to relate to the 17 year old Sam that Neil spoke about – his talent and passion for sport and ability to make friends. Sam's story was told as a way of educating young people about the consequences of violence, including effects of alcohol and drugs on decision making and the need to make safe choices when in private and public spaces.

Also part of the sessions was a presentation by the program coordinator Jessie Bennie who talked to students about alcohol and other drugs in a harm minimisation context, exploring the risks, responsibilities, legalities, and what to do in emergency situations. Students were also asked to complete a

"Know the Facts" questionnaire which highlight a number more exciting than relaxed", of "myths" regarding alcohol and other drugs such as "alcohol makes people "a shot of tequila and a vodka cruiser have the same amount of alcohol" and "Police cannot charge you if the drugs are not yours". These questions encouraged some lively discussion and debate by students.

The evaluation showed that over 90% of the participants highly valued the session and felt more equipped to hold a safer party after attending the Party Wise session. Over 70% said that their attitude changed about how they would plan a party.

Feedback included comments such as:

- *Consider how I want the party to run, who to invite, where to have it, what will be supplied (e.g. alcohol)*
- *To plan a safe party without too much alcohol and too many guests*
- *People will need to identify themselves and my parents need to know who they are*
- *I would invite less people and make sure I know everyone*
- *To make sure to have photo of people on the guest list*

If you would like to find out more about the Sammy D Foundation please visit their website <http://www.sammydfoundation.org.au/>

Health Innovation, Integration & Service Design

As indicated by the CEO, the first 3 weeks as a new entity has seen a high level of activity in the Health Innovation, Integration & Service Design (HII&SD) team who took on the responsibility of developing and distribution of some 37 contracts to ensure continuity of service under a variety of Commonwealth Government programs. A side benefit of this process has been the building of relationships with a variety of large and small organisations who will, as time goes on, inform and contribute to the work of the Country SA PHN. We look forward to working closely with these organisations and thank them for their patience and forbearance as we have negotiated our way through the contract process in a short period of time.

The start of this financial year has seen the beginning of a number of external activities that the SA PHNs have been requested to have input into or be a partner of such as; Members of the Aboriginal Health and HII&SD team have joined with key stakeholders on steering committees for the development of a Type 2 Diabetes Care Strategy for Aboriginal People in SA and the SA Aboriginal Heart and

Stroke Plan to ensure that Aboriginal peoples care is best practice and fit for purpose whether metro based or rural or remote based.

Country SA PHN staff have also had the opportunity to provide input to the MBS Item review; this has been of particular interest to our organisation as we work with health practitioners and the commonwealth to safeguard access and equity not only for country residents with health issues but also for health practitioner's ability to survive as a business in country locations. We look forward to continued involvement in this process and an aligning process looking at chronic disease and primary health care.

The HII&SD team is in the process of fleshing out activities that address the National PHN priorities and objectives along with a variety of programs including mental health, after hours and Silver Connections. We look forward to keeping you informed on progress of these activities and having your involvement at different points.



Diamond Facets Chronic Pain Support Group

The lack of local support provided the incentive for Norah Baldock to establish The Diamond Facets Chronic Pain support group. The group meets monthly in Port Lincoln to share their stories and personal knowledge in the hope participants will understand their important role as “authors” of their own pain management. The group is made up of chronic pain sufferers as well as carers.

“Only chronic pain sufferers can really understand what it’s like” said Ms Baldock. “Chronic pain can stop you from doing simple everyday tasks and can prevent social interaction whether it be with friends and even family. It can be very debilitating and isolating”

The group have been meeting since January with a physiotherapist, pharmacist, GP and a hypnotherapist as guest speakers. Future meetings are planned with education targeting diet, acupuncture and a yoga session. Ms Baldock is encouraging anyone suffering from chronic pain to join the local support group.

“It makes it very hard living so far from Adelaide to participate in any multidisciplinary pain management programs” said Ms Baldock. “I have researched a wide range of techniques and strategies and think it’s a great opportunity to share this information with others.”

Country SA PHN are supporting the group by providing the venue for the meetings, promoting and providing administration support.

The mental health clinicians and the Partners in Recover (PIR) program are also referring clients to the group. There are currently 30 in the support group who all attend different sessions depending on their need. Ms Baldock would eventually like to extend the group to other areas on Eyre Peninsula.

Norah has been interviewed by the local paper and Pain Australia contacted her to submit an article in their newsletter http://www.painaustralia.org.au/images/pain_australia/Issue_52_final.pdf Norah is also promoting the group through agency meetings.



Pictured: Norah Baldock and Physiotherapist Jez Sundqvist

A gold coin donation is appreciated to cover the cost of tea and coffee and members are asked to sign a confidentiality form. Although they discuss different techniques and treatments, the group does not provide any direct medical advice.

Monthly meetings are held at the Country SA PHN office (formerly Medicare Local) 7 Mortlock Terrace Pt Lincoln. Please contact Norah Baldock on 0427 711677 if you are interested in attending a session.

Regional Strategies Team

The Regional Strategies team is one of the new functions within the Country SA PHN that will embrace some of the old that has been working well across primary health care and facilitate clinical and community voices to assist with developing some new and refined strategies towards improving health care to rural communities.

What does all that mean? The Regional Strategies team is the *public face* of the PHN, regionally located and will be a key contact point for primary health care to engage and work with the PHN. Led by Kiara Cannizzaro as the Project Development Manager, the team is almost fully employed covering all parts of rural SA. Regional Strategies will ensure that the local primary health care provider supports are coordinated, efficient and of the highest quality delivered to rural general practices and other health professionals. The team is also leading the work around developing the local clinical councils, community advisory committees and other integrated provider networks.

High on the list of priorities in these first weeks has been recruitment of and transitioning from Medicare Locals forming the team, maintaining the pre-booked CPD events, re-establishing the Practice Manager Networks across country and assisting with the process to form the clinical councils and community advisory committees. If you wish to know more on how you can connect with the team’s work or keep in touch on developments please contact Kiara via the head office telephone or directly on email kcannizzaro@countrysaphn.com.au.

Are you rural GP attending the RDASA Masterclass conference next week

(31st July to 2nd August)? The Country SA PHN is one of the sponsors of the weekend and the Regional Strategies team are managing the Trade Exhibit right across the weekend so come along and see us there.





Acknowledgements

Mental Health Excellence and Innovation Award Congratulations to the Doctor on Campus Victor Harbor High School

Doctor on Campus (DOC) is a Mental Health Early Intervention Model for schools. The project commenced in May 2004 as a community initiative, linking a local GP, Mental Health Clinicians, and School Counsellors to improve identification and clinical intervention in Mental Health for adolescents drawn from the Victor Harbor High School community.

The clinical success of DOC, as determined by clients, their families, by Victor Harbor High School Counsellors, by DOC clinicians and by SAFKI Medicare Local client data analysis has led to its confirmed success in 11 years of operation. This success has led to other South Australian schools adopting the DOC model as well as attracting professional and policy interest from other states.

Mentally Fit Eyre Peninsula Project Country Health SA Local Health Network Mental Health

Three community members, personally touched by mental illness, wanted to help create a 'mentally fit' Eyre Peninsula. Connecting with Country Health SA Local Health Network Mental Health

Expert by Experience Officer Angela Cordon, they set about fund-raising their dream by partnering with an NGO, Rotary, Bendigo Bank and enthusiastic sponsors to create what became the hugely successful 'Life is a Circus' gala event.

The funds raised enabled West Coast Youth Services to facilitate community forums; delivering education programs, emphasising mental wellbeing and resilience building. The project has proved hugely successful, powered by community spirit and a passion for reducing stigma and increasing mental health awareness.

Naracoorte's new CT-scanner

Congratulations to the community of Naracoorte and the Naracoorte Lucindale CT Trust for their hard work and commitment to raise funds to purchase a new CT-Scanner located at the Naracoorte Hospital.

Benson Radiology will operate the new CT-scanner at the Naracoorte Hospital three days a week.

Well Done!

2015 National NAIDOC Awards - Lifetime Achievement Award Congratulations to Tauto Sansbury

Tauto Sansbury is a Narungga man from the Yorke Peninsula of South Australia. He also has Kurna and Wirangu heritage and has been a tireless advocate for social justice for Aboriginal people for over 30 years.

As State Chairperson of the South Australian Aboriginal Justice Advocacy Committee and Chairperson of the Aboriginal Justice Advisory Committee for over 10 years, Tauto fought to improve the conditions of Aboriginal people in the criminal justice system. In 2003, his hard work was honoured by an Australian Centenary medal.

Tauto's passion for working for his people is 24/7. He has served in countless official and voluntary positions from chairperson of the South Australian Aboriginal Coalition for Social Justice, or lecturing university refugee students to hosting screenings of Jon Pilger's Utopia.

Overcoming significant disadvantage and minimal education, Tauto has risen as a champion for his people.

Congratulations to Australian Primary Health Care Nurses Association (APNA).

The three-year funding will enable the APNA to deliver a programme of activities for nursing services in general practices and primary health care.

The Nursing in Primary Health Care Program has two main elements; chronic disease and healthy ageing initiatives and primary health care nursing recruitment and retention initiatives, with a range of projects covering each area. The Program will run until 2018.

The Community Achievement Awards for South Australia are about recognising individuals, organisations and groups who are making a difference in our local communities and State.

There can never be enough encouragement and support for those working towards making their State a better place. Awards such as these create an opportunity to say thank you to those who work tirelessly to develop and improve in their chosen field of endeavour.

Nomination Close: Friday 14th August 2015

Judging: Thursday 1st October 2015

[Nominate Now](#)

Immunisation

Updated pertussis recommendations

What's new in the Australian Immunisation Handbook pertussis chapter? In March 2015, the pertussis chapter in the Australian Immunisation Handbook was updated with new recommendations, updated information and evidence, as summarised below.

Childhood boosters: In response to waning immunity, the first booster dose of DTPa (diphtheria, tetanus, and pertussis) is recommended for all children at 18 months of age. The DTP/IPV dose at four years of age is the recommended second booster in the childhood schedule (dose 5).

Adolescent booster: The dTpa dose recommended in adolescents (offered in the School Immunisation Program in South Australia) is in addition to those recommended in childhood.

Pregnancy booster: Pregnant women in the third trimester are recommended to have a pertussis containing vaccine (dTpa) with each pregnancy (even if pregnancies are close together). This replaces the recommendation to administer dTpa if five years or more had elapsed between a previous dose and the expected date for delivery.

Studies indicate vaccinating the mother during pregnancy provides the newborn with direct passive protection through transplacental transfer of high levels of pertussis antibodies from the mother to the fetus.

Pertussis antibody levels peak approximately two weeks post vaccination, and active transfer of antibodies from the mother to the developing fetus occurs predominantly from 30 weeks gestation onwards.

Therefore, the optimal time to vaccinate pregnant women is between 28 and 32 weeks.

However, it can be offered at any stage from 28 weeks. This vaccine is state funded for pregnant women in the third trimester in SA.

For those mothers who do not have the pertussis vaccine during pregnancy, it should be offered as soon as possible after delivery, preferably before discharge from hospital. This provides some indirect protection for the baby by reducing maternal pertussis.

Vaccine formulation section: Infanrix® GlaxoSmithKline (DTPa - diphtheria tetanus pertussis acellular vaccine) has been added to the list of registered vaccine formulations for children under 10 years of age.

Adverse event section: This section of the chapter is now divided into three areas:

- DTPa-containing vaccines in children
- dTpa-containing vaccines in adolescents and adults
- dTpa vaccines in pregnant women.

Variations from product information about Infanrix and use of dTpa in pregnancy is now included in this section.

For more information or to download the updated chapter and visit: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/news-20151504



ProQuad® vaccine added to NIP

ProQuad is a live attenuated vaccine against measles, mumps, rubella and varicella. From 1 July 2015, ProQuad will be introduced as an additional MMRV vaccine on the NIP for children at 18 months of age. As with Priorix Tetra®, **it should not be given** as the first dose of MMR vaccine for children under four years of age, due to the small increase in the risk of a fever and febrile convulsion.

Presentation

- Available in single doses and 10 packs.
- Supplied as single dose vials of lyophilised vaccine with a pre-filled needleless syringe of diluent.

Administration

- Use only diluent supplied to reconstitute the vaccine. Inject entire contents of the pre-filled syringe into the vial containing powder.
- Agitate and re-draw the entire content.
- The reconstituted vaccine is 0.5 mls of a pale yellow to light pink liquid.
- Administer by subcutaneous injection only.

Immunisation providers will be receiving the ProQuad vaccine in conjunction with Priorix Tetra in standard vaccine deliveries.



Immunisation

Herpes Zoster

Herpes Zoster or shingles is a localised, painful, vesicular skin rash resulting from reactivation of the same virus (varicella-zoster virus) that causes chickenpox earlier in life. Shingles can affect any part of the body, including the face, but the rash classically takes the shape of a belt or band in the thoracic or lumbar region. Although usually self-limiting, shingles can lead to post-herpetic neuralgia.

About 20-30% of people will have an episode of shingles in their lifetime, most after the age of 50 years. Older people (over 60) are more likely to have shingles with the complication of post-herpetic neuralgia.

Who should be vaccinated

Zostavax is registered for use in people over 50 and over, **it is recommended for adults aged 60 years and over.**

Vaccine

The vaccine contains live attenuated varicella-zoster virus, approximately 14 x greater than in chickenpox vaccines.

Contraindications

Zoster vaccination is contraindicated if there has been anaphylaxis following a previous dose of VZV-containing vaccine or following any vaccine components. As with other live viral vaccines, people who are immunocompromised should *not* receive the zoster vaccine.

Administration

A single 0.65 ml of Zostavax is required, to be given by subcutaneous injection only.

Cost approximately \$215 – most pharmacies would need to order in.

Concomitant administration

Ideally Zostavax and 23vPPV (pneumovax) should be given at least 4 weeks apart, however if inadvertent concomitant administration occurs, there is no need to revaccinate.

As with other live viral vaccines if Zostavax is to be given around the same time as another live viral vaccine, they should be given either at the same visit or at least 4 weeks apart.

Zostavax can be administered at the same visit, or at any time following, receipt of other inactivated vaccines (e.g. tetanus-containing vaccines).

(Taken from NCIRS Herpes Zoster fact sheet)

ATAGI was advised that Zostavax[®] (herpes zoster [shingles] vaccine, bioCSL) for 70 year olds (ongoing) and 71-79 year olds (catch-up), and were recommended for listing on the National Immunisation Program at the November 2014 meeting of the Pharmaceutical Benefits Advisory Committee (PBAC). There has been no further comments on this recommendation as yet.

Haemochromatosis

Help for patients with Haemochromatosis

Newly diagnosed patients and their families often have many unasked questions about this condition. Two well received short information videos are available on [YouTube](#). Haemochromatosis – animation (2 minutes) and Haemochromatosis Explained (10 minutes).

Patient resources including the free booklet “Haemochromatosis your questions answered” can be obtained by calling Haemochromatosis Australia Info Line 1300 019 028 or email to publications@ha.org.au

Many people with hereditary haemochromatosis who require regular venesections prefer to do this with the Australian Red Cross Blood Service. The ARCBS High Ferritin App replaces the previous paper-based referral process to the therapeutic venesection program and contains information on both hyperferritinaemia and haemochromatosis.

Complete details about the High Ferritin App, and how to access it to refer a patient for therapeutic venesection is available at http://www.transfusion.com.au/high_ferritin

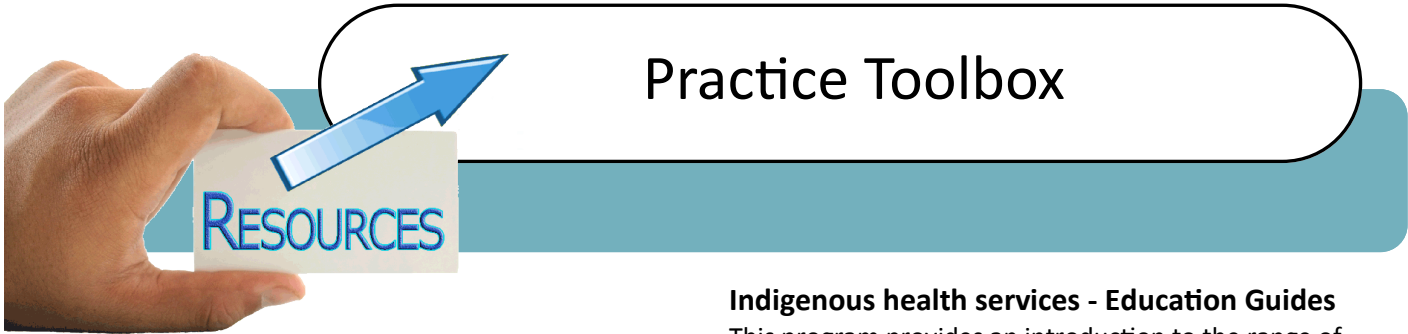
Additional GP resources are available at <http://haemochromatosis.org.au/gpresources/>

Included on this page is a Family letter that has proved valuable for patients when faced with the task of explaining the relevance of a genetic condition to other family members.

An online educational module “Diagnosis and Management of Haemochromatosis” is available for ACRRM members via the ACRRM website.

Haemochromatosis Australia website www.ha.org.au





Practice Toolbox

ReachOut WorryTime and ReachOut Breathe Apps

Not for Profit mental health organisation, ReachOut Australia has launched two new apps to help young Australians reduce anxiety and stress through their smartphones.

ReachOut said WorryTime and ReachOut Breathe are free apps that enable young people to use familiar technologies to independently manage anxiety and stress. See more at: <http://www.probonoaustralia.com.au/news/2015/06/nfp-launches-anti-stress-apps#sthash.0DERpBoL.dpuf>



ReachOut Breathe for iPhone and Apple Watch is now available and can be downloaded directly from the [Apple App Store](#).



ReachOut WorryTime for iPhone and Android is now available and can be downloaded directly from the [Apple App Store](#) or [Google Play](#).

Steps to Better Health Social determinants of health service directory for Barossa and Surrounds

The health service directory was developed by the "Steps to Better Health" committee to help people in the Barossa and surrounds to locate and access local services that support an individual's social determinants of health.



For a copy of this free directory please contact the Country SA PHN on 08 8565 8900.

National vaccine storage guidelines: Strive for 5

2nd edition of the Strive for 5 booklet is available, [click here](#) to download an electronic copy or for a hard copy contact Country SA PHN on 08 8565 8900.



Poster are also available, [click here](#) to download a PDF version

Immunisation Myths and Realities: responding to arguments against immunisation

5th edition of Immunisation Myths and Realities, to download an electronic copy [click here](#)



Indigenous health services - Education Guides

This program provides an introduction to the range of Medicare services to support Indigenous health.

These services are available for health professionals to assist them to better manage and improve the health outcomes of Aboriginal and Torres Strait Islander patients.

Indigenous health services - Education Guides

- [Aboriginal and Torres Strait Islander health assessments and follow-up services](#)
- [Chronic Disease Management services to support Indigenous health](#)
- [Closing the Gap - PBS Co-payment Measure](#)
- [Mental health services - supporting Indigenous health](#)
- [Telehealth – supporting Indigenous health](#)

The eLearning programs are also available from Department of Human Services website: [Indigenous health education](#)

Re-focus App

It's a free, easy-to-use and interactive App for women who have, are, or thinking of separating. It covers legal information about domestic violence (DV), arrangements for children, financial and property matters, options for reaching a legal agreement and safe accommodation. It also provides helpful referrals and coping tips about separation.

The app was developed as a strategy under the *National Plan to Reduce Violence Against Women and Children 2010-2022*.



Re-focus for iPhone and android now available and can be downloaded directly from the [Apple App Store](#) or [Google Play](#)

Information for Aged Care Providers

On the 1 July 2015, there were a number of key changes to significantly improve access and choice for consumers, and strengthen system sustainability. These changes will help build a sustainable aged care system now and into the future.

Significantly, there are important changes to home support and My Aged Care. Further information is available on the [Department of Social Services website](#) and the [myagedcare website](#)



GP Professional Development

The Emergency Medicine Education and Training program (EMET)

EMET is an initiative funded by a Commonwealth grant to the **Australasian College for Emergency Medicine** for the development of teaching and training opportunities for staff working in Emergency Departments with minimal or no consultant support in Emergency Medicine.

The program provides training to 6 regions in South Australia : Riverland, Murray Mallee, Mt Gambier / South East SA, Gawler/Barossa, Hills/Fleurieu and Eyre Peninsula.

For more details go to the website: <http://emet.learnem.net.au/>



Burns Management Clare

Friday 7 August 2015, 6.00pm-9.00pm held at the Wild Saffron Cafe Meeting Room Clare. Presented by Dr John Greenwood and Ms Sheila Kavanagh.

Session on epidemiology, first aid and emergency management of burns, chemical and electrical burns, burn assessment, wound management and transfer criteria.

For more information or to register [Click here](#).

Common Musculoskeletal injuries in General Practice

Interactive workshops to increase your skills and knowledge when confronted with common musculoskeletal injuries. Sessions are free, for more information or to register [Click here](#)



Lower Back

Wednesday 5th August 2015, 6.00pm-8.30pm BioSA Incubator Conference Centre, Thebarton, SA . Presented by Dr John Bastian, Rehabilitation Medicine Physician.

Shoulder

Thursday 13th August 2015, 6.00pm-8.30pm Commodore on the Park, Mount Gambier . Presented by A/Prof Michael Shanahan, Rheumatologist & Occupational

Emergency Medicine Update for Rural Health Professionals

Adelaide Health Simulation and Skills Centre, University of Adelaide 2 day workshops available free to all healthcare professionals working in rural and remote SA. Workshops held in Roxby Downs, Kadina, Ceduna, Port Augusta and Port Lincoln. For dates, time and venue or to register please email emet@adelaide.edu.au or call 08 8313 5101

Register now - Murray Bridge Clinical Skills Day (Anaesthetics), Saturday 22 August

Students who are studying a Bachelor of Medicine/ Bachelor of Surgery (University of Adelaide) or Doctor of Medicine (Flinders University) and members of AURHA or FURHS are eligible to apply for RDWA's Murray Bridge Clinical Skills Day (Anaesthetics).

For more information or to apply click on [Murray Bridge Clinical Skills Day](#). Applications close 5pm Monday 20 July 2015.



Rural Emergency Skills Program (RESP)

RDWA's RESP is an emergency skills program for rural medical practitioners who provide emergency services in rural South Australia. Country Health SA LHN recognises successful completion of RESP for credentialing of emergency service provision in the local hospital.

RESP is delivered by the Royal Flying Doctor Service and LearnEM Pty Ltd at 10 rural locations each year. Learn EM and the RFDS have continually developed the program format, content and delivery for rural resident GPs, and the participant evaluation is an outstanding testament to the quality of this program.

For details of the program locations and dates go to [RDWA website](#).

RACGP General Practice Education for GPs

Tuesday 8 September 2015: GPE – Emergency Medicine and Resuscitation Update (CPR for GPs)

Tuesday 22 September 2015: GPE – Consent, Advance Care Directives and new resuscitation planning

For more information or to register go to [RACGP website](#)

Adelaide to Outback GP Training Program

Eating Disorders, Focussed Psychological Strategies Skills Training 29 July & 19 August 2015 for more information or to register [click here](#).

Flinders University

Chronic Condition Management Program Thursday 20 & Friday 21 August 2015 for more information [click here](#)

Flinders Communication & Motivation for Behaviour Change Wednesday 26th August 2015 for more information or to register [click here](#)



Professional Development

My heart, my life e-learning resource for nurses now available

The Heart Foundation (SA Division) with SA Health have developed an online resource to support nurses to begin heart health education with their patients. The evidence based clinical information aims to promote knowledge, confidence and professional development of clinical staff in the delivery of Phase 1 cardiac rehabilitation in conjunction with the “My heart, my life” book and the “Six steps to cardiac recovery” conversation guide.

There are six modules to complete that cover:

- Diagnosis and Procedure
- Patient Risk Factors
- Cardiac Rehabilitation
- Medication Adherence
- Warning Signs
- Medical Follow up



Within each module there is the opportunity to test the user’s knowledge using a quiz. Individual Continuing Professional Development (CPD) can be documented using the certificate of completion associated with each quiz.

The My heart, my life e-learning resource is available on our online learning page for health professionals here: www.heartfoundation.org.au/information-for-professionals/online-learning/Pages/default.aspx

Physiotherapy Forum

Physiotherapists in the Eyre Peninsula are invited to an information session about the new Return to Work scheme and the role they play in influencing positive health outcomes for their patients.

Evening session held on Thursday 17 September 2015 at the Port Lincoln Hotel. To register or find out more details regarding this event, email your name and contact details to providers@rtwsa.com or call Simon Hynes on 8238 5787.



Emergency Update for Practice Nurses & Practice Staff

Tuesday 4 August 2015: GPE – Emergency Update for Practice Nurses (including CPR)

Tuesday 18 August 2015: GPE – Emergency Update for Practice Staff (including CPR)

For more information or to register go to RACGP website

Nursing and Allied Health Scholarship and Support Scheme (NAHSSS)



Australian Government Scholarships Australian College of Nursing (ACN) administers a number of scholarships funded by the Australian Government Department of Health and Department of Social Services.

It is not necessary to be a member of ACN to apply for these scholarships.

The Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) provides assistance to nurses, midwives and nursing and midwifery students who are undertaking study at an Australian university or registered training organisation.

Applications open 7 August 2015

For further information please contact the Australian College of Nursing via email scholarships@acn.edu.au or free call 1800 117 262.

Click here for full listing of the available NAHSSS scholarships. <http://www.acn.edu.au/nahsss>

Ride Along Program Orientation Session

The Rural Doctors Workforce Agency (RDWA) and the Royal Flying Doctor Service (RFDS) offer medical and nursing students the opportunity to join a flight with the RFDS through the Ride Along Program.

Placements are a one day non-clinical attachment on either a Saturday or Sunday.

To participate in this program, you must be a member of a rural health club and it is mandatory to attend the orientation session being held at the RFDS Hangar, James Schofield Drive, Adelaide Airport on Wednesday 2 September 2015 from 5:30pm to 7:00pm.

This orientation session is open to nursing students who are members of ROUSTAH. Limited tickets are now available through ROUSTAH.

Understanding Dementia MOOC 17th August 2015

The 9-week curriculum (delivered over 12 weeks) covers all aspects of dementia, including basic brain anatomy, pathology, dementia research, dementia inclusive design, risk factors, symptoms, diagnosis, medical management, living with dementia, progression and staging, palliation, younger onset dementia (YOD), behaviours, and therapeutic approaches.

For further details on how to sign up and enrol at mooc.utas.edu.au