

Key Learning experiences

- I was given the opportunity to be part of a rural allied health team and see first hand the challenges and assets clients and workers may face due to distance from services. Such as wait times for equipment delivery from other states.
- I was able to see resourcefulness of clients who live at a distance from services, learning about their creativity, adaptability and resourcefulness.
- I learnt that changes from wet season to dry season has real impacts on clients, and that as professionals this is something we must keep in mind.
- Able to promote and represent IAHA to allied health professionals I worked with or met socially.
- I took the opportunity to promote Aboriginal health to those I met.
- I saw the impacts of lifestyle related health conditions many clients had, such as smoking, alcohol misuse and illegal substance use led to many clients being less than 50 years old and having challenging chronic health issues. Lifestyle related chronic health conditions were seen across all demographics. From the clients I met, there was a strong link between the social determinants of health and socioeconomic status relating to many chronic health conditions.
- I was able to see how heat impacts health conditions negatively, such as MS.
- I experienced frustration by the system, when a client was needed assistance, but I was not able to give it, due to funding bodies or definitions of need that varied amongst services.
- I was limited in my ability to advocate for client needs, due to barriers of department referrals, which I found highly frustrating.
- I loved getting to know about a mobile phone app that helps with language barriers, by having several NT specific language groups and key words that may benefit a healthcare worker. I was able to tell my placement supervisors about the language app, and they were eager to access it to improve their practice. I really hope there is a South Australian version in the making.





My Occupational Therapy Placement in Darwin

Amanda Bailey (University of South Australia)

I would like to thank IAHA and RDFS for the support that helped this placement to be financially achievable. Many of my experiences would not have been gained in South Australia or a metropolitan placement.

Benefits for the Future: My ultimate goal is to work in the field of palliative care as an occupational therapist. While on this placement, I was able to spend a day with the palliative care occupational therapist. I was given the opportunity to meet staff, see how palliative care operates in the Northern Territory, and see aspects I could take home with me to use in practice. The respect for culture was impressive, as all staff members I met, spoke of efforts made to ensure a client is able to meet their cultural needs at this time of life. Client-centred care is one aspect that draws me to palliative care. The day highlighted to me how client-centred palliative care is and how family and client wishes can be respected in an appropriate way.



George, N 2016, SPIRITUALITY & Aboriginal Palliative Care, slide player, viewed 30th October 2017, http://slideplayer.com/slide/10016529/.

There were limitations for the rural and remote palliative care occupational therapist, which mostly came down to limited funding to support clients with equipment and services effectively when clients wanted to finish their life on country. Although the staff were creative in ways to ensure this wish and need was met the best way possible, there were challenges to meeting wishes at times. At the end of the day I appreciated the experience and I am looking forward to using this experience after graduation, and take skills and knowledge learnt home to share with everyone I meet, as I love to share knowledge with people, so we can all grow together.





