






Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.



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Passion. Purpose.
Influence. Impact.

**CANBERRA
2020**

38th CRANAplus
Conference

QT Canberra, ACT
14-16 October 2020

Call for Abstracts NOW OPEN

Abstracts close Tuesday 14 April 2020

Find out more details and submit your
abstract today at

www.cranaconference.com



REMOTE
DOESN'T MEAN
ALONE



from the editor

The past few months have been a difficult time for Australians with drought, bushfires, floods and severe storms ravishing our country. If you are heading off over the Easter break, consider visiting a region that has been affected, shop local, and share your smile to help these communities get back on their feet. Don't forget to pack this edition of the CRANAplus magazine.

This edition is packed full of great articles for you to relax and enjoy reading. We introduce you to our newest member of the CRANAplus Board of Directors, Caitlin Steiner. Caitlin was elected by the membership at the September Annual General Meeting and may be well-known to many of you as she has been a valued facilitator with CRANAplus for over seven years and former employee. Read more about Caitlin on page 10.

Our feature article is about Helen Zahos, a humanitarian, emergency nurse and paramedic, who has volunteered to work in disaster areas around the world. She grew up on Groote Eylandt in the Gulf of Carpentaria in the Northern Territory. Read more about Helen on page 72.

Other articles in this edition include reports from health-care students about their experiences during their remote clinical placements, an introduction to the new CRANAplus Executive Assistant, Kerry O'Connor, raising awareness of Multiple Sclerosis, a review from the HealthInfoNet about cardiovascular health and much more!

Hard to believe the 38th Annual CRANAplus Conference is fast approaching with the Call for Abstracts and nominations for the Annual CRANAplus Awards now open. We encourage you to spread the word through your networks and nominate an outstanding nurse and/or midwife for an award category. For further information on the award categories visit our website.

Denise Wiltshire
Marketing Manager, CRANAplus



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Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANAplus.

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CRANAplus' Patron is The Hon. Michael Kirby AC CMG.

About the Cover: Helen Zahos with local children at World Youth International's Mama Ann's Odede Community Health Centre. Read full article on page 72.

from the ceo



Dear CRANApplus Members and Stakeholders,

It's hard to believe that we are well into 2020! The start of the year has been marked by the continuing bushfire crisis, and it has been a stark reminder to us all of the impacts of climate change.

This issue highlights some of the data and information from our membership survey which was conducted at the end of 2019. It has provided the CRANApplus team with some rich data to inform our ongoing work and advocacy. There is an infographic on page 4 that highlights some key themes.

I was very pleased that 87 percent of respondents felt that CRANApplus meets the educational needs of the workforce, 97 percent would recommend CRANApplus Bush Support Services and almost nine in 10 of you think that the organisation is on the 'right track' with regard to its advocacy and representation work. Of course,

our goal is to constantly improve and we welcomed the feedback from you on ways we can continue to grow and progress. You will see some initial changes such as an inclusion of clinical updates in the magazine and the introduction of webinars planned for later this year.

Particularly important to us was the feedback regarding your professional concerns. Many of you raised the issue of workplace conditions. This included safety and security, fatigue management, staff accommodation and lack of internet access. We are ensuring that these concerns feature prominently in our discussions with all political parties in the coming months.

Many of you have concerns over the continuing disparity of health for Aboriginal and Torres Strait Islander people. In addition, the data revealed that sadly only half of our members believe their workplace offers a comprehensive on-site orientation that meets their needs and 67 percent of members indicate that workplace orientations do not include introductions to the Traditional Owners and other community members. There is clearly a lot of work to be done in this space and opportunity for ongoing improvements.

As we journey through 2020 I look forward to sharing with you the steps that CRANApplus will take to continue to support you, and advocate for the profession and the broader communities where you live and work.

Just as a reminder, when you are planning your study leave for the year please consider coming along to our conference. It is a fantastic opportunity for networking, sharing ideas and to be inspired by your peers. This year's program will be jam-packed in Australia's political heartland, Canberra. CRANApplus promises an inspiring range of presenters, capturing our theme of *Passion. Purpose. Influence. Impact.*

Enjoy the mag over a cuppa and I hope to catch up with many of you over the year ahead.

Warm regards

Katherine Isbister
CEO, CRANApplus



CRANApplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and we pay our respects to their Elders both past and present.

CRANApplus scholarships and grants funding available

CRANApplus is committed to providing opportunities for health professionals working in remote and isolated practice to attend professional development activities; and students who have a career interest undertake remote clinical placements.

Gayle Woodford Memorial Scholarship

Sponsored by CRANApplus and Centre for Remote Health, an annual scholarship for an individual to undertake the Graduate Certificate in Remote Health Practice, Flinders University.

Opening date: 1 February 2020

Closing date: 31 July 2020

Undergraduate Remote Clinical Placement Scholarship

Available for full-time undergraduate students in a health discipline at an Australian University. These Scholarships offer financial assistance (up to \$1,000) for undergraduate students interested in working remotely.

Round 1

Opening date: 1 February 2020

Closing date: 31 May 2020

Round 2

Opening date: 1 July 2020

Closing date: 31 October 2020

Aboriginal and Torres Strait Islander people are encouraged to apply

Nurses Memorial Foundation of South Australia Grant

The Nurses Memorial Foundation of South Australia Inc. offers financial assistance (minimum \$500) grants to assist those Nurses and Midwives who are CRANApplus members and currently working in rural, remote and isolated areas of Australia to attend CRANApplus courses or Conference.

Opening date: 1 February 2020

Closing date: 31 July 2020

CRANApplus Conference Attendance Sponsorship

CRANApplus offers sponsorship for individuals who are not in a position to self fund nor have access to external funding from employers or other scholarship schemes.

Opening date: 1 February 2020

Closing date: 31 July 2020



For eligibility criteria and to apply go to: www.crana.org.au/workforce-support/other-support/scholarships/

2019 CRANApplus MEMBER SURVEY

WHO RESPONDED?



2.4 TIMES more responses to this year's survey when compared with previous years

54% of members included their name, with the remainder submitting anonymously

Size of communities where members work:

- 52% of respondents work in communities smaller than 1,000 people
- 24% work in communities between 1,000 – 5,000 people
- 24% work in communities between 5,000 – 20,000 people

The average length of experience was **11.7 YEARS**

Respondents work in remote health for the following reasons:

- People and communities
- Autonomy
- Challenge
- Diversity and variety of work
- Making a difference
- Lifestyle
- Environment
- Aboriginal and Torres Strait Islander Health

Indicated that they would like to mentor someone. The need for growing our workforce in a supportive manner and valuing the opportunity to pass on knowledge, skills and experience are the reasons they are interested.

86%

WHAT DO THEY THINK OF CRANApplus?

The most valued benefits of membership with CRANApplus are:

- Access to courses, education and training
- Social and emotional support
- Networking within the sector
- Access to information and resources
- Discounts for courses
- Newsletter
- Magazine
- CRANApplus representing members and the broader sector

88% feel as though CRANApplus is 'on the right track' representing and supporting the workforce.

Members want more advocacy on these issues:

- Safety and security
- Education and training
- Increased staff/workforce planning
- Closing the gap
- Healthcare funding and budgeting
- Housing (community and staff)
- Recognition of the RAN

87% think that CRANApplus courses meet the education needs of the remote area workforce.

New courses in the following areas would be welcome:

- Mental health
- More basic/practical skill development, e.g. suturing, plastering
- Renal diseases
- Palliative care
- Pharmacotherapeutics
- Advanced care plans
- Aged care

97% of members would recommend CRANApplus Bush Support Services to a colleague or family member.

WHAT NEEDS IMPROVING IN THEIR WORKPLACE?

The following workplace conditions were scored in relation to the need for improvement (1 = no improvement required, 10 = significant improvement required)

WEIGHTED AVERAGE

6.37	Safety and security of health workers
6.30	On call demands/fatigue management
6.27	Access to quality, affordable food
6.26	Internet email/access in staff accommodation
5.93	Education preparation and skill maintenance
5.78	Staff accommodation
5.70	Day-to-day workload
5.66	Clinical support and referral network
5.53	Remuneration
4.87	Internet/email access in the workplace

Only 51% of members believe their workplace offers a comprehensive on-site orientation that meets their needs.

67% of members indicate that workplace orientations do not include introductions to the Traditional Owners and other community members.



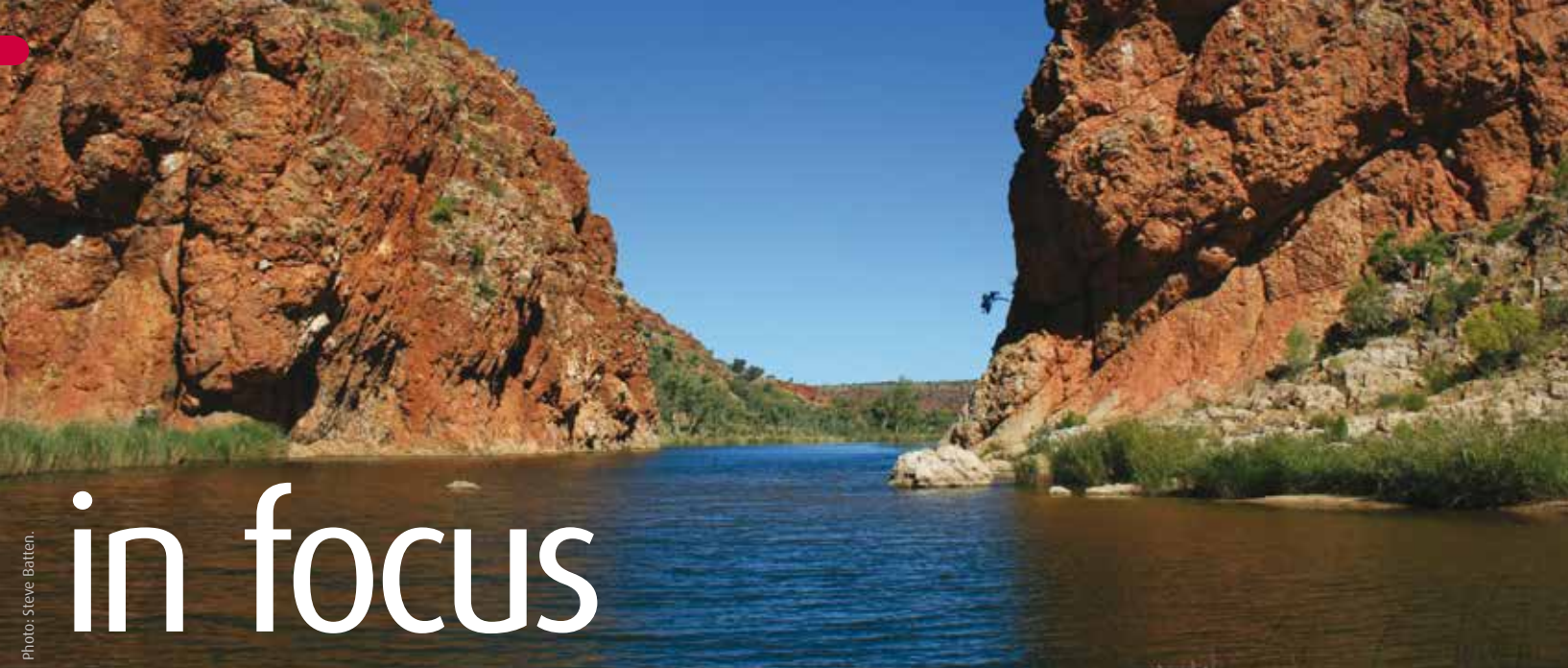


Photo: Steve Baitten.

in focus

from the chair of the board

As Chair of the CRANaplus Board, and on behalf of the Board of Directors, I am delighted to have this opportunity to welcome you to this first edition of the CRANaplus magazine for 2020.

I wish to begin by expressing my deep condolences to those who have been impacted by the crippling droughts and fires over the past months. Many of you **may have been affected personally or have been involved** in the care of those who have suffered and lost so much.

I hope you have been able to find a way forward with friends, family and also the support of your colleagues. I hope some of you have found comfort in using the CRANaplus Bush Support Services during this time and continue to do so.

The best of the human spirit often emerges at times like these, as people come together without prejudice to support one another.



Photo: Stephanie Jeremy.

I am proud of the work of the CRANaplus team in the response to these tragic events and also of all of you working during this difficult period to provide some relief and support to those suffering. Thank you.

With sound leadership over the years and under the current leadership of the CEO Katherine Isbister and our executive team, CRANaplus is in a strong position operationally and fiscally to continue its delivery of important educational, support and advocacy programs. CRANaplus regularly contributes our stance on health policy and issues and it is exciting to see that we continue to build strong representational

networks across key local and national advisory and stakeholder agencies.

Because of the advocacy role of CRANaplus, it is very important that your voice is heard, especially as we plan our future strategic directions. I encourage you to engage with the CRANaplus team and share your ideas, experiences, concerns and successes so the team remains informed with remote and isolated health and workforce issues. You also have an opportunity to provide feedback through the annual member survey each year.



You can find out more about CRANaplus advocacy work at <https://crana.org.au/advocacy> where you will find a number of position statements, submissions, consultancies, reviews and the Reconciliation Action Plan.

Thank you to the current executive team for your care and commitment to your programs and to all the CRANaplus staff and volunteers, including my fellow Board Directors, who freely give so much of their time and expertise – the organisation would not be the same without you!

To all the members, thank you for your ongoing support of this important organisation, your organisation. I hope you have the opportunity to attend the 2020 CRANaplus Annual Conference *Passion. Purpose. Influence. Impact.* in Canberra 14–16 October. A great opportunity to network, socialise and simply support each other. I look forward to seeing you there!

Sincerely

Fiona Wake
Chair, CRANaplus Board of Directors ●

a friendly welcome



We would like to introduce you to our newest employee Kerry O'Connor who works behind the scenes to support your CEO, Katherine Isbister and provide secretariat support to the Board of Directors. Kerry is based in our head office in Cairns

and brings with her many years of experience in Executive Assistant roles in the health context.

CP: What encouraged you to apply for the Executive Assistant position?

KO: CRANaplus has an outstanding reputation within the health industry as an employer of choice. Our new CEO Katherine Isbister is a highly-respected clinician and a passionate advocate for continued improvement in the rural and remote health arena.

It was an excellent career opportunity to bring my experience and skill set across to join Katherine in the CRANaplus 'cockpit'. I feel most fortunate to have been the successful candidate.

CP: What were you doing before you joined CRANaplus?

KO: My previous employer was the Royal Flying Doctor Service (Qld Section). I worked at the Cairns Base, the largest operational RFDS Base in Australia. Over my 12 years with RFDS I worked as Executive Assistant to three consecutive Queensland Chief Medical Officers and coordinated the RFDS STAR Program (Specialised Training in Aeromedical Retrieval). I was also coordinator to the RFDS Clinical Training Team for internal and external training programs and ensured all courses were accredited for Professional Development Points with the relevant clinical colleges.

I learned firsthand about the challenges and rewards of our rural and remote clinical workforce. I encountered such wonderful characters along the way – the Aussie outback station folk, the Indigenous peoples of northern Queensland and the Territory, the dedicated caring remote doctors, the passionate resilient bush nurses and the highly skilled outback pilots who can land an aircraft just about anywhere!

CP: How did you hear about CRANaplus?

KO: The CRANaplus magazine! I've read so many editions over the years in the RFDS lunchroom.

I never thought I would be a feature person!

CP: What does a typical day look like for you?

KO: Busy busy!!!

I'm still on a steep learning curve getting familiar with all facets of CRANaplus business. My daily focus is keeping Katherine organised across her incredibly challenging calendar and helping to prioritise her time efficiently. I flag important business, monitor reporting timelines and set reminders, organise travel and minute meetings – and ensure Katherine is in the right place at the right time with all the relevant background information. It's like holding a bunch of balloons – I must keep a firm grip on each and every string!

As secretariat to the Board of Directors I am the conduit between the Board and the Executive team.

The best part of my 'typical day' is being thanked by the CEO for my work as I leave each evening. It's great to know you're appreciated!

CP: Are you working on any current projects?

KO: Yes – there are always projects underway, both big and small.

The Annual CRANaplus Conference is a large-scale project, and as vice chair of the Conference Committee for the 2020 event, I've already been involved in a scouting expedition to Canberra to identify suitable venues and offsite activities and the committee is hard at work coordinating all aspects of the conference program.

CP: What is your favourite thing about working at CRANaplus?

The people, passion and purpose of the CRANaplus team makes for an inspiring and productive working environment. I have been welcomed into the family with open arms and shared knowledge.

I look forward to personally meeting more of the team across Australia in the year to come.

CP: What is one thing that readers might be surprised to know about your career?

My career path almost took a major change of tack when I sat for an intense examination to become a Court Reporter. I passed the exam and was promptly offered an exceptionally well remunerated position in the law courts of Canberra.

I agonised over whether to accept the position and move to Canberra, but it was July at the time of offer and I was enjoying the glorious Cairns 'non-winter'. In the end, the weather and lifestyle of north Queensland won. I decided to decline the glittering opportunity in the Capital in favour of living in regional Queensland and pursuing a career path within the health sector.

CP: What keeps you busy outside of work?

Definitely my garden! Living in the tropical north we are blessed to be able to grow some amazing plants. Our garden has fruit trees, a big vegetable and herb patch, exotic ginger, bromeliads and heliconias – but my favourite of all are the orchids.

I'm also renovating the home I share with my partner John – dealing with recurring reno rubble keeps me endlessly busy out of hours! ●



Photo: Barry Skipsey

climate change conversation



As a new CRANaplus Board member, Caitlin Steiner is looking forward to encouraging a conversation revolving around climate change and its impact on the work CRANaplus does.

"Until now, climate change has been a nebulous idea for

many people, perhaps too big to deal with," she says. "It plays on my mind.

"It is interesting to reflect on what I want to achieve as a new Board member. My initial idea was that I wanted to learn about governance, funding and the bigger picture of running the organisation.

"I've always loved being involved with CRANaplus, first as an employee, continuing as a volunteer facilitator, and now I am so pleased to have the opportunity to be on the Board.

"It's a very different organisation from when I joined, what was then CRANA, in 2007 as the MEC Course Coordinator in a very small

education team. Working for CRANA was fantastic. I travelled all over the country and met amazing people. And having worked as a remote area nurse myself, starting in Wadeye in the Top End in 2000 and working in various communities down through the centre, it was interesting to talk with other remote nurses about their issues.

"It was during that time we were getting requests from people working in small rural services and small hospitals. It became clear our reach was not just remote, it was also rural. And it was not just nurses and Aboriginal Health Practitioners, but many of the allied health professions. Adding the 'plus' to 'CRANA' reflected that.

"From a small organisation with a handful of employees, it's grown significantly in size. It is still doing the same job and still meeting the same needs.

"Now, as a Board member, I'd really love to be part of the conversation about climate change. Addressing the fact that it creates a lot of anxiety, acknowledging and allowing those feelings and looking at ways we can contribute as a collective.

"I do believe this is an opportunity to reframe the conversation." ●



Photo: Steve Baitten.

passion for education

Dr Katie Williamson, a CRANaplus facilitator with a passion for education, has added a second student-focused role to her growing job list.

Katie has been appointed Senior Lecturer in Flinders University's Medical Program in Nhulunbuy in the Northern Territory – Australia's most remote medical school.

This is in addition to her other two roles as Senior Rural Generalist at Gove District Hospital and GP at the Arnhem Family Medical Centre.

"I really enjoy having a career in rural medicine," says Katie, who acknowledges she was reluctant during her medical training to leave city life for compulsory rural placements. That soon changed.

For the past year, Katie has lived in Nhulunbuy with husband David, a registered nurse and midwife. He works casually at the district hospital as a theatre nurse while studying sonography.

All part of the couple's decision to have a work/life balance that mixes in travel and adventure.

"You learn so much about a community while giving back. It's very different from a holiday."

David is also a CRANaplus facilitator and, over the past four years, the couple have travelled, mostly together, to facilitate ALS, REC and AREC courses in Perth, Alice Springs, Cairns, Dubbo, Coffs Harbour and Port Augusta. This year, their first stint is in Esperance in WA. ►►





▶▶ “Over the three-day course I like it that I get to network with healthcare providers from different geographical areas and discuss how they overcome the challenges that we all face,” says Katie.

“They might be students attending the courses, or other facilitators. Often, we share ideas that we can take back to our teams. Wendy and Sue are both highly motivated teachers and organisers. I can pick up teaching tips from them too.”

Katie also enjoys returning to rural and remote to see how towns can change, citing the difference she saw in Alice Springs when the 2017 alcohol reforms were introduced.



“I have a passion for education,” says Katie, who has a Graduate Certificate in Medical Education from the University of Wollongong as well as 14 years’ clinical experience in rural health across three Australian states. This includes work with the Royal Flying Doctor Service in Broken Hill and travelling to very remote communities to provide GP services, such as Tibooburra and Hungerford.

Katie’s new role with Flinders University includes providing mentorship and working with the local cultural educators to ensure that students have appropriate cultural orientation.

“I absolutely love it here in Nhulunbuy,” says Katie, explaining that the couple are extending their planned year-long stay in Nhulunbuy by a few months. But they will have to move to a larger centre in the middle of the year for David to be able to continue with his studies.

Who knows what the future holds for this pair – but one thing is certain: they are set to maintain their motto to combine their three loves of work, travel and adventure. ●



rewards and challenges

Deciding to apply for a remote placement was easy, says third-year nursing student at Charles Darwin University Bronte Hewett, who saw the opportunity to broaden her skills, mind and horizons. Here's her story.

As far as horizons go, Arnhem Land has some pretty spectacular ones. With the sun setting over the Arafura sea on the last night of my two weeks in Nhulunbuy, I felt calmed by the mild dry season breeze as I reflected on the people I'd met, the land I'd seen, the stories I'd heard and the realities I'd faced.

Splitting my time between Yirrkala, Gunyangara and Nhulunbuy, I got a well-rounded experience of different nursing roles at Miwatj Health Aboriginal Corporation and the rewards and challenges associated with each.

The role of acute-care nurse in Yirrkala clinic is a constant flow of patients with anything between a football injury, a common cold and a heart attack.

I arrived the week after the football grand final, so the community was still excited and the odd injury did pop up. There was also a chronic disease nurse, child health nurse, midwife, men's health nurse and dialysis nurse based at the clinic.

I enjoyed learning a bit about midwifery and dialysis while I was there, as well as gaining practical assessment skills. The CARPA manual was a great resource I became accustomed to, also known as the remote nursing bible.

I accompanied the mental health nurse for a day, which opened my eyes to the complexities of mental illness in Indigenous communities. Two suicides occurred while I was there, and suddenly the statistics became a reality.

I think Remote Area Nurses are some of the most resilient individuals in this area of health care and I enjoyed the stories of the hardship and benefits of nursing remotely. ▶▶



▶ Learning about the Yolngu culture and saltwater people was enriching, having come from the desert. There are both stark differences and similarities. They both continue to face social, political and cultural injustices, and resilience is important. As health professionals, we can do our best with the resources we have.

However, I get an overwhelming sense the remote health system itself is a hasty approach that covers up the symptoms, so to speak, but does little to fix the underlying problems.

The Indigenous health gap never ceases to be a source of shock and disbelief.

It was great to learn a few words in Yolngu language and locals were more than willing to correct my pronunciations and tell me to roll my 'r's more. With the most welcoming vibes, it was never hard to get a wave and a smile as we drove around the communities seeking patients on our list.



Outside of placement, the other students and Flinders University staff were friendly and helpful.

One highlight was assisting the Dhimurru Rangers clean up Cape Arnhem – one of the most stunning and remote coastlines I've ever seen. Unfortunately, currents wash a lot of rubbish up from across the ocean – a sad reality of our suffering planet.

We spent the day picking up litter, an activity the rangers try to keep on top of with the help of Sea Shepherd. What an unforgettable view. Sadly, some turtle shells were also found amongst the debris.

Another highlight was cooking up a freshly caught fish on the campfire by the banks of the Giddy river.

I appreciated having this opportunity and thank CRANaplus and sponsor Zeitz Enterprises for their support. I very much enjoyed my placement. ●



insights and understanding

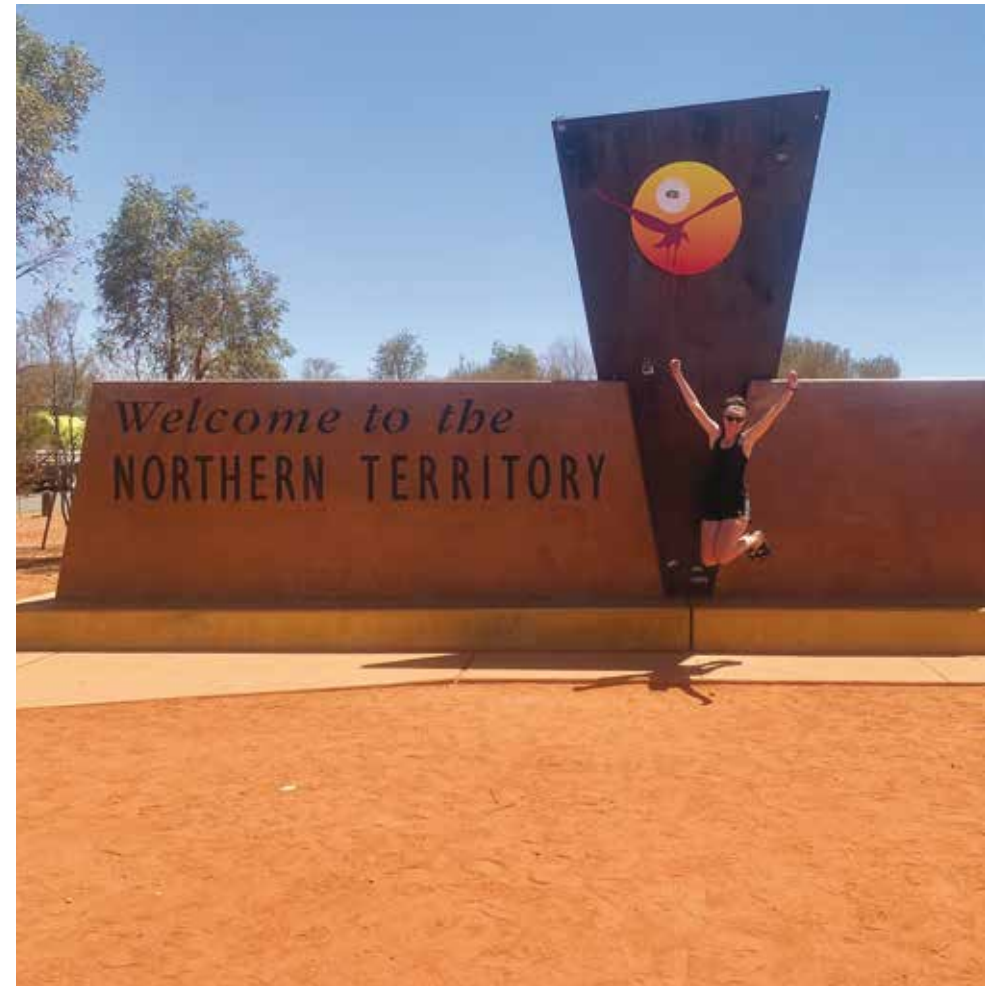
Hayley Fairless, fourth-year Medical Radiation Science – Radiation Therapy student at Charles Sturt University in Wagga Wagga, felt very fortunate to participate in an 18-week placement in Darwin at the Alan Walker Cancer Care Centre (AWCCC). Here's her story.

Being a challenge-seeker at heart and someone with a strong interest in rural and remote health who loves the outdoors and exploring, this was an opportunity like no other.

The AWCCC is the only radiation therapy centre in the Northern Territory, delivering treatment to a wide and diverse range of patients, some of whom have to travel thousands of kilometres to receive treatment, far from family and friends, for extended periods.

The centre boasts two Elekta Linear Accelerators that are currently being upgraded to Agility machines with HexaPOD couches, enabling increased treatment precision and speed of beam shaping. This experience provided me with insights into how a department operates in this time of transition, as well as how the adaptive nature of the staff, professional attitudes and cohesion of the multidisciplinary team testifies to a seamless and proficient experience for patients.

Due to the laid-back nature of Northern Territory locals, I was able to feel a sense of comfort and home in the NT very quickly.



The staff taking me under their wings and including me in numerous events around Darwin as well as weekend trips to Litchfield National Park and Djarmalak Concert on Country, gave me an increased understanding of the Indigenous Australian culture and the communities that some of our patients are travelling from.

The AWCCC possesses an inter-professional approach to care that is like no other.

Not only does the department have common respect for each other, making a happy and collaborative environment for both staff and students, but the centre also has a very strong dedication to improving the Indigenous Australian health outcomes.

The inter-professional connections between both staff within the centre and with health professionals in the communities are very strong, with steps and initiatives to improve cancer education and in turn provide access to earlier cancer care. ▶▶



► I found this to be an excellent experience, developing a much stronger understanding of the issues that are present within health gaps, what is being done to help improve this, and what could be done in the future.

I was able to see first-hand the difference in health outcomes for both Indigenous and non-Indigenous Australians and the impacts of living remotely. Because of this experience,

I have been able to develop my communication skills and ability to handle situations that require emotional sympathy and support in a culturally competent way to patients that are struggling not only with their diagnosis but also the stress of being away from family. This distress is often exacerbated because, in some cases, the patient is alone in Darwin with no immediate social network for support.

I have grown professionally and personally through my time here and I strongly encourage students to consider the Alan Walker Cancer Care Centre as a placement opportunity. I also urge all students undertaking rural and remote placements to immerse themselves and remain open-minded to the potential differences that arise, to gain the most from the experience. ●

red earth and rodeos

Nausheen Mohamed Muhajir chose Mt Isa for one of her two placements in her final year towards her Bachelor of Dental Surgery at James Cook University. Here is her story.

I wanted to challenge myself with this placement and was excited to embark on the 16-week journey.

Coming from Launceston, Tasmania, Mt Isa was completely different to what I had experienced in the past.

I was under the impression that most regional and rural areas were similar, weather aside, but I was really surprised with the unique nuances that make up the town and the surrounding health district.

Clinically, I attained a wealth of knowledge and experience and gained a better understanding of public health service delivery outside a major centre.

I got the chance to provide treatment under general anaesthesia, work in outreach clinics and provide treatment to children.

This further reinforced my passion for working in rural and remote Australia, to provide essential services to improve the population's oral health outcomes. While I grew to understand the difficulties of the role in these locations, the rewarding moments made it all worthwhile.

Socially, I fell in love with the outback and what it has to offer. I attended my very first rodeo with other students who were also on placement and this was such a fun experience! ►►



►► During this placement, I was also fortunate enough to be chosen as a presenter at the annual CRANaplus Conference. I presented our undergraduate group research project about graduate preparedness in managing patients who have experienced domestic violence.

This was a great platform to voice the work our university is doing in this space as well as present our findings.

I got the opportunity to talk to health professionals about their experiences working in this space, making this a collaborative



learning experience, as each conversation was an exchange of knowledge and provided me with so much insight.

Overall, my 16 weeks in Mt Isa was a very rewarding experience. I would highly recommend it if you like challenging yourself clinically as well as getting a taste of what the outback has to offer!

To quote a famous 13th century poet, Rumi, "Respond to every call that excites your spirit". ●



Magazine Advertising

Rates

		One Issue	Two Issues (-10%)	Three Issues (-15%)	Four Issues (-20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	\$1600	\$2880	\$4080	\$5120
	Colour	\$2240	\$4032	\$5712	\$7168
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	\$880	\$1584	\$2244	\$2816
	Colour	\$1232	\$2218	\$3142	\$3942
Third page	Horizontal: 128mm W x 59mm H Vertical: 65mm W x 121mm H	\$600	\$1080	\$1530	\$1920
	Colour	\$840	\$1512	\$2142	\$2688
Double page		\$3040	\$5472	\$7752	\$9728
	Colour	\$4256	\$7661	\$10,853	\$13,619

Magazine Colour Insert

		15,000 Single-sided	15,000 Double-sided
Full size trim	148mm W x 210mm H Artwork must be supplied	\$1500	\$2000



The CRANAplus Magazine is an A5 size quarterly publication with a readership of more than 60,000 across Australia and Internationally.

It reaches those who are passionate about remote health in Australia and provides a high quality space for your advertising.

We are a content-rich publication, so yours will not be lost in a sea of other advertisements.

Publication Dates: March, June, September and December

*Discounts apply to consecutive issues only.

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

*Corporate members receive further discount on these rates. Contact membership@crana.org.au for further information.

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date.

Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK.

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NSW Air Ambulance located in Sydney is currently recruiting. If you are a dual Registered Nurse and Registered Midwife with additional critical care experience, contact the Senior Flight Nurse Margaret Tabone on 0413 019 783.



AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities. Ph: (08) 8948 1768 www.amrric.org



Apunipima Cape York Health Council is a community controlled health service, providing primary health care to the people of Cape York across eleven remote communities.



The **Australasian Foundation for Plastic Surgery (The Foundation)** is a not-for-profit organisation that supports quality health outcomes for those involved with Plastic Surgery, with a particular focus on rural and remote communities. Ph: (02) 9437 9200 Email: info@plasticsurgeryfoundation.org.au www.plasticsurgeryfoundation.org.au



The **Australasian College of Health Service Management ('The College')** is the peak professional body for health managers in Australasia and brings together health leaders to learn, network and share ideas. Ph: (02) 8753 5100 www.achsm.org.au



The **Australian Council of Social Service** is a national advocate for action to reduce poverty and inequality and the peak body for the community services sector in Australia. Our vision is for a fair, inclusive and sustainable Australia where all individuals and communities can participate in and benefit from social and economic life.



The **Australian Indigenous HealthInfoNet** is an innovative Internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. In this way, we contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islander people and other Australians. www.healthinfonet.ecu.edu.au



Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources, support education and professional development. We also contribute to the governance of the remote primary health care manuals suite. www.carpa.com.au



The **Australian Primary Health Care Nurses Association (APNA)** is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care. APNA is bold, vibrant and future-focused.



Cornerstone are the medical matchmakers™. We are remote and rural nursing and midwifery recruitment specialists, with agency, contract and permanent roles in public and private sectors across Australia.



Benalla Health offers community health, aged care, education, and acute services to the Benalla Community including medical, surgical and midwifery. Ph: (03) 5761 4222 Email: info@benallahealth.org.au www.benallahealth.org.au



The **Country Women's Association of Australia (CWA)** advances the rights and equity of women, families and communities through advocacy and empowerment, especially for those living in regional, rural and remote Australia. Email: info@cwaa.org.au www.cwaa.org.au



CareFlight was founded in 1986 as an aeromedical charity with the mission is to save lives, speed recovery and serve the community. We operate multiple services nationally using helicopters, turbo-prop planes, jet aircraft and road vehicles to reach patients in regional, rural and remote areas. Our critical care doctors, paramedics and nurses are specially trained in emergency and trauma, pre-hospital and remote medicine. CareFlight is a Registered Training Organisation and runs a range of education and training programs in regional areas.



CQ Nurse is Australia's premier nursing agency, specialising in servicing remote, rural and regional areas. Proudly Australian owned and operated, we service facilities nationwide. Ph: (07) 4998 5550 Email: nurses@cqnurse.com.au www.cqnurse.com.au



Downs Nursing Agency (DNA) was established in 2000 and is 100% Australian-owned and operated. Our agency understands both the lifestyle needs of nurses and the health care provider requirements. We are a preferred supplier for governmental and private health care facilities in Queensland. Contact us on (07) 4617 8888 or register at www.downsnursing.com.au



First Choice Care was established in 2005 using the knowledge gained from 40 years' experience in the health care sector. Our aim to provide health care facilities with a reliable and trusted service that provides nurses who are expertly matched to each nursing position. www.firstchoicecare.com.au



Flinders NT is comprised of The Northern Territory Medical Program (NTMP), The Centre for Remote Health, The Poche Centre for Indigenous Health, Remote and Rural Interprofessional Placement Learning NT, and Flinders NT Regional Training Hub. Sites and programs span across the NT from the Top End to Central Australia. Ph: 1300 354 633 <http://flinders.edu.au/>



Gidgee Healing delivers medical and primary health care services to people living in Mount Isa and parts of the surrounding region. Gidgee Healing is a member of the Queensland Aboriginal and Islander Health Council (QAIHC) and focuses on both Indigenous and non-Indigenous people.



Healthcare Australia is the leading health care recruitment solutions provider in Australia with operations in every state and territory. Call 1300 NURSES/1300 687 737. 24 hours 7 days. Work with us today!



Health Workforce Queensland

Health Workforce Queensland is a not-for-profit Rural Workforce Agency focused on making sure remote, rural and Aboriginal and Torres Strait Islander communities have access to highly skilled health professionals when and where they need them, now and into the future.



With more than 10 years' experience of placing nurses into health facilities across the country, **HealthX** is the employer of choice and staffing specialist for rural, regional and remote Australia. Ph: 1800 380 823 www.healthx.com.au



Heart Support Australia is the national not-for-profit heart patient support organisation. Through peer support, information and encouragement we help Australians affected by heart conditions achieve excellent health outcomes.



HESTA is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Learn more at hesta.com.au



The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island. <https://shire.cc/en/your-community/medical-information.html>



James Cook University – Centre for Rural and Remote Health is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400 kilometres (9 days).



KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.



Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West region of the Northern Territory.



Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after traditional owners lobbied the government. MHHS is a mobile service that covers 15,000 km² in remote East Arnhem Land. Ph: (08) 8970 5571
www.marthakal.org.au/homelands-health-service



The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research. We are an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high-impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.



Majarlin Kimberley Centre for Remote Health contributes to the development of a culturally-responsive, remote health workforce through inspiration, education, innovation and research. Email: pamela.jermy@nd.edu.au



Medacs Healthcare is a leading global health care staffing and services company providing locum, temporary and permanent health care recruitment, workforce management solutions, managed health care and home care to the public and private sectors. Ph: 1800 059 790
Email: info@medacs.com.au www.medacs.com.au



Medical Staff Pty Ltd specialises in the recruitment and placement of nursing staff, locum doctors and allied health professionals in private and public hospitals, aged care facilities, retirement villages, private clinics, universities, schools, medical surgeries and home care services including personal care and domestic help. Email: join@medicalstaff.com.au
www.medicalstaff.com.au/ind



Mediserve Pty Ltd is a leading nursing agency in Australia that has been in operation since 1999. The Directors of the company have medical and nursing backgrounds and are supported by very professional and experienced managers and consultants. Ph: (08) 9325 1332 Email: admin@mediserve.com.au
www.mediserve.com.au



The **National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)** is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia. It was established in 2009, following the Australian government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap' initiative. Ph: 1800 983 984
www.natsihwa.org.au



Farmer Health is the website for the **National Centre for Farmer Health (NCFH)**. The Centre provides national leadership to improve the health, wellbeing and safety of farm men and women, farm workers, their families and communities across Australia.
www.farmerhealth.org.au/page/about-us



The **National Rural Health Student Network (NRHSN)** represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university rural health clubs from all states and territories. It is Australia's only multidisciplinary student health network. www.nrhsn.org.au



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate health care to the Ngaanyatjarra people in Western Australia.



Nganampa Health Council (NHC) is an Aboriginal community-controlled health organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north-west of South Australia. Ph: (08) 8952 5300
www.nganampahealth.com.au



The Norfolk Island Health and Residential Aged Care Service (NIHRACS) is the first line health service provider for the residents and visitors of Norfolk Island. Norfolk Island has a community of approximately 1,400 people on Island at any one time and is located about 1,600 km north-east of Sydney. Ph: +67 232 2091 Email: kathleen.boman@hospital.gov.nf www.norfolkislandhealth.gov.nf



The **Remote Area Health Corps (RAHC)** is a new and innovative approach to supporting workforce needs in remote health services, and provides the opportunity for health professionals to make a contribution to closing the gap.



NT Dept Health – Top End Health Service Primary Health Care Remote Health Branch offers a career pathway in a variety of positions as part of a multidisciplinary primary health care team.



At **RNS Nursing**, we focus on employing and supplying quality nursing staff, compliant to industry and our clients' requirements, throughout QLD, NSW and NT. Ph: 1300 761 351 Email: ruralnursing@rnsnursing.com.au www.rnsnursing.com.au



NT PHN incorporating **Rural Workforce Agency NT** is a not-for-profit organisation funded by the Department of Health. We deliver workforce programs and support to non-government health professionals and services. Working in the NT is a rewarding and unique experience! www.ntphn.org.au



The **Royal Flying Doctor Service** is one of the largest and most comprehensive aeromedical organisations in the world, providing extensive primary health care and 24-hour emergency service to people over an area of 7.69 million square kilometres. www.flyingdoctor.org.au



The Nurses' Memorial Foundation of South Australia Limited. Originally the Royal British Nurses Association (SA Branch from 1901) promotes nurse practice, education and wellbeing of nurses in adversity. It provides awards in recognition of scholastic achievements, grants for nursing research, scholarships for advancing nursing practice and education, and financial assistance in times of illness and adversity. nursesmemorialfoundationofsouthaustralia.com



Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary health care services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals. Ph: (08) 6389 4500 Email: info@ruralhealthwest.com.au www.ruralhealthwest.com.au



Rural Locum Assistance Programme (Rural LAP) combines the Nursing and Allied Health Rural Locum Scheme (NAHRLS), the Rural Obstetric and Anaesthetic Locum Scheme (ROALS) and the Rural Locum Education Assistance Programme (Rural LEAP). Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au www.rurallap.com.au



Palliative Care Nurses Australia is a member organisation giving Australian nurses a voice in the national palliative care conversation. We are committed to championing the delivery of high quality, evidence-based palliative care by building capacity within the nursing workforce and, we believe strongly that all nurses have a critical role in improving palliative care outcomes and end of life experiences for all Australians.



SHINE SA is a leading not-for-profit provider of primary-care services and education for sexual and relationship wellbeing. Our purpose is to provide a comprehensive approach to sexual, reproductive and relationship health and wellbeing by providing quality education, clinical, counselling and information services to the community.



Silver Chain is a provider of primary health and emergency services to many remote communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to *build community capacity to optimise health and wellbeing.*



Southern Queensland Rural Health (SQRH) is committed to developing a high quality and highly skilled rural health workforce across the greater Darling Downs and south-west Queensland regions. As a University Department of Rural Health, SQRH works with its partners and local communities to engage, educate and support nursing, midwifery and allied health students toward enriching careers in rural health.



The **Spinifex Health Service** is an Aboriginal community-controlled health service located in Tjuntjuntjara on the Spinifex Lands, 680 km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



Sugarman Australia specialises in the recruitment of nurses and midwives, doctors, allied health professionals and social care workers. We support clients across public and private hospitals, Not-for-profit organisations, aged care facilities and within the community. Ph: (02) 9549 5700 www.sugarmanaustralia.com.au



SustainHealth is an award-winning, Australian-owned and operated, specialist recruitment consultancy that connects the best health and wellbeing talent, with communities across Australia. It supports rural, regional and remote locations alongside metropolitan and CBD sites. Ph: (02) 8274 4677 Email: info@sustainhr.com.au www.sustainhr.com.au/index.php/about-us



Tasmanian Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



The Torres and Cape Hospital and Health Service provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



WA Country Health Service – Kimberley Population Health Unit – working together for a healthier country WA.



Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the Western Desert Dialysis Appeal. In 2003 we were incorporated as **Purple House (WDNWPT)**. Our title means 'making all our families well'.



Your Nursing Agency (YNA) are a leading Australian-owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities. Please visit www.yna.com.au for more information.



Photo: Donna Lamb



Photo: Barry Skipsey.

support

happy to help

Workshops and roadshows in drought-stricken areas, writing and art therapy initiatives and the launch of a basic online counselling skills course added up to an exceptionally busy year in 2019 for the CRANaplus Bush Support Services team. Director of CRANaplus Bush Support Services, Colleen Niedermeyer gives us the year's summary – and offers a couple of tips to encourage a happy workplace in 2020.

With additional Commonwealth funding, our clinical psychologists set out last year to travel 4200km around the country to deliver workshops and roadshows to health professionals in many remote communities in and around drought stricken areas.

Right (left to right): Deslie Rosevear (SARRAH), Cath Maloney (SARRAH), Jay Zanesco (CRANaplus), Amelia Druhan (CRANaplus), Kata Andric (SARRAH) and Ian Martin (IAHA – Indigenous Allied Health Australia).



The reward was heartfelt gratitude and thanks from the health workers and their families.

Dr Annmaree Wilson, Senior Clinical Psychologist, developed a journal to assist people to write their thoughts, an innovation which proved to be useful to the remote health workforce and also very popular.



Many attendees at our resilience-building workshops found the art therapy component particularly useful in helping to express their thoughts and feelings.

We were happy to help and also offer follow-on support through the toll-free 24-hour, 7-days-a-week counselling support line: 1800 805 391. >>

►► In September we launched part one of a two-part online course entitled Basic Counselling Skills. The course proved highly-successful and plans to launch part two are underway for early 2020.

The course is designed to introduce basic communication skills to health practitioners working in rural and remote settings who deal with common personal and relationship issues with other staff members, their patients and clients.

It is an introductory course and is not designed to provide professional counselling training. This online module is available for only \$22

for members and \$30 for non-members. Register through www.crana.org.au/educations/courses/eremote

Creative work environments are also happy work environments. If you feel like your workplace is in a bit of a rut, initiate some fun. Have colour theme days, such as a yellow day where everyone has to wear or do something with the colour yellow, or a hat day where everyone wears a hat. Even more helpful would be to have some group activity that involves physical exercise. Buy a Zumba DVD! Even if you are in a single-nurse post, you could 'pal up' with someone via telephone or the internet and do the exercises.



Above (left to right): Denise Wiltshire, Sue Crocker Joe Rusch and Rikaela Rusch – CRANaplus Cairns office.

Having a balance between work and life is one of the factors that contributes to creating a happy work environment.

We all know this can be a challenge in a remote setting, but it's not impossible.

The 'life' side of the equation includes encouraging strong and enduring relationships with friends and family and finding a passion in an activity or hobby.

If you can have a conversation with your manager about making your work time flexible so that you 'have a life', this can also assist with workplace happiness.

Managers who can be flexible about these sorts of arrangements are definitely setting the scene for a happy workplace.

CRANaplus staff recently displayed their innovative and creative skills by joining in the fun with a 'Silly Hat' Competition.

Colleen Niedermeyer
Director, CRANaplus Bush Support Services ●



Above (left to right): Helen Phipps, Marilyn Jenkins, Jenny Morton, Karen Clarke, Marcia Hakendorf and Liesel Higgins (front) – CRANaplus Adelaide office.

As promised last issue, Lee Rushton, Clinical Psychologist with CRANaplus Bush Support Services has more advice on how to get a good night's sleep, this time for those who have night-time worries and for shift workers.

Next edition, she will consider food and shift work. "Food is big on night shift," says Lee. "It brings you all together and gets you through the night – something to look forward to. But there is a down side."

Remember if sleeplessness is a long-time issue for you; make an appointment with your GP to rule out any physical causes.

The Australian Sleep Association has tip sheets and information at: sleep.org.au/Public

bats in the night

We all have this experience: we wake up during the night and something from the day seems insurmountable, we can never fix it, it clouds out all other options for us. We fall asleep and in the morning it seems strangely ok. Known as bats in the night they swoop in, black everything out and flap around so you can't get a handle on them, but are gone in the morning.

The name started as an attempt at humour in a workshop but it is also strangely helpful. People report when they wake in the night, they think "it's ok; it's just the bats". The worry does not take them and they return to sleep. Give it a try: be inventive and name your night-time worries something that has meaning for you.

Look back at the last article for sleep hygiene and night-time routine refreshers.

Remember to be careful with your electronic devices.

Since that article preliminary research is indicating using mobile phones gives rise to anxiety. Think about scheduling downtime in the settings for apps and notifications for a few hours before you go to bed.

Worries, sadness, anger and regret. How long do you think you could worry about these issues? Look at your diary for tomorrow and set aside a time to worry about them. Make sure it is in an achievable time slot, not late in the day, with no interruptions likely. In the night when you wake and those issues flood in, remind yourself you don't need to worry about this now as you have a time set aside to consider it tomorrow.

If you are concerned you will forget, have a pen and paper beside your bed. Jot down the headline issue – nothing else. This will remind you in the morning. Just dump down your thoughts and leave it.

Journalling is best not done in the night. Do not be concerned to put down all the details, to have the grammar correct or to include everything. This approach builds worries.

We find ourselves over analysing, over thinking, doing the head miles. It reinforces our concerns and may build anger with the situation. A bit like what mothers used to say "don't dwell on it".

Journalling of course is very useful. Writing your worries, concerns and thoughts in a book, or in the notes app on your phone, can help you sort out what you are thinking and feeling.

It is often best to write it down without the concern for getting it just right and not revisit it for a period of time (weeks, months).

At that point, ask yourself: how do I feel now; has anything changed; and what am I still concerned about? It may mark for you a shift in thinking and feeling.

There are times in our lives when we are overwhelmed by trauma and grief, which result in us feeling forever 'on', 'speedy' and 'anxious'.

Where those head miles will not be stilled during the night. At these rare and occasional times, distraction can be helpful. Podcasts, audio books, music, TV and reading all play a part. They take your mind away from focussing on not sleeping and on worries and concerns. You can use apps and settings to dim the light, or manage the type of light on your device, so the disruption caused by the light emitted by your device is minimised.

These are short-term strategies to take you through the overwhelm; not for the long term.

A bit like taking a sleeping pill to break a sleeplessness cycle. Seeking assistance from a psychologist, counsellor and GP is best to support you to progress through these difficult times. ●



a special type of hell

Let's be honest: working overnights is a special type of hell. Some of my most competent and professional colleagues have sobbed, fallen asleep, become 'speedy', lost their temper, been unable to sleep during the day, fallen asleep at the traffic lights on the way home, been wordless, just sat zombie-like at their desk without noticing the crisis unfolding in front of them. Others sailed through no problem but found they were unable to sleep when they returned to day shifts.

Shift workers sleep compared to day workers

The Sleep Health Foundation states the average shift worker sleeps one hour less than day workers; some sleep four hours less. The Australian Capital Territory (ACT) Government estimated that night-shift workers get on average 25 to 33 percent less sleep than day or evening shift workers. Your body is working to synchronise your sleep wake cycle over a 24-hour period (circadian rhythm) with the aim of keeping you awake during daylight and promoting sleep during darkness. Working nights or starting your working day prior to 6am runs counter to your circadian rhythm. It takes about 10 days for the body to adjust to nightshift (Better Health Victoria).

What happens

This may put you at risk of health problems: weight gain, mood changes, increased risk of cardiovascular disease and gastrointestinal issues. Plus increased risk of family problems including divorce; loss of concentration; accidents; fatigue and tiredness.

In addition, research from the Centre for Sleep Research in Adelaide indicates after 17 hours without sleep, a night-shift worker drives as if they have a blood alcohol level of 0.05; after

24 hours the risk is the same for a blood alcohol level of 0.10. Sleep Disorders Australia (SDA) reports studies have found up to 30 percent of shift workers have had a fatigue-related driving mishap in the previous year. SDA recommends if tired and driving, pull over to a quiet spot, recline the seat and nap for about 15-20 minutes, no longer. Then get out of the car and walk around for five minutes before continuing.

What to do about it

Some people seem better able to do overnights. Best to work that out early in your career.

We are all different; we enjoy different specialties in our field of work.

We are happy to shape our careers based on these interests and our talents (for example midwifery, emergency, remote work, educator, cardiac care, early childhood). Overnights are the same. It is ok to make a decision they are not for you.

If you currently have no option, here are some tips. The best place to start is to talk with colleagues who successfully combine sleep and shift work – get their tips. Here are some recommendations in the literature and in discussion with night workers:

Noise and light

- Try to experience light in the evening and during the night shift to maximise alertness.
- Make it dark during the day when you are sleeping. Some recommend wearing sunglasses on the trip home after night shift.
- Your 'friends' are anything to reduce noise and light when you're trying to sleep, for example: white noise machines, fans, eye masks, curtains, carpet, earplugs, no notification setting on your devices, written sign on the bedroom door.



- Make time for sleep. Avoid the trap of trying to lead a normal social life. Plan something on your days off with family and friends so you do not feel so disconnected from your normal life/routine.
- Let people know you are on night shift and are not to be disturbed.

Sleep and naps

- Some colleagues and experts will say sleep before you work; others say sleep after you finish work. Monash University (Alexander Wolkow, Applied Sleep Researcher, School of Psychological Sciences) indicates sleeping as early as possible after night shift is best.
- Monash University research also indicates aiming for a single long sleep period as more likely to promote a sleep routine.
- A nap before night shift can promote alertness at work – restrict to 45 minutes (Monash University).
- A nap during night shift can work for you (15-30 minutes) to increase alertness.

Drink

- There is some complexity around caffeine. Avoid caffeine close to bedtime if not required for alertness (e.g. driving). Be cautious of large and irregular doses of caffeine. However it can be used (little and often) to reduce sleepiness at work: 40g to 60g every two hours can maintain alertness (Wyatt et al 2004; Ker et al 2010) that's one cup of weak coffee or a cup of tea. (School of Psychological Sciences, Monash University).
- Avoid alcohol within four hours of bedtime and do not use as a sleep aid (alcohol encompasses both stimulating and sedative effects).

Rewards

- Plan something you enjoy before going to work when others are winding down in your house. Develop a routine around going to work (you have one for day work) even if it is as uncomplicated as having a coffee or tea and a shower.
- Put small rewards in your 'day' – set aside time to do what you love. Remember self care.
- In one place I worked workers dropped goodies into a box: cards, games, fresh fruit, snacks, books, children's toys, pencils, paints, paper, wool, knitting needles, craft and creative activities, music, information about local events and markets, hand weights, yoga mat, exercise options. During breaks we investigated and played – it gave us a different focus. Would this work for your workplace?
- Take healthy snacks to work to keep you going and share with others.

Consider the sleep hygiene and sleep routine tips from the previous article. Remember to:

- Develop a routine around going to bed. Make it the same as the night-time routine that works for you when you're on day shift.
- Go to bed at the same time each day; try to get up at the same time each day (this can be difficult on night shift – expect sleep to be shorter).
- Avoid vigorous exercise prior to sleep, but participate in exercise regularly.
- Keep your bedroom cool.

Lee Rushton

Clinical Psychologist

CRANaplus Bush Support Services ●

meaningful connections

“Think back to the most important experiences of your life, the highest highs, the greatest victories, the most daunting obstacles overcome. How many happened to you alone? I bet there are very few. When you understand that being connected to others is one of life’s greatest joys, you realize that life’s best comes when you initiate and invest in solid relationships.”

John C. Maxwell, Today Matters

Christine Martins, CRANaplus Bush Support Psychologist has some tips for people working in remote locations on developing meaningful connections at work and in the community.

“It’s tough living out here,” I once heard a nurse at a remote clinic in the Northern Territory empathise with a newcomer who seemed to be struggling to fit in. “What makes it difficult is not the work itself – I’m trained to deliver a quality of service – it’s being so far from family and friends.” The old hand’s colleagues all agreed this was a central issue for them too.

It can be hard to be in a strange or unfamiliar place and not have close contact with the significant people in our lives. It is therefore important to create and maintain meaningful connections with the people around us: work colleagues, people in the community and those in our professional networks.

Why it matters

We are social creatures, generally speaking. Social connection is the feeling of belonging to a group, feeling close to other people. Research evidence suggests that for most people this is a core psychological need that’s important to feel satisfied with life.

Matthew Lieberman, a social neuroscientist, links social connectedness to personal wellbeing. Our brain’s default mode is figuring out how to

engage with the people we see every day “so we can better predict their reactions to novel situations and avoid unnecessary feather ruffling”.

Ways to engage

Psychologist Susan Pinker says in-person social interactions are a key. “Face-to-face contact releases a whole cascade of neurotransmitters, and like a vaccine, they protect you now in the present, and well into the future,” says Pinker. “So simply making eye contact with somebody, shaking hands, giving somebody a high-five is enough to release oxytocin, which increases your level of trust and it lowers your cortisol levels. It lowers your stress. And dopamine is generated, which gives us a little high and it kills pain. It’s like a naturally produced morphine. This face-to-face contact provides stunning benefits, yet now almost a quarter of the population says they have no one to talk to.”

The everyday seemingly small exchanges with others, such as brief social interactions at work, when you go for a walk or at a social event can all have an impact. All of these exchanges can contribute to your wellbeing.

Pinker warns that social isolation is “the public health risk of our time”. You may be active on social media sites and establishing very real connections – but the challenge is to bring these connections off the screen and into ‘real life’.

Building bonds and relationships with those in the immediate environment, our workplace and community, takes time and effort. And against an increasingly busy work pace and the demands of everyday life, this can seem like a stretch to ask of ourselves.

Establishing bonds with others is important but so is maintaining those relationships.

Ways to create authentic relationships

A culture of wellness in the workplace includes fostering any social connections

in a positive way. Professional networks, both formal and informal, can satisfy some of our needs. Attending workshops or conferences is another valuable way to connect with those in the profession.

It can be important to spend time with work colleagues away from the demands of the busy clinic or hospital. Yes, it is possible to spend too much time together with the folk we work with; that is a given. But it can make a difference to schedule ‘downtime’ socially over a barbeque or drink out of work hours. When we meet in a social setting, we typically share information and experiences in a very different way compared with in a formal workplace setting.

It can also be rewarding to foster ties with people in the community who have shared interests or experiences.

Perhaps consider holding a regular social gathering for the wider group in your district.

Networking by its very nature of establishing and maintaining connections between people is a two-way process; all parties gain from the exchanging and sharing involved. There is an additional benefit too; as you expand and build on your connections with others, you reach out to and help those contacts too.

Nipping disagreements in the bud

One of the most common roadblocks to forming positive relationships with our colleagues is disagreements. They are not always warm and helpful paragons of lightness and joy. It is natural and normal to experience conflict; it seems to be part of the human condition. It is not the conflict that matters, but rather what we do about it.

Articles and books abound on how to effectively manage conflict. There are workshops on the topic. A wealth of material is on the CRANaplus website which offers helpful strategies and approaches on how to de-escalate conflict.

After years of working in the field of conflict resolution, I have universally found it is best to nip disagreements in the bud before they escalate to a serious level.

Simply checking what might be the problem can be powerful, as it helps to clarify and clear up misunderstandings. Often, very often, early level tensions are a result of misunderstandings. These are relatively easy to resolve, compared with more heated conflict.

If there are deep-seated or complex situations, they may require external assistance to resolve. Independent mediators can be an immense help. Remember there is assistance at the other end of the phone.

The CRANaplus Bush Support Services team can support you in strengthening your connections with others. A team member will work with you to develop a strategy to deal with any problems in the first instance or help to identify a way forward.

The toll-free confidential support line can be accessed by calling 1800 805 391, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the team is a great resource.

More tips:

- It is important to consciously prioritise contact with family and friends elsewhere. This is where social media or face-to-face sessions via computer technology can be useful.
- Connecting with the natural world in which we live. This is such a vital component in our armoury of stress management and promoting mental wellbeing. Walking on a beach, swimming in a river or waterhole (provided it is croc-free!) or bushwalking are all examples of activities which allow us to reconnect with the land. Perhaps you have an opportunity to create a garden.

**Christine Martins
Clinical Psychologist
CRANaplus Bush Support Services ●**

through the shiatsu lens

“True self care is not about rose-infused baths and exotic holidays abroad; it’s making a choice to build a life that you don’t have to regularly escape from”.

Akhalita Makoto, shiatsu practitioner and writer, working to establish an animistic-based pathway to empower women, shares her story here because “too many people simply opt for those trips abroad or a glass of bubbly and a bath as their only form of ‘self care’.

Of course, time out of our routines, catching up with friends and family, and experiencing new things in new places is all part of living a balanced life and attending to one’s own self care. However, self care at its essence is deeper than those things alone; and living a life that one does not need to regularly ‘escape from’ is a significant signpost for a life rooted in true self care.

Years ago, in my mid-twenties, I remember coming to a crossroads in my life, a real stepping stone in my career. I remember trying to push down a feeling that had surfaced for me on this path before, but this time it refused to go away.

Although my head was telling me this was a great opportunity, something simply didn’t feel right. Against my rational judgement and incredulity of family and friends, I let the position go.

I booked myself into a meditation retreat and started the process of attending to those feelings of unease. After that solitary time I decided to enrol in a Diploma of Shiatsu & Oriental Therapies where I began to explore the roots of wellbeing from an East-Asian Medicine perspective.

Up until that point, when someone asked me about my own health and self care, I would reply that they were “really good”. It was only after

two years of hands-on body-work experience and study that I realised how shallow that assessment had been.

What I most deeply grasped over those years of my training was that the benchmark against which each of us measures our own health and wellbeing, is relative to our own life experiences.

Often the marker of ‘health’ is simply an absence of obvious ‘illness’; and the ‘normal range’ of health simply ends where ‘illness’ begins.

However, as a progressive GP once showed me, ‘vitality’ is a much narrower band within that range of ‘health’.

It was during those two years of study and beyond that my eyes slowly began to open to the ways in which imbalances that included asthma, eczema and allergies had insidiously woven their way into what I considered to be part of my own ‘normal health’.

True self care cannot occur unless your aim is much deeper: the first question we need to ask ourselves is where we sit in relation to this range. Are we in the narrow band of vitality? Within the greater range of ‘normal health’ or have we fallen into the areas of obvious illness and dis-ease?

For those of us who suspect we are not in the ‘vital’ band, the best place to start is with ‘beginner’s mind’. Here we put down everything we ‘know’ about ourselves and foster a curiosity as to how we are ‘feeling’.

This could also be understood as deep listening or ‘*dadari*’ as it is known to some Indigenous people of Australia.



Body work, meditation, contemplative walks alone and somatic therapies are examples of the ways in which we may better come to know and articulate our deepest needs and what keeps us from feeling vital in our lives. In East-Asian medicine, it is not simply physical health that constitutes a placement within that vital band, but rather our attitudes, beliefs and how we think about the world around us. *Yang Sheng* is a concept that means ‘nurturing life’ and has four main aspects which reveals the multi-factorial approach that is needed for true self care:

- Cultivation of the mind and spirit.
- Living in harmony with the laws of nature.
- Regulation of diet.
- Cultivation of the body with work, rest and exercise.

Essential to my own approach to self care has been a regular practice in bringing awareness to the breath and attending to my physical body with a blend of meridian stretches, yoga and shiatsu. I also listen to the foods my body feels to eat, respect the natural rhythms and cycles, and live in harmony with them as much as possible while also respecting the age-old adage: Everything in moderation, even moderation.

I create spaces in my life for time alone in nature where I can experience my relationship

with the living world through cultivating the quality of deep listening. I attend to my spiritual life through this practice and also through fostering relationship with family and ancestors.

And lastly I nourish the love to create! My own authentic journey has really required me to cultivate self sovereignty because the path I am called to does not reflect the status quo I grew up with; and to go against the grain of what is familiar requires one to foster deep internal strength.

It has been 11 years since I graduated from the Australian Shiatsu College with my Diploma of Shiatsu & Oriental Therapies. Many of the imbalances I went in with during my study I did not come out with.

My understanding of food, the needs of my body, and attitudes and beliefs, have significantly shifted. I now see myself as deeply-connected and interwoven with the living web of life. ●

pets and wellbeing

Dr Annmaree Wilson, Senior Clinical Psychologist with CRANaplus Bush Support Services says the positive influences of pets on mental health generates a great deal of passionate feedback from readers of the Mindfulness Monday messages.

It is clear from the anecdotes and photos we receive that animals in general and pets specifically play a unique role in people's lives. Companion animals, such as dogs, are often referred to as 'good friends' or 'members of the family' and their photos are frequently displayed alongside those of other family members.

The role animals seem to play in people's mental health makes complete sense. From a positive psychology perspective, there are three core elements to overall wellbeing: people (relationships), purpose and passion. Companion animals enhance peoples' quality of life, particularly when social networks are limited and human companionship is lacking – significant factors when working in a remote context.

With the first element – the making and maintaining of enduring relationships – pets fulfil the need for people to show and receive love. Pets are loyal, non-judgmental, good listeners and don't argue.

They are an excellent way of learning and showing empathy and care giving for others. Pets also address the increasing issue of isolation and loneliness that is emerging in Western society. They provide a vehicle by which people can connect with others. Think about how easy it is to greet someone who is out walking their dog, compared to when there is no dog.

This is supported by psychological research that shows that being accompanied by a dog when out, significantly increases the likelihood of social interactions.

The other important issue here is that dogs require regular exercise and anything that gets us up and moving is a very good thing for both our physical and mental health.

For all these reasons, an increasing number of animals are being used in a variety of contexts including prisons, aged care facilities and hospital outpatient settings. Moreover, for people with physical or emotional challenges, animals also provide a sense of safety, security and independence. Companion animals can give people a sense of agency and

purpose that may be compromised by life events or disability. One only has to look at guide dogs for the blind to recognise just how practically useful animal companions can be.

There are many organisations and charities that value the relationship that animals have to people. **Guide Dogs Australia (guidedogsaustralia.com)** is one that immediately springs to mind. The most familiar to remote health practitioners is **Animal Management in Rural and Remote Indigenous Communities (https://www.amrric.org)**.

As I was doing some research for this article, I had the privilege to talk at length to Andrew Harris, Director for PTSD Dogs Australia. This organisation is a not-for-profit charity dedicated to rescuing, retraining and rehoming suitable displaced or unwanted dogs. Of particular interest to health practitioners in rural and remote settings is that this charity is quite unique in terms of the fact that its target population is first responders, such as fire, police, ambulance as well as Defence Force personnel who are living with post traumatic stress disorder. My interest in the work of this charity, of course stems from the high incidence of trauma, re-traumatisation and secondary traumatisation that is part of the remote health landscape. Andrew discussed how each dog is individually trained to assist the handler overcome individual and specific difficulties.

These difficulties are as diverse as there are people and include such things as reminding their handlers to take medication to waking them from nightmares. The service is free and provides life-long support to both the dog and handler.

One of the things that really struck a chord for me in the discussion about PTSD Dogs Australia with Andrew Harris, was his passion and commitment for what he does.

It reminded me of the third element of positive mental health coming out of the positive psychology literature, which is passion. Passion refers to a sense of having a higher purpose and as Gandhi famously said:

"The best way to find yourself is to lose yourself in the service of others."

For some people this is a religious or spiritual activity. For others, it is being involved with a community group, charity or service club. Supporting a charity through fundraising is both rewarding and fulfilling. It is a way of walking the talk and finding meaning in these challenging times.

**Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●**



educate

unique professional learning offer

Providing products that are relevant, up-to-date and aligned to evidence-based practice keeps CRANaplus an industry leader in the education of the remote health workforce. Director of Education Services at CRANaplus Sue Crocker outlines how clinical placements for employees is an important component.

We pride ourselves on ensuring all products and services are contextualised to the remote and isolated setting, are clinically relevant across the lifespan and grounded in contemporary, evidence-based practice. To achieve this, it is essential that all clinical staff maintain industry knowledge and best practice in their chosen field of nursing/midwifery and how this is applied to the remote area nursing/midwifery context.

At CRANaplus, we go further than the requirement of RTOs to ensure our trainers and assessors (educators and facilitators) maintain industry currency. As health professionals we are committed to professional learning and the concept of life-long learning.



For me, industry currency for a nurse/midwife educator/manager working for CRANaplus means it is essential that our team is connected to the remote workforce. This ensures that what we teach is relevant and aligned to evidence-based practice. To achieve this, our team undertakes continuous professional development by reading journals, websites, attending courses, conferences, webinars etc.



Unique to CRANaplus is the support of the CEO and executive for all clinicians to undertake a minimum of two weeks clinical placement annually.

Like all small organisations and teams, it is often difficult to find a suitable time to take annual or professional development leave. As the Director and member of the executive, there are always things to do, but last year I prioritised a two-week placement (which you can read more about on page 56).

This was an experience that has benefited me both professionally and personally. It has cemented my view on the need for me and the education team to undertake such placements.

To achieve this, I am currently working closely with member organisations to offer our clinical team to assist with short-term relief once a year.

A win-win: the organisation receives a highly-skilled nurse/midwife and the nurse/midwife gets exposure and immersion in remote practice ensuring clinical knowledge and skills are current and contextualised. ●

the pursuit of happiness

Intimacy and sexuality exist in all relationships, but these terms are not easily defined and rarely understood. There are countless examples in aged care environments where staff may have assumed that an older person is displaying sexual behaviours when instead they were exhibiting signs of a need for intimacy. Sometimes, responses can be reactive rather than proactive, with many staff not knowing what to do. There are beliefs that older people are asexual, and that sexual needs and behaviours are only for those who are 'cognitively intact' (Dementia Training Australia, 2014).

The significance and importance of expression of sexuality to wellbeing was shared with over 45 staff from two residential aged care facilities (RACFs) who attended Dr Cindy Jones Sexualities and Dementia one-day workshop delivered through the CRANaplus Aged Care Project.

Provided by Dementia Training Australia, this dynamic and engaging presentation reiterated that sexual expression is a part of life no matter what age we are, and older people living with dementia also need to be considered.



This workshop increased awareness and understanding of sexuality among people living with dementia as well the concepts of intimacy, sexuality and sexual behaviours and expression of various types of sexuality. Importantly, it focused on the role of health care professionals in responding to the expression of sexuality by people with dementia. Registered Nurses, Assistant in Nurses, Carers, Pharmacists, Diversional Therapists and Student's found this workshop to be powerfully thought-provoking.

"Sexuality and dementia is a real and relevant topic to be considered everyday," said one attendee. This workshop is important to "... ensure that I and staff don't immediately jump to conclusions when we witness something that may appear to be some sort of sexual activity".



Geliefden Timeless Love, Marrie Bot 2014.



In addition, it's important that "staff at care facilities consider environmental design for expression of intimacy and sexuality," said another.

Dr Cindy's presentation was so valuable as she kept attendee's attention from start to finish, totally engaging the audience which enabled her messages and education to be remembered.

"Sexuality needs to be more openly discussed and accepted in aged care. The imposition of values and beliefs, both personal and institutional can impact effective care."

Sexuality remains a sensitive topic due to its private nature. This is particularly so for older people where it is often disregarded or treated as a societal taboo, especially among younger people due to prevailing systemic ageism (Dementia Training Australia, 2014).

CRANaplus greatly values Dr Cindy Jones presentations and her passionate expression to support sexuality in people with dementia.

A copy of the *Sexualities and Dementia: Education Resource for Health Professionals* developed by Dr Cindy Jones is available at: <https://www.dta.com.au/resources/sexualities-and-dementia-education-resource/>

A guide for partners and families on *Sexuality and People in Residential Aged Care Facilities* is available at: <http://dementiakt.com.au/wp-content/uploads/2016/08/SexualityConsumerGuide.pdf>

The Sexuality Assessment Tool for Residential Aged Care Facilities to help support the expression of sexuality of residents, both with and without dementia is available at: <https://www.privacy.org.nz/assets/Uploads/Sexuality-Assessment-Tool-SexAT.pdf> ●



CLINICAL SKILLS COURSES

Our courses are contextualised to remote and/or isolated practice needs and take into consideration jurisdictional differences and the broader needs of the health professional.

<p>Maternity Emergency Care</p> <p>NT Darwin, 28 Feb-1 Mar Alice Springs, 12-14 May Tennant Creek, 28-30 Aug Darwin, 9-11 Sep</p> <p>WA Geraldton, 26-28 Jun Esperance, 14-16 Aug Broome, 30 Oct-1 Nov</p> <p>NSW Armidale, 20-22 Mar Tamworth, 25-27 Sep</p> <p>QLD Mount Isa, 27-29 Mar Cairns, 22-24 May Rockhampton, 12-14 Jun Townsville, 10-12 Jul Cairns, 24-26 Jul</p> <p>TAS St Helen's, 13-15 Nov</p> <p>VIC Shepparton, 17-19 Apr Ballarat, 27-29 Nov</p> <p>ACT Canberra, 17-19 Oct</p> <p>Practical Skills</p> <p>WA Esperance, 28 Sep</p> <p>QLD Cairns, 9 Mar</p> <p>VIC Shepparton, 6 Apr</p>	<p>Remote Emergency Care</p> <p>NT Alice Springs, 20-22 Mar Alice Springs, 10-12 Jun Darwin, 24-26 Jul Alice Springs, 7-9 Aug Darwin, 28-30 Aug Alice Springs, 24-26 Oct</p> <p>SA Adelaide, 17-19 Apr</p> <p>WA Esperance, 25-27 Sep Broome, 6-8 Nov</p> <p>NSW Armidale, 10-12 Jul Cairns, 6-8 Mar Roma, 22-24 May Cairns, 11-13 Sep</p> <p>TAS St Helens, 14-16 Feb</p> <p>VIC Shepparton, 3-5 Apr Mildura, 8-10 May Portland, 27-29 Nov Canberra, 11-13 Oct</p> <p>ACT</p>	<p>Mental Health Emergencies</p> <p>NT Katherine, 24 Jul</p> <p>SA Adelaide, 6 Feb</p> <p>WA Broome, 5 Nov</p> <p>NSW Dubbo, 6 Apr</p> <p>QLD Cairns, 29 Jun Rockhampton, 4 Aug</p> <p>VIC Mildura, 7 May</p> <p>ACT Canberra, 13 Oct</p> <p>Triage Emergency Care</p> <p>SA Adelaide, 1 Apr</p> <p>WA Perth, 6 Apr</p> <p>QLD Cairns, 10 Mar Roma, 25 May</p> <p>One Day Advanced Life Support</p> <p>NT Darwin, 31 Aug</p> <p>SA Adelaide, 20 Apr</p> <p>QLD Cairns, 14 Sep</p>	<p>Midwifery Up Skilling</p> <p>NT Alice Springs, 13-15 Jul Darwin, 2-4 Oct</p> <p>WA Perth, 29-31 May</p> <p>QLD Cairns, 8-10 May Cairns, 7-9 Aug</p> <p>VIC Bendigo, 13-15 Mar</p> <p>Advanced Remote Emergency Care</p> <p>NT Alice Springs, 28-30 Aug</p> <p>SA Adelaide, 18-20 Sep</p> <p>WA Broome, 6-8 Nov</p> <p>NSW Tamworth, 20-22 Mar</p> <p>QLD Cairns, 21-23 Feb</p> <p>Paediatric Emergency Care</p> <p>NT Darwin, 24-25 Oct</p> <p>WA Perth, 4-5 Apr</p> <p>QLD Rockhampton, 15-16 Aug</p>
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put yourself out there

Director of Education Services at CRANaplus Sue Crocker was determined last year to undertake a remote clinical placement. "It took me until November to achieve it, but I am so pleased I did," she says. "So, here's my story in the hope that I inspire others who don't work clinically to put themselves out there and try it. For me, the rewards were overwhelming both professionally and personally."

Within nursing you have many career pathways. Mine has been a journey through mental health, critical care, community and child health and remote nursing. In the past 15 years I've been immersed in education, research, management and leadership, which has seen me move away from the hands-on clinical work of a nurse. While there is debate amongst the profession about the need for nurse/midwife leaders and educators to undertake a clinical placement to keep them in touch with nursing practice, I personally have no doubts.

It's not a matter of if we should do it, but a question of how to achieve it. I don't have the answer for others but for me I had to make it a priority with my current workload and family commitments. Thanks to board member and Nurse Practitioner Lyn Byers and the support of the management and leadership team at Nganampa Health Council, I was able to make this happen for two weeks at the end of 2019.

Having worked extensively in Queensland, I knew I had to get out of my comfort zone and experience remote work in a different state in a community with a culture I have never experienced. Maintaining theoretical clinical knowledge is great but having the confidence to apply it clinically is another matter. I wasn't confident that I could still adequately undertake the many assessments that remote area nurses undertake every day so it was under Lyn's clinical mentoring and preceptorship that we set off for a remote Aboriginal Community in the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands) in north-west South Australia.

I did all the things you do when setting off. I ordered my groceries online to pick up in Alice Springs, prepared the car and Lyn and I were off on our six-hour road trip.

I've only once briefly passed through Central Australia on my way from Queensland to the Kimberly region. I can honestly say the desert was a landscape shock.

Barren and dry with very limited vegetation, the red dust and the dirt staining the surfaces of all buildings and cars. Once we turned off the main highway you could turn me around three times and it's highly likely I wouldn't know which way to go. The ranges surrounding the community I worked in were simply stunning, but I wouldn't like to be exploring these areas without the knowledge and expertise of the local community. It was a far cry from the Coral Sea and the lush green surrounds of north Queensland.

I was excited to be working as a clinical Nurse providing care to those who presented to the clinic and meeting community members. Of course, everybody wanted to know where I had come from, so I had a great opener to find out more about their life in their country, listening to their stories clinically, culturally and socially. Clinically I was relieved my skills were still current and I could confidently undertake a comprehensive physical assessment and history. It was great to use CARPA clinically having only ever used the PCCM in my clinical practice.

The electronic medical records system was comprehensive. I found it very daunting at first to ensure all the information was entered correctly, but like any IT system, once I learnt it and understood how it functioned, I got faster and more proficient in using it to provide the best clinical care for the client. It provided me with comprehensive information about a person's medical journey and was a great tool to ensure a wholistic approach to health. I also appreciate the challenge of relieving RANs having to learn and use different IT systems in the different clinics they work. ▶▶



► It was rewarding to apply my clinical knowledge and skill in both the acute and primary health care setting. I valued working out of the CARPA Manual as, having extensively worked in Queensland, I was very familiar with the PCCM. The clinic staff were supportive, and I was reminded of the challenges of being on call and being a RAN: the fatigue and the responsibility in regard to getting a diagnosis and management plan right.

With my Director of Education Services hat on, I was also able to assist staff with information on course registration and the psychological support offered by CRANaplus Bush Support Services. I was clearly able to identify nurses who were fatigued and struggling with the pressures of living and working in remote Australia. At the community in which I worked there really wasn't anywhere to go if you didn't have your own transport, there was very limited opportunity for physical exercise and nowhere to go out for a meal or a walk, those things we take for granted living in larger centres. I reflected on the long-term effects this has on nurses and midwives working remote and while I know this from my previous experience as a

RAN it was great to be reminded. I appreciate the need for RANs to use their professional development time to enjoy the opportunities that come with being in a larger centre – going to the movies, going out for dinner or just going for a walk in a different outdoor setting.

The whole experience was invaluable for me, both professionally as a nurse and as a leader in an organisation that prides itself on representing and contextualising education to the remote workforce.

This experience has reinforced to me as a leader how important it is that I make the time to undertake a clinical placement and that both clinical and non-clinical team members understand the role of the RAN and the complexities faced by them living and working in remote Australia. ●



podcasts recommended by CRANaplus

This range of podcasts includes something to challenge you, inspire you, amaze you and make you laugh. If you have a podcast episode or series that you think others would enjoy please send your recommendation to jay@crana.org.au



All in the Mind

Episode: Climate Change Anxiety

This episode of All in the Mind centres around young people and the sense of fear and anxiety that accompanies the climate change debate. Climate change is emerging as the greatest existential threat facing humanity and younger people are experiencing feelings of eco-anxiety, which closely mirrors the process and emotions of grief. The podcast succinctly sets out the debate around eco-anxiety and links to existing mental health, and the importance of people connecting in groups and becoming active in movements advocating for policy change.

Conversations

Episode: Rescuing the Boys from the Cave (Richard Harris)

Richard Harris is an anesthetist and keen cave diver. In 2018, Richard was involved in the rescue of 12 members of a Thai soccer team and their assistant coach. Through this podcast interview Harris discusses the difficulties and triumphs of this unconventional rescue operation, including the immense dangers and high probability of fatalities occurring. He also describes the joys of exploring and seeing beautiful sights and the process of pushing one's body and mind to maximum through the dangerous and unpredictable hobby of cave diving. The podcast is excellently paced with tension and uncertainty while explaining the rescue even though the listener is aware of the ultimately positive outcome.

Somehow Related series

For something lighthearted and fun for summer try the podcast series 'Somehow Related'. Comedians Glenn Robins and Dave O'Neil are given two seemingly random topics. Together they have to work out how these very different things are 'somehow related'. What is the connection between Pringles and urns? Napoleon and kangaroos? KFC and clotheslines? Winning the lottery and dying? Snow cones and the moon landing? They are all related but how? Listen and laugh as Robins and O'Neil discuss the possibilities and reach a conclusion before the answer is revealed to them.

2016 Boyer Lectures Series

Fair Australia. Social Justice and the Health Gap.

This podcast consists of four episodes with Professor Sir Michael Marmont discussing the importance of understanding and recognizing the effects of the social determinants of health (SDOH) in Australia. As most of you know, SDOH are an all-encompassing facet of a person's life and health especially for those living in rural and remote areas who face unique challenges. The series is well set out, well explained and full of genuine passion for the topic. It is a perfect starting point for those wishing to learn about SDOH and for those familiar with the concept and needing inspiration and re-energising.

Search for the titles online for details on how to download and listen. ●



Photo: Amy Blom.

engage

who are the backbenchers?

A backbencher is a member of parliament (MP) in either the House of Representatives or the Senate who is neither a government minister, parliamentary secretary, or opposition shadow minister. As suggested by the name, they sit on the benches behind the ministry, or shadow ministry in the opposition's case.

Generally, backbenchers have three main duties to fill; parliamentary duties (e.g. attending parliament, supporting frontbench colleagues and taking part in debates on legislation), electorate duties (e.g. dealing with constituent inquiries and problems particularly in the areas of social welfare, health, immigration and education and being seen to actively participate in the life of their community) and party duties (e.g. attending branch meetings, fundraising and campaign support).



Backbenchers usually have more time to devote to electorate issues as their parliamentary duties are less than those of an MP who is a minister or secretary.

For example, it is often easier to get an appointment with a backbencher than a minister or shadow minister.

In light of last year's election results, backbenchers from rural and remote electorates are especially keen to engage with their electorates. There are some opportunities for CRANaplus here.

Throughout 2018/2019 we enjoyed a pleasing level of engagement from the ministers and shadow ministers with responsibility for health in rural and remote Australia. This work never finishes and we will continue to liaise with these important stakeholders at every opportunity. In addition, however, we need to look at other opportunities to have influence and build awareness within the parliament.



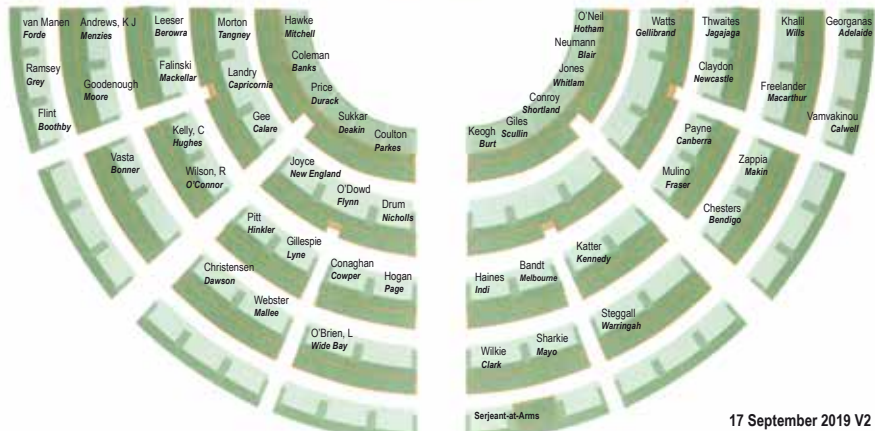
Throughout 2020 CRANaplus aims to meet with all backbenchers, both from the government and opposition, who hold seats with footprints into rural and remote Australia. We plan to talk to these MPs about the issues that matter to you. As CRANaplus CEO Katherine Isbister mentioned earlier in this edition, you took the opportunity to tell us what concerns you most via the 2019 Member Survey (the summary is shown on page 4). Our plan is to take those concerns, especially regarding your safety at work and staff and community housing, and build awareness among backbenchers. We will ask them what they can do within their own electorates to improve rural and remote health services. Addressing your concerns will ultimately improve health services and health care for their constituents, and everyone knows that health wins votes.

We'll keep you posted on our progress as we move through the Parliament backbencher by backbencher. Make sure you are linked in to CRANaplus on Facebook, Twitter and Instagram for updates.

Amelia Druhan
Chief Operating Officer
CRANaplus ●



SEATING PLAN – HOUSE OF REPRESENTATIVES CHAMBER FORTY SIXTH PARLIAMENT

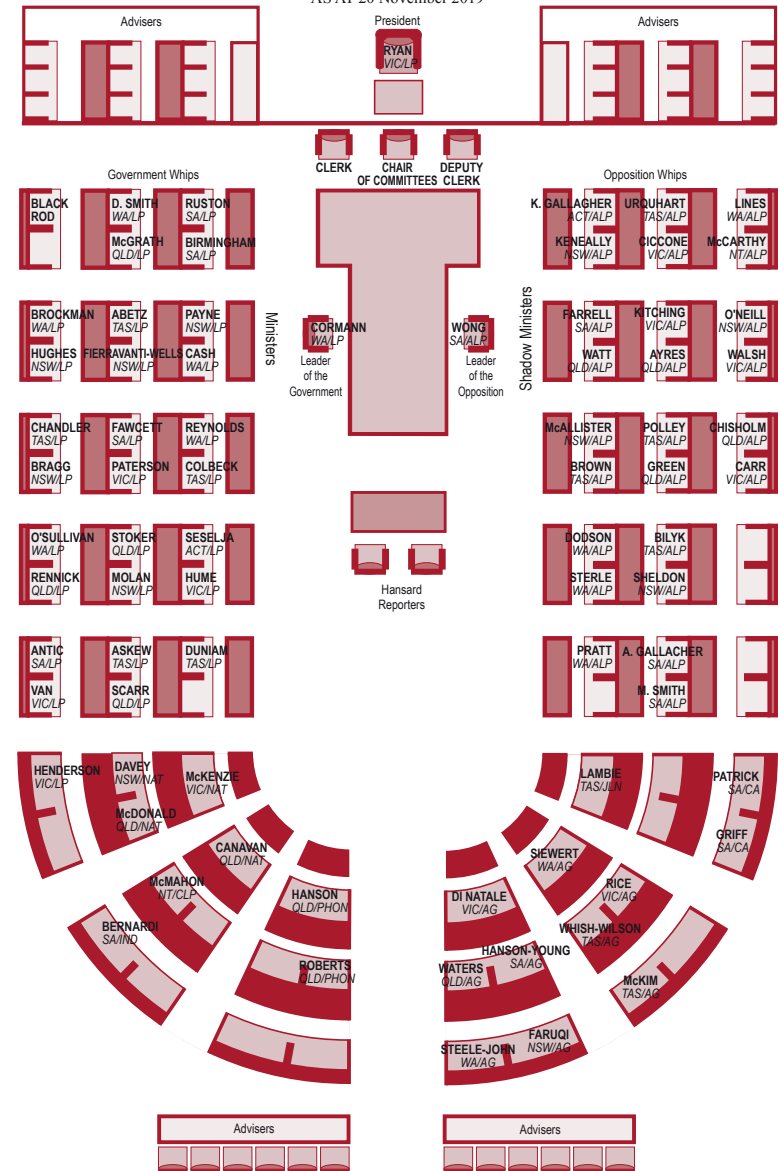


17 September 2019 V2



Senate Chamber Seating Plan

AS AT 20 November 2019





Remote Management Program Essentials for Remote Managers



Would you like to increase your confidence in leadership and management?

Do you understand the role of clinical governance?

Do you need project management skills?

Then the CRANAplus Remote Management Program Essentials for Remote Managers (RMP) course is for you

RMP is a course designed to enhance and broaden the manager's existing expertise regarding leadership and management, clinical governance, and project management. It is underpinned by an action learning approach and designed for managers, acting managers and aspiring managers who work in a remote health service setting.

Cost
CRANAplus Members \$600
Non-members \$650

Course Dates and Locations

NT, Alice Springs, 23-24 Apr 2020 ACT, Canberra, 13-14 Oct 2020

Course Delivery

RMP is a program that consists of three components:

1. Four online modules (access is provided 8 weeks prior to workshop);
2. A two day face-to-face workshop to consolidate learning through presentations, group discussions and small group activities;
3. Developing, implementing, evaluating and reporting on a quality improvement project.

Participants will be able to:

- Reflect upon and enhance management skills
- Describe leadership and management attributes necessary for the implementation of quality improvement projects
- Outline clinical governance – roles and responsibilities of managers and its application in remote settings
- Undertake workplace needs analysis
- Plan, develop, implement, evaluate and report on quality improvement projects

Journal writing is an essential requirement for the on-line modules and project implementation.

On completion participants will be awarded:

- A Remote Management Program Certificate
- 20+ CPD Points

attention managers

Inspiration, enlightenment and reinforcement. Those are the words that crop up time and time again in testimonials from managers who have participated in the CRANAplus Remote Management Program.

The program outcome is a swag of new ideas and approaches to continue the life-long learning process as an effective manager and leader.

The winning combination is a series of online modules, a face-to-face two-day workshop, working on an individual project – and using a journal for continual reflection.

Here is what participants have to say.

"The course has been very much a learning experience for me, it has pushed me outside my comfort zone and made me look at myself more closely, so thank you, I wouldn't have missed it. Very happy to have it finished though!"

"On a personal level I feel that my emotional intelligence has improved as a direct result of working on the modules and attending the workshop."

"Using the journal and knowing this was only for myself allowed me to express some deep fears and negative attitudes I have held. Writing them down in such a brutally honest manner has helped me to begin the process of changing those attitudes and rising above the fears, it is long road, but I have taken the first steps..."

"Excellent introduction for management, has inspired me to look further into HR and Leadership studies."

"All of these topics that we covered are useful for my workplace and the role as a manager."

"Inspiring and provided many new ideas that I am keen to try."

(September 2019, Hunter Valley NSW)

"Enjoyed. Glad I was able to use the knowledge and experience and of other staff for work situations."

"Interesting workshop when starting in management – identify early different communication techniques etc."

(May 2019, Katherine NT)

"Thank you for a great workshop, learning experience, saturated with new ideas. Hopefully can unpack it all now and apply to my role."

"Really started from a zero base. Solid start to this learning progress."

"Thank you. Has been an informative and interesting course."

(September 2018, Cairns Qld)

"This has been a wonderful experience of enlightenment and reinforcement."

"Very informative and put in a way that made the entire content easy to understand."

(September 2018, Adelaide SA)

For more information and timetable for this course, call us on 08 8408 8200, email professional@crana.org.au or visit our website: crana.org.au/education.

**RURAL
HEALTH
WEST**

Aboriginal Health Conference 2020

4 and 5 July 2020 | Parmelia Hilton Perth



Government of Western Australia
WA Country Health Service

This conference is proudly delivered by Rural Health West
in partnership with WA Country Health Service
through the Better Medical Care Initiative

**Are you a health professional,
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Aboriginal health?**

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**Call for abstracts closes on
Friday 3 April 2020**

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CRANAplus Awards

CRANAplus Awards recognise and acknowledge the significant contribution of nurses and midwives who are innovative professionals, determined in their work, dedicated to remote practice, helping the profession thrive in spite of the challenges it presents.

Can you think of someone or a group of nurses/
midwives in the workplace you would like to nominate
for an Award category?

The **Aurora Award** recognises the Remote Area Health Professional of the Year.

The **CRANAplus Awards** categories are:

- Excellence in Education/or Research in Remote Health
- Excellence in Remote and Isolated Health Practice Award
- Collaborative Team Award

All nominations close 30 June

Please note all applicants need to be signed
into 'My Dashboard' of the CRANAplus website
to complete the applications online.

**Awards are announced at the CRANAplus
Conference Awards Dinner annually**



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CRANaplus awards are a major plus

Putting the spotlight on a sometimes misunderstood service, profiling the experience and expertise within Aboriginal community-controlled health services and funding an important component of a research project. Three recipients of the annual CRANaplus awards explain why these accolades play an important role in promoting and supporting rural and remote practitioners.

“Winning the CRANaplus Collaborative Team Award in 2018 was wonderful,” said Rachel Sargeant, Manager of the Nurse Navigator program – Torres and Cape Hospital and Health Service (TCHHS).

“It put the spotlight on what we do as Nurse Navigators, which is sometimes a little misunderstood,” she said. “It also brought the new initiative to the foreground.”

The program aims to improve patient-focussed care coordination, create partnerships and facilitate systems improvement for people with complex chronic conditions.

“The timing was perfect,” says Rachel, “with the award being presented as the new team was in the midst of evolving their care pathways and practices.

“It certainly raised team morale,” said Rachel, “and made us feel valued as a team.”

Rachel’s team has ten Nurse Navigators, all highly experienced senior nurses with in-depth understanding of the health system, and two Indigenous Nurse Navigator Support Officers, covering an extensive area including Thursday Island, Weipa, Cooktown and Cairns.

“Our area is served by many health service providers, from the Royal Flying Doctor Service and Aboriginal Health Services to multiple primary health care providers and major hospitals,” she said. “They each have their own record system and are sometimes unable to share confidential information about their patients.

“We work across system boundaries and in close partnership with multiple health specialists and health services to help patients navigate the complex health care system.

“We are the central point, building relationships and assisting patients with all health journey issues including support with housing relocation and dealing with Centrelink, the paperwork for specialist appointments and medications, and coping with isolation and the huge cultural issues when they arrive in the big smoke.

“We work with our patients to pull all the bits of the jigsaw puzzle together. In the past many would have fallen through the gap, considered restive at best, labelled as non-compliant at worst.”

“Our work is very much at the pointy end of health care. By the very nature of their complex, often multiple illnesses and situations, our patients have a reduced quality of life,” Rachel concedes.

“But, since the team came together in 2017, the program is making a significant difference. Statistics show a vast improvement in people making and keeping appointments and there is less discharging against medical advice.”



Through health literacy surveys and face-to-face feedback, Rachel knows that people are feeling empowered to make their own health decisions.

“Another 20 nurse navigators would certainly help!” she said, pointing out that 96 percent of their clients are Indigenous people with multiple conditions and situations, many with limited English and often travelling and relocating from remote communities.

Registered Nurse/Midwife Johanna Neville, winner of the 2019 Excellence in Remote Health Practice Award, says receiving this award “shows that there is excellent clinical experience and expertise in the ACHHS sector.” It confirms the report in the *Australian Health Review* (March 2017), that Aboriginal community-controlled health services are more effective than other health services at improving Indigenous health.

“Working within the community control framework, local Aboriginal community control in health is essential to the definition of Aboriginal holistic health,” says Johanna, Program Advisor Maternal and Child Health Strategy for Apunipima Cape York Health Council, “allowing Aboriginal communities to determine their own affairs, protocols and procedures.”

Apunipima delivers primary health care services to 11 remote Aboriginal and Torres Strait Islander communities in Cape York. ▶▶



Above (left to right): Back row: Keiva Heemi, Hylida Wapau, Jane Davies, Rachel Sargeant, Peter Ross, Moira Senini, Oliver Hauser and Kavitha Fleming. Front Row: Sian Stephen, Eileen Lampton, Lesley-Ann Jacobus, Michelle Maguire and Christa Rostedt. Right: Eileen Lampton. Far right: Rachel Sargeant, Keiva Heemi and Michelle Maguire.



» “As a non-Indigenous person working in an ACCHS, it is good to work on achieving reconciliation,” she says.

At its heart, reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples, for the benefit of all Australians.

Johanna, who began with the council seven years ago as a midwife/child health nurse, is now based in Cairns, and much of her work involves strategic direction and advocating for funding for projects.

She visits the communities regularly and recently she undertook five weeks’ relief work as the Midwife/Child Health Nurse in Aurukun.

“How did I feel winning the award? Well, not to sound corny, I never feel that I am that remarkable,” she says. “So I was surprised. I honestly love my job. So to be recognised to do something I love is pretty cool.”

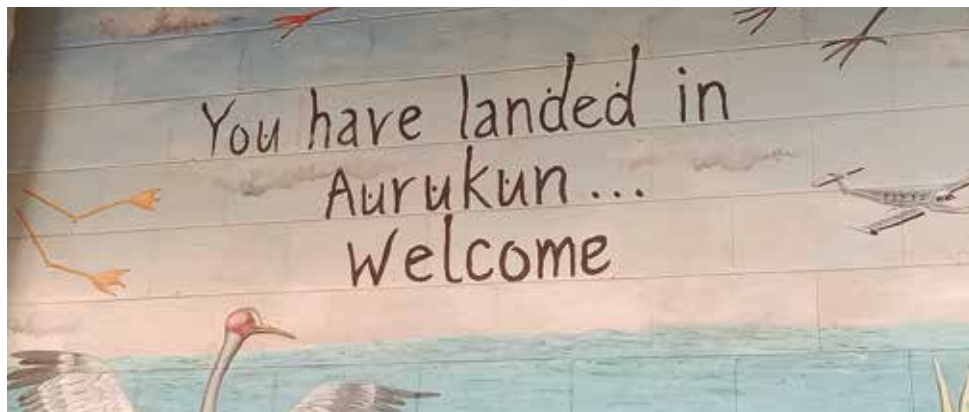
Johanna is a strong advocate for the importance of the role of the Aboriginal and Torres Strait Islander Health Worker.



“At Apunipima, we have a community-based health workers working alongside the Midwife/Child Health Nurse in the communities, on an equal footing, each with their own skills. One can’t work well without the other,” she says.

This model allows remote community-based Aboriginal and Torres Strait Islander Health Workers to have mentorship from university graduates and Johanna says she’s worked with a number of Aboriginal health workers who have moved on to become managers, and a couple who have gone on to do nursing.

Developing viable career pathways to get more Indigenous doctors, nurses and allied health professionals, is important. “I aim to work myself out of a job.”



“Winning the 2019 CRANaplus award for Excellence in Research in Remote Health really reminded me that while I might be working remotely – I’m not alone,” says Registered Nurse Katie Pennington who currently works with Punturkunu Aboriginal Medical Service in Western Australia.

Katie is leading a critical research project Registered Nurses in very remote Australia, medicines and the law, investigating the impact that current medicines and poisons legislation has on the ability of RNs to provide healthcare as necessitated in the very remote and isolated context.

“Little is known about how medicines and poisons legislation currently impact on health service delivery by RNs in very remote Australia,” says Katie.

Katie says the financial component of the award allowed her to pay for professional transcription of focus group sessions conducted as part of the project. “This has saved me hours and hours of work and has meant I can proceed with the next stage of data analysis sooner,” she says. “The qualitative data obtained from the focus groups will provide an additional layer of depth to the project findings.”

The project has already reaped benefits. Last year, results from the project, along with predominately ACCHO sector lobbying in WA, saw some positive changes made to legislation.

“Conducting research in any environment is tough, often slow going and for small projects can be a lonely endeavour,” says Katie. “Working in remote health, such a small component of the overall Australian health care sector, has many challenges, particularly when it is mostly unfunded, as in my case, and you’re juggling



one or two jobs, a family, throw in a move interstate and six months living in a tent whilst starting a house-building project... and you get the idea.”

When Katie had her children and moved from working frontline as a RAN to a role with a lot of clinical systems and governance responsibilities, she became aware of a disconnect between some aspects of legislation and the realities of remote health practice in WA. This disconnect and a desire to seek evidence that might help inform local change, along with a curiosity about the difference in systems across this country, were the beginnings of her research project.

“Registered Nurses are the mainstay of the very remote health workforce,” says Katie. “They deliver a vast array of health services to people with significant health needs, frequently in environments with limited access to other on-site health professionals.

“In these contexts RNs may find themselves responsible for a greater breadth of activity to ensure people have timely access to medications. There needs to be appropriate and consistent legislative measures nationally to ensure that RNs are enabled to undertake these activities in a safe and supported way.”

Katie’s research is being undertaken as part of a Masters in Public Health (Research) with Edith Cowan University in WA, which she plans to finish by mid-2021. ●



connect

a sense of purpose

“If I won the lottery, I’d still be doing overseas volunteering,” says humanitarian nurse Helen Zahos, who’s just returned from a stint helping to run mobile health camps in rural Kenya. “You feel a sense of purpose. When I volunteer, I get back much more than I give.”

Helen’s latest overseas experience with World Youth International’s (WYI) Nurses in Action program has prepared her for her role in 2020 as the organisation’s newly-appointed Ambassador.

About the Cover: They may forget your name but they will never forget the way you made them feel. Today we spent the day at World Youth International’s Mama Ann’s Odede Community Health Centre. It was Vulnerable Children’s Day, where local children are encouraged to visit the centre. A chance for them to laugh, learn, sing, play... and receive a much needed nutritious meal. It was so rewarding to hear the children laugh and play.

Her role to help further develop and expand WYI programs and empower their volunteers will include attending various conferences during the year and speaking about her experiences. It’s all part of WYI’s initiatives to celebrate the global International Year of the Nurse & Midwife.

Not bad for a young lass who didn’t get good enough marks to be automatically accepted into a nursing degree, and who says she dreaded public speaking.

“When I share stories with university students, I love to tell them I scraped in,” says Helen, who grew up on Groote Island in the Gulf of Carpentaria off the coast of the Northern Territory.

“I didn’t do well at school,” she says, “I knew I wanted to get involved in a career where I helped people, but I didn’t have enough marks to get into nursing,” she says. “I wrote the university a letter, begged them, and finally they let me in on the proviso I passed the subjects in the first semester.”



Helen, a registered nurse and paramedic for 18 years, has gone into war zones and responded to natural disasters and refugee crises around the world and nursed in remote locations in Australia including Christmas Island and Nauru, Arnhem Land and the APY Lands in South Australia.



In the past year, she’s spoken of her experiences at the Diversity in Nations Conference in Greece, an NGO forum in New York City as a side event to the UN Commission on the Status of Women, and at a UN health summit in Geneva.

Talking of her career path, Helen says it took 10 years working in emergency and paramedics before she had the guts to work remote in Australia. “It’s probably one of the toughest jobs,” she says.

“You are faced with serious challenges and you can’t predict what your day will bring. You may be a vet, cutting a horse from a wire fence, or you may be stuck with a child overnight who is really unwell when the plane can’t land.”

“You may start the day packing the car, making sure the immunisations are kept at the right temperature, changing a tyre in 40-degree heat with no help before you get to your destination, then incinerating the rubbish and mopping the floors at the end of the day. ▶▶

► “Each day is a different challenge. I still find it a challenge.”

Helen spent three years on and off in the APY Lands. “I loved it. The solitude. Out there, you have time to read, go bushwalking, go out with locals searching for honey ants, go camping.

“I made a point of learning some of the language so I could use Indigenous words during examinations. They laughed at my attempts, but they appreciated it. That’s a tip I would give to anyone going remote.”

“Nursing is a way of life and remote nursing, it gets into your blood. Once it gets there, mainstream is, well, mainstream.”

The 2002 Bali bombing was Helen’s first Disaster experience volunteering overseas, followed by the Philippines in 2013 after Typhoon Hyan, Nepal after the 2015 earthquake, assisting during the Syrian refugee crisis in Greece and Iraq in 2017.

Coming from a Greek background, it was natural for Helen to reach out to help in 2015. “I learned that 5000 people a day for weeks on end were landing on Lesbos. Because I speak Greek, I felt compelled to give a hand. I knew Greece was stretched financially, I knew how bare the clinics and hospitals were.

“We can sensationalise this work. There is trauma, of course, but I can say much of it is going back to basics. Listening to the patients.”

Helen’s introduction to public speaking began when she returned from Greece. “I wanted to give a voice to the voiceless,” she says. “Through that crisis, one million refugees fled across the Aegean.”



She began by speaking to nurses and at Rotary clubs. “One story that’s so strong was the day there was a boat accident involving 300 people,” she says.

“We had only two defibrillators and two ambulances. 11 children died and 27 adults. This was at the end of a day of hundreds of patients.”

Helen was left in awe of the local women after her time in Kenya. “They were incredibly strong under the conditions they were in. “Witnessing births. They made no noise during their delivery. That’s something that’s really stuck with me.”

Helen spoke about her feeling of helplessness in the children’s ward – and how she dealt with that. “Seeing a child with 60 percent burns that had not been reviewed by a doctor for one week

and who needed to be in intensive care and have amputations. I felt helpless. But when you feel helpless, one thing you can do is to be an advocate for your patient and provide a voice for them. What I’d like to say is, just by speaking out for your patient, raising awareness to a situation, can set off a cascade of events resulting in the correct treatment being delivered.”

During her time in Kenya, Helen and her fellow teammates provided education to the local nurses and health promotion to children in schools. They conducted medical camps, seeing 300 patients, and attended the HIV/AIDS outpatient clinics and maternal and child health centres.

“Some of the team observed in theatre and I assisted in the children’s ward with the child that was burnt. All of us had the opportunity to choose an area of interest and observe and be involved in those areas assisting within our scope of practice. This will be an experience we will never forget.” ►►



▶▶ Humanitarian and remote nursing comes at a cost, Helen acknowledges.

“It hasn’t always been easy. Working remote, at one stage I rang CRANaplus Bush Support Services after I was threatened with an axe. I’ve been back out to the communities since.”

“PTSD is also true for aid workers. When I came back from Greece, I knew I would need to speak to a psychologist or counsellor. I would lie awake at night thinking about what I had experienced. I thought, if I told my friends about

the experiences they probably wouldn’t believe it. I thought people would think I had made them up.

“It’s a great feeling when you cope, and cope really well, and realise you have resilience. My advice: you may need to get help to achieve that.”

Helen now has a website offering public speaking services on topics ranging from women’s empowerment, PTSD, disaster responses and perseverance and persistence.

“I now see you can make a difference without being at the front line,” says Helen, who is considering undertaking a PhD with a focus in disaster risk reduction.

But she will always have that duffel bag packed for the next call for action... ●

bushfire experience too close for comfort

“I feel safe. But I feel sad. It was such a beautiful spot where endangered animals are released and rare gum trees have lived for hundreds of years.” Royal Flying Doctor Service flight nurse and clinical educator Jackie Matear, a CRANaplus facilitator and former employee of the organisation, relives the day bushfire set the land around her Adelaide Hills property up in flames.

Jackie Matear and husband Andrew were thrilled when they finally fulfilled their dream to move from the suburbs to the country.

Settlement for their property – 35 acres merging into the Porter Scrub conservation park at Kenton Valley – was on 13 December last year.

The plan was for a Christmas Day family celebration in their new home. Unpacking all those boxes was a work in progress.

The previous owner was to come up the following week to explain all about the tanks and water pumps. But before that could happen, those tanks were buckled, destroyed, and the water pumps melted.

It started with what looked like a fluffy white cloud drifting across the blue sky. By the end of the day, they were bunking down with relatives, not allowed to go home.

“By midday we knew that cloud was actually smoke from a bushfire at Cudlee Creek five kilometres away as the crow flies,” says Jackie, “and my older son, a CFS volunteer, headed off to report for duty. We weren’t concerned about our own situation.

“Within a short time, he called us. We needed to get out. Fire had jumped across the road he was driving on. Sheep were on fire. And the bushfire was turning around and coming towards us. ▶▶



►► “We got into our cars and left. We took nothing. We drove north, sat in a park for a while. When we decided to wait it out at our daughter’s house in Mount Barker, we were forced to detour via Monarto because the fires were travelling. We still weren’t too concerned, even when we got the alert late afternoon that there were two small grass fires on our property’s boundary, one at the end of the driveway and one in the forest area of the Porter Scrub conservation park.”

Next morning, they were allowed to return home. Jackie describes what they saw.

“As we drove up the long driveway, one side was green grass, cows in the paddock. The other side was black, parched ground and blackened trees. The house was there. Still standing. And an adjacent studio. A little bit of garden. The rest was gone.”

The fire had reached the retaining walls, two metres from their house. It completely destroyed one of the water tanks. Another had buckled, bulging, with no water. A third had escaped damage, but all the irrigation pipes were burnt or melted. The pole providing electricity – melted. Small spot fires were all around.

Electricity was reconnected on Christmas Day and the family returned for a couple of hours for afternoon tea. The family moved back in the following day. They’ll be dealing for months with spot fires, popping up in tree roots, sleepers and fence posts. The day before this interview in January, they had to extinguish a spot fire in a compost heap.

“We’ll be on emergency water supplies for many months,” says Jackie. “The fences and the water tanks will be replaced perhaps in a year. Immediate assistance is for those who have lost their homes.

“So much of the wildlife is gone. And trees lost. We are seeing sleepy lizards and the birdlife is returning. The kangaroos fared okay. But we’ve found little joeys who have perished. The koalas and possums. They didn’t survive.”



Jackie says attending local events and fund-raising efforts and shopping at local markets is helping them get to know their local community. “It’s one way to meet your new neighbours. Not a good way.

“Going to work is a chance to get away from the scene,” says Jackie. “But it’s also nice to go home and get stuck into something.

“Friends have offered to join working bees, others have offered plants for the garden and many have asked how we are going.

“We understand that when you aren’t directly affected it can be difficult to know what to say or do.

“We’re working from the house outwards, re-establishing the garden and cleaning up. Everything still smells of smoke, the curtains and the carpets.

“And those house-removal boxes are getting unpacked.” ●



crafting constructive solutions

I recently read a fascinating article about the history of crafting in times of crisis (The Conversation: 'Crafting in Times of Crisis Helps Critters and Creators.' 28 November 2019). With the devastating bushfires and climate conditions across Australia it seems particularly relevant. The article reminded me that the suffragettes embroidered banners for their rallies 115 years ago, and during both World Wars thousands of knitted items were sent to troops on the front lines.

Getting involved in crafting during a crisis provides a sense of purpose and a productive avenue for personal healing after traumatic events. Reading the article led me to reflect on the many different projects that I have come across that can be made quickly and with simple supplies.

There is increasing evidence from psychological literature that regularly engaging in creative pursuits is central to positive mental health and developing resilience.

It's not what you do but that you do something creative that is important. Engaging in an activity that you enjoy and allows you to get lost in 'the flow' breaks the cycle of rumination, worry and over thinking.

Stress as we know, has significant negative impacts on both physical and mental health, so any activity that alleviates stress is a good thing and makes us feel better.

Further, creativity engages parts of the brain that are not used in our normal day to day activities. Stimulating the brain in this way enhances overall cognitive function and, for example, improves problem solving and decision making.

Finally, engaging in creative activities provides an opportunity to interact and build relationships with like-minded people.

Engaging in creative activities improves both physical and mental health and lets us rejuvenate from the stresses of work and recover our energy in order to maintain overall health and wellbeing.

As well, being creative allows people to express emotion. Therefore, rather than bottling negative feelings up, being creative allows you to discharge emotion in constructive ways.

Working in remote Australia, we need activities to sustain our mental wellbeing.

In the heat of summer it isn't always possible or safe to maintain the same type of exercise schedule that is practical in more temperate areas. When boredom starts to set in, why not look at a simple craft project to keep your mind and hands busy?

Some time ago I came across a pattern for Octopus for a Preemie, a project that originated in Denmark and has spread across the world. Medical staff at the Aarhus University Hospital in Denmark found that small crocheted and knitted octopuses, donated to the Neonatal Intensive Care Unit (NICU), had a calming and positive effect.

Babies seemed to find the octopus tentacles a better substitute for the umbilical cord than the numerous plastic lines they were attached to.

They were less likely to pull on the monitors and lines and seemed more settled. As word spread more and more NICUs began to use them.



Babies are given an octopus which stays with them during their time in hospital and then goes home with them. The original Danish Octo project can be accessed at [spruttegruppen.dk/danish-octo-project-english/](https://www.spruttegruppen.dk/danish-octo-project-english/) Try typing 'Octopus preemie Australia' in your search engine for links to local groups.

I am also reminded of the Knitted Knockers group, who make prosthesis for women who have had a mastectomy ([knittedknockersaustralia.com](https://www.knittedknockersaustralia.com)). Knitted knockers send out kits to those interested in contributing, to ensure strict quality control.

Many midwives and lactation consultants use knitted and crocheted breasts to encourage breast feeding. I made a couple of these one evening and use them to demonstrate breast self examination and breast feeding with my patients. Many of you will be aware of the Red Cross Trauma Teddy project (search 'Red Cross Trauma Teddy' for the pattern).

In 2018 50,000 lovingly hand-crafted knitted Trauma Teddies were distributed to provide comfort to children.

It is not just humans who benefit from the crafting talents and kindness of others.

This year with fires and extreme heat affecting so much of rural Australia, WIRES Australian Wildlife Rescue Organisation has been receiving donations of knitted, crocheted or sewn marsupial pouches and bat wraps.

Patterns can be downloaded at wires.org.au/wildlife-information

Happy crafting!

Article prepared by Lyn Byers (Remote Area Nurse/Midwife, CRANaplus Board Member and CRANaplus ●)

New review from the HealthInfoNet about cardiovascular health

The cardiovascular health of Aboriginal and Torres Strait Islander people is the subject of a new publication recently launched by the Australian Indigenous HealthInfoNet.

The review of cardiovascular health among Aboriginal and Torres Strait Islander people 2019 is now available on the Australian Indigenous HealthInfoNet website, and summarises the most comprehensive and up-to-date information on Aboriginal and Torres Strait Islander cardiovascular health.

The review shows that cardiovascular disease (CVD) is the leading cause of avoidable death and death overall for Aboriginal and Torres Strait Islander people. However, heart disease death rates have declined in recent years.

Other good news is that fewer young Aboriginal and Torres Strait Islander people are smoking, reducing their risk for heart disease.

Lead author Lea Merone, Apunipima Cape York Health Council, James Cook University, said:

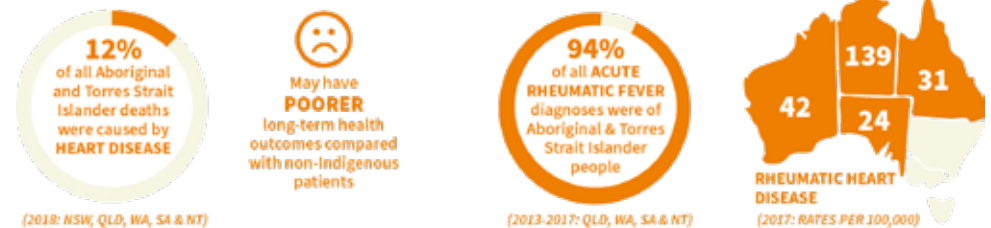
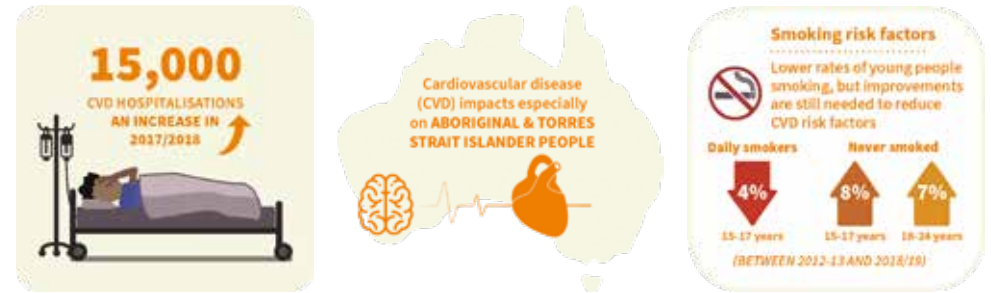
“Access to good-quality affordable food, secure housing, holistic care in health services and genuine partnership with communities for policy, planning and service delivery, are needed to improve the cardiovascular health of Aboriginal and Torres Strait Islander people”.

The review explains that in the short-term, management of CVD can be greatly improved for people who face issues regarding medical treatment and rehabilitation, particularly for those who live in rural and remote areas.

HealthInfoNet Director, Professor Neil Drew said:

“This review of CVD is part of our commitment to providing timely, relevant and up to date information to support the workforce”.

The review provides detailed information about coronary heart disease, cerebrovascular



disease, hypertension and rheumatic heart disease among Aboriginal and Torres Strait Islander people, and outlines:

- the historical, social and cultural context of cardiovascular health, and the factors that contribute to CVD
- the extent of selected types of CVD, including measures of incidence, prevalence, hospitalisation, burden of disease and mortality
- the management of selected types of CVD

- possible future directions for improving the cardiovascular health of Aboriginal and Torres Strait Islander people, including relevant policies and strategies.

Find out more about the heart health of Aboriginal and Torres Strait Islander people on the HealthInfoNet's Cardiovascular Health Portal.



Australian Indigenous HealthInfoNet



treating chronic wet cough

By André Schultz

It all starts with a wet cough that doesn't go away. Many people don't realise that chronic wet cough in children can be an indicator of a low-grade infection on the surface of the lower airways, called protracted bacterial bronchitis (PBB). Children are particularly vulnerable after hospitalisation for chest infection. If left untreated, PBB can slowly progress to cause bronchiectasis which represents permanent lung damage. Most adults with bronchiectasis report having had a chronic wet cough since childhood. Bronchiectasis is often life limiting and Aboriginal populations are disproportionately affected.

The good news is that PBB can be treated effectively, and progression to bronchiectasis prevented. The key for health practitioners is to make the diagnosis and then follow clinical practice guidelines for treatment.

PBB is diagnosed if a child has a chronic wet cough (daily for more than four weeks), in the absence of pointers to other problems, that responds to antibiotic treatment.

Important chronic conditions to exclude are asthma (which is typically characterised by recurrent episodes of shortness of breath and wheeze), chronic aspiration (recurrent coughing and choking during feeds in young infants), and foreign body aspiration (symptom onset after a choking episode).



Other red flags warranting specialist referral are failure to thrive, digital clubbing and persistent abnormal lung sounds like crepitations.

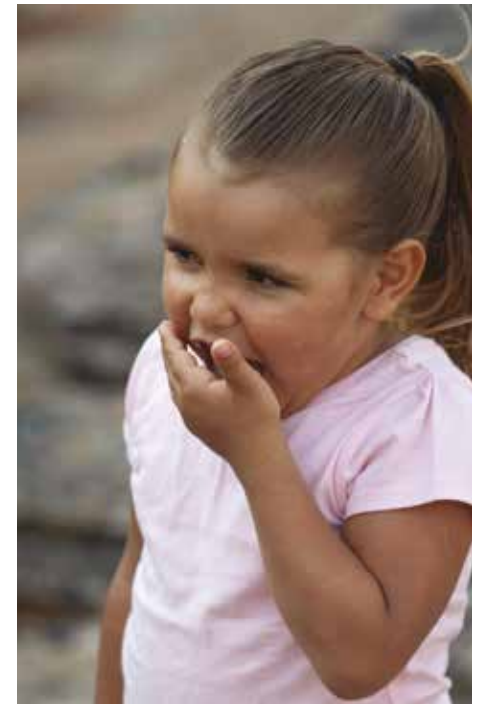
If a child only has a chronic wet cough with no other signs and symptoms, then a two-week course of antibiotics should be considered.

Follow the patient up after two weeks. If the wet cough is still there and there are no new worrying symptoms or signs, then another two weeks of antibiotics should be prescribed, and follow-up arranged. Usually the wet cough will have resolved by the end of the second course of antibiotics. If not, referral to a specialist is warranted. The CARPA guidelines are excellent and are often cited but it is important to follow your local clinical practice guidelines.

Interestingly, the bacteria that usually cause PBB is non-typeable *Haemophilus influenzae* which is the same bacteria that typically causes chronic middle ear disease in Aboriginal children.

Clinicians are often concerned that parents may find it challenging to administer antibiotics to their children for two to four weeks, particularly if the parents face many competing priorities and other challenges in their lives.

Here it is essential to ensure that parents understand the condition and the need for treatment. The use of culturally appropriate information flip charts can be very effective for delivering health messages.



Culturally appropriate tools

Information flip charts:

<https://www.telethonkids.org.au/globalassets/media/documents/research-topics/wet-cough-flipchart.pdf>

Animations, posters and more:

<https://www.telethonkids.org.au/research/research-topics/wet-cough/>

André Schultz is a paediatric respiratory physician from Perth children's Hospital and a research fellow at Telethon Kids Institute. He has been doing rural specialist outreach clinics in North Western Australia for over a decade. He has learned medical care for children best delivered working in partnership with their local health care providers and families.

remote but supported



Partnerships to reduce professional isolation in the Torres Strait

The Torres Strait Islands are a unique and diverse set of islands that are geographically dispersed in the north of Queensland. There are 15 Primary Health Care Centres which are home to a very skilled, experienced and amazing group of health practitioners which includes Indigenous Health Workers and Remote Area Nurses (RANs). The RANs in the Outer Island face several challenges daily as they work in very remote locations which can make them feel professionally and clinically isolated.

The Torres and Cape Hospital and Health Service are excited to receive funding from the Office of Chief Nursing EB 10 Innovation Funding. Our Nurse Practitioner Innovation Project focuses on reducing professional and clinical isolation by working with RANs on the outer islands to ultimately work to their full scope of practice to provide value-based care within communities.

The project is innovative and flexible providing two Nurse Practitioners as nursing clinical

Above: Clinical Leads of Nurse Practitioner Innovation Project, Doune Heppner and Samantha Mulholland. Top right: Barbarar Guligo, Outer Island Rotating Admin Officer and Dorothy Elarde, Senior Health Worker and Saibai Island Primary Health Care Centre. Bottom right: Murray Island.

experts to provide safe comprehensive clinical care within the existing nursing services.

Doune Heppner and Samantha Mulholland are employed as the Clinical Leads, they are both remote nurses who have worked in the Torres Straits for several years.

The project aims to develop support systems by providing mentoring, facilitating and clinical support for the RANs on the outer islands of the Torres Strait with the overall goal to reduce professional isolation and facilitate RANs to work to their clinical capacity.

Part of our project will bring all the RANs together on Thursday Island for a CONNECT workshop (Collaborative Outer island Nurses Networking to Enhance Clinical practice Together) which will include a mix of leadership training, clinical skills facilitating, career pathway mentoring and credentialling discussions.

We are excited to have Shelley Nowlan the Chief Nursing and Midwifery Officer for Queensland and Sandra Eckstein the Director of Nursing, Clinical Excellence Queensland coming up for part of the workshop.

The project also involves the Nurse Practitioners engaging and spending time on all the Islands to provide face to face support for the nurses.

Some examples of the support include supporting RANs studying to become Nurse Practitioners and completing RIPEN course, immunisation competencies and developing a community of practice where RANs can discuss case studies and journals.

Before the project started there were no Nurse Practitioners employed in the Torres Strait. We are hoping this project will open a flexible pathway for RANs to transition to Nurse Practitioners and for Nurse Practitioners to be employed through a 'grow-your-own' approach. We look forward to the next nine months to see where our project will take us. ●



multiple sclerosis and brain health

There's a perception that little can be done to treat multiple sclerosis (MS). This is not the case. The diagnosis, treatment and management of multiple sclerosis is changing rapidly. There are more than 12 medications available on the PBS in Australia, with more in the pipeline.

Over 26,000 Australians live with MS and while there's currently no known cure, it is now a highly-treatable disease with a range of options available to help manage symptoms and slow down its progression.

And significantly, the sooner MS is diagnosed the better, as early diagnosis and treatment are crucial to long-term brain health.

GPs and primary care providers are usually the first to encounter people with symptoms suggestive of MS, so they play a critical role in establishing a timely diagnosis and referring patients promptly to a neurologist.

However, as symptoms of multiple sclerosis vary, it can be difficult to diagnose. To that end, Multiple Sclerosis Australia (MSA) has a guide to help GPs and primary care providers quickly recognise symptoms, refer patients and aid follow up, including in supporting their brain healthy lifestyle.

Tips for brain health

GPs and primary care providers are integral to the shared care, support and monitoring of people with MS. And this should include support to make the positive lifestyle choices that help to keep the brain as healthy as possible and reduce the impact of MS. Here are six positive steps – useful for everyone.

Keep active

Higher levels of aerobic fitness are associated with faster information processing and preserved brain tissue volume.

This suggests that being as active as possible may help to preserve brain health in people with MS.

Keep weight under control

Obesity is associated with higher numbers of MS lesions (areas of intensive damage) than maintaining a healthy weight.

Keep the mind active

Education, reading, hobbies and artistic or creative pastimes help to protect against cognitive problems in MS when pursued over a lifetime.

Avoid smoking

Cigarette smoking is associated with decreased brain volume in people with MS, as well as with higher relapse rates, increased disability progression, more cognitive problems and reduced survival compared with not smoking.

Watch alcohol consumption

Unsafe levels of alcohol consumption are associated with reduced survival in people with MS.

Continue taking other prescribed medicines

It's important to continue to effectively monitor and manage co-morbidities, including taking any prescribed medications. Conditions such as high blood pressure, high cholesterol, heart disease and diabetes can worsen the MS disease course.

MSA has a whole raft of documents and guides to help health care professionals in this and other areas. To find out more visit <https://www.msaustralia.org.au/about-ms/help-keep-your-brain-healthy> and to read the full *Brain Health: time matters in multiple sclerosis* report and to check out other useful resources, please visit www.msbrainhealth.org

Other topics of interest include: <https://www.msaustralia.org.au/wellbeing-ms/workplace> and <https://www.msaustralia.org.au/about-ms/symptoms>

The four official MS Australia member organisations (representing all states and territories) provide frontline support and advice for people with MS around the country (by variously phone, face-to-face and online), including for those in rural and remote areas.

For web links/contacts visit <https://www.msaustralia.org.au/support-services>

World MS Day 2020–2022

The new three-year global MS Connections campaign aims to tackle social isolation and loneliness for people living with MS. Public health experts worldwide are debating how to address the rising global issue of a 'loneliness epidemic' corroding modern life.

Meanwhile, studies in Australia have shown that people living with MS can feel social isolation and loneliness due to disease progression – for example, leaving the house can become increasingly difficult – and they often prefer not to burden their family and/or carers and ask for help.

May is MS awareness month and World MS Day is on the 30th so look out for opportunities to participate in awareness campaigns and fundraising efforts.

For more information visit <https://www.msaustralia.org.au/stay-connected/world-ms-day-2020>





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self-collected HPV testing removes barriers to screening

Imagine a future where cervical cancer is a thing of the past. By successfully implementing Human Papilloma Virus (HPV) vaccination and screening programs, Australia is aiming to eliminate cervical cancer as a public health concern by 2035 (Cancer Australia, 2019).

Cervical cancer incidence and mortality rates have halved in Australia since the introduction of the National Cervical Screening Program in 1991 and today, more than 70% of cervical cancers occur in people who have never screened or have not screened for some time (AIHW, 2019). However, less than six in 10 eligible people in Australia participate in cervical screening at the recommended interval and there are many and varied barriers which contribute to this.

According to recent research conducted by the Australian Cervical Cancer Foundation, more than a quarter of those surveyed were reluctant to have cervical screening due to embarrassment.

Many avoid screening due to a previous negative experience while for people living in remote areas, a service that offers cervical screening may not be available or culturally appropriate. There is a clear association between remoteness and participation rates with a rate of almost 60% for inner regional and metropolitan areas and 46% in very remote areas (AIHW, 2019).

With the introduction of the renewed National Cervical Screening Guidelines in December 2017, a self-collected HPV test was offered for the first time as a strategy to overcome some of these barriers to screening for those who are either under or never-screened.

However, the uptake of this option has been slow with some uncertainty on the part of clinicians about who is eligible and it seems likely that self-collected testing is not being as well-utilised as it could be.

Aboriginal and Torres Strait Islander people commonly face cultural, linguistic and physical barriers to participating in cervical screening and have lower participation rates than non-Indigenous people. It is alarming that cervical cancer is twice as prevalent in this population compared to their non-Indigenous peers and they are more than three times more likely to die from the disease (AIHW, 2019).



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Other under-screened groups include people from culturally and linguistically diverse backgrounds, people with a disability or from low socio-economic areas, members of the LGBTIQ community, particularly transmen, and people with a history of sexual assault or abuse. A study involving under or never screened Maori women in New Zealand found that a self-collected test was acceptable to this group with three out of four reported being likely or very likely to do a self-collected test (Adcock et al, 2019). It is likely that a self-collected test would be just as acceptable to other under-screened groups.

The good news is that self-collected tests are also very accurate.

A recent meta-analysis showed that self-collected samples for HPV testing provide similarly accurate results to clinician-collected samples (Yi-Sheng and McCormack, 2019). In fact, self collection could be the way forward for testing in the future as it is in Malaysia. They have recently launched a renewed Cervical Screening program which offers self-collected HPV testing for all eligible people over 30 to collect in their own homes. ▶▶

► In order to be eligible for self collection under the National Cervical Screening Program, the participant must be:

- over 30 years of age;
- at least two years overdue for cervical screening or never-screened;
- asymptomatic; and
- decline a clinician collected sample.

Self collection is safe in pregnancy and the guidelines were updated late last year to allow under-screened pregnant people to participate in self collection. It is important to convey to your clients that if HPV is detected on their self-collected test, they will be offered a clinician-collected sample for cytology as this is unable to be performed on self-collected samples.

People who are eligible for self collection will benefit from participation in screening, especially if disease is detected and treated.

They will also benefit by being reassured they are at low risk of cervical cancer if HPV is not detected (Cancer Council Australia, 2018).

Cervical screening providers play a vital part in working towards our shared goal of eliminating cervical cancer; offering a self-collected HPV test for those eligible as under or never-screened has the potential to save lives.

Guidelines and resources

National Guidelines on self-collected vaginal samples:

https://wiki.cancer.org.au/australia/Clinical_question:Self-collected_vaginal_samples

VCS self-collection resources:

<https://www.vcs.org.au/pathology/for-practitioners/self-collection-resources/>

Disclaimer: SHINE SA acknowledges that not all people who identify as women have a cervix and not all people with a cervix identify as female.

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