



Outback Allied Health

“Realising potential and inspiring change”

OUTBACK ALLIED HEALTH “REALISING POTENTIAL AND INSPIRING CHANGE”

Inaugural Allied Health Forum
Thursday 8th June 2017
Mount Isa, Queensland

Program of Events and Presentation Abstracts





Outback Allied Health

“Realising potential and inspiring change”

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Publishing Information

Inaugural Outback Allied Health – “Realising potential and inspiring change”

Formal Title of the Proceedings: Outback Allied Health – “Realising potential and inspiring change”

Editor (s): Melinda Duncan

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Sponsors

The Outback Allied Health Forum committee acknowledges the contributions and support from the following organisations’ listed below in making this forum possible.

- North West Hospital and Health Service (NWHHS)
- Mount Isa Centre for Rural and Remote Health, James Cook University (MICRRH, JCU)
- Western Queensland Primary Health Network (WQPHN)
- Australian Council of Deans of Health Sciences (ACDHS)
- Allied Health Professions Office of Queensland
- Gidgee Healing
- North and West Remote Health (NWRH)
- Education Queensland





Acknowledgements

The inaugural Outback Allied Health – “Realising Potential and Inspiring Change” forum committee members would like to acknowledge the contributions of all key stakeholders that have forged strong partnerships in the process of raising the profile of the dedicated North Queensland Allied Health Professionals.

The collaborative response by the Allied Health clinicians to the call for abstracts, sponsorship and participation has been remarkable. It has afforded the many inspiring health professionals of North Queensland the unique opportunity to present their exciting work within their own community, for their communities.

A special acknowledgement for the incredible support the clinicians have received must be made to Andrea Leigh, Professor Sabina Knight and Robyn Adams for their leadership, clinical expertise and encouragement in bringing the forum together.

The forum committee comprises of a collaborative of organisations working together under the leadership by Andrea Leigh, Professor Sabina Knight and Robyn Adams and would particularly like to acknowledge:

Forum Committee: Andrea Leigh, Professor Sabina Knight, Robyn Adams, Melinda Duncan, Rahni Cotterill, Louise Massie, Sarah Jackson and Alexander Lauer

Abstract Committee Oversight: Professor Sabina Knight and Robyn Adams

Abstract Committee: Melinda Duncan, Louise Massie, Alexander Lauer and Rahni Cotterill

Information Technology: Amanda Kaminski and Sanjay Narayan

Forum Registration and Website: Amanda Kaminski and Catherine Hays

Forum Administration: Rachel Moore and Amanda Kaminski

Venue Development: Professor Sabina Knight, Louise Massie and Melinda Duncan



Forum Welcome

Welcome to the inaugural Outback Allied Health Forum "Realising Potential and Inspiring Change".

The Outback Allied Health Forum was an initiative of the NWHHS Allied Health team under the leadership of Andrea Leigh, former Director of Allied Health, North West Hospital and Health Service. The forum presents the collaborative innovations of the many Allied Health Professionals within outback North Queensland.

The forum focuses on the themes of realising potential and inspiring change by examining the vast and unique delivery of health services within rural and remote areas. The impetus for the collaboration came from the many health professionals working with rural and remote communities who are overcoming the many challenges of developing and implementing client centered and evidence based care.

The conference comprises of abstract presentations and posters. It aims to raise the profile of Allied Health Professionals within an ever expanding health care system and bring to the forefront the significant contributions allied health professionals make to patient care.



Keynote Speakers

Lisa Davies Jones – Chief Executive, North West Hospital and Health Service

Julie Hulcombe – Chief Allied Health Officer, Allied Health Professions Office of Queensland, Department of Health

Ilsa Nielson – Principle Workforce Officer, Allied Health Professions Office of Queensland, Department of Health

Robyn Adams – Executive Officer, Australian Council of Deans of Health Services (ACDHS), Division of Tropical Health and Medicine, James Cook University

Andrea Leigh – Director of Regional Allied Health – Gidgee Healing; Former - Director of Allied Health, North West Hospital and Health Service

Professor Sabina Knight – Director, Mount Isa Centre for Rural and Remote Health (MICRRH), James Cook University (JCU)

Dallas Leon – Chief Executive Officer, Gidgee Healing

Dominic Sandilands – Executive Manager Primary Healthcare and Human Resources, North West Remote Health. Commencing with North and West Remote Health 2011, Dominic Sandilands has 15 years' experience in tertiary and regional hospitals; remote primary and community healthcare centres and 9 years' experience as a health service manager. With a clinical background in Podiatry, Dominic is passionate about fostering leadership pathways in regional, rural and remote areas and in 2015 was elected as a member of the Queensland Branch Council for the Australasian College of Health Service Managers and Secretary since 2016; Dominic is a Fellow of the ACHSM; an MBA Graduate and a Graduate with the Australian Institute of Company Directors.

Alexander Lauer – Physiotherapist, Department of Education and Training Queensland. Working in the Mount Isa area for the past 7 years. Working across local and outreach school settings has fostered his passion for seeing good transitions between primary health and the community setting. This has included work supporting new graduate staff, new service deliveries (e.g. telehealth) and working closely with families returning to community. Alex also has interests in hydrotherapy and mobility equipment.

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Forum Schedule

Time	Chair	
10:30 am	30 mins	Registration Zonta will be available at MICRRH to purchase coffee
11:00 am	Andrea Leigh 10 mins	Welcome to Country – Aunty Karen West
11:10 am	15 mins	Opening Address – <u>Lisa Davies Jones</u> <i>Chief Executive Officer, North West Hospital and Health Service</i>
11:25 am	30 mins	Allied Health – Julie Hulcombe <i>Chief Allied Health Officer, Allied Health Professions' Office of Queensland, Department of Health</i>
11:55 am	5 mins 5 mins 5 mins 5 mins 20 mins 5 mins	Who's Doing What After the Wet? – Innovative Models of Care NWHHS – Kathryn Fulton MICRRH – Professor Sabina Knight NWRH – Dominic Sandilands Department of Education and Training Queensland – Alexander Lauer Gidgee Healing – Dallas Leon Questions & comments
12:50 pm	40 mins	Break – Lunch
1:30 pm	Julie Hulcombe 5 mins	Lightning Round 1: Samantha Tate; Caring for an amputee post-surgery and the challenges faced when discharged into a remote community hospital

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	5 mins	Louise Terry; <i>Rural Generalists and Therapy Specialists; Promoting skill sharing and delegation through telehealth across the remote North West</i>
	5 mins	Sarah Hughes; <i>to be confirmed</i>
		Group Questions; Telehealth Initiatives
1:45 pm	15 mins	Lightning Round 2: Grace Tanner; <i>Indigenous Nutrition Services Project: A multi-disciplinary approach to Type 2 Diabetes group education sessions</i>
2:00 pm	5 mins	Robyn Adams; SARRAH promotion
	5 mins	Kylie Stothers; IAHA promotion
	5 mins	Rhonda Fleming; PHN promotion
2:15 pm	15 mins	Susan Elliott/Ilsa Nielsen; <i>Grasping opportunities and realising benefits of Rural Generalist Training Positions; the North West experience</i>
2:30 pm	10 mins	Catrina Felton-Busch/Kylie Stothers/Shawn Solomon; <i>Collaboration of Indigenous Allied Health</i>
2:40 pm	10 mins	Sarah Jackson; <i>An update on rural and remote stroke survivors' perspective on their recovery journey in North West Queensland</i>
2:50 pm	10 mins	Martina Taylor; <i>It's just the beginning; Development of student-led Allied Health Services in the Lower Gulf</i>
3:00 pm	30 mins	Break – Afternoon Tea
3:30 pm	Ilsa Nielson 15 mins	Deb Phillips; <i>Occupational Therapy led paediatric telehealth review clinic – keeping kids closer to home</i>
3:45 pm	15 mins	Natasha Hart/Jayne Henshall; <i>1800SPEECH – Sorry your call cannot be connected. Please check your bandwidth and try again</i>

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4:00 pm	7.5 mins	Sarah Pizzey ; <i>Rural Generalist Training: Service development project in HHS dual funded Physiotherapy position</i>
	7.5 mins	Bonnie Collins ; <i>Expansion of Physiotherapy serviced in ED and fracture clinic at Mount Isa Hospital</i>
4:15 pm	15 mins	Lynette Stenhouse and Rebecca Lister ; <i>From safety boots to safety minds – creating a mentally healthy work place</i>
4:30 pm	15 mins	Break
4:45 pm	Christine Mann 45 mins	Keynote Presentation; <u>Robyn Adams</u> <i>Executive Officer, Australian Council of Deans of Health Sciences (ACDHS). Division of Tropical Health and Medicine, James Cook University</i>
5:30 pm	Professor Sabina Knight 10 mins	Forum Wrap Up and Summary; Professor Sabina Knight <i>Director, Mount Isa Centre for Rural and Remote Health, James Cook University</i>
5:30 pm		Closure of Forum
5:30 pm – 7:30 pm	2 hrs	Networking Mixer and Poster Stalls



Peer Review and Availability of Proceedings

All abstracts were reviewed by the forum abstract committee and overseen by academics Professor Sabina Knight and Robyn Adams.

The process the abstract committee undertook to review the submission involved the following steps:

- 1) The committee was selected from clinicians already participating in the forum.
- 2) Each submission was reviewed individually by all members of the abstract committee. Acceptance was based on the demonstration of innovative care provision and relevance to the forum theme.
- 3) Following acceptance at committee level, all acceptance recommendations went for final approval by Professor Sabina Knight and Robyn Adams.
- 4) In cases where submissions did not meet the criteria for a presentation, a poster presentation was offered as an alternative.



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Who’s Doing What After the Wet?

- **Andrea Leigh** – Director of Regional Allied Health – Gidgee Healing; Former Director of Allied Health, North West Hospital and Health Service
- **Professor Sabina Knight** – Director, Mount Isa Centre for Rural and Remote Health, James Cook University
- **Dallas Leon** – Chief Executive Officer, Gidgee Healing
- **Dominic Sandilands** – Executive Manager Primary Healthcare and Human Resources, North and West Remote Health
- **Alexander Lauer** – Physiotherapist, Department of Education and Training Queensland



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Forum Abstracts (in order of presentation)

Lightning Round 1

Speaker 1: Samantha Tate;

Caring for an amputee post-surgery and the challenges faced when discharged into a remote community hospital

Speaker 2: Louise Terry;

Rural Generalists and Therapy Specialists; Promoting skill sharing and delegation through telehealth across the remote North West

Speaker 3: Sarah Hughes;

To be confirmed

Lightning Round 2:

Speaker: Grace Tanner;

Indigenous Nutrition Services Project: A multi-disciplinary approach to Type 2 Diabetes group education sessions



Abstract Presentations

Abstract 1: Susan Elliott/Ilsa Nielsen;

Grasping opportunities and realising benefits of Rural Generalist Training Positions; the North West experience

BACKGROUND: Recruitment and retention of Allied Health Professionals in some professional streams at North West Hospital and Health Service (NWHHS) has historically been challenging. Motivated by the goal of supporting an “own grown” workforce to address this trend, the NWHHS has successfully secured non-recurrent funding and implemented a supernumerary Allied Health Rural Generalist Training Position (AHRGTP) since 2014.

AIMS: NWHHS aimed to use the AHRGTP initiative to increase recruitment and workforce sustainability and to enhance allied health service access and outcomes.

METHODS: NWHHS received funding for one position from 2014-16, implementing sequential twelve-month roles in dietetics, speech pathology and occupational therapy. Host work units implemented structured and guided learning and development activities for the position holder and developed, implemented and evaluated a service development project.

RESULTS: Position incumbents have reported positive experiences of supported learning and project opportunities. The initiative has enabled NWHHS to develop and implement new models that improve service access for the community. Outcomes include new speech pathology telehealth services to Cloncurry, a full review of Mt Isa Hospital food service, and an occupational therapy outpatient paediatric assessment clinic.

CONCLUSIONS: These positions have provided the means for service model reviews and change at NWHHS Allied Health, while developing the generalist skills of early career professionals. There is the potential to consider: skill sharing models; reviewing skill mix in rural and remote generalist positions; and better using assistants. The successful implementation through 2014-16 resulted in an additional two years AHPOQ funding for a physiotherapy position and the redesign of an existing NWHHS role to a rural generalist training position. These roles will join early career practitioners from four other states in completing the James Cook University Rural Generalist Program, the first formal rural generalist education program offered in Australia.



Abstract 2: Catrina Felton-Busch/Kylie Stothers/Shawn Solomon;

Collaboration of Indigenous Allied Health

BACKGROUND: Aboriginal and Torres Strait Islander health professionals play a vital role in addressing the health needs of our people. To close the gap in Indigenous health outcomes, we need more Aboriginal and Torres Strait Islander people to consider becoming allied health professionals and to also increase the opportunities for those living in remote Australia to have access to allied health professionals.

AIMS: Increase the Aboriginal and Torres Strait Islander allied health workforce in remote and regional QLD and Northern Australia to improve the health and well-being of Aboriginal and Torres Strait Islander people.

METHODS: Collaboration Agreement between Indigenous Allied Health Australia (IAHA) and Mount Isa Centre for Rural and Remote Health, James Cook University (MICRRH).

RESULTS: Intended results include:

- Improved student placement opportunities for Aboriginal and Torres Strait Islander allied health students to experience a remote or rural placement in QLD and/or Northern Australia.
- Increased cultural responsiveness of all staff involved in student placement activities
- Increased learning opportunities for Aboriginal and Torres Strait Islander allied health students that involve local based learning and multidisciplinary learning opportunities
- Increased awareness around the role and need for allied health workforce in remote and rural Australia



Abstract 3: Sarah Jackson;

An update on rural and remote stroke survivors' perspective on their recovery journey in North West Queensland

BACKGROUND: One-third of Australian stroke survivors (131,100 approximately) continue to live their lives with disability. Rural and remote Australians are more likely to be hospitalised for stroke than their urban counterparts yet have access to a proportionally smaller health workforce and infrastructure. Northwest Queensland (NWQ) represents a culturally diverse population spread across a large area classified as rural and remote. For NWQ stroke survivors inpatient rehabilitation may not be part of their story for a variety of reasons. Technology has been identified as a possible mode to promote access, yet there has been limited investigation into its application to enable stroke survivors' to actively participate in their recovery in the rural and remote context.

AIMS: The aim of this study was to explore rural and remote stroke survivors' perspectives on their recovery journey, giving consideration to the diverse NWQ population. This study formed the first phase of a larger PhD project investigating the use of technology to enable stroke survivors to actively participate in their recovery in rural and remote areas.

METHODS: A qualitative study using semi-structured in-depth interviews was undertaken. Data was collected and analysed thematically using constructivist grounded theory principles. Adult stroke survivors living, working and travelling through NWQ were purposefully recruited.

RESULTS: A summary of the preliminary results will be presented including participant and interview characteristics. Emerging themes that will be described will highlight the importance of stroke survivors 'being connected' and believing 'recovery is ongoing' to the individual's recovery journey.

CONCLUSIONS: This study will inform subsequent phases of the PhD, culminating in a series of case studies trialing technology options that enable stroke survivors to actively participate in their recovery journey.



Abstract 4: Martina Taylor;

It's just the beginning; Development of student-led Allied Health Services in the Lower Gulf

BACKGROUND: The undersupply of allied health (AH) professionals working in rural and remote Australia is nationally recognized. To develop the AH workforce in and for outback Queensland and reduce workforce maldistribution, the Mount Isa Centre for Rural and Remote Health (MICRRH) is attempting to address this issue by developing models of student placement that not only complements existing health services but develops work-ready AH graduates who are passionate about rural and remote, and Indigenous health.

AIMS: To utilize service learning to enable the development of inter-professional, student-led AH services that respond to unmet needs identified by rural and remote communities in outback Queensland.

METHODS: MICRRH recruited Allied Health Clinical Leads to develop AH clinical placement opportunities and provide clinical supervision and education. A partnership agreement was established between MICRRH and an independent school in the lower Gulf community of Normanton to pilot an AH student placement for SP and OT. Furthermore, Placement Coordinators within Queensland universities were provided with information regarding the placement to facilitate student allocation. Two SP students and one OT student spent 4 weeks of their 4th year placement with MICRRH providing clinical services to the children within the school. The clinical services were provided directly by the AH students under the supervision of experienced health professionals and included a combination of assessment and individual, group and whole class intervention based on each child's developmental goals.

RESULTS: Feedback from the AH students indicated that the placement allowed them to develop their clinical skills and feel as though they made a valuable contribution to the community. Preliminary teacher feedback indicated that the clinical services provided were professional and responsive to the identified needs.

CONCLUSIONS: Based on the results and feedback received, service learning may provide North West Queensland communities access to alternative AH services whilst contributing to the growth and development of work-ready AH graduates.



Abstract 5: Deb Phillips;

Occupational Therapy led paediatric telehealth review clinic – keeping kids closer to home

BACKGROUND: The Occupational Therapy (OT) Led Paediatric Burn Telehealth Review clinic provides reviews to children in rural and remote communities in North Queensland following burn injury. Children post burn injuries require lengthy rehabilitation and those from rural and remote communities are geographically disadvantaged compared to Townsville residents. The North Queensland Paediatric Burns Service (NQPBS) at The Townsville Hospital (TTH) identified rural and remote children require an alternative service such as telehealth.

AIMS: The OT Led Paediatric Burn Telehealth review clinic was developed to maximize efficiencies and reduce the burden of travel for children and families post burn injury from regional, rural and remote communities in North Queensland. These efficiencies are obtained by having the Occupational Therapist replace the paediatric surgeons' reviews of scars and to delegate clinical and non-clinical tasks to an Allied Health Assistant (AHA).

METHODS: An Allied Health Professional Office of Queensland (AHPOQ) Expanded/Extended Scope of Practice grant was secured to develop the model. This grant allowed guideline establishment including clinical governance, outcome measurement, and delegation to AHA frameworks. Telehealth consultations have been delivered into health facilities or directly into family's homes using the Queensland Telehealth Portal.

RESULTS: The OT Led Telehealth Paediatric Burn Telehealth Review Clinic has recruited more than twenty families to date. Families have received between one and three individual telehealth consultations, with savings in travel of between two and twelve hours per consultation.

CONCLUSIONS: We recommend the OT Led Paediatric Burn Telehealth Review clinic continue on as a method of rehabilitation service delivery from the NQPBS for children from regional, rural and remote communities in the future. Success of this local study will provide a template; including resources we have developed, for other Health Services to implement the model.



Abstract 6: Natasha Hart/Jayne Henshall;

1800SPEECH – Sorry your call cannot be connected. Please check your bandwidth and try again

BACKGROUND: Therapists within the Department of Education and Training (DET) are committed to ongoing evaluation of evidence based practices and innovation to improve outcomes for students. Queensland has a large number of schools based in rural and remote areas, which face the challenges of limited allied health support. Demographic data indicates very remote areas have as little as 1/8th the number of allied health workers compared to major capitals. These geographical factors contribute to disadvantage for students in rural and remote areas.

DET Allied Health services in the western portion of North Queensland region are based in Mount Isa. In order to try and effectively support a service district twice the size of Tasmania, the region utilises a hub and spoke model. For the SLP team 50 hours each term is spent on outreach travel, effectively reducing direct service time by seven days.

Schools based in rural and remote locations receive their services in a block of time (e.g. SLP visits once per term for a number of days, with follow up support provided via programming and phone support). However, schools in rural and remote areas also experience numerous barriers that impact their ability to receive this follow up support (e.g. one phone line for the whole school and low bandwidth allocation). This is in contrast to schools located in metropolitan regions, where services and follow up can be more frequent and responsive to school's emergent needs.

AIMS: Therefore, a project was initiated to trial the use of tele-practice as an innovative way to deliver speech-language therapy services to students enrolled in rural and remote schools in North Queensland Region.

METHODS: Service delivery was aligned with standard DET NQR service delivery. Evaluated services included direct therapy assessment, intervention, and parent/teacher consultation. A number of videoconferencing platforms and data-boosting options were evaluated.

RESULTS: Data collected indicates that the major barrier to providing effective services through tele-practice was DET bandwidth allocation.

CONCLUSIONS: Further trials with teleconferencing platforms that can support audio quality and frame rate over low bandwidth allocation are required.



Abstract 7: Sarah Pizzey;

Rural Generalist Training: Service development project in HHS dual funded Physiotherapy position

BACKGROUND: Rural Generalist training has typically been funded solely by AHPOQ in order to encourage new graduates and early career professionals to live and work in rural areas, develop generalist skills and have the opportunity to be involved in service development projects. The dual-funded position moves towards a more sustainable, HHS funded position. This dual-funded position is held in Mount Isa. A gap in services was identified in the outpatient physiotherapy department, where no group sessions were being run.

AIMS: The aim of the project is to plan and support the expansion of outpatient physiotherapy services in the Mount Isa Hospital outpatient clinic to group services, with the view to decrease wait lists and provide a more efficient and appropriate service to lower category referrals. . This will be fulfilled via a two phase project for two separate group programs.

METHODS: Information was collaborated from other hospital health services around the state in regards to their group service provision. This information aided in the development of triage tools, group structures and outcome measures, triaging protocols and evaluation planning. At time of writing, the project is still in the planning phase.

RESULTS: Project success will be measured via patient experience surveys, functional outcome measures and evaluation of wait lists. Further upskilling will be provided to physiotherapy staff and allied health assistants to ensure the sustainability of the project. As this RGT position is permanent, ongoing provision of the group program should be attainable.

CONCLUSIONS: The project is currently in the planning phase, and therefore conclusions are unable to be drawn about the success of the project or the ongoing sustainability of dual-funded position.



Abstract 8: Bonnie Collins;

Expansion of Physiotherapy serviced in ED and fracture clinic at Mount Isa Hospital

BACKGROUND: Since 2014 the Allied Health Professions Office of Queensland (AHPOQ) has been running an Allied Health Rural Generalist Training Program (AHRGTP). The program aims to increase training, development and support for rural employees, with a view to promote sustainability of the rural and remote allied health workforce. Mount Isa Hospital this year secured an AHRGTP Physiotherapist on a 2-year contract.

AIMS: Sites are required to utilise the additional workforce capacity to implement a service development project. At Mount Isa Hospital, an area of demand was identified in the ED and fracture clinic, with inadequate and untimely follow-up of acute presentations leading to negative outcomes for patients and decreased satisfaction for patients and clinicians. The project aims to address these issues by increasing physiotherapy presence in fracture clinic and commencing an outpatient’s clinic for follow-up of appropriate ED presentations.

METHODS: The project is currently in the planning phase with an aim to develop inclusion/exclusion criteria, flow charts, referral pathways and begin education sessions in the coming months. A trial will be rolled out from June to September with the commencement of twice-weekly physiotherapy participation in fracture clinic and a physio-ED outpatient clinic.

RESULTS: Evaluation of the effect of the project will be ongoing throughout the implementation phase with barriers documented and addressed as they occur. Following the action stage, a period of evaluation will occur assessing before and after intervention outcomes.

CONCLUSIONS: The aim of this project is to expand physiotherapy services in the NWHHS Mount Isa Emergency Department and Fracture Clinics. Conclusions and recommendations will be based on the aforementioned objective and subjective outcomes and ongoing discussion with stakeholders to ensure adequate resources and education is available for ongoing delivery of service.



Abstract 9: Lynette Stenhouse and Rebecca Lister;

From safety boots to safety minds – creating a mentally healthy work place.

BACKGROUND: Occupational health and safety is no longer just a case of ensuring that all workers are properly trained and equipped to manage their physical health and safety. The mental health of all staff is of equal importance. Mentally healthy workplaces are better and safer for everyone – employees, managers, business owners and organisational leaders.

AIMS: In February 2016 headspace Mount Isa launched the Partnership Broker role and project in order to investigate:

- a) how mental health affects the workplace across three primary areas – work place retention, absenteeism and presentism;
- b) how mental health impacts on young people (25 and under) in the work place
- c) what mental health knowledge and skills employers and staff already possess and
- d) what training and support would further aid employers to create safer workplaces for everyone.

METHODS: Over a six month period (Feb – July 2016) the Partnership Broker met with employers from a diverse range of sectors – mining, construction, retail, hospitality, education, beauty, hairdressing and welfare - in order to determine what skills they have and what training needs they require in relation to mental health and work place health and safety. In November 2016 the project was extended to include sporting, recreational and cultural organisations.

RESULTS: headspace Mount Isa has now developed a range of bespoke training programs and modules to meet the specific needs of different industries and groups in the local area. The content of these training programs varies from, for example, general information about anxiety and depression through to specific information about the effect of drugs and alcohol upon serotonin levels and consequently behaviour. These training modules have been rolled out to businesses, organisations and community groups in Mount Isa since August 2016. headspace Mount Isa continues to facilitate these training packages to a diverse group of organisations, business and groups in the local area.

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Posters

1. **Grace Tanner (Dietitian – North and West Remote Health);**
Indigenous nutrition services project; A multi-disciplinary approach to Type 2 Diabetes group education sessions.
2. **Courtney Hoffman (Dietitian – North West Hospital & Health Service);**
Harnessing the potential of rural telehealth in dietetics.
3. **Selina Taylor (Pharmacist – Mount Isa Centre for Rural and Remote Health, James Cook University);**
Rural Pharmacy – Endless opportunities in the bush.
4. **Shannon Morley (Senior Dietitian – North West Hospital & Health Service) & Emily Missenden (Senior Speech Pathologist – North West Hospital & Health Service);**
Food for thought – moulded modified meals improving patient nutritional outcomes and satisfaction.



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