issue 118 | winter/dry season 2020

CRANA plus
improving remote health

magazine

the voice of remote health

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

from the editor

Welcome to the winter edition of the CRANAplus magazine. How life has changed since our last edition! Even the magazine has been impacted by COVID-19.

As one of the measures to mitigate risk to the organisation, we decided to reduce printing and distribution of the CRANAplus magazine and to move towards a digital online format. If you are a current CRANAplus member you will still receive your printed copy in the mail. Unfortunately, we could not offer this to all our current subscribers during these difficult times. We had been considering reducing our carbon footprint by offering readers a digital subscription before this global health emergency, so this is your opportunity to give your feedback on this month's digital edition format. Your feedback will be much appreciated and you can submit your enquiry via our website crana.org.au

The team at CRANAplus have been extremely busy preparing and delivering free webinars to keep you all connected and maintain continuing professional development (CPD). Read more about our webinars on page 76, or visit our website to register here:crana.org.au/education/courses/webinars

Also in this edition, CRANAplus Board member and Remote Area Nurse John Wright talks about the rising status of CRANAplus (see page 6), and CRANAplus Fellow Kylie McCullough, Registered Nurse and lecturer, talks about the capability and resilience of remote area nurses (see page 8).

We are always looking for interesting articles. If you have a unique, inspiring story reflecting your experience of working in remote health, please get in touch. Perhaps you want to share something you've learned or you know someone or an organisation doing great work. The CRANAplus magazine is published on a quarterly basis and distributed each March, June, September and December.

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Marketing Manager, CRANAplus

CRANA plus
improving remote health

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

About the Cover: Federal Minister for Regional Health The Hon. Mark Coulton. Read full articles on pages 18–21.

from the ceo

Dear CRANAplus Members and Stakeholders,

The past few months have been difficult for all of us. Living through the COVID-19 pandemic has impacted our lives in ways which we will remember for ever. For the remote and isolated workforce, the everyday challenges have been intensified as the sector prepares for potential outbreaks.

Many of you have shared the problems you are experiencing, including; limited resources, travel restrictions which impact on workforce supply, and most concerningly, the negative mental health impacts due to increased personal and professional isolation. CRANAplus has been able to raise your concerns at various national forums and check in with you to monitor for improvements. I'm writing this as the Australian Government is making decisions to start lifting restrictions, whilst being cautious of a second wave. I am mindful that for many people living and working in remote Australia the restrictions will continue to affect you into the coming months. Please be assured that we will continue to support you during this time.

The CRANAplus team has been busy developing resources to support your professional development needs during the current health crisis. We know our face to face courses are valued because the theory is contextualised and in response to your feedback, we have developed a series of webinars which are available via our website.

Despite all the challenges, we must not forget the wonderful work that has been done as organisations have come together to provide feedback to government, collaborate on addressing emerging issues and advocating for rural and remote communities, and the health professionals who care for them. One such amazing achievement is the development of the National COVID-19 Clinical Evidence Taskforce Living Guidelines which aims to ensure that every Australian clinician has access to a single source of reliable advice about critical aspects of COVID-19 care – there is an article in the magazine which goes into greater detail around this great work.

As we continue to face uncertain times due to COVID-19, it is important to remember that only a few months ago we were facing a devastating bush fire season, which followed a long period of drought. Six months on from the tragedy we know that primary health clinicians are starting to see an increase in complex mental health presentations related to trauma.

I am very proud to share with you that CRANAplus has received a Commonwealth grant to provide mental health training for health professionals in bushfire and drought affected areas. You will be able to read more about this exciting project in this edition of the magazine.

I hope you and your loved ones are staying safe and well.

Warm regards

Katherine Isbister
CEO, CRANAplus

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CRANAplus 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.

CRANA plus
improving remote health

Photo: Courtesy of NRSHN.

Sponsor a Scholarship

The remote health workforce of the future needs your support

Kickstart a student's career

Here's your chance to boost the career of a future health professional and support the remote health workforce.

By sponsoring a CRANAplus Undergraduate Clinical Placement Scholarship you will be giving a student first-hand experience of working in a remote setting.

As a Sponsor, you or your organisation:

- can have naming rights of the Scholarship
- can nominate a preferred health discipline (e.g. nursing)

The Scholarships offer financial assistance (to a maximum of $1000) to support undergraduate students in placements across all states and territories and are available to all health disciplines.

Donations over $2 are tax deductable.

For more information email scholarships@crana.org.au

Photo: Steve Batten.

in focus

from the chair of the board

The crisis around the COVID-19 pandemic has left no one untouched. The impact on the world has been almost mesmerising to watch as leaders and experts from around the world have struggled to find a way to 'flatten the curve' and individuals from all walks of life have struggled to keep up with the ever-changing criteria and mass of information.

Our remote communities where many of you work have been hit particularly hard through the past months, some of you having already lived through the heartache of the fires, and now with the threat of COVID-19.

Although the severe but necessary restrictions have significantly limited access to services and some basic resources for many in remote, rural and isolated locations, there is a sense of resilience that is unique to those who live out bush. Many of you have proven this as you have taken on longer contracts and stayed to support and assist in the communities or your health service in your region. Thank you!

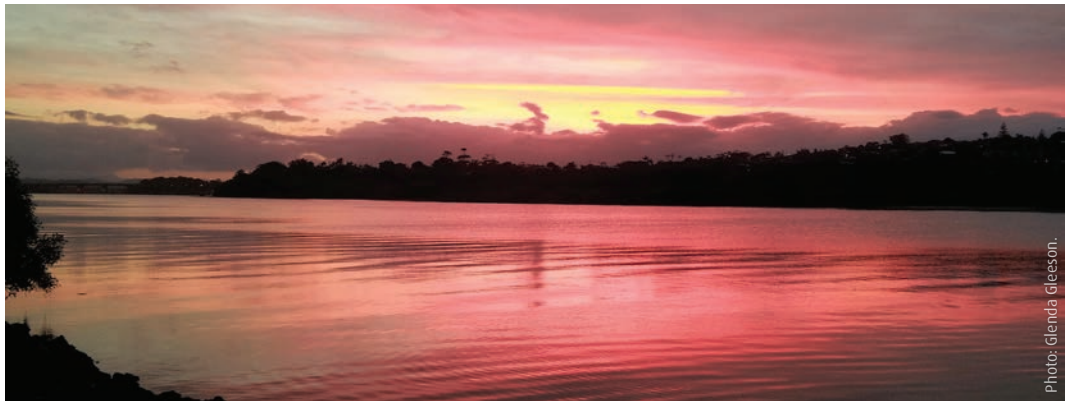


Photo: Glenda Gleeson.

Many of you have or will be involved in the front line during the pandemic and will be seen as a source of information, support and hope from those in your communities now and into the recovery phase. It's so important to look after yourself. Make sure you ask for help if you need it – don't forget all the great resources available to you, including the CRANAplus Bush Support Services for a chat or debrief whenever you need it.

The CRANAplus team, led by CEO Katherine Isbister, has been working hard during this time to ensure the organisation is still available to support you now and into the future. The Board with the executive team have been working together this year to review our strategic plan to ensure the organisation is well equipped and focused on supporting the delivery of safe, high-quality primary healthcare to remote and isolated areas of Australia.

It is important that you know we are here for you, from delivering education that you need and want, to having access to psychological support and care when you need it.

The Board is also keen to see CRANAplus grow in its capacity and advocacy at the highest levels; to provide real pathways of support for remote and isolated health practice and practitioners as well as those disadvantaged due to health inequities, especially in our Aboriginal and isolated communities. We look forward to sharing the strategic plan with you soon.

I hope you stay safe and strong during this time, I know you will support and care for each other, but do reach out when you need to.

Lastly, thank you to our members and our partner organisations for your ongoing support of CRANAplus, you are the heartbeat of this organisation.

Sincerely

Fiona Wake
Chair, CRANAplus Board of Directors

we are the 'go-to' on remote health

CRANAplus has been participating in high-level government discussions on the response to COVID-19 and its impact on remote and isolated communities. Board member and Remote Area Nurse John Wright talks here about the rising status of the organisation.

"It's been amazing to see and play a part in the growth of CRANAplus," says John who has seen it grow from a cottage industry at the turn of the century to a multi-million dollar organisation. "We have become the go-to organisation for advice in the remote health sector. The government sees us as the experts.

"A significant factor in the organisation's development," he says, "was writing the new Constitution that changed CRANA to CRANAplus, broadening its membership from nurses to all remote health practitioners and seeing membership rise significantly.

Above: RN Violet Kudzotsa and John Wright.
Right: (L–R) Laura Wright, Erin Wright and John Wright.

"The new Constitution was very much a team effort and I am pleased I was a key driver in that process," he says. "Our political influence is directly connected to how many members we have and the breadth of membership. It has given us more political influence in government where health decisions are made.

"I believe in the adage that if you are not at the table, you are on the menu. We are definitely at the table."

John has been a Board member since 2006 after moving to the Bush and becoming a member of CRANA in 2003. He has also been a facilitator for various CRANAplus courses for seven years; a reviewer of the Remote Primary Health Care manuals, an on-going joint project with Flinders University, for the past 10 years; and a CRANAplus mentor.

He considers a real strength of CRANAplus is the involvement of volunteers to facilitate their courses, conducted across the country. Apart from keeping the costs affordable for remote practitioners, the use of volunteer facilitators, who take time off their regular work to conduct courses, provide the benefit of being able to talk to course participants about their working experiences and answer questions about what it's like.

"I meet fellow facilitators and we tend to be serial volunteers, finding ourselves putting our hands up for a number of community positions," says John, who is also a registered volunteer with the Northern Territory Emergency Service, currently serving as Unit Officer for the Tennant Creek Volunteer Unit.

John spent time nursing in Oodnadatta, Alice Springs and Hermannsburg before moving to Tennant Creek 10 years ago with his wife Anita, who has multiple sclerosis, and their three daughters. "This is the longest I've ever lived anywhere," says John, who enjoys his role there as Nurse Education and Research Coordinator. ●

uncomfortable truths

"If I had one ultimate goal, it is for remote area nurses to be recognised at the advanced practice level, and to be well supported and trained to work at that level."

Kylie McCullough, Registered Nurse and lecturer in the School of Nursing and Midwifery at Edith Cowan University in WA, has been awarded the title of CRANAplus Fellow. This is in recognition of the years she's spent researching and promoting the quality expertise and skills of nurses working in remote areas.

Kylie, who completed her PhD in 2018, is particularly proud of a paper published this year in the International Journal of Nursing Studies on the delivery of Primary Health Care in remote communities. "It is my paper but it is their stories," she says of the remote area nurses she spoke to for her research and whose stories she has documented. As a researcher, I have the platform to share nurses" stories through publication and at conferences. I'm motivated in my work by the capability and resilience of remote area nurses

and I want others to know about that too. Having this article published in Nursing's top journal shows the topic is of global interest."

Being made a Fellow is an honour, says Kylie, who has spoken at several CRANAplus conferences over the years. "I am a big supporter of CRANAplus. It's an incredibly important organisation. And I feel honoured that my contribution in the area of remote nursing is recognised."

Ninety-nine percent of people have never been out Bush and they have no idea what remote area nurses do, says Kylie. "What motivated me to finish my PhD, was to try to get people to understand that nurses in remote communities are required to work daily at an advanced practice level."

Top: Kylie in her home office during the pandemic. Above: Kylie in the Bush 20 years ago.

But the lack of knowledge and acknowledgement goes further, says Kylie.

"Employers and people running the show in remote areas often don't realise this type of nursing is special or recognise the breadth and level of expertise of those who have been out there for a long time. In my opinion they are our most skilled nurses."

Remote area nurses are expected to do everything, she says. Deliver a baby, looking after someone dying, attend a road accident, do pap smears. The expectations are enormous.

"Knowing the protocols is not enough when you are out Bush with little support," she says. "It's not so much about having the information in your head. You can't know everything. It's the skills in figuring out what to do next. On a daily basis these nurses have to find information and use their skills to figure out the answer. They have to make a diagnosis, determine treatment, evaluate the findings.

"The uncomfortable truth," says Kylie, "is that most nurses are sent out to remote areas without these skills and many work outside their experience at times.

"People in remote communities are over-represented in health statistics and often experience huge social and economic disadvantage; our best and brightest should be there. In my opinion, we need to see a lot more Nurse Practitioners (NPs) out bush.

"CRANAplus has a great credentialing program but it's not mandatory and I think it should be, it's our professional responsibility to defend our individual scope of practice by providing evidence of our competence.

"I speak from experience," says Kylie who worked in Jabiru within Kakadu National Park in the NT. "Those four years changed my life. I had no clue what I was doing when I started. I had experience in paediatrics and theatre, but no experience in emergency, community health or primary health care. I learned on the job from some amazingly skilled and knowledgeable colleagues."

When she returned to city life, Kylie faced another uncomfortable truth that set her on her research path. "I would talk to the other staff about what I had been doing and they genuinely believed I was embellishing my stories.

"I remember one day I wanted to clarify the techniques they used for dressings and was told by a nurse 'you probably didn't use dressing packs at all out Bush' and I realised she didn't value what I had been doing. And worse. She thought my experience was substandard. The truth is, the work done by nurses in remote areas is more complex, autonomous, and requires critical thinking beyond what I was expected to do in a hospital ward.

"Also I found I no longer could practise skills such as suturing and canulating, and was not allowed to make many decisions about patient care."

Kylie is currently undertaking research to further develop the theoretical basis of remote area nursing and is examining ways to measure quality care in the remote Primary Health Care setting. "Further research is needed to build the evidence base for remote area nursing as a specialist area."

And in her spare time, what does Kylie do? "I daydream about going out bush again." ●

Citation: McCullough, K., Whitehead, L., Bayes, S., Williams, A., & Cope, V. (2020). The delivery of Primary Health Care in remote communities: A Grounded Theory study of the perspective of nurses. *International Journal of Nursing Studies*, 102, 103474. doi:https://doi.org/10.1016/j.ijnurstu.2019.103474

highlights during remote placements

Kylie Haeusler started her grad program at Royal Darwin Hospital in mid January, still shell-shocked and wondering when the reality would set in that she was now a Registered Nurse. Here Kylie reflects on her three remote placements during her studies.

I travelled more than 7000 km in seven months, from Halls Creek WA to Tennant Creek NT, and met some amazing people who contribute to the health and wellbeing of peoples who live in a unique part of Australia.

Placement – the dreaded word, I'd say, for most nursing students. People ask me why I chose remote placements and my simple answer is 'to develop my interest in becoming a RAN'. However, what I gained as a person is something special: understanding of social determinates of health and that a person's wealth determines a person's health outcome; realising what makes the people who live and work in these communities and the heart of each community is one of authenticity, kindness and knowledge.

The people I worked with, staff and clients, were understanding of me being a student nurse and supported me to do procedures in my scope of practice with encouragement and patience.

Some of the highlights for me personally were the health expo held at the civic centre in Tennant Creek, having a BBQ with the local vet, ambo officers and nursing staff from Tennant Creek hospital, and the placement at Yura Yungi Medical Service. At this newly renovated clinic in Halls Creek, I gained insight into rheumatic heart disease and the treatments for patients and learned that the role of an RN is not just clinical but also about community – the role of the sexual health nurse is to restock the condom trees which is part of the health promotion to reduce STIs in the region.

With this placement, I went out to the community of Ringer Soaks where I stayed for three days with a RAN who has a bank of knowledge – concreting for me my dream to become a RAN myself.

My final placement was at Bradaag which is a drug and alcohol treatment service in Tennant Creek. I went on cultural outing days with a feeling I was learning more from the clients than I was giving.

What I've taken away from the people living in these communities is the value of kindness, gentleness plus a bank of knowledge.

With each place on my remote placements I noticed a common trend: being busy but still giving the client time for a chat, allowing for a holistic approach to nursing. ●

outback love story

Rachel Wilson describes her final placement at Tennant Creek Hospital on the road to becoming a RAN.

As an Enrolled Nurse living in Newcastle, New South Wales, I always had a dream to become a Remote Area Nurse (RAN). To achieve this, I had to first become a Registered Nurse and broaden my scope of practice quite extensively. My four-week Remote Community Health placement at Tennant Creek Hospital (TCH) was my final placement for my Bachelor of Nursing at Charles Darwin University.

It didn't take too long to become acclimatised to the extreme heat wave Territorians were experiencing when I arrived. One day I got in the car provided by the Centre For Remote Health and it said it was 49 degrees Celsius outside! I did not need convincing!

I was fortunate (and privileged) to spend the first two weeks of my placement in the Tennant Creek Renal Dialysis Unit. Every patient I cared for was my favourite. Ruby, who is pictured, gave her permission to share her photo and talk a little bit about her life. Ruby translates English to Warumungu for CAAMA Radio, so listeners have their favourite programs in language. After Ruby had a kidney transplant in Adelaide 23 years ago, she was instrumental in lobbying NT Health for Renal Dialysis Units in Tennant Creek and Alice Springs. Ruby's beautiful face reflects her beautiful heart.

The nurses at the TCH Dialysis Unit are a very special group of people. They were all happy to share their knowledge with me and they always had a smile on their face. I learned so much in two weeks and discovered I have a real passion for dialysis nursing, one which I will pursue after graduation.

I have a special thank you to Ces, my preceptor in the Dialysis Unit. Ces is a wonderful nurse who is very patient and very skilled in dialysis nursing. She is very kind to every one of her patients.

Photos (left to right, from top): Ruby Frank and Rachel; TCH Dialysis Nurses. Rachel (centre) and just behind her is Ces; 49 Degrees outside the car!; Karlu Karlu (Devils Marbles); Tennant Creek sunset; Lake MaryAnn in drought.

There is mutual respect and she has a deep affection for her Warumungu, Warlpiri, Alyawarr, and Kayetetye clients, as well as clients from other surrounding language groups and towns.

After two weeks I moved on to the Midwifery Group Practice for a week. Another very interesting placement. I was learning all about antenatal care and assisting in the assessments of women who were having their first antenatal care assessment. This tends to be the longest appointment because it includes vital screening tests and referrals to ensure the health of the mother and the baby. I loved measuring the fundal height and palpating to identify the position of the baby. It was always very exciting when the baby gave me a little kick to say G'day!

My final week was in the GP Clinic. Here I was doing basic health checks; wound assessments and dressings; venipuncture; and anything you would do in a remote GP Clinic to take care of your patient.

My four weeks went too quickly; however, I am thrilled to announce I was successful in gaining a New Graduate RN position in the NT which I had applied for last July!

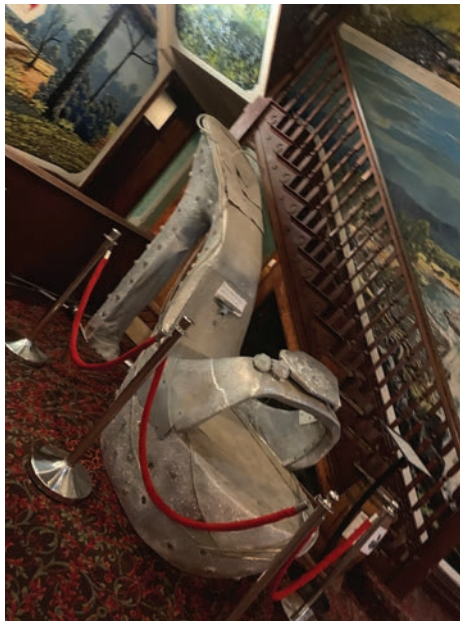
A big thank you to CRANAplus for a scholarship that helped to make this placement possible. They have been very instrumental in cultivating my outback love story! ●

opportunities and challenges

Shelley Aquilina, a proud Wiradjuri woman currently undertaking a Bachelor of Social Work (Honours)/ Criminology and Criminal Justice at UNSW, says her final Social Work placement, spending four months at Lifeline Broken Hill Country to Coast, was a privilege. Here's her story.

I took the opportunity to undertake my 4th year Social Work Placement in a rural setting as I thought it would be a fantastic experience full of many learning opportunities that would challenge me and allow me to grow. This opportunity would also allow me to give back to a community that has reduced access to social workers and other allied health professionals due to its location.

During my four months I met a vast array of individuals and groups living in Broken Hill and the surrounding communities, including Menindee and Wilcannia.



The majority of my time was involved in the training and development sector at Lifeline where I was a key facilitator in community engagement for the Indigenous Domestic Violence-Alert training that Lifeline runs as part of the National strategic plan to reduce violence against women and children.

In this role I consulted with the local Aboriginal community and services across SA and NSW to ensure that we gained permission from the traditional landowners to run the program on their country, and to ensure that we followed cultural protocol and tailored the training to the needs of the community. This aspect of my role involved making contact with a range of different people and organisations to identify the issues that were being experienced by the community such as lack of access to services and transport and lack of culturally appropriate services. I also looked at the strengths of the community such as grassroot support groups

and an increased understanding of the scope of Domestic and Family Violence (DFV) through the education and programs run in the community.

This aspect of my placement informed the work that I was undertaking alongside my placement in my Social Work honours, revolving around best practice when delivering assistance to Aboriginal women and children who are experiencing DFV. Within this, I closely explored the importance of applying culturally appropriate interventions and understandings to people's experiences with DFV, and how this could be informed by the use of intersectionality. Through this I was able to explore the influence Invasion had on First Nations communities across Australia and how the loss of culture, lore, land and many other factors are linked to the gap between Indigenous and Non-Indigenous people in areas such as education, health, criminal justice and socioeconomic status.

In exploring this, and integrating Indigenous ways of being, doing and knowing, I was able to greatly strengthen my knowledge and understanding as an Indigenous social worker. I worked with my supervisor, other Lifeline staff and the people we facilitated training for, to ensure that a culturally appropriate understanding which recognises the history of dispossession, can inform the engagement and interventions used when working with Indigenous people and communities who are impacted by DFV.

I would like to thank all the staff at Lifeline Broken Hill Country to Coast who helped me along this journey, especially Kerry Wall my supervisor who empowered me and shared so much wisdom. I am so grateful to have had such a strong Indigenous woman as a mentor. I would also like to thank all the staff at the Broken Hill University department of Rural Health for their support and assistance in making my placement so interesting and helping me connect to other allied health students and grow my interdisciplinary skills. I would also like to thank all the people whom I met along the way: other service providers, service users and the new friends I made. Everyone I met made the experience what it was, and I am so glad I was able to undertake my final Social Work placement in Broken Hill. ●

Aboriginal wellbeing: measuring what matters

Listen to Aboriginal people on what they want for their own wellbeing, is the message of remote area medic and researcher Dr Rosalie Schultz. Her recent PhD through Flinders University "We're the backbone, not the backseat: Aboriginal insights into service provision for wellbeing and health" explores how services can contribute to wellbeing for Aboriginal people.

A member of CRANAplus, Dr Schultz has worked extensively with Aboriginal communities in remote Northern Territory for decades. "From the very outset working with Aboriginal people in remote Australia, I learned they want to be on their Country. Yet all of the data shows how sick people are on Country. Why would you want to be on Country with uncontrolled blood sugar levels and high cholesterol and have all these poor health markers? It was how to put these two enigmas together – we want people to be healthy and they want to be well which is a different thing."

Photos (left to right, from top): Rosalie Schultz; Miliwanta Sandy Wurrben; Sheree Cairney, Lena Long and Tammy Abbott; Timmy Galilingu Ganabarra.

In remote regions of Australia, Aboriginal people report high levels of wellbeing, but this is overlooked in recurring images of disadvantage in standard indicators of education, employment, health, economic status and interactions with police and justice systems.

"If services improve wellbeing they may lead to improvements in health, learning, work performance and productivity," Dr Schultz said.

Dr Schultz's thesis works with the strengths of Aboriginal people in remote Australia. "What is wellbeing and what do people want from their lives? We do not listen to Aboriginal people enough. It's very hard for us in dominant society to listen, talk to people and hear from them what wellbeing means to them and what they want for their lives," she said.

The research was undertaken in collaboration with Aboriginal and non-Indigenous researchers with extensive Aboriginal community consultation. Four Aboriginal communities in remote regions participated.

A framework of wellbeing was developed which included government priorities of education, employment and health and Aboriginal people's priorities of culture, community and empowerment. Key findings to emerge from the research were the importance of Aboriginal identity, language and culture in wellbeing.

"The complexity of Aboriginal culture in remote Australia suggests that connecting with culture – through being on Country, speaking in language and practising culture in the everyday – improves the wellbeing of Aboriginal people living in remote Australia.

"People are nobody without identity and culture, this is why we have the extreme suicide rate [in some communities]; people don't know who they are. Interventions that remove people from being on their Country exacerbate this and go against cultural practice," Dr Schultz said.

Culture, empowerment and Aboriginal language literacy are key priorities for Aboriginal wellbeing, while caring for Country programs provide opportunities to strengthen each of these priorities and a focus for service collaborations based on Aboriginal aspirations, the research found.

"These priorities are expressed in Aboriginal land management – Ranger work. The Interplay project contributes to the growing body of evidence of the many values of Aboriginal people working on Country," Dr Schultz said. The Interplay project, a collaboration between the Ninti One Foundation, the Australian Government and Flinders University, has worked with communities to design evaluations that measure the things they value.

https://interplayproject.com

Research findings reflect the breadth of Aboriginal aspirations for wellbeing:

- Culture underpins Aboriginal visions for education. This includes the transfer of Aboriginal knowledge and skills in art, history, caring for Country and literacy in both English and Aboriginal languages.
- Caring for Country programs contribute to conservation outcomes and enhance Aboriginal wellbeing through providing access to bush foods, physical activity, respite from community conflict, and separation of those at risk of interpersonal violence.
- Culturally-appropriate primary health-care would respond to Aboriginal perspectives of health, which include the health and wellbeing of communities and Country.
- Improving mental health is key to improving wellbeing.
- Cultural practice is strongly linked to empowerment and Aboriginal language literacy.

CRANAplus to deliver mental health training for health professionals in drought and bushfire affected areas

CRANAplus will deliver mental health training to rural health professionals in drought and bushfire affected areas following the announcement of a Commonwealth grant last month. The training project aims to provide mental health education and resources through a series of webinars, podcast, workshops and online resources.

The Commonwealth grant comes on the back of the success of CRANAplus' response to the NSW Drought Project. CRANAplus Bush Support Services ran a series of workshops in drought affected communities in NSW.

CRANAplus CEO Katherine Isbister welcomed the funding for CRANAplus to deliver the training specifically aimed at those working in rural and community settings.

> "Six months on from the [bushfire] tragedy we know that primary health clinicians are starting to see an increase in complex mental health presentations related to trauma."

"We also know that many regions experiencing prolonged and devastating drought continue to wait for decent rain.

I thank the Federal Minister for Regional Health The Hon. Mark Coulton for the grant that will enable us to undertake this vital work. We are grateful for his steadfast commitment to those rural communities who are doing it tough."

Over the next 12 months, CRANAplus will support the needs of the rural health workforce in bushfire and drought affected communities by:

- Promoting their mental health and wellbeing through education, information, resources and tools.
- Increasing their understanding of secondary traumatisation and the importance of self-care.
- Building their capacity to identify, manage and refer community members affected by bushfire/drought using a stepped care approach to mental health.
- Building important linkages to improve social and emotional wellbeing service coordination.

"We see this as a real opportunity to focus our attention on rural health professionals in drought and bushfire affected communities and assist them to continue to provide support for their local communities," CRANAplus National Project Manager Kristy Hill said.

"The average person directly affected by the ongoing drought and recent bushfires will not be accessing specialist mental health services, they will be seen and supported by the rural generalist health workforce who are part of their community."

The training will be targeted to those working in rural hospitals, Aboriginal medical centres, general practices and not for profit health services. This will include, but not be limited to, medical, nursing, midwives, allied health, pharmacists, Indigenous health workers, mental health workers, support workers, aged care workers and community workers.

CRANAplus National Project Manager Pam Edwards said that according to mental health professionals they had spoken to, there were increased incidences of secondary traumatisation for health workers already under stress as a result of issues faced by their patients in areas of drought followed by bushfires.

A mindfulness strengths-based approach will be used to increase skills in building resilience, helping the workforce cope with the stress and risks of burnout associated with working in drought and bushfire affected areas.

> "The project aims to improve the retention of the existing health workforce and equip them with skills to better manage and refer those patients affected by the drought and bushfires."

"Additionally, there will be a focus on building individual resilience," Ms Edwards said.

CRANAplus is currently conducting a needs assessment to identify priority bushfire and drought affected communities/regions, occupations and topics for training. Resources will include a series of pre-recorded webinars, podcasts and online resources.

"We envisage the podcasts may include: positive psychology; resilience; creative approaches to self-care; and reflective practice. The webinars will aim to support rural health professionals to better understand and support community members affected by bushfire and drought using a stepped care approach to mental health," Ms Hill said.

> "It will also help to provide key community workers with strategies for having difficult conversations with distressed patients and clients around suicide risk and appropriate referral to mental health support services."

CRANAplus will also conduct a series of workshops with local communities affected by bushfire and drought.

The initial five workshops will be delivered online but depending on COVID-19 travel restrictions there will be a remaining 25 workshops that may either be delivered online or face to face.

As resources are developed they will be made freely available on the CRANAplus website: www.crana.org.au

Mental Health Training for Health Professionals
Drought & Bushfire Affected Areas

seek help for mental health, urges Federal Minster for Regional Health

Federal Minister for Regional Health Mark Coulton is urging people in rural, regional and remote communities, including health professionals, to seek help if struggling with their mental health.

The federal government has allocated $74 million in funding to help tackle the mental health fallout from the pandemic, along with appointment of Australia's first Deputy Chief Medical Officer for Mental Health, Associate Professor Dr Ruth Vine.

Federal Health Minister Greg Hunt said that COVID-19 pandemic, bushfires and drought had affected Australians' mental health.

CRANAplus has been tasked with delivering mental health training for the rural health workforce in bushfire and drought affected communities.

Minister Coulton urged people to reach out to their GP, mental allied health practitioner or get online to access help, if they were struggling.

"I have a simple message for people living in rural, regional and remote Australia – reach out for help if you feel stress or anxiety is getting on top of you.

"There is a range of mental health services available which people can access, whether it is via Telehealth or face to face, it's vitally important that people continue to seek treatment for illnesses and to manage their health. Now is not the time to let your medical condition, including mental health, go untreated."

The Commonwealth government has invested $1.45 billion in 31 primary health networks across Australia to plan and commission mental health and suicide prevention for their individual communities.

There were a range of organisations where people could raise concerns, whether they related to COVID-19, the ongoing drought or the impact of the recent bushfire, Minister Coulton said.

"Regional doctors, nurses and other health professionals are also under additional pressure as they care for and provide services to our communities, and I urge them to keep in mind their own health and safety as they work through this pandemic.

"Our regional health professionals continue to provide an essential service to rural, regional and remote communities through COVID-19 and we need to ensure they remain well and healthy too."

"Remote nursing organisation CRANAplus has provided important local insights throughout the COVID-19 pandemic to ensure the government's health responses meets the needs of regional communities."

Speaking on International Nurses' Day, Minister Coulton praised the more than 95,000 nurses who work outside of Australia's metropolitan areas and constitute around 27% of the total nursing workforce.

"Nurses are the lifeblood of small communities responding to increasingly complex health needs away from major hospitals. Rural nurses are highly skilled generalists that country communities rely on – often with reduced access to the clinical supports and assistance found in our cities.

"Whether in charge of a clinic or providing nursing care to outback patients, our nurses are valued and respected health professionals in rural, regional and remote communities," Minister Coulton said. ●

CRANAplus joins national COVID-19 clinical evidence taskforce

CRANAplus has joined the National COVID-19 Clinical Evidence Taskforce charged with using global evidence to create 'living guidelines' to cope with COVID-19. The guidelines are aimed to ensure every Australian clinician has access to a single source of reliable advice about critical aspects of COVID-19 care.

"The Clinical National Evidence Taskforce is a coalition of peak health organisations coming together in a world first to create evidence based on living guidelines for COVID-19 care and to make those available in a timely way.

"It's really important to provide health professionals with information at their fingertips, with a single source of truth," said CRANAplus representative on the taskforce and Director at Mt Isa Centre for Rural Remote Health James Cook University Professor Sabina Knight (pictured top).

The taskforce involves teams of researchers, experts and clinicians to deliver national guidelines for the clinical care of people with COVID-19 across primary, acute and critical care settings.

Representatives on the expert panels had a breadth of experience in clinical care and guideline development, Professor Knight said. Some had been involved in the preparation of a pandemic following the H1N1 influenza A in 2009.

"Some of us have been developing guidelines for remote practice for the past 30 years. The process is not new to us, it's the pace and depth that is new to us.

"More than 400 COVID-19 studies were being released each week," she said.

"It was impossible for clinicians to wade their way through all the research and information available," Professor Knight said.

"Instead of people trawling through studies, the expert panel groups review the research: can you rely on this or is it too early? We grade the evidence. Every week there is an update on the articles being published."

More than 45,000 users accessed the site in two weeks after it went live.

Professor Knight encouraged clinicians and health services to make themselves familiar with the website https://covid19evidence.net.au

"Health services and clinicians need to customise how they are going to adapt the guidelines and recommendations for their own practice. There are different nuances from East Arnhem, to the Pilbara, to the Kimberley. Look at your own resources and how to incorporate the evidence best."

RAN of 20 years, remote NP and midwife, CRANAplus Board Member and Fellow Lyn Byers (picture centre left) sits on the expert panel of the taskforce making recommendations about the clinical care and treatment for mild COVID-19. The panel had representation from rural and remote practitioners who were very passionate that this cohort were not left out, she said.

"In remote, 'mild' is the bulk of our care. One of the things we need is what to look for if a patient has COVID-19.

"In remote we may not know for a week; we have to take a swab and wait for results. We have to work on patient's history and observations if it's likely for them to have COVID-19 or not.

"We have to manage our patients as if for any severe respiratory viral illness and we have to look after ourselves. We have always had to adhere to standard precautions but with transmission of COVID-19, [PPE] precautions have taken us to a new level. For most of us in the community, it's not been our focus. Every patient we see we could be transmitting it to, and they could get sick.

"The research on COVID-19 had a high focus on drugs and treatments," Ms Byers said.

"With COVID-19 there are no effective treatments or vaccines yet. It is not recommended to start trying a new drug unless there has been a proper trial, there is no evidence yet that any drug will have any benefit on COVID-19.

"Suggestions of treating [COVID-19] with anti-malarial or anti-bacterial drugs has the potential to cause a lot of harm, these drugs can have cardiac side effects. We do not want to cause harm.

"Remote Aboriginal communities would be decimated by COVID-19," said Ms Byers who works in the APY Lands.

"People in very remote populations will die from this if it gets into their communities. If it hits remote communities we will not be managing one or two people in the clinic. We have a very vulnerable population with co-morbidities.

"If we get positive cases no remote clinic with two to three nurses can manage it.

"Health services are not equipped to manage an outbreak of COVID-19, they are not set up to deal with this. Aboriginal Community-Controlled Organisations have made this quite clear."

Remote NP and CRANAplus representative on the taskforce Dianna Fornasier (pictured bottom left) said that despite the nation's bushfires, Australia had not experienced mass disaster and not gone 'into that mindset'.

"We have not seen the intense training and community preparation required for such a disaster."

Ms Fornasier has experience in community response and disaster management working in remote villages in Alaska with tuberculosis and influenza pandemics. She encouraged remote area nurses to arm themselves with knowledge and resources.

"There is a lot of confusion. The taskforce website provides a single source of information, it's not reinventing the wheel. Go to the website and have a look every day. "Remote area nurses and other remote area health practitioners need fast reliable information; they do not have the time to spend reviewing the evidence, they are out on a retrieval or have three patients waiting to see them.

"Use your local public health unit, know the public health nurses – who they are and their contact details. They are a wealth of information. Do not be afraid to question yourself. We do not need to be heroes we just need to be sure of what we do and verify that if needed. Follow your instincts if you've got a red flag follow it up."

Ms Byers said it was a 'catalyst moment' for healthcare worldwide. "We will not go back to business as usual. This has changed practice not just for nurses but for everyone who works in healthcare across the world. A lot of the things we used to do as routine care we can no longer do as before. We will no longer do eye checks, dental checks or look at a sore throat or come close to someone's head without wearing a mask, goggles and gloves. Remote area nursing as we know it, is in the past."

For more information visit https://covid19evidence.net.au

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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.

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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 Health*InfoNet*** 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

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.

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

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.

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

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.

The **Country Women's Association of Australia (CWAA)** 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

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 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

IMPACT Community Health Service provides health services for residents in Queensland's beautiful Discovery Coast region. IMPACT delivers primary and allied health care services, including clinical services, lifestyle and wellbeing support and access to key health programs.

Inception Strategies is a leading Indigenous Health communication, social marketing and media provider with more than 10 years of experience working in remote communities around Australia. They provide services in Aboriginal resource development, film and television, health promotion, social media content, strategic advisory, graphic design, printed books, illustration and Aboriginal Participation policy.

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

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.

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

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.

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.

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

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

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

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 Recruitment 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

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 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

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.

discovering health services on the discovery coast

IMPACT Community Health Service, auspiced by Impact Community Services, provides primary health care to the Discovery Coast region (Miriam Vale Statistical Area Level 2 – SA2) located between Bundaberg and Gladstone, encompassing an area of 3,777 square kilometres.

The region is classified Outer Regional (MM5 and RA 3) under Remote Area Classification and supports a population of over 6,000 people which swells to double during holiday periods.

The provision of health services in the region is complex and complicated by limited access to Queensland Health Services, overlapping government boundaries, geographical distance and the unique community characteristics of the seven townships and surrounding localities in the region.

As evidenced by various Health Needs Assessments, the region's population is further disadvantaged with health disparities in the social, physical and economic determinants of health, with poorer health outcomes, an ageing population with no ageing infrastructure, and limited access to health services and public transportation.

Currently, there are no Queensland Health facilities within the region with residents travelling 125 km to either Bundaberg or Gladstone for mainstream health care.

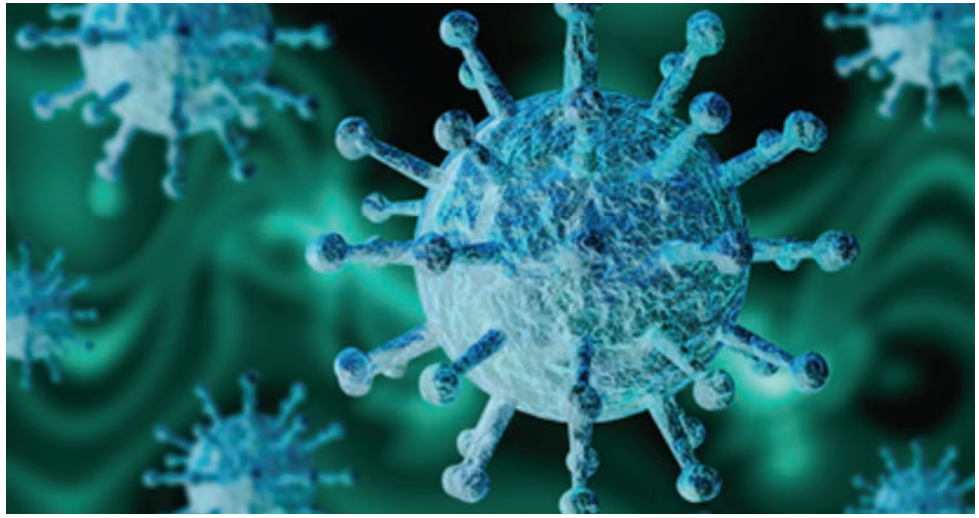
This lack of services is prioritised in the Wide Bay Hospital and Health Service Strategic Plan 2018–2022 to "investigate service provision options in the growing community of Agnes Water".

The region is serviced by three local General Practitioners and the Federal Government funded IMPACT Community Health Service.

The Health Service operates a Primary Health Care model providing community nursing and allied health services, along with the provision of facilities for a range of visiting health service providers.

If you want to find out more about what IMPACT Community Health Services offers go to https://www.impact.org.au/Pages/Category/community-health or call on (07) 4902 2000.

Rural LAP has been approved to support vacant positions during COVID-19



We understand that most of you are no longer taking CPD or recreation leave and are working overtime to ensure your local community continues to receive high-quality care during this global pandemic.

With all hands on deck at health services across Australia, the casual pool is reduced to almost zero whilst the need for additional teams to fill vacant positions has increased. The demand for additional health professionals increases further if a team member is affected by COVID-19 and has to self-isolate for a 14-day period.

In response to your concerns and the increased demand for more health professionals, the Australian Government Department of Health has approved our request to support rural and remote health services with vacant positions until 30 June 2020.

Our program will continue to support rural and remote health professionals that are required to take leave, especially for COVID-19 self-isolation.

The eligibility criteria for leave support will extend to health services accessing the program for vacant positions.

This means that you can apply for up to 14 days of support if you are a health service located in categories 2–4*, as determined by the Modified Monash Model (MMM), or up to 28 days of support for MMM 5–7 category locations. If you are eligible for up to 28 days of support, this can be divided into two placements over the financial year.

As advised by the Department of Health, priority must be given to health services:

- located in MMM 5–7 categories
- backfilling a team member going on any form of leave.

For more information please contact us on (02) 6203 9580 or enquiries@rurallap.com.au

*Health professionals employed by the state or territory that are located in MMM 2-4 categories are not eligible to apply.

culture and confrontation

Norma Chidanpee Benger, a celebrated artist and cultural trainer based in Larrakia country in Darwin, describes her role with the Remote Area Health Corps (RAHC), helping first-time visiting health professionals settle and understand their situation.

"I work with people who are new to remote locations," Norma says. "I prepare them about culture. A lot of them haven't even met an Aboriginal person before. Where they are going is confronting. They see things they have never seen before and never thought possible in modern Australia. I help them understand what to expect and how to interact with local people."

Norma says, as an Indigenous person, she's frustrated at the slow progress towards closing the gap, pointing out that the generational transition from bush tucker to packaged foods was a contributing factor to high rates of diabetes and poor dental health. RAHC's efforts to treat people in their own communities are "fantastic," she says. Hundreds of skilled professionals from throughout Australia have taken up short-term placements through RAHC, which has been helping to provide much-needed health care in isolated parts of the Northern Territory since 2008.

"When a health professional arrives for the first time, they feel like the first one, but they're not," explains Norma, who advises visiting health professionals to focus on their work. "The people really appreciate health professionals going out there. They are used to them coming and they just go about their lives."

Understanding the importance of culture and good communication skills in communities where English may be the fourth language are emphasised by Norma in her cultural training sessions.

"I tell them my story, my family experience," says Norma who identifies as Marathiel/Murinpatha/Keyteji. Norma's parents were both from the Stolen Generation. Her father Teddy Hayes was taken from the Telegraph Station at Alice Springs and put on Minjilang (Croker Island) and her mother Marguerita Parry was taken from her parents at Mango Farm on the Daly River and put on the Tiwi Islands. "My father lost contact with his family, his culture, his language, he lost all that. I'm in more contact with Dad's family than he ever was. He was damaged by it all and died at a very young age."

Above: Norma out on Country teaching culture through weaving, with her mum Margie.
Right: Norma presenting one of her traditional weaving workshops, held in Darwin.

"The course starts off with Welcome to Country. Because I'm not a Larrakia person, I do an Acknowledgement of Country and explain what Native Title means. A lot of people in Darwin are from remote communities, in town for all sorts of reasons," she points out. Norma also talks about "the long grass" where Aboriginal people camp on the edge of town because it's a concept many non-Indigenous Australians don't understand.

"I ask which community they're going to and I tell them about the different clans and groups, like my grandmother's, Wadeye country where warring factions were forced together by assimilation and missionaries."

Norma said having this understanding helps health professionals realise the importance of culture in remote communities. "I explain the culture, how children might come to the clinic with their mother and it's not their biological mother, she's from a skin group."

Norma says modern medicine and traditional healing can co-exist. "A lot of Aboriginal people don't know about white fella medicine, and many people still have traditional beliefs in spirits and magic. Our traditional ways kept people healthy but today we're often living in overcrowded housing."

A celebrated artist and graphic designer with a degree in fine arts, Norma created an Indigenous-themed logo for the Centre of Research Excellence in Ear and Hearing Health. The story depicts a dragonfly which grandmothers use to test a baby's reaction to the wing vibrations. A baby who cannot hear is given special care by the family. A perforated ear is treated in the traditional way with a wash made from the green tree-ant. The healthy drum is surrounded by a ring of natural and vaccine-induced antibodies which keep the middle ear healthy.

"I love hearing the stories of the people when they come back," says Norma who enjoys her work. "The visiting health professionals are very lucky to have this opportunity through RAHC and Australia benefits from more people understanding the stories of Aboriginal culture."

For more information about short-term paid placements with the Remote Area Health Corps (RAHC) visit www.rahc.com.au or call 1300 697 242.

pro-active and practical policy

One of the newest CRANAplus partners is Inception Strategies, a leading digital agency specialising in film, web and research, has been working with Aboriginal organisations since 1998.

Founder of Inception Strategies Damian Amamoo, who has long recognised the links between health, education and employment, is calling on all organisations, businesses, services and government bodies working in rural and remote Australian communities to think creatively when it comes to Aboriginal procurement and participation.

"This policy of Aboriginal procurement, if understood and recognised and acted upon, is about jobs for Aboriginal people today, right here, right now," says Damian. "It's a golden age if we get it right and we are doing everything we can to communicate that message to all parties and any agency, private or public, receiving government funding."

Damian, whose business began with comic books and developed into producing major health campaigns involving TV and video commercials, is no stranger to connecting the creative with the analytical, turning his mind in recent times on how to encourage more Aboriginal employment in rural and remote projects.

He would like organisations to view the government's Aboriginal Participation rules and targets for the number and value of contracts with Indigenous business to be seen, not as more red tape, but as an opportunity.

"In my mind it is a sensible, pro-active and practical measure."

Damian's university studies were in economics and technology, but he was drawn to social justice issues when he saw Aboriginal people "getting a raw deal", leading him to a career focussed on Aboriginal Health, ultimately establishing Inception Strategies.

"The comics are what grew us and ended up being a major part of the business," says Damian, referring to Indigenous superhero Condoman, a way of teaching teenagers to use condoms and be aware of safe sex practices.

A recent campaign with the Katherine West Health Board involved a series of anti-smoking TV ads on NITV and Imparja.

Running workshops for government departments as well as private industry on procurement is a focus that excites Damian. "Sometimes these organisations just don't know about Aboriginal Procurement and Participation policy. Often, they don't know how to find Aboriginal businesses.

"The new rules have seen an increase in Aboriginal involvement," he says, "but I can see the potential for greater growth through knowledge both of the procurement rules and better awareness of the Aboriginal people and businesses available in the various sectors and communities.

"If those involved in rural and remote projects don't know the Aboriginal Business services available, they might be missing out on employment possibilities. It could be consultants or contractors, construction work or cleaning.

"The drafting of plans and contracts for projects receiving some government funding need to ensure that contractors and people down the line all know about the procurement requirements," says Damian, "and Expressions of Interest are just one way to attract Aboriginal businesses.

"He sees room for growth in Aboriginal involvement in the health area, including clinics, hospitals and other health services, as well as art centres, councils and local stores."

Resources

Damian suggests the online list of Aboriginal organisations around the country on the Supply Nation website is a good place to start for those interested in Aboriginal Business involvement in their organisations:
https://supplynation.org.au

Strategies website:
http://inception.clinic Inception

Indigenous Procurement Policy:
https://www.niaa.gov.au/indigenous-affairs/economic-development/indigenous-procurement-policy-ipp

together we can achieve more: partnerships making a difference to the lives of Australian farmers

For over a decade the National Centre for Farmer Health (NCFH) has been engaging farming communities to make health, wellbeing and safety their number one priority. During that time, the National Centre for Farmer Health (NCFH) has engaged with over 5000 farm men, women, agricultural workers and their families across Australia's diverse landscape.

Founding Director, Professor Susan Brumby and nurse says "We know that a healthy workforce is vital for a productive agricultural industry, and through our work, have learnt that farming families and their communities face poorer health outcomes than their urban counterparts. Agricultural workers have a high rate of injuries, including fatalities and suffer some chronic diseases at high rates".

The power of collaboration and partnership has been demonstrated across the nation with thousands of farmers and rural community members visiting NCFH agrihealth professionals at agricultural field days across Australia.

In 2019 the Centre conducted over 500 individual health and lifestyle assessments in partnership with both agribusiness and primary health care industry bodies across Victoria, New South Wales, Queensland and Western Australia.

The farmer health assessments are conducted by agrihealth nurses, that is, nurses who have completed postgraduate study in Agricultural Health and Medicine, which is run annually by the NCFH through Deakin University, School of Medicine.

The Murrumbidgee Primary Health Network (MPHN) through the Australian Government's 'Empowering our Communities' (EOC) initiative partnered with the National Centre for Farmer Health in 2019 to deliver Health and Lifestyle Assessments to people impacted by drought across the NSW Murrumbidgee region. The MPHN was one of nine PHN's to be funded under the Empowering our Communities initiative to provide additional mental health support to help farmers and rural communities to deal with the uncertainty, stress and anxiety of drought conditions.

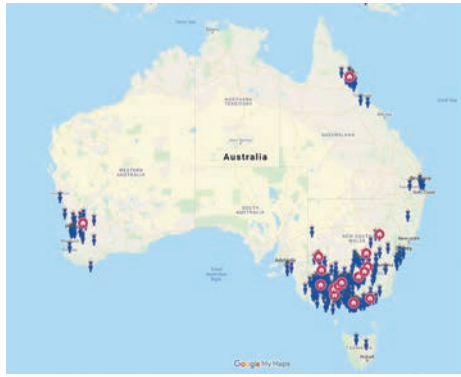
Murrumbidgee Primary Health Network Chief Executive Officer, Ms Melissa Neal says "It was important to engage with activities that help build community capacity and foster long-term resilience. Offering free farmer health assessments through the NCFH is one way people living in drought affected communities can engage in a fairly neutral and private way with a health professional and receive a specialised assessment of their general and mental health."

National agribusiness banking specialist, Rural Bank have also recognised the value of collaboration to improve health and wellbeing outcomes in farming communities and, over a period of four years, have supported the delivery of over 1000 health and lifestyle assessments to farming and rural communities. General Manager of Sales, Partnerships and Marketing at Rural Bank, Simon Dundon said "Farmers face a range of unique challenges in accessing health care, so it was our aim to help remove some of the barriers. Generally, healthy farm businesses are run by healthy farmers, so by helping farmers and their families to have a better understanding of their health in an accessible way, we hope to help create successful and thriving farming businesses and communities."

The NCFH is committed to building the capacity of future health professionals and believe that responding to the poor health status of rural populations goes beyond the capacity of the health sector.

"We believe our relevance is underpinned by our dedication to building strong partnerships which enable us to provide services directly to famers in the communities where they live and work," Business Development and Industry Engagement Manager, Cecilia Fitzgerald said.

National Centre for Farmer Health Agrihealth professional, RN, Amelia Cottrell from NSW is one of a team of trained agrihealth professionals using increased knowledge and understanding of Agricultural Health to conduct farmer health and lifestyle assessments across the country. She says, "The National Centre for Farmer Health has helped me fulfil my passion to improve the health, wellbeing and safety of rural communities through conducting health and lifestyle assessments and educating farmers and agricultural workers of the health risks associated with the agricultural industry and to make a positive change to lives."



Fellow graduate, RN Carolyn Alkemade from Victoria also understands the importance of effective engagement of communities in their health, wellbeing and safety "I believe that farmers are often so busy farming that they don't get the opportunity to take time out for their health and wellbeing. It is rewarding when participants come back for a check-up the following year and let you know about positive changes they have made."

Young Victorian farmer Logan Symes received a health check in 2019, afterwards stating, "If I didn't get a free health check from NCFH, I wouldn't have discovered that I had type one diabetes at an early stage".

The success of these collaborations comes through understanding that to engage with rural communities and building a culture where looking after your health, wellbeing and safety is an integral part of business requires consistent messaging shared and spread by both health and agricultural industries working together.

Ms Fitzgerald says "Our workforce across Australia continues to grow as more and more health professionals complete their Graduate Certificate in Agricultural Health and Medicine. This, coupled with dynamic and effective collaborations with our industry partners, means together we are able to engage with rural communities, increasing their health literacy and make a real difference".

To learn more about the Graduate Certificate of Agricultural Health and Medicine or our partnerships and national scholarship opportunities visit www.farmerhealth.org.au

Photo: Steve Batten

from the director of support services

The COVID-19 pandemic has swept around our country and changed life as we once knew it. Many people are struggling to come to terms with the various restrictions imposed.

CRANAplus Bush Support Services encourages rural/remote health practitioners/workers and their families to call the CRANAplus Bush Support Line on 1800 805 391 sooner rather than later and not wait for a crisis to develop.

"These are difficult unprecedented times," says Director of Support Services Colleen Niedermeyer.

"However we are pleased to advise that nothing has changed at CRANAplus Bush Support Services as we continue to provide highly-specialised telephone support and counselling services to all rural/remote health (and allied health) practitioners/workers and their families, nationwide, on a 24/7 basis every day of the year.


Photo: Steve Batten

The CRANAplus Bush Support Line is a confidential toll-free service funded by the Department of Health and staffed by psychologists all of whom have rural/remote experience. It is a safe place to talk and callers may remain anonymous if they wish. Aboriginal and/or Torres Strait Islander callers may speak with an Aboriginal Psychologist on request. "No matter what time of the day or night you make the call, a registered well-experienced psychologist will be on the other end of the phone to offer psychological support and help," says Colleen.

Ever had to have a difficult conversation?

Most of us have. Why not check out our two-part 'Basic Counselling Skills' course on line: crana.org.au/education/courses/eremote

This free two-part 'Basic Counselling Skills' online course is designed to support health professionals who are not in a counselling role but who are engaged in one-to-one relationships with their colleagues, clients and patients. It is an introductory course and is not designed to provide professional counselling training.

The course was specifically designed to introduce basic communication skills to health practitioners working in rural and remote settings. This course will be helpful for those who:

- recognise that sometimes what is required in a helpful relationship is beyond advice giving
- wish to further their interpersonal skills in a way that highlights the value of and respect to others
- wish to encourage self-reliance and empower the people they are dealing with
- want to add depth and breadth to their core clinical work by developing interpersonal skills that are both caring and helpful.

Coming soon

We are currently working hard at developing new and innovative digital psychological support initiatives on 'Creative Resilience' to be launched later this year. Look out for details in the near future on our Facebook page.

Colleen Niedermeyer
Director Support Services, CRANAplus

the Makko-ho: a little daily practice to restore your vital self

By Akhalita Makoto

Over the years in my own personal practice of self-care, I have tried a number of techniques from a range of modalities. Some of these have been through my own study, and others from workshops I have attended or from practitioners sharing their own experiences when they have come to stay with us. And while some have persisted, and many have taught me things about my body and state of mind, the essential core that has ever remained in my morning practice like a faithful servant is the Makko-ho.

The Makko-ho are a set of stretches designed by Japanese man Wataru Nagai in 1933 after he suffered a stroke at the age of 42. He had been a successful business man, rejecting the path his father took as a monk, even though Wataru himself had been raised in a Buddhist temple.

> After the stroke, the doctors told Wataru that he would remain bed-bound for the remainder of his life. The news was so devastating that Wataru nearly gave up on his life before something impelled him to revisit the Buddhist sutras from his childhood.

Within those pages he stumbled upon these essential words that spoke to his heart: 'bow deeply and show respect'. He realised that he was responsible for not attending to his health previously, and yet despite this, he was alive and he could be grateful for that. He could manage only the tiniest of bows but it started there.

> Two to three years later he had healed himself through his famous set of stretches that were bows of deep gratitude. He lived until he was 96 years of age.[1]

It is believed that the flexibility Wataru achieved was simply a consequence of his intention to bow deeper. As such, it is important to cultivate an open heart with this practice as much as attending to the physical stretch itself. Traditionally there are just four stretches but I was taught a system of six stretches that work the complete 12 meridians[2] in the body. Thus, with just this practice I can feel that my whole body has been attended to.

It's a simple and effective practice that is excellent for those who struggle to take more than 15 minutes a day for themselves. If I'm feeling pressed for time I can move through the sequence in just 10 minutes and still feel like I've achieved some quality self-care for the day. When time is not an issue, I may spend up to 30 minutes in these stretches where I can sink deeper into each posture by attending to my breath for longer and softening a little more into each outbreath.

These stretches strengthen the meridians as they work the fascial connections. They are to be done slowly, without effort and always with the stretch on the outbreath.[3]

I've shared my own variation of the stretches below in the text, with the Figures[4] offering additional variations.

Lung and large intestine

Stand with your feet shoulders' width apart, knees relaxed (unlocked) and link your thumbs behind your back. Breathe deeply into your belly and stretch out your arms behind you keeping your thumbs linked. Now breathe out and bend forward (see Figure 1).

Hang in that position for a few deep breaths, allowing your body to sink into the stretch naturally as you consciously let go of tensions in the body on each outbreath. As you breathe out for the last time in the stretch, bend your knees and slowly uncurl to an upright position, starting with the bottom vertebrae so that the last part of your body to become vertical is your head. Repeat the exercise with your thumbs linked the opposite way.

Stomach and spleen

Kneel on a padded surface and sit between your heels if possible (variations exist in Figure 2 for those less flexible). Breathe deeply into your belly and rest your hand facing backward on the floor behind you. On the outbreath, lean your torso backwards. Relax your neck and let your head drop back. If this is far enough, stay there for a few deep breaths and return to sitting position. For those more flexible, the full stretch takes you down to the floor.

The second stage takes you down onto your elbows for a stronger stretch; and the third stage is to lay your body back on to the floor with your arms stretched above your head. This stretch can be further increased by drawing the knees together. Come out of this position slowly using your elbow and breathing out with each movement. The head is the last part of the body to come upright.

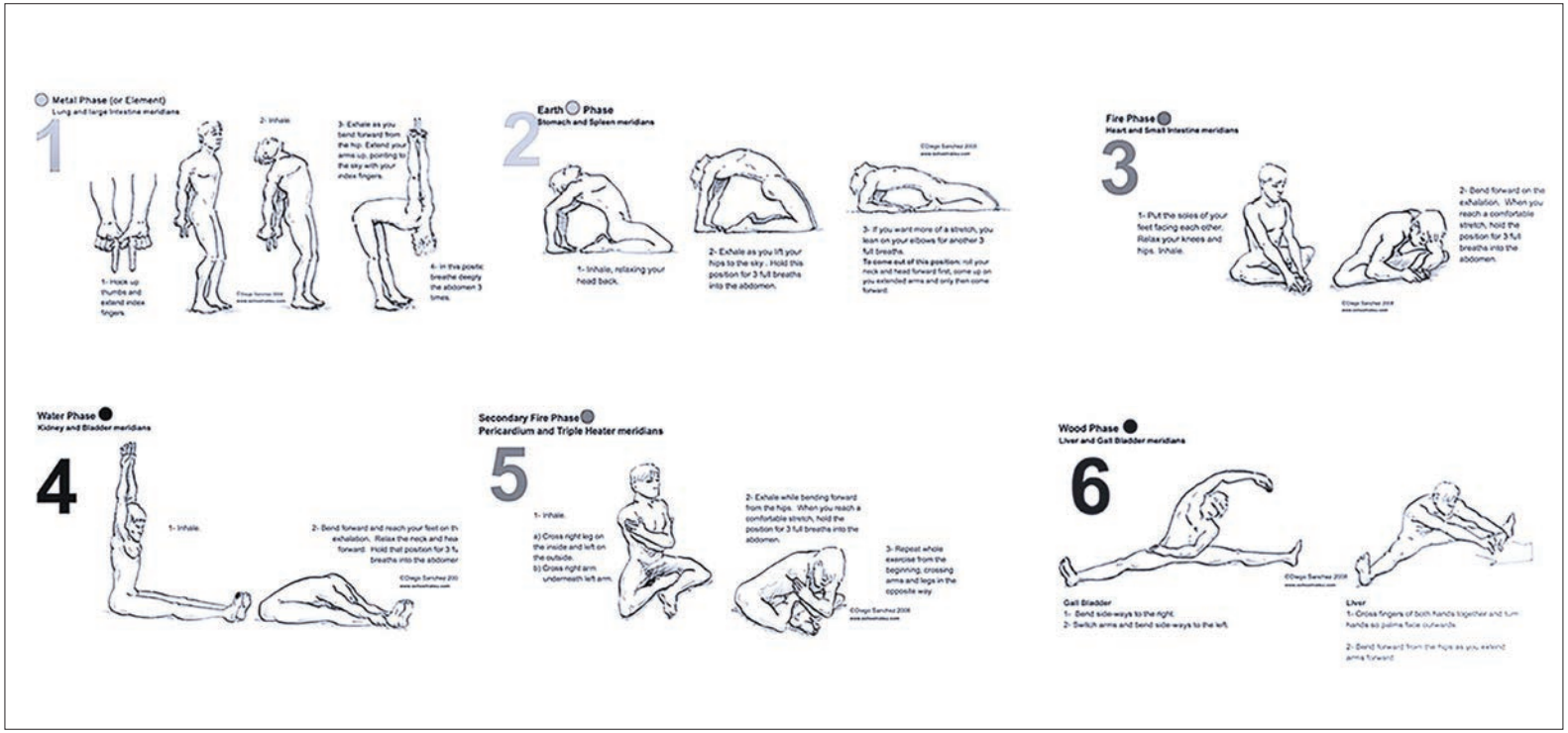
Heart and small intestine

Sit on the floor with the soles of your feet flat together and your knees relaxed outwards. Keep your back upright as you breathe in deeply and clasp your toes (see Figure 3).

On the outbreath lean forward over your legs. Stay here for a few breaths, allowing yourself to let go of held tension with each outbreath, sinking deeper, before returning to sitting position on the outbreath.

Kidneys and bladder

Sit with your legs straight in front of you but relaxed outwards. Breathe in and stretch your whole spine upwards with palms facing outwards and you reach your fingertips towards the sky. Breathe out and stretch towards your toes forward keeping your spine and legs straight (see Figure 4). Stay here for a few breathes, return to upright sitting position and repeat.



Heart protector and triple heater

Sit cross-legged, with your back straight. Cross your arms and place your hands on your knees, with the outside arm on the same side as the outside leg. Breathe in and on the outbreath, bend forward down towards the floor.

For a stronger stretch, 'walk' your hands further apart on your knees (see Figure 5).

Stay in this position for a few breaths and then use the outbreath to return to sitting position. Repeat by crossing your arms and legs the opposite way.

Liver and gall-bladder

Sit on the floor with your legs stretched out as far as you comfortably can in a 'V'. Keep your spine upright as you link your fingers and stretch your arms above your head palms up.

Breathe in as you turn to look at your right foot. Breathe out and lean your body sideways towards your left, stretching your arms towards your left foot. Look upwards to create an additional stretch in your torso and neck.

Hold this position for a few breaths and then come up on an outbreath. Repeat on the opposite side (variations are shown in Figure 6.)

References

1. This information was sourced from an interview with Tomoko Horikawa Morganelli, who is a trained and licensed instructor of Makko-ho. See: http://sgtidojo.blogspot.com/2014/02/to-look-straight-forward-pt1.html
2. Meridians are the energy pathways along which the acupuncture points are located on the body.
3. Beresford-Cooke, C. (2011) *Shiatsu Theory and Practice.* Elsevier, China, p.357.
4. Images originally from www.sohoshiatsu.com Printed with permission from Anamarija K Mashalin from www.metaHolistico.com

food and shiftwork – the good, the not so good and how to manage it

The good

Food is everything on night shift: it brings us together and gets us through the night. It gives us something to look forward to. We bring it in to share; pack our own food to eat; end up eating out of the vending machine on the run; get confused about when to and what to eat; revert to comfort food (chocolate, carbohydrates); binge on the goodies left by others to cheer us up; snack constantly or try to last the night without eating; and consume lots of tea, coffee, coke and energy drinks to stay awake. I have often wondered what works best – especially as I crawl to the other side of an eight-week block feeling like a truffle piglet who has been running on a treadmill but still retaining more kilos than when I started out.

The not so Good

In December 2019 I found the answers; I was lucky enough to attend PAIC19 (Paramedics Australian International Conference) and hear Maxine Bonham (Associate Professor, Nutrition and Dietetics & Food Monash University) present on the impacts of shift work on nutrition. Yes, it is true, we can eat and exercise the same as we would during a working day and burn less calories working overnight: approximately 60 calories less (McHill et al 2014). This equals one Tim Tam every two shifts. Doesn't seem like much but it adds up to weight gain.

Furthermore shift workers gain weight more rapidly than day workers. Why does this happen? Monash University and The University of South Australia have been researching the impacts of shiftwork on nutrition. This article is based on what they have found.

What's the real story? The research[1]

There are consequences for nutrition and metabolic health which impact on long-term health. Shift workers are at greater risk of cardiovascular disease, type 2 diabetes and obesity, even if they do the same physical activity as a day worker.

The work environment, the nature of the work and what food means to us all contribute to changing our eating habits, which impact on these health risks. For example, some workers report: eating to stay awake, to stave off nausea, for comfort (usually something sweet with a greater fat intake), as a reward and for social bonding (Dorrain 2017). Less sleep usually means more snacks. In South Australia a nursing cohort referred to this as the three Cs (chips, coke and chocolate) of night shift (Dorrian 2017).

More glucose is found, for longer, in the bloodstream when eating at night as compared to the day: 69 times higher (Gloria Leung December 2019). This was found to be modified by how and what we eat on nightshift. For example the high levels of glucose were reduced if protein and not carbohydrate was consumed at night. Leung and those at Monash Universiy and The University of South Australia have outlined other contributing factors, which modify the health risks of night shift.

What to do about it – how to manage it

1. **Maintain a regular eating pattern:** Plan to have the same number of meals each day (regardless of shift type). The time you have the meals does not matter. Irregular caloric intake over a 24-hour period is associated with increased weight circumference and increased BMI.

2. **When to eat:** When you are awake eat every four to six hours. If you starve yourself this leads to overeating. If you find you go to bed hungry after night shift, eat a small meal one to two hours before bed.

   When eating too much close to bedtime many shift workers experience an upset stomach, which keeps them awake.
   If possible have a small (around five-hour) fasting window during the night (between 10pm and 6am). This is recommended (in US) to reduce risk of cardiovascular disease.

3. **What to eat:** If eating during the night choose a snack with protein (e.g. lean meat, poultry, fish, eggs, beans, nuts and dairy), rather than a big meal with large amounts of carbohydrate (i.e. bread, pasta, rice and cereals) Bulk it up with vegetables. This approach will reduce the higher levels of glucose in the blood stream.

   At night a meal high in protein leads to smaller glucose response compared to meal high in carbohydrate – approximately a third of the glucose response. Experiment with food options: hard boiled eggs, baked beans, fruit, peanut butter and celery, vegetable sticks with hummus, nuts, cheese and crackers, yogurt, ready-made soup, tuna with cucumber, chicken and avocado salad.

4. **What to drink:** Stay hydrated with water – add fruit pieces or cordial to flavour. Avoid sugary drinks: energy drinks, soft drinks, fruit juice, and flavoured milk. Watch your caffeine intake. Especially if you have a personal sensitivity – does coffee make you jittery? Caffeine can be used to stay awake however consider 40 mg caffeine (four to five cups of coffee) is associated with negative health outcomes: such as trouble sleeping, gastrointestinal symptoms and anxiety (see University of South Australia).

   Monitor your combined intake of caffeine: chocolate (1 bar = 10 mg); energy drinks (1 can = 80 mg); tea (1cup= 60–80 mg); coke (1 can= 45 mg); coffee (1 cup = 120 mg). Avoid caffeine within four hours of bed.

Make small changes in how you approach nightshift: cook food in batches and freeze; purchase frozen ready-made meals; change some drinks – look for less sugar and less caffeine; put other rewards in your day (catch up with friends and family, do something you love); have a shopping list of snacks (store at work) and talk with other workers about what they eat and when. What works for them?

Resources

Worksafe Queensland *Shifting Nutrition: a shift workers guide to nutrition.* See: https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0009/109773/shifting-nutrition.pdf

Baker Institute Factsheets (convenience foods, healthy snacks). See: https://baker.edu.au/health-hub/fact-sheets/list

Nutrition tips for shift workers Dietitians of Canada. See: https://www.unlockfood.ca/en/Articles/Workplace-wellness/Nutrition-Tips-for-Shift-Workers.aspx

Coping with Shiftwork: understanding and communicating: Resilience Strategies for performance, safety and health. University of South Australia, SA Health, safework SA, 2017. See: http://library.safework.sa.gov.au/attachments/69055/Coping%20with%20Shift%20Work%20Final%20A4%20Nov%2017%20(3).pdf

Research studies (for shift workers to participate in). See: https://www.monash.edu/medicine/swiftstudy

Reference

1. See Webinar 2.12.2019 (free on login) on EIN (Education In Nutrition)

   Gloria Leung, *Meals and Meal Timing*, December 2019 (PhD candidate Dietitian)

   Department of Nutrition Dietetics and Food Monash University (free): https://educationinnutrition.com.au/presentations/dietitians-and-nutritionists

Lee Rushton
Clinical Psychologist
CRANAplus Bush Support Services

rethinking the way we work

The pace of new technology and advances in workplace processes and data sharing has become increasingly complex and rapidly shifting. There is a tension between competing demands in our workplaces and often decreasing numbers of staff to perform the tasks. We need to rethink how we not only survive in this new reality but also thrive.

Workplaces have become increasingly complex and demanding. This can of course have an impact on those who work in those workplaces, and it can be stressful keeping up with the demands. There is often a reliance on new technologies and processes, and a demand for training in this new space.

Surveys of employees reveal that many of us feel under pressure to keep performing and coping with competing demands. When there is so much to do and not enough time, how on earth can we cope?

Developing smarter work practices is about more than simply working harder or longer. It is about a number of things, including adding in effective time management, good prioritising of tasks wherever possible (and agreed, it's not always possible) and using your time productively.

So, how can we work smarter not harder? A few brief suggestions are outlined in this article which may help.

When considering the strategies which may work for you, it is worth considering a time when you were able to perform a task or in a role when you worked productively and with real purpose. What was happening at that time which strengthened your performance? What were the features of the task or your job which allowed you to be so effective?

As you consider the following ideas or strategies, ask if any were major features applying to that time.

Learn to say "no"

I will be honest; there are times when you cannot say no to a task or request. Generally we have a gut instinct which tells us when a request to do something can be safely declined, and the times when we really should say "yes". A polite and respectful "No, I will not be able to do that" will suffice when you know you SHOULD decline.

We have all been in this situation, where before we even think about the request, the words come out of our mouths accepting responsibility for something we would prefer to refuse.

A colleague of mine had mastered the art of graciously saying no to invitations or requests to take a task on board when she knew she didn't have the time or energy for her to accept. She simply said that she was sorry but she was not able to do what was asked.

> It is better to only take on board what you know you have time to do competently, rather than feeling put out and that you have been taken advantage of, and stressed.

This is a skill which can be usefully practised to good effect.

Improve time management skills

This does seem easier said than done. There are several simple rules that can really help you to effectively manage time better.

For example, when setting up a top priority task, you need to give yourself the space and time to work on the task. If you can, switch off the phone and ignore your email first. Find a quiet space. Abandon any ideas of multitasking that will slow you down and ruin your focus.

A particularly effective time management tool is to prepare a 'to-do list' and assign a level of priority to tasks. Many folk report on the usefulness of an updated 'to-do list' which is reviewed at the end of each working day.

Why at the end of the day? Because the act of creating an action plan (and that is what a 'to-do list' is, really) as the last task of the working day, allows us to mentally shelve any thoughts or concerns about the next day's tasks – you have a plan to deal with everything! You will then be less likely to fret or stress about work matters overnight.

Finally, set a reasonable deadline and do everything in your power to meet it.

Access training/uptake new technology

To work more efficiently we may need training in new technology or processes. Technology is transforming many workplaces, and due to the internet and availability of new communication and IT solutions (such as tablets and smartphones) the way workplaces operate is vastly different to only a few years ago. Training is vital to success with the new technology.

> If training is available, jump at the chance to upskill. If no training is offered, be the person organising it to happen.

Be open to new ways to access the training, such as via 'distance-education', either individually or in a group.

It not only helps with efficiencies but looks good on a CV too!

Delegation

If you work alone, clearly you cannot delegate. Prioritising is the super-power for those of us who work by ourselves. But for those who have colleagues who can competently share the load, learn how to smoothly delegate and arrange for collegiate sharing of the workload. It can seem easier to do it yourself when time is limited and the task needs explaining. But in the long term, we all know delegation makes sense. Consider the best approaches to use in shifting to a more equable sharing of tasks.

Communication skills

What is the major skill needed in any workplace? Clear communication.

Nowadays, communication and collaboration are more important than ever before in order to work efficiently and innovatively.

There will be times when you will have to work with others. Accordingly, you should strengthen your communication and collaboration skills. When you do, you'll eliminate unnecessary rework and wasted time from straightening out any misunderstandings and miscommunications. Clear communication with others also reduces misunderstandings and conflict.

You can start by enhancing your active listening skills and staying on one topic when communicating. For example, when composing an email, keep it short and to point. Don't throw too much information in the message since it will only confuse the recipient.

There are many online skills courses, and often workplaces offer such upskilling workshops. Take advantage of any that are offered!

And finally, if you would like improved coping strategies, ring the CRANAplus Bush Support Line on 1800 805 391. Staffed 24/7 by psychologists, the service is free and confidential.

Reference

Marshall, E.M. 1995. *Transforming The Way We Work: The Power Of The Collaborative Workplace,* Amacom USA.

Christine Martins
Psychologist
CRANAplus Bush Support Services

Photo: Donna Lamb.

educate

a year like no other

In response to the changing landscape, CRANAplus, like many organisations, has undergone change. Director of Education Services, Sue Crocker reports here on action by the organisation to support its workforce and ensure it continues to lead and support the remote health workforce.

Our workplaces and homes have changed like never before with our conversations dominated by terms such as 'flattening the curve' and 'social distancing', terms usually reserved and used by epidemiologists.

Like many organisations, we transitioned all staff based in offices to home offices in March and, although we accepted it was impossible to continue to deliver our face-to-face training, we have worked hard to respond to industry needs and establish alternative products and delivery methods.

Photo: Amy Hill.

Prior to COVID-19 restrictions, CRANAplus was in the process of building webinar capabilities. When it was clear that CRANAplus face-to-face courses needed to be cancelled we took on the challenge to speed up the development of our IT capacity. The education team has developed four webinars that are now offered free of charge.

They are:

- Assisting with childbirth
- Primary and Secondary Assessment for Physical Injury and Trauma
- Post-Partum Haemorrhage
- Newborn Life Support Algorithm

Prior to the pandemic, CRANAplus was also in the process of re-writing eRemote modules. The Physical Assessment Suite is the first to be reviewed and updated to include the following modules:

- Neurological Assessment
- Spinal Assessment
- Respiratory Assessment
- Cardiovascular Assessment
- Abdominal Assessment
- Neurovascular Assessment
- Skin Assessment
- Mental Health Assessment

In addition, we are working closely with individual health services to deliver tailored education with organisations such as the Asthma Foundation to develop new education products to support the remote health workforce.

While it is a difficult and challenging time to be unable to deliver the core products that we know you need and love, we also see this as a time of opportunity to grow and develop new products.

Our aim is that, when the pandemic is over and we are out of this most intense time, we can offer you a new range of products along with the favourites.

The education team is here to support you: we continue to offer Advanced and Basic Life Support online with a Skype assessment to help you maintain these qualifications.

Please don't hesitate to reach out to us if you have specific training requests that we may be able to assist you with.

Sue Crocker
Director, CRANAplus Education Services

a new approach to how we design our education products

As you are possibly aware, our education team has redesigned and developed several of our courses, including the Remote Emergency Care (REC) course.

A team effort

A team of remote clinicians, CRANAplus educators and facilitators and the learning design team came together to work on the brief from Sue Crocker, Director of Education Services.

Brief from Sue Crocker

Use contemporary evidence-based learning strategies to provide an even better learning experience for course participants.

This is how we did it

These are the steps we took to achieve Sue's brief:

Step 1: Reviewed the current REC program, specifically looking at how it was performing for our participants and facilitation teams and identified solutions to address issues.

Step 2: Identified the 'key messages' that we wanted participants to take back to their workplaces and confidently apply (knowledge and skills).

Step 3: Explored different software to identify an approach that would encourage participants to be actively engaged with pre-course content, rather than simply passively reading a manual.

Step 4: Designed an approach that would provide solutions to the key performance issues of the previous product, provide a more personalised and engaging learning experience for participants and, provide more consistency for educators and facilitators.

Step 5: Updated clinical content and formatted it into modules.

Step 1: Review, identify issues, identify solutions

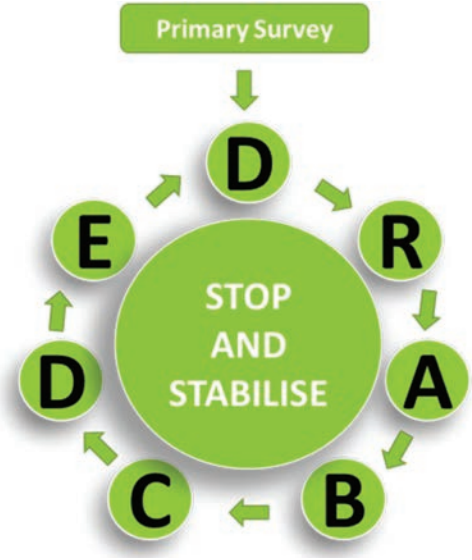
We identified a number of issues with the REC course and developed solutions to address those issues (see below).

	Issues	Solutions
1	Participants turning up to workshops under-prepared.	More engaging online and workshop resources and activities. More choice.
2	Some poor performances on end scenario assessment; how do we better assist people to learn and apply the primary survey?	Repetition of the key messages. Lots of practice in online resources and during the workshop.
3	Different learning needs of REC participants. (We have people who are new to remote work through to very experienced practitioners.)	More choice in navigation of online resource. Workshop activities structured for different levels of experience.
4	Improving consistency of delivery by different coordinators/facilitators.	Videos and work instructions. Webinars. Better mechanisms for feedback from facilitators.

Step 2: Identify 'Key messages'

The resounding feedback from clinicians and educators was that by the end of the course they wanted participants to be able to:

1. examine, diagnose and treat life-threatening injuries as soon as they are diagnosed
2. use the simplest treatment possible to stabilise the client's condition in the context of remote/isolated environments



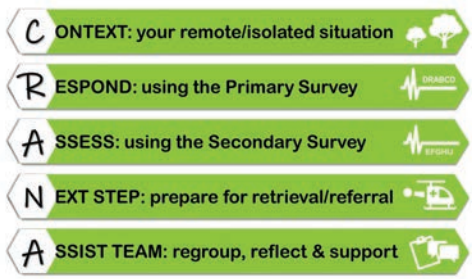
It's useful when building courses to work out a framework for the sequencing of content that reflects the thinking and the tasks that need to happen in situ on the job.

We wanted to position the response to emergency presentations into the context of what happens on the job in isolated and remote locations, because this is what CRANAplus is all about of course.

The team grappled with this task for quite a while; at one stage we were up to 12 pieces in our framework (which is a little unmanageable!)

Then Sue Crocker enlisted the help of Christopher Cliffe (previous CEO) and overnight the CRANA framework was born.

CRANA: a contextualised approach to remote emergency care



We use this CRANA framework to provide additional content to the globally accepted best practice approach of using the primary and secondary surveys (**R**espond and **A**ssess). We add a focus on context and preparation for retrieval as these are key parts of the job in remote/isolated environments (**C**ontext and **N**ext Step). We acknowledge that many practitioners work autonomously and/or in small teams and often have to take a lead role in critical reflection and support (**A**ssist team).

Step 3: Explore different software to encourage active participation

The world of 'e-learning' has changed. We no longer simply put books on computers, hoping that course participants will read and understand content and commit it to long-term memory (so that they are well prepared for our face-to-face workshops).

Research from fields including education, gamification, content marketing and web design continues to inform how we can best encourage participants to actively engage with online materials.

For example we know that people tend to not read online text 'deeply'; instead they skim and scan in particular patterns. Most of our 'end users' know how to use devices to access information and they expect that we will provide information that is easy to skim and scan and provides additional links. ▸▸

Our goals?

1. Provide excellent 'curated content' so that our participants and their organisations trust that the CRANAplus team will provide relevant and evidence- based content that has practical application for them in their work roles.
2. Encourage our participants to be self-directed and actively engaged.
3. Accommodate the different learning needs of our groups of participants.
4. Increase the 'hands-on' activities in our workshops by ensuring that participants have opportunities to practice applying the content in online scenarios prior to the workshop.

"The structure and nature of digital learning content is changing. Whole courses that mimic training manuals and textbooks are giving way to smaller, topic-focused chunks of interactive content deployed in layered learning infrastructures. Transforming to next generation digital learning content."

Source: Whitepaper: R Robson and P McElroy, Eduworks Corporation

- 79% of readers scan pages
- Users read only 20–28% of words on screens
- We read screens 25% slower than paper
- Print material should be reduced by 50% when put online
- People scan better when information is broken into chunks

Sources: Nielsen Norman Group; Sun.com

For the REC course we decided to use Flipbook software to chunk the content into interactive modules. (We've also used this format for the newly developed versions of our Triage Emergency Care (TEC) and Mental Health Emergency Care (MEC) courses and plan to redevelop our other courses in a similar format.)

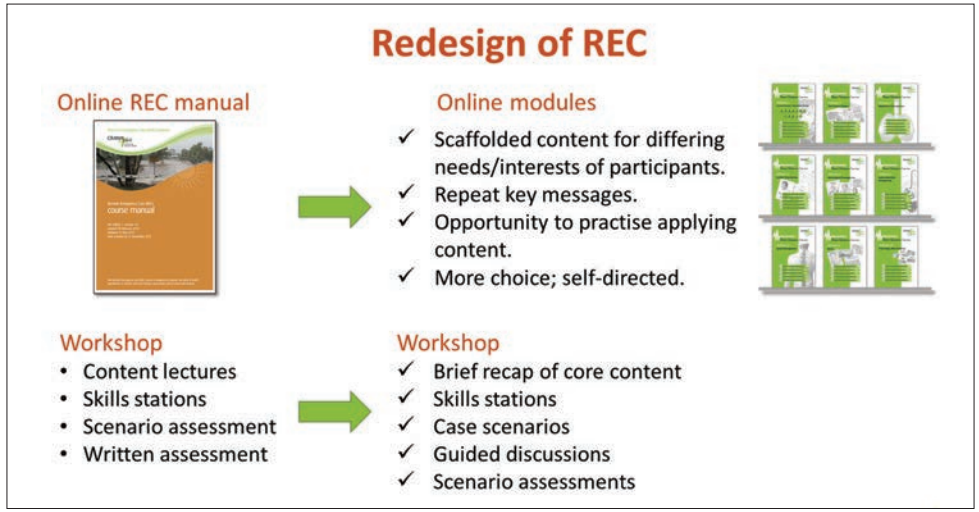
Steps 4 & 5: Design an approach that would provide a more personalised and engaging learning experience for participants, provide more consistency for educators and facilitators and updated clinical content.

The before and after format of REC (right)

A closer look at the content

Module 1 is the introduction to the course, the CRANA model and other frameworks we've used.

Module 2 provides course participants with an opportunity to learn/revise how to conduct a systematic primary and secondary survey in a remote/isolated context.



Modules 3–10 provide a consistent approach to the assessment and response to these life-threatening presentations

- The trauma client
- Respiratory emergencies
- Cardiac emergencies
- Neurological emergencies
- Gastrointestinal emergencies
- Spinal emergencies
- Burns
- Toxinology, bites and stings

Each module provides a detailed case scenario that encourages participants to apply the CRANA approach. They receive immediate feedback about their responses.

So by the time they arrive at the workshop they have practised applying the content to eight types of presentations.

Some final comments and what's next for REC?

I'm very happy to report that we've had some very positive (subjective) feedback about our new look and new approaches.

Due to limited numbers of courses being run since COVID-19, we don't yet have much data from course participants.

However, our educators have reported that since using the new online modules, no participants have had to repeat the final simulated assessment. This is a terrific outcome!

Our new REC coordinator (Kylie Fischer) is currently developing some new resources for the face-to-face workshop so that there is even more 'hands-on practical' and less lecture-style.

We are applying these same sorts of strategies to our whole education product range and I look forward to sharing more of what we have produced in future magazines.

Julie Moran, Curriculum Development Officer, CRANAplus Education Services

maximising enjoyment – minimising malnutrition

Residential Aged Care Facility staff categorising food.

Hospitality staff, carers and nursing staff from Residential Aged Care Facilities recently enjoyed the opportunity to attend tailored workshops focusing on nutrition and dysphagia.

The workshops, facilitated by the Northern Queensland Primary Health Network funded After Hours Aged Care Project aimed at improving skills and understanding of resident dietary needs including knowledge of the International Dysphagia Diet Standards, menu planning, menu structure and how food can be prepared and presented to look and taste great. These interactive workshops, delivered by local dietitians, speech pathologist and catering staff were developed in response to aged care facilities placing a greater significance on maximising the nutritional value and enjoyment of food for residents whilst minimising malnutrition.

Dietitians Jess Bax and Matt Hart from Health Management Dietitians together with Speech Pathologist Gail Rogers provided an expert overview and answered questions about special dietary needs for residents including allergies and intolerances and how to cater for modified diets.

They also discussed the differences in nutritional requirements of individual residents due to body size, activity, gender and the presence of illness, infection or wounds.

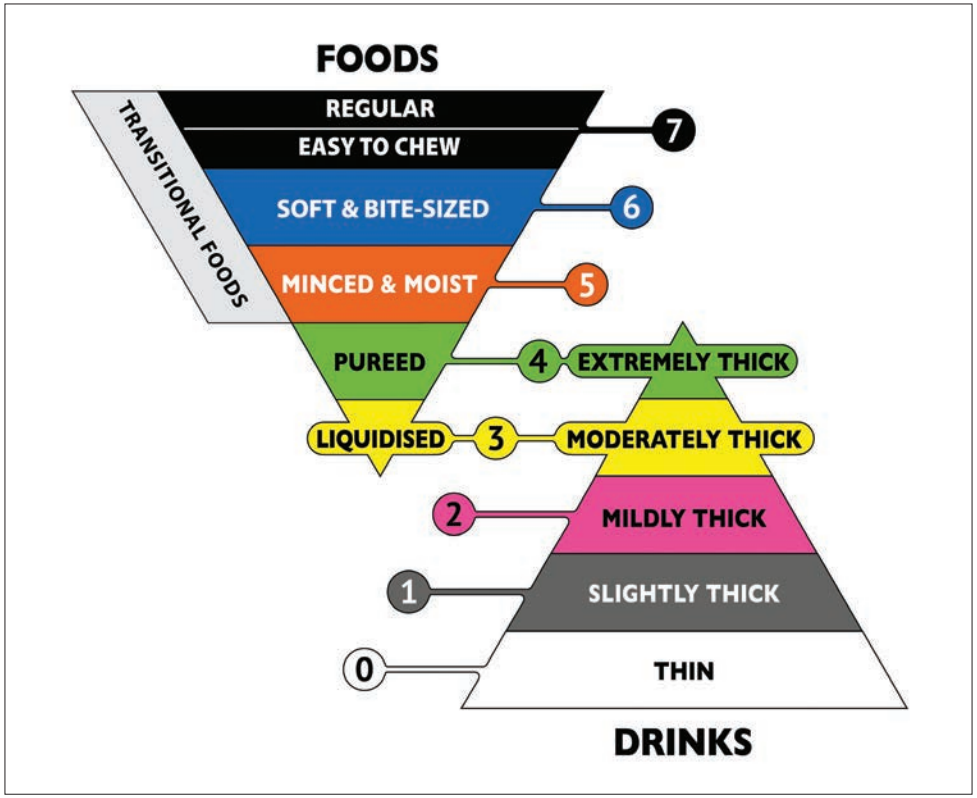
"Food needs will increase during recovery or healing, such as from a pressure injury, because of an increased need for calories, protein plus some vitamins and minerals."

Nutrition in Residential Aged Care Facilities can be a challenge due to financial constraints but also because eating and swallowing are functions that we all take for granted, but which can become very reduced in older people with dementia.

Each year, individuals of all ages around the world are diagnosed with feeding or swallowing difficulties (dysphagia). At its broadest, dysphagia can be described as difficulty moving food, liquid, saliva or medication from the mouth to the stomach.

Dysphagia is associated with malnutrition, dehydration, chest infection and potentially death and whilst promising treatments are being developed to improve function, the modification of food texture and liquid thickness has become a cornerstone of dysphagia management (https://iddsi.org/our-goals/).

A significant part of this management is implementation of the 2013 International Dysphagia Diet Standardisation Initiative (IDDSI), with its primary goal being patient safety.



Safety using standardised common terminology for all ages, all care settings and all cultures; adopting a process intended to be person-focused rather than profession focused. The IDDSI seeks to develop a global terminology that will 'work' for all cultures and as Ms. Rogers explained, we need this standardised system because multiple labels and definitions cause confusion. Furthermore, because labels for dysphagia diets have varied so greatly, an individual who is transferred from an acute care hospital to a long term care home needs to be re-assessed because the dysphagia diet terms are different in the two facilities.

New Aged Care Quality Standards commenced on 1 July 2019 with eight standards that aged care providers must meet. The Dieticians discussed ways to meet the new standards including:

- Involving residents in menu planning so they have a choice of suitable and healthy meals, snacks and drinks which also helps to develop a menu that meets their medical, cultural, religious, or other needs.
- Ensuring the dining experience is comfortable and not rushed, with assistance to eat and drink readily available and provided in a dignified way.
- Making sure residents receive a variety of well-proportioned, quality meals and staff give them something to eat or drink if they are hungry or thirsty outside normal catering hours.
- Providing food and drinks within reach and in a form the resident can eat and drink, such as finger food, or modified meals or thickened drinks, where appropriate.
- Assisting staff to create an engaging mealtime experience that encourages residents to eat and drink.
- Ensuring aged care chefs know the consumers' nutrition and hydration needs, preferences and how to support residents' independence, making sure meals are varied and of suitable quality and quantity.

Above: How to recognise easy to chew foods. Right: Staff taste testing.

- Supporting staff to meet a resident's request for change to their meals or drinks in a timely manner so that they continue to enjoy their food.
- Assuring staff report any changes to a consumer's appetite or eating habits or concerns about weight loss or dehydration and importantly making sure these are referred onto the dietitian.

The hands-on component of the workshop included Hospitality Coordinator Thor Bouttell creating a dining experience for staff to taste texture modified foods and drinks.

Feedback was exceptional with staff advising that they had thoroughly enjoyed learning more about the standards and dietary requirements including how to present appropriate food options for residents.

In addition, staff reported enjoying the opportunity to learn more about each other's roles, namely hospitality and care staff and importance of working together.

Food and nutrition have a major role in meeting the physical and functional needs of residents and contribute significantly to quality of life. ●

antimicrobial stewardship – everyone's business

Antimicrobial stewardship is everyone's business and nurses play a critical role in preventing and controlling anti-microbial resistance. It's not just about locking up the drug cupboard! It is about making sure individuals receive the best possible treatment to improve an infection outcome with the added benefit of slowing development of drug resistance.

Improving the safe and appropriate use of antimicrobials, decreasing the incidence of antimicrobial resistance, and improving patient care and safety by ensuring the use of antibiotics is the best quality that it can be is the main goal of antimicrobial stewardship.

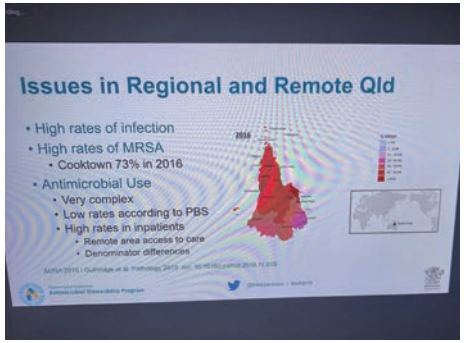
Dr Trent Yarwood, Infectious Diseases Physician and Director of the Queensland Statewide Antimicrobial Stewardship Program recently delivered presentations to Residential Aged Care Facilities of the CRANAplus' After Hours Aged Care project, funded by the Northern Queensland Primary Health Network.

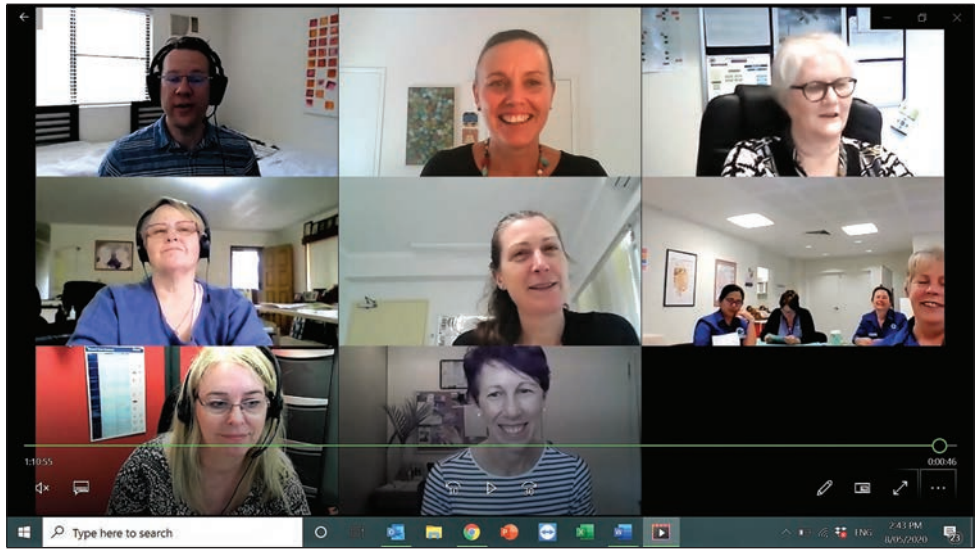
The Queensland Statewide Antimicrobial Stewardship Program aims to unite Queenslanders to enhance the use of antimicrobials now and to preserve them for future generations by advancing clinical practice, education, and research.

Whilst the program is largely hospital-based, Dr Yarwood is always thrilled to talk to people in the community sector to gain a different perspective. In his opinion, if you try and deal with antibiotic use just in hospital's you're really missing a big part of the problem given the significant amount of antimicrobial use that happens in the community, in Residential Aged Care Facilities in General Practice and other places that infectious disease physicians tend to miss when they work in hospitals.

The presentation message was clear; the prevalence of drug resistance infection is increasing across Australia with a dispro-portionate impact to Indigenous Australians, those of low socio-economic status and for people living in remote locations.

Rural and remote patients are at greater risk with higher incidence and fewer support services available to them including poorer access to an infectious disease specialist. ▸▸





Residential Aged Care Facilities (RACFs) are recognised as an important community setting for monitoring antimicrobial resistance and antimicrobial use.

"Aged care home residents are susceptible to infections for a variety of reasons, including advanced age, multiple co-morbidities, poor functional status, compromised immune status, and the use of invasive devices such as urinary tract catheters."

https://www.safetyandquality.gov.au/our-work/antimicrobial-resistance/antimicrobial-use-and-resistance-australia-surveillance-system-aura/antimicrobial-prescribing-australian-residential-aged-care

Attendees of these presentations learnt about infections in aged care homes with discussion about their antibiotic use, review of the new aged care antimicrobial standards and the 'Four Pillars' of drug resistance including infection prevention and control; better diagnostics; antimicrobial stewardship and new drug development.

Analysis of data on infections and antimicrobial use from the 2018 Aged Care National Antimicrobial Prescribing Survey Report (AC NAPS) of 20,000 residents in 407 homes was also reviewed including some important survey findings that:

- Approximately one in 10 (9.9%) residents of contributor facilities were prescribed antimicrobials, compared with 8.8% in 2017
- More than one-third (36.3%) of all prescriptions were for topical antimicrobials
- Only 39.2% of prescriptions were prescribed in the seven days prior to the survey day; almost one-third (28.3%) were prescribed more than six months prior
- Antimicrobial review or stop dates were not documented for 58.9% of prescriptions and start dates were unknown for 1 in 20 prescriptions (4.9%)
- The most common clinical indications for prescriptions were skin, soft tissue and mucosal (18.3%), cystitis (16.0%) and pneumonia (9.4%); documentation of indication was missing for 25.1% of prescriptions.

https://www.safetyandquality.gov.au/publications-and-resources/resource-library/2018-aged-care-national-antimicrobial-prescribing-survey-report

The Aged Care National Antimicrobial Prescribing Survey (AC NAPS) is a standardised surveillance tool that can be used to monitor the prevalence of infections and antimicrobial use in RACFs and multi-purpose services.

The Australian Commission on Safety and Quality in Health Care is working with the Aged Care Quality and Safety Commission to promote implementation of antimicrobial stewardship programs in RACFs.

Discussion also focused on Australia's newly released National Antimicrobial Resistance Strategy – 2020 and Beyond (the 2020 Strategy), which was endorsed by the Council of Australian Governments on 13 March 2020.

https://www.amr.gov.au/resources/australias-national-antimicrobial-resistance-strategy-2020-and-beyond (pictured right)

Presentation feedback was overwhelmingly positive and attendees take home messages were clearly articulated...

"Not all infections require long term antibiotics – the shorter time for antibiotic use can be effective and possibly better" and ..."prevention is better than cure; complete assessment and diagnostic tests are required and necessary before prescribing antibiotics".

The Queensland Statewide Antimicrobial Stewardship Program will remain focused on taking research from overseas and applying it to regional remote areas of Australia, with focus on building the capacity of remote nursing staff.

Capturing local knowledge and the commitment of local nursing staff is important and what the program would like to be more involved with.

Photo: Amy Hill.

engage

working safe in remote health

In the past, the safety and security of the remote health workforce was largely an issue 'out of sight out of mind' for many. Since 2016, however, the remote health industry has had to critically reflect on long held practices and challenge its acceptance of the risks that were routinely considered just part of the job. While some gains have been made, ensuring the safety and wellbeing of the remote health workforce remain live issues.

Building on the *Remote Area Workforce Safety and Security Project* undertaken in 2017, CRANAplus again reached out to the workforce earlier this year to explore perceptions and experiences. This was achieved via a widely disseminated survey that many readers of this magazine would have completed. We take the opportunity here to share some of the findings with you.

The survey confirmed that safety and security remain significant issues for the remote health workforce (see infographic on page 70).

This was evident by the very high response rate along with the comprehensive commentary received throughout the survey.

Furthermore, it was alarming to be reminded that this workforce not only has significant concerns for their safety but has experienced considerable amounts of trauma associated with these safety and security concerns.

The message was clear and strong about the need for CRANAplus to continue to advocate the safety and security issues on behalf of this workforce.

Unchanged from 2017, key safety concerns continue to include motor vehicle accident; dog bites; physical assault; verbal abuse; bullying and harassment; stalking and other intimidating/threatening behaviours and sexual harassment.

Common themes included having to work alone and a need to improve safety standards in staff accommodation, clinic facilities and communication equipment.

The need to further challenge the culture that feeling unsafe is just 'part of the job' was also identified.

The survey included an opportunity to share positive stories where real and lasting change had been achieved. Not surprisingly, such stories revealed that when improvements such as implementing a second on call worker; upgraded infrastructure (improved staff accommodation; clinic facility, communication equipment, stronger community engagement) the workforce experienced increased feelings of safety.

The survey also identified that CRANAplus Safety and Security Resources including Guidelines, Handbook and eLearning were relevant and useful, however were not being utilised to their full potential.

It was suggested there was a strong need for CRANAplus to increase the awareness of these resources and promote their utilisation and importance.

The survey reaffirmed that safety and security remain a very high priority for the remote health workforce and that CRANAplus has an instrumental role to play in advocating these needs on behalf of the workforce.

To that end, the CRANAplus Executive and Board have approved an official position statement on this issue. The position statement clearly outlines what CRANAplus resolves to do, and a series of recommendations for key stakeholders. The statement is available on our website and will be printed in full in the next edition of this magazine.

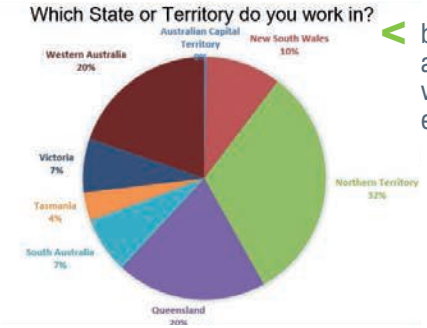
It is simply not good enough that remote health professionals continue to go without the protections to their safety and wellbeing that most other health workers enjoy and reasonably expect. There is still much more work to do.

Amelia Druhan
Chief Operating Officer
CRANAplus

Remote Health Workforce Safety & Security Survey Findings

Safety and security remains a significant issue for the remote health workforce

Who did we consult with?



< broad representation of the remote health workforce across the states and territories and across the varying health services (PHC, AMS, rural hospitals etc.)

93% reported they were currently working either in a rural, remote or isolated setting

328 responses, most of these were received in first 48hrs of the survey opening. Most respondents provided detailed responses to the open ended questions. Huge response rate, almost twice as many as CRANAplus Members Survey.

90% of respondents were from nursing and midwifery professions

Feeling Safe?

- **6% 'rarely' felt safe**
- **19% felt safe 'some' of the time**
- **65% felt safe 'most' of the time**

What can CRANAplus do?

"Be our voice … take forward the issues and concerns you hear in this survey"

March 2020

let the 'sew off' begin

In the previous edition of this magazine there was an article by CRANAplus Board Member and Fellow, Lyn Byers, describing the value of crafting during times of crisis. It described how getting involved in crafting provides a sense of purpose and a productive avenue for healing after traumatic events.

Many staff at CRANAplus were either directly or indirectly impacted by the bushfire crisis over the summer. Early February was the first opportunity for many of us to come together face-to-face following these experiences. Taking the learnings from Lyn's article, CRANAplus staff Amelia, Denise, Helen, Jay, Jenny and Karen gathered for a mystery team building exercise in the new training rooms at the Adelaide office.

Armed with liberty print flannelette fabric, cushion stuffing and two trusty 20-year-old sewing machines, their mission was to make 18 wraps for the Shoalhaven Bat Clinic. The bat wraps simulate mothers' wings and are used by carers to wrap injured and orphaned micro bats so they feel safe.

The group worked in three very enthusiastic teams (adding a touch of friendly rivalry at times) and thoroughly enjoyed the task knowing they were helping a good cause. For most it was a great chance to rediscover some long-forgotten sewing skills and also a learning experience for Jay who mastered the challenge with ease despite never having sewed before.

'That's a wrap'... ☺

https://shoalhaven-bat-clinic.com/

RAN certification promotes self care

CRANAplus Professional Officer Marcia Hakendorf suggests the RAN Certification Standard Two is an ideal resource for advice on self-care and resilience in these trying times of social distancing.

During this unprecedented COVID-19 pandemic, personal self-care and building resilience – key criteria of the Professional Standards of Remote Practice for RAN Certification – can help you cope with the downside of current requirements.

Maintaining your own health, wellbeing and resilience within a professional, safe working environment, is outlined in the second Professional Standard.

Being aware of reflective practice can help you deal with both the personal and organisational interventions you are currently facing.

What to do

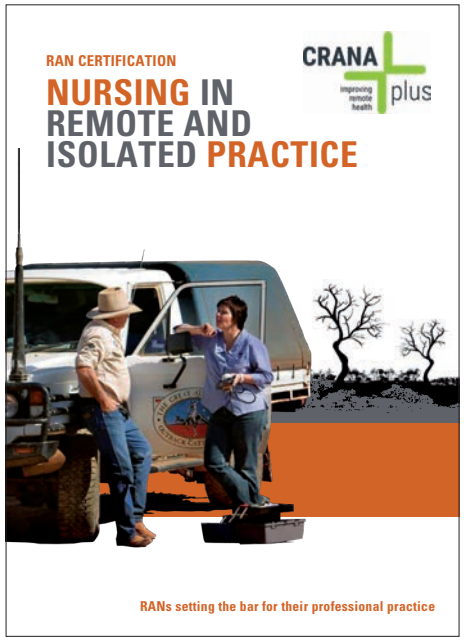
The first step is to have a comprehensive understanding of your organisation's Workplace Health and Safety policies relating to employers and employees. Be aware of and talk with colleagues regarding what are considered the reasonable boundaries when working with the community.

Most importantly be aware of support services within and external to the workplace and community. CRANAplus Bush Support Services is a unique well-established national service with 25 years' experience in this area.

On a personal level, being reflective and insightful of your own coping skills and considering new patterns of coping, helps to ensure your own health and wellbeing.

This also helps you to take steps to control risks associated with safety in the workplace.

Taken together, the aim of this Standard is to maintain a positive attitude towards yourself and others.



RANs setting the bar for their professional practice

A safe work environment allows and promotes the worthiness of nurses and midwives to voice their concerns, and supports the importance of personal health and wellbeing. This is all relevant advice to help you deal with the pandemic.

If you have undertaken RAN Certification or are undertaking it at the moment, you'll recognise the value of the Standard which entails crafting a personal self-care plan detailing how to maintain your health, wellbeing and being resilient when working in the bush.

For everyone, the key at the moment is to be reflective of the sort of barriers that could be potential inhibitors for maintaining your health and wellbeing.

These may include personal and professional isolation, fatigue due to being on-call, excessive workload and workplace stresses and conflict.

Telling signs

Some of the telling signs that can put you at risk may be: not wanting to go to work; or overwhelmed with workload; confusion in decision making; insomnia; moodiness; easily angered; irritable, general feeling of sadness; poor eating habits; lack of motivation to exercise or socialise; disengage from colleagues and patients and workplace conflict.

For each of these potential risks and telling signs, there are supportive enablers (personal and environmental) that will minimise the impact or prevent the occurrence.

To name a few, keep in touch with family members and friends, build and maintain professional affiliations and friendships, build exercise into your daily routine, seek out a mentor.

These supportive measures will assist in combating workplace stresses and stressors.

Recognise the importance of work/life balance, eat a well-balanced diet, get enough sleep as well as take the opportunity to sleep when not on call, be aware of your limitations when dealing with conflict in the workplace.

Make a commitment to yourself. Use positive self-talk. Know what relaxation techniques work for you. Reward members of the community when medical issues are dealt within clinic hours. Speak up when you are fatigued at work. Take leave when not on call, and go bushwalking, read a book, swim, sleep well and limit alcohol consumption.

Marcia Hakendorf
Professional Officer – Workforce Development
CRANAplus

LINKS Mentoring Program – for Rural and Remote Health professionals

Our Mentoring Program welcomes well-experienced remote clinicians to support members of our remote workforce who may be new to remote, or newly-graduated, or those who are working in remote actively seeking out a mentor.

Contribute to someone's learning – become a mentor

Accelerate your learning – become a mentee.

If you interested in knowing more and participating in the LINKS Mentoring Program visit our website and register online at **https://crana.org.au/workforce-support/other-support/mentoring-program**

RFDS nurses in South Australia are flying high

Congratulations to Registered Nurse Anne Alexander, from Andamooka, the first Royal Flying Doctor Service (RFDS) nurse off the rank in South Australia to gain CRANAplus RAN Certification status, followed by Fellow RFDS Registered Nurse, Phonethip Chahine from Maree. Both are employed with the RFDS Central Operations, South Australia, and work in remote communities in the state.

Both are keen to encourage other remote nurses to undertake CRANAplus RAN Certification. Anne considers the RAN Certification is recognition of all the specialised learning and on-the-job training undertaken by nurses working in remote locations and the quality care they provide, while Phonethip Chahine commends the certification process for providing participants with the confidence that they meet the minimum essential requirements to practice safety in remote and isolated workplaces. Here's what they have to say:

Anne

Remote nursing is not about being a wizard at emergency care, but being able to multitask, communicate and manage a variety of chronic diseases, primary health care, emergencies as they evolve while understanding impacts of the social determinants of health.

Due to the rapidly changing environment of the medical field, ongoing education is essential to keep up to date and develop new skills which can be shared with colleagues. Undertaking a post grad diploma in rural and remote health, a diploma of tropical disease and a post grad certificate in chronic disease management, along with numerous other requirements has given me the basis for further expansion.

Having the RAN certification is recognition of those post grad qualifications, commitment to ongoing education and being a safe practitioner. Undertaking the Certification makes you think of different areas of practice methodically. I found the questions gave thought and meaning to remote nursing and highlighted the significant additional learning that is required.

Working remote in South Australia has been a delight in a community that has the highest respect for clinic staff.

Building rapport and participating in events, joining local clubs and immersing in remote life has benefitted the clinic. It has resulted in clients seeking treatment early, which, in turn, decreases retrieval rates, therefore allowing people to be cared for, surrounded by their family and friends.

Phonethip

I would encourage other remote nurses to start the process. What I have learnt from the certification process is that, once I committed to applying for Certification, I found it was an easy straight forward process which allowed me to save my application and return at a later date. When I needed support, it was readily available.

The RFDS upholds a high professional standard for the clinics. As part of the RFDS team we have been encouraged and supported to obtain the RAN Certification status because it is recognised as a benchmark for quality nursing care. As CRANAplus is the peak professional body of remote professional practice, the certification process gives recognition to all the education preparation and achievements we've undertaken to be competent and capable remote area nurses.

The CRANAplus RAN Certification for remote nurses and midwives is a self and peer assessment to evidence against the nine Professional Standards of Remote Practice, to demonstrate that they meet the minimum essential requirements of being a safe, capable provider of health care in remote and isolated areas across Australia.

The benefits of RAN Certification status are:

- professional recognition of the speciality of remote area nursing;
- clarity in the scope of practice undertaken by nurses in remote locations; and
- qualification of the extensive amount of educational preparation required for remote nursing practice.

If you want to know more about aspiring to professional RAN Certification, visit our website: www.crana.org.au/certification/ran-certification or contact our Professional Officer, Marcia Hakendorf via email: marcia@crana.org.au

Marcia Hakendorf
Professional Officer – Workforce Development
CRANAplus

webinars – a practical answer

Webinars have become a practical way of keeping abreast with the latest health care practices, says CRANAplus Professional Officer Marcia Hakendorf.

Over the past months, infection,prevention and control has been at the forefront of public health, with a heavy focus on the evolving COVID-19 pandemic, the strain on the health system, and the emerging resilience of our health professionals. Webinars have become the new working 'norm' for the frontline rural and remote health workforce.

Webinars provide continuous quality improvement on a practical level, telling us the 'what and why' and influencing the 'how' of current and future practises of health care delivery and environmental safety.

CRANAplus has been delivering free professional webinars to keep us all connected and informed of the changing landscape of safe, quality practice requirements for our front-line health practitoners.

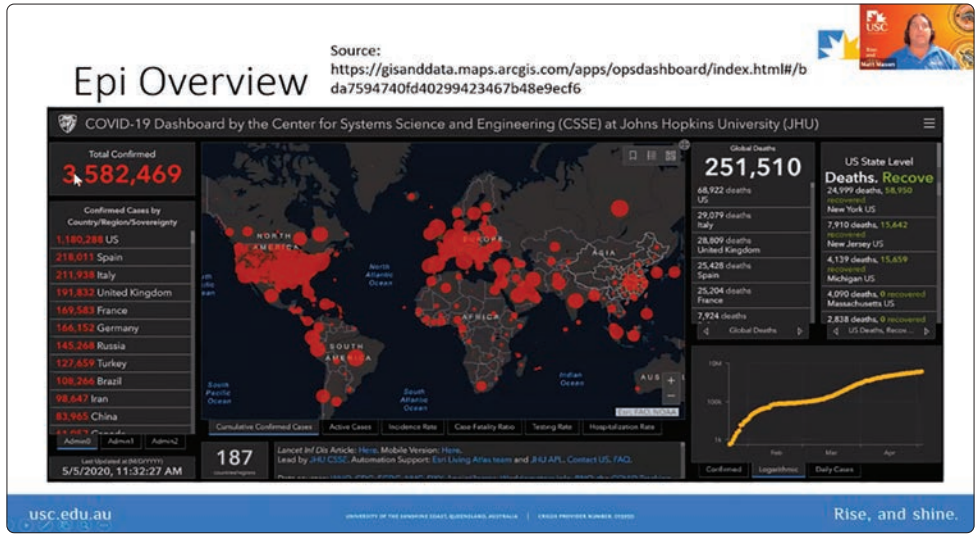
We launched our inaugural webinar presentation in early May with Matt Mason, Fellow of CRANAplus, talking about COVID-19: Infection, Prevention and Control (IPC). Matt was the perfect fit to 'kick-off' the webinar series discussing the current situation on the COVID-19 situation in Australia and globally. Matt is a technical advisor to the World Health Organisation (WHO) Global Outbreak and Response Network, and is credentialed at an Expert level through the Australasian College for IPC.

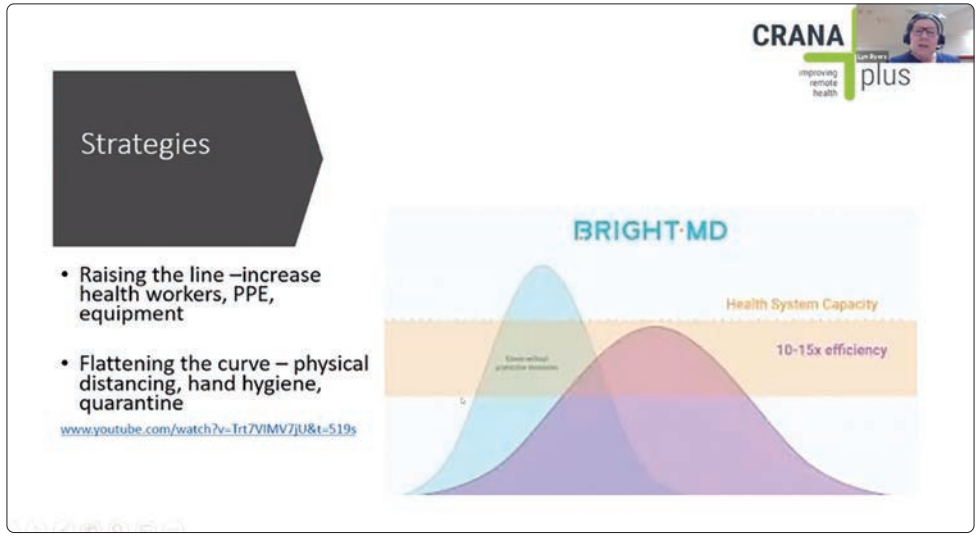
This was followed by Lyn Byers, CRANAplus Fellow and representative for CRANAplus on the National COVID-19 Clinical Evidence Taskforce, who provided a quality presentation on 'A Shift in Practice: COVID-19'.

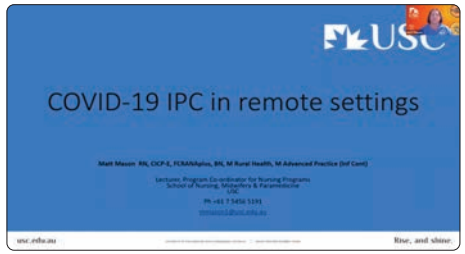
Lyn's presentation provided a closer look at the impact of COVID-19 for remote health clinicians, including managing patient flow and common presentations to remote clinics.

The webinar concluded with an update on the National COVID-19 Clinical Evidence Living Guidelines. These webinars created a lot of discussion and participants expressed a high degree of satisfaction regarding their relevance to the remote context.

Topics planned for the months ahead include interventions to reduce workplace stress for RANs, leadership for rural and remote health professionals, and approaches to dental care and skin cancer in rural and remote Australia.







Registration is free so head to https://crana.org.au/education/courses/webinars to sign up If you miss a live event you can always catch up later as all webinars will be available for viewing on demand via our website.

Marcia Hakendorf
Professional Officer – Workforce Development
CRANAplus

connect

remote communities hit by panic buying

Panic buying and the stockpiling of essential items has left remote communities across Australia vulnerable to critical supply shortages. The small population of Laura and surrounds in Far North Queensland is one community that has felt the impact of the panic-buying phenomenon gripping the nation.

"We have vulnerable community members who are really anxious, they are scared and rightly so," said Laura Primary Health Care Centre Clinical Nurse Consultant Guy Davies.

"We have people who drive an hour and a half to get their supplies weekly. They've just spent $60 on fuel from their pension and have to go home without the basic items they need, such as toilet paper. We have people who shop week to week and cannot afford to buy more.

"One of the things I do every three months is go to Townsville for a weekend and spend $600–800 on supplies we need. If I can only get one of this or that, I do not have the time or luxury of popping back next week."

Panic buying exposed the most vulnerable to food insecurity, University of NSW International and Food Security expert Dr Monika Barthwal-Datta said.

"Those with weak or difficult physical or economical access to food under even normal circumstances, such as those who live in remote communities or who live pay check to pay check and do not have a lot of savings are most at risk.

"Families who drive 100 km at a time only to be able to buy two of something they need, if it is even available. These people do not have the resources to stockpile food they may need.

"We have to understand that we need to stop panic buying in order for the vulnerable to get through this with minimal harm."

Panic buying was symptomatic of decision making under uncertainty, said Monash University Professor of Marketing Hean Tat Keh (pictured above). ▸▸

Laura Primary Health Care Centre Clinical Nurse Consultant Guy Davies (left) with Operational Officer Dennis Fuller.

"In general, members of the public who are not well-informed about COVID-19 are getting bits and pieces of information from various sources about this new pandemic. The lack of a full picture drives the fear of the unknown."

Once reported and widely disseminated by the media, panic-buying affected both urban and remote areas. However remote communities could experience longer periods of stock out compared to urban areas due to supply chain logistics of retailers, Professor Hean Tat Keh said. It was imperative that retailers of essential items ensured that stores in remote areas were replenished at regular intervals, he said.

"At the same time, it is heartening to see local communities forming that look after their neighbours' needs, such as buying takeaways and doing their shopping for them."

"When everyone realises we're in this together, then the sense of cohesiveness will be strong."

Alice Springs-based Purple House, which runs remote dialysis clinics in the Northern Territory and Western Australia CEO and RN Sarah Brown said patients, families and staff had been looking after each other as best they could.

"I think we will see the best and worst of people through this. We want people to be calm and think about their own behaviour and how that impacts others."

While panic buying had occurred in town, the advice had been that food trucks to remote areas would continue as normal.

"We do not encourage people stockpiling out bush, if the power goes they lose everything in the freezer and not many people can afford that."

"We have people who live in poverty and who will really struggle when the economy tanks out."

NT Health's COVID-19 plan highlighted that people suffering more than one illness and complicated health conditions in remote areas and their distance from major hospitals placed residents at risk for severe disease from COVID-19.

Ms Brown said they had been "bedding people down in the bush" where they were safer.

"We've had a look at our rosters and have as many people and staff go out bush before it [Covid-19] comes to Alice.

"People usually came to Purple House to escape social isolation," she said. "We have had to explain to people that we aren't going to do the things we normally do for a while, such as cooking kangaroo, and limit the number of people who come in at any one time.

"Remote communities in Western Australia had also shut down to outside visitors," said Fitzroy Crossing's Clinical Nurse Manager for Community Health Amy Kerr.

"Panic buying took a while to hit but we have been affected like other areas."

"I'm not sure if it was driven within the community or fuelled by shortages in urban areas; we've had a shortage of non-perishable items like toilet paper and rice.

"We have had difficulty in getting PPE, it's not something we normally stock.

"The community had responded well to social distancing, but had stopped coming to the clinic out of fear," she said.

"Our concern is there are so many vulnerable people out there at risk with co-morbidities that are far more at harm if left untreated than if the virus comes our way. Some of our services, including my sexual health program are at a standstill. We have been tackling a syphilis outbreak in the community and it's of huge concern that it might get worse if people are not engaging with that program.

"There are also concerns that vulnerable mental health clients mostly in very remote areas may not access services or get their regular medicines."

"There have been some positives to come out of the experience," Ms Kerr said.

"We are next door to the hospital and we have never seen it so quiet, we are hoping this sets up resilience in people to take up more care of themselves for minor injuries or illness."

"The pandemic had also improved work morale," Ms Kerr said.

"People are really accepting of the situation and are not concerned with things that they normally are. It's 'this is how it is' and realising what's really important – which is being of service to the community, looking after not just patients and families but each other and working together as a team." ●

managing contraception during the COVID-19 pandemic

By Dr Amy Moten, Coordinator Medical Education, SHINE SA and Nikki Brandon, Clinical Workforce Educator (STI & BBV), SHINE SA

Contraception and women's health services are an essential service during the COVID-19 pandemic. The provision of new, ongoing and emergency contraception to prevent unintended pregnancy is particularly important for individuals most at risk such as young people, people with serious health complications and those post abortion.

Long Acting Reversible Contraceptives (LARCs) are more effective than shorter acting methods and are associated with lower abortion rates.

To support clinicians to provide new and ongoing contraception advice has been provided by national and international sexual health organisations.

During the pandemic expert opinion supports off-label extended use of some LARCs, with consideration regarding use of additional condoms and/or a contraceptive pill if the risk of an unintended pregnancy is unacceptable.

Further advice regarding new or continued use of other forms of contraception are also included in this article.

Access to intrauterine devices (IUDs) is important to maintain but most IUDs can be extended off label beyond their licensed expiry.

The 52 mg levonorgestrel (LNG)-IUD (Mirena) is licensed for five years with current practice supporting off-label extended use until menopause if inserted at age 45 or over If the device was inserted under the age of 45, expert opinion supports the off-label extended use to six years. It should still be removed and replaced at five years if used as part of menopause hormone treatment for endometrial protection.

The 19.5 mg LNG-IUD (Kyleena) is licensed for five years and extended use is not recommended. If left in place beyond five years additional condoms and/or a contraceptive pill is advised until the device can be replaced or removed.

There are three types of copper IUD available in Australia. Current practice supports off-label extended use of all of these IUDs until menopause if inserted at age 40 or over.

For the copper IUD licenced for use up to 10 years inserted under the age of 40, expert opinion supports the off-label extended use to 12 years.

For copper IUDs currently licensed up to five years in Australia, if inserted under the age of 40, expert opinion supports the off-label extended use to six years.

To safely facilitate the insertion of IUDs during the pandemic, use telehealth consultations for the preassessment consult and to gain verbal consent. Routine cervical screening, screening for sexually transmitted infections (STIs) and bacterial vaginosis are no longer recommended prior to IUD insertions.

Self-collected swabs are suitable for asymptomatic screening if required and can be facilitated by mail or patient collection with minimal contact. The need for STI screening should be determined by both patient request and an assessment of risk.[1] For the insert appointment, full personal protection can be used by the inserter including a gown or scrubs, protective glasses and a mask. The patient should also wear a mask as should the assistant, who can remain present while socially distancing within the room or wait outside in case of an emergency.

A routine follow up visit is usually recommended following IUD insertion but it is not essential. It is important to advise the patient of signs and symptoms of infection, perforation and expulsion which may then require a return visit or follow up telehealth consultation.

Routine removal of an expired IUD can be delayed if contraception is no longer required, unless a pregnancy is desired.

The contraceptive Implant (Implanon NXT) is licensed for three years and limited evidence supports the off-label extended use to four years. Assessment can be facilitated via tele-health and for the insert appointment, full personal protection can be used. The patient should also wear a mask due to the close proximity of the procedure.

All consults to discuss off-label extended use should also include a discussion for the use of additional condoms and/or a contraceptive pill if the risk of an unintended pregnancy is unacceptable.

Both the combined hormonal contraceptive pill and the progesterone only pill can be safely used in conjunction with LARCs if there are no other con-traindications to their use.

The contraceptive injection (Depo Ralovera or Depo Provera) is recommended to be administered every 12 weeks but product information advises it can be administered up to 14 weeks from last injection.

New or repeat injections can be administered following a telehealth consultation to minimise face to face contact.

If patient is unable to attend due to self-isolation or other concerns, they should be advised to use additional precautions such as condoms or a contraceptive pill until they are able to attend.

For existing users of the combined hormonal contraceptive pill or ring (CHC) a further six to 12 months of repeats is reasonable without checking blood pressure or Body Mass Index (BMI), particularly if this has already been recorded in the last 12 months.

For new users an assessment via a telehealth consult should include an estimation of the patient's weight and height.

It is reasonable to start CHC in people under 35 who are non-smokers, have a normal estimated BMI <35 kg/m^2 and no other risk factors for hypertension or cardiovascular disease. ▸▸

Top: By Dr Amy Moten, Coordinator Medical Education, SHINE SA. Bottom: Nikki Brandon, Clinical Workforce Educator (STI & BBV), SHINE SA.

People starting CHC should be reviewed at three to four months to assess adherence, new contraindications and side effects and so the initial prescription can be issued without repeats. At this time it may be possible to have a face to face consult to check blood pressure and BMI.

There are very few contraindications to using the progesterone only pill (POP) and all users can be given a six- or 12-monthly prescription via telehealth without need for a physical review.

Access to emergency contraception is particularly important when access to other contraception may be impeded.

The copper IUD remains the most effective emergency contraception and should be considered first line where access is possible. It can be inserted up to five days (120 hours) after unprotected sex and can give the added benefit of providing ongoing contraception.

If the emergency contraceptive pill (ECP) is desired this can be facilitated by telehealth consultation.

Although the ECP can obtained over the counter from community pharmacy there are two types available in Australia and choice of ECP depends on a number of factors.

Either ECP can be purchased over the counter at community pharmacy's or facilitated by a telehealth consultation with the prescription faxed direct to pharmacy or collected which will minimise face to face time at the pharmacy. A telehealth consult for ECP is also an opportunity to discuss STI testing and ongoing contraception.

Alternatively the patient can be advised to call the pharmacy directly and speak to the pharmacist before picking up their ECP.

This article is aimed at providing advice and reassurance to clinicians during COVID-19 pandemic. Not all recommendations will be continued once social distancing advice is lifted and patients should be advised to review their contraceptive situation once this occurs. If unintended pregnancy is an unacceptable risk in at any time then additional condoms or a contraceptive pill can be used in addition to extended use LARC.

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how to help people contemplating a pregnancy this year

By Dr Karin Hammarberg

Embarking on a pregnancy can be nerve-wracking at the best of times, particularly for those who live far away from health services. And now we have COVID-19 to consider too. There are reports that some women are rethinking their plans for a pregnancy due to the pandemic and its many implications. So, what can you tell patients if they ask for your advice?

Research to date

Australian health authorities are not currently advising people against conceiving, but pregnant women are considered a vulnerable group. This is mostly due to a lack of research about how COVID-19 affects pregnant women and their babies, rather than evidence of bad outcomes. On 16 April, a group of American researchers published what is known so far about COVID-19 and human reproduction. Here are some of the key points:

- The fever associated with COVID-19 can affect the quality of a man's sperm for about three months, so it may temporarily reduce fertility.
- Pregnant women are not more likely to get infected by COVID-19 than other women, nor are they at higher risk for severe illness.
- Women who become seriously ill in late pregnancy are more likely than other pregnant women to deliver their babies prematurely.
- After birth, transmission of COVID-19 from mother to child has been reported, but there has been no indication that infants born to COVID-19 positive mothers experience any significant problems.

This is reassuring in some ways, but the researchers concluded that while data are limited and incomplete, "there is justifiable concern that reproductive consequences of the novel coronavirus may have lasting effects for male reproduction and for some pregnant women and children".

Other considerations

Age is an important factor for women and it may well be a deciding factor for those in their late 30s and early 40s who are at risk of missing out on a baby if they delay.

Women younger than 30 have about a 20 percent chance of getting pregnant each month and by age 40, it's about five percent each month.

There's also increasing evidence that a man's age matters too. A study published this month found that pregnancies involving a man over 40 had a higher risk of miscarriage irrespective of the woman's age, so if there's a choice about timing, it's always better to try sooner rather than later.

Given a pregnancy is likely to be a different experience this year, particularly inside hospitals, it may be worth asking patients about their mental health, and if they're confident they'll have enough support throughout a pregnancy and with a newborn.

Pregnancy increases the risk of anxiety and depression so if a woman is already unwell it could be a difficult time.

For people wanting to delay pregnancy

If people want to delay their plans to conceive, it's a great time to discuss evidence-based ways to improve their fertility and chance of a healthy pregnancy and child.

There's mounting evidence that a man and woman's health in the lead up to conception can impact on their child's health long term, so here are some recommendations to share:

- **Aim for a healthy weight.** Being a healthy weight increases your chances of having a baby. If men or women are overweight or underweight it can take longer to conceive. For people who are overweight, research shows that losing even a few kilograms can improve pregnancy rates.
- **Eat well.** Women and men can improve their chance of a pregnancy and give their baby the best start in life by having a healthy diet well before a baby is conceived. Encourage men and women to aim for the five food groups every day, with plenty of fruit and vegetables and to limit their intake of fast food and sugary drinks.
- **Supplements.** Women should be taking at least 400 µg of folic acid and 150 µg of iodine each day to support a future baby's brain, spinal cord and nervous system. Both supplements should be started at least a month before conception.
- **Exercise regularly.** Working up a sweat is good for mental health and it may help men and women get closer to a healthy weight for conception. Exercise will also help women reduce their chance of complications such as gestational diabetes during pregnancy.
- **Limit alcohol intake.** Alcohol sales have soared since the arrival of COVID-19 and some doctors fear a rise in fetal alcohol disorders as a result, so for women wanting to get pregnant, not drinking is the safest option. Drinking alcohol can also reduce both men's and women's fertility and heavy drinking increases the time it takes to get pregnant.
- **Quit smoking.** Men and women who smoke take longer to conceive than non-smokers, and the chemicals in cigarettes can damage eggs and sperm, affecting a future child's health.

Men wanting to conceive should quit smoking at least three months before trying to conceive to ensure their sperm is healthy. A study published in April found that men who smoked at the time of conception had a greater chance of a baby with birth defects, including spina bifida and heart problems.

- **Know your cycle.** Pregnancy is technically only possible if couples have sex during the five days before ovulation or on the day of ovulation. But the most fertile days are the three days leading up to and including ovulation. Using an ovulation calculator can help pinpoint the 'fertile window'.

For more evidence-based information about pre-conception health, visit the government-funded website yourfertility.org.au

Your fertility
www.yourfertility.org.au

teamwork in action

The winning entry in the photo competition run by CRANAplus and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) perfectly captures the message *Walking Together, Working Together*.

"I had just completed the CRANAplus MEC course and, in this photo, I was going through some of the things I had learned," says Registered Nurse Julie Hassett.

For Aboriginal Health Practitioner Dolores Brogan, the photo is really special. "That young woman Julie and I are treating is my daughter, Lucy," she says. "Two months later she gave birth to my eighth grandchild William."

The winning photo in the competition, honouring the importance of the relationship between Aboriginal and Torres Strait Island health workers and practitioners and remote area nurses and midwives, captures Julie and Dolores "enjoying the opportunity to genuinely collaborate and deliver culturally safe, patient-centred care," says Julie.

Julie and Dolores are part of the team at the Pirlangimpi clinic on Melville Island in the Tiwi Islands off the NT coast.

Pirlangimpi, also known as Garden Point, is one of two communities on Melville Island, home for around 350 people.

Dolores began working at the clinic as a Health Practitioner in 2014. "I grew up here, worked in admin in the regional council, and spent time raising my children," she says. "It was the manager of the clinic at the time who encouraged me to consider health as a career."

Julie, from Perth in WA, arrived on the island less than a year ago. She began her nursing career 27 years ago and has worked as a remote area nurse for the past five years, "something I always wanted to do once the family grew up," she says.

"Dolores is incredible, I look to her to give me guidance with cultural differences, and also, as all clinics have their own way of operating, to help me with the way of doing things here.

"Dolores is a respected person in the community as well as being an extremely talented health professional. I have certainly learned a lot from her. We each have our own patients, but we often consult with each other.

"We are a very good team and work cohesively together. When we have medical emergencies, Dolores and I can get on with what needs to be done without the need for a lot of dialogue.

"It's such a privilege for me to be accepted into this community," Julie adds.

"The main reason I wanted to work remote was to be able to give something back – as it turns out I have gained far more than I have given."

"Working with Julie is fantastic," says Dolores. "Whenever I need advice about something, Julie or the Manager are really helpful.

"We all really work well with each other in the clinic. We have two Aboriginal health practitioners and one trainee, and two non-Aboriginal Registered Nurses – who are always encouraging us."

"Altogether, we have six locals working in the clinic, including a receptionist and three Aboriginal health workers plus two casuals."

Dolores has one daughter in Broome who is an Aboriginal Health Practitioner and wants to continue and do nursing. She is keen to encourage this trend in her community.

"A lot of the clients who come here, they see what I'm doing," she says. "I'd like to see more consider training to become Health Practitioners." ●

strains and sprains need careful management

With several thousand attendances each year to GP surgeries and Emergency Departments due to fractures, strains and sprains, the importance of a thorough assessment and treatment cannot be overstated. In this article, Emergency Nurse Practitioner Stuart Smith uses the simple ankle sprain to encourage discussion on the merits of two currently popular methods of treating soft tissue injuries.

Extremity trauma has in many ways been seen as taking a back seat in emergency healthcare. It is rarely life-threatening. Patients, however, never view their injury as minor.

The term 'minor injury' has never been successfully defined and therefore arguably is a redundant term. The poorly-treated digital fracture may keep the carpenter from working; the poorly-treated ankle sprain can lead to long-standing pain and time away from a chosen sport.

Simple and non-invasive measures of Rest, Ice, Compression and Elevation (RICE) have been promoted for around 40 years for soft tissue injuries. Many clinicians discuss anecdotally of the benefits of RICE. It is argued, however, that the MEAT mnemonic is more contemporary. This stands for Movement, Exercise, Analgesics and Treatment. It is centered around active care and undertaking movement as soon as possible.

On the issue of rest versus movement, the importance of controlled early resumption of activities to promote restoration of ligament and tendon function is better understood and recommended in ligament and tendon injury (Buckwater J, 1995).

Immobilisation, on the other hand, delays healing, increases recovery time and can even cause further joint damage. Research from the University of Queensland (Nash, C 2004) found:

- Mobilisation increases blood flow and so reduced muscle atrophy, disuse osteoporosis, adhesions and joint stiffness
- Early mobilisation seems to decrease pain, swelling and stiffness
- Early mobilisation results in earlier return to work, a greater range of motion and fewer complications and residual symptoms.

Ice

The use of ice following an acute soft tissue injury is a staple in the acute management. Using ice, it is argued, will reduce the pain and inflammation. The evidence, however, regarding the clinical effectiveness is significantly lacking. It is argued that inflammation is not the enemy; it is the body's way of stabilising and healing an injured joint. Immune cells rush to the injured tissue to start the healing process. It is how our body heals, why then, it could be argued, are we trying to prevent it? Ice hinders healing by constricting the normal blood flow of healing cells. It is possible that the decreases in metabolic rates secondary to cryotherapy will slow rates of healing, leading to a slower recovery.

Compression

With reference to compression, a randomised control trial (Watts, BL & Armstrong B, 2001) found that a double tubigrip provided insufficient pressure over the injured ligament to reduce or prevent oedema. This same paper also found:

- Treatment of grade 1 and 2 ankle sprains with double tubigrip does not seem to lead to a shorter time to functional recovery and may increase the requirement for analgesia.
- The estimated annual cost of double tubigrip alone for ankle sprains is £654 000 in the United Kingdom.

Elevation

Finally, elevation controls blood flow with gravity. By keeping the injured area above the level of the heart it is argued that there is a reduction of the pressure of the blood that is pumped there. In combination with all of the other components of RICE, the reduced pressure results in reduced blood flow.

As opposed to the RICE protocol, early mobilisation and weight bearing as tolerated is encouraged with the MEAT method. Mobilisation of the ankle promotes a quicker return to play and also helps to reduce swelling.

Depending on the severity, a brief period of rest may be necessary. Drawing the ABCs with your foot would be an example of an early mobilisation exercise. It's important for this gentle movement to be at pain tolerance.

Movement is key because it puts a small amount of load on the ligament, which can accelerate the new tissue to grow in an organised fashion.

Exercise

Once tolerable, beginning to exercise on the ankle can increase blood circulation to the area (which is needed for healing) and also strength the ligaments and muscles.

Proprioception training and functional training should be the emphasis. Asking a patient to balance on their ankle can be adequate if they do not own a wobble board.

Analgesics

Analgesia will not do anything for healing the tissues or preventing another ankle sprain. However, they will decrease the pain which will make the short-term more tolerable, enable ankle exercises and to weight bear as tolerated.

Treatment

This is a rather broad category. Specific treatments include manual and passive therapy though this depends on the stage of the injury.

Conclusion

The key skill required in a remote or rural location is the recognition of what can be safety managed locally, if a nurse is working alone when does a doctor need to see the patient, and what presentations require referral to a more appropriate health care facility. In addition the clinician needs to be aware of his/her own limitations when making decisions about patient care.

Following the history taking, a directed, systematic, physical examination is undertaken to clarify diagnosis and management options and to ensure that other injuries are not overlooked. The 'look, feel and move' dictum was advocated by Alan Apley (Solomon et al, 2010). It is essential to examine above and below the joint.

In terms of treatment, there is often considerable variation in educational preparation for clinicians managing this patient group.

In Australia there is no nationally-recognised accredited programme of education to prepare clinicians to manage patients attending with an injury.

This article aims to encourage thought on the treatment options and not totally discount the RICE method.

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