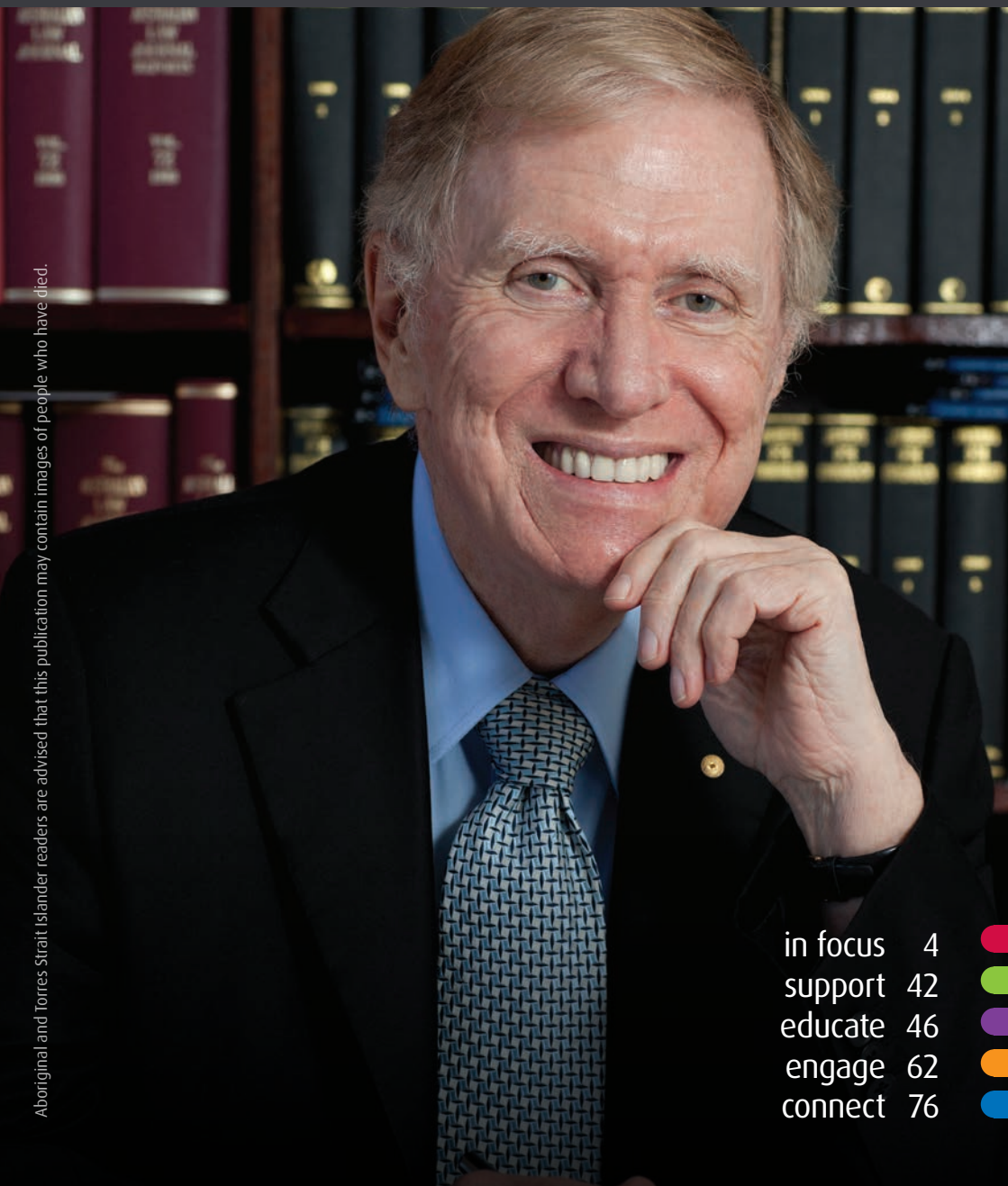
issue 120 | summer/wet season 2020

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

Reflecting back on the year, I feel very proud to be working for CRANAplus. It has certainly been a year of change, for some more than others. This edition we farewell our Patron the Hon. Michael Kirby. I have had the privilege of working very closely with our Patron for a number of years and I value the contributions he has made to improving remote health. Mr Kirby's considered approach will be missed by all at CRANAplus.

Preparing the magazine each quarter is a highlight for me, being able to share with you the amazing stories of your fellow health professionals – their accomplishments, their experiences and the challenges they face in remote Australia.

So, if you have a unique, inspiring story reflecting your experience of working in remote health, please email me directly on denise@crana.org.au Perhaps you want to share something you've learned or you know of someone or an organisation doing great work.

This edition, we welcome Marja Elizabeth, newly-appointed Director of Mental Health and Wellbeing for CRANAplus and our regular sections feature Board member Belinda Gibb and CRANAplus Fellow Stephen Farrington, who both are passionate about reconciliation.

COVID-19 – which has affected all of us in some way or another this year – has naturally slipped into this edition: highlighted in the choice of annual award winners and in our stories of working life for CRANAplus members and staff.

Some of you may be fortunate enough to take a well-earned break to enjoy Christmas with your family and friends, while others will still be working away from home to provide essential services to our remote and isolated communities. Wherever you may be, I wish you all a merry Christmas and safe and happy new year.

A reminder that CRANAplus Bush Support Services is available on 1800 805 391 providing free 24/7 psychological support throughout this period.

Denise Wiltshire
Marketing Manager, CRANAplus

CRANA plus
improving remote health

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

About the Cover: The Hon. Michael Kirby. Read feature article on pages 20–22.

from the ceo

Dear CRANAplus Members and Stakeholders

As we draw towards the end of the year, it is a time for reflection, and 2020 has brought us all challenges that we could never have anticipated at the start of last summer. Following the devastating bushfires, our world was then dramatically transformed by COVID-19. The remote and isolated workforce have embraced the challenges and hurdles which have come across their path and have played an integral role in the management and prevention of the pandemic.

This outstanding work across the sector has been recognised in the 2020 CRANAplus awards. We received numerous high-quality nominations, each highlighting the different roles and responsibilities which health professionals have undertaken over the past 12 months. I congratulate the winners and commend them for their dedication and commitment to providing excellence in care.

In this issue, CRANAplus features our Patron the Hon. Michael Kirby as his patronage comes to a close. We sadly farewell Michael, renowned human rights expert, a champion of HIV education and one of the most loved and controversial legal entities of our time. It has been a privilege for CRANAplus to have his support in promoting the work of our organisation within and beyond the remote health sector and we thank him for his time and energy connecting with hundreds of members at our conferences.

Whilst we say our goodbyes to Michael, we have also welcomed a new member to our Executive Team, Dr Marja Elizabeth. Marja has commenced in the role of Director of Mental Health and Wellbeing – keep an eye out for the introductory article on Marja in this issue.

I am proud that CRANAplus has continued to support and represent the workforce through this difficult year, the organisation quickly adapted and responded to emerging issues and has remained the strong voice advocating on behalf of the remote workforce. Of course, none of this would be possible without the dedication and commitment of the wonderful CRANAplus staff. We shared tears, we shared laughter, but most of all we shared unity in commitment to our values and the strategic direction of the organisation.

Finally, I would like to thank the CRANAplus Board, led by Chair, Fiona Wake, for their continued support, passion and commitment to see your organisation go from strength to strength.

I hope you and your family and friends enjoy a break over the summer months and together we look forward to welcoming 2021.

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

CRANAplus Values

We lead by example, individually and collectively

Over the past months, our CRANAplus Employee Team have been participating in Group Think Sessions to unpack what our organisational values mean to us, and how we can demonstrate the values in the way we work together, and in our service commitment to Members and Communities around Australia.

We lead by example, individually and collectively: our values represent our commitment to demonstrate Integrity, Inclusiveness, Respect, Excellence, Accountability, Social Justice, and Safety, in all we do.

We hope that you will join us to celebrate these values personally and professionally, and we would love to hear what you think of our launched CRANAplus Values & Behaviours.

Integrity

We mean what we say, and we are what we do

What does this look like at CRANAplus?

- We value trust, and expect to be trusted.
- We are dependable, responsive, and professional in our practice.
- We are consistently open, honest, ethical, and genuine.

Excellence

We stand for quality in all that we do

What does this look like at CRANAplus?

- Our work has purpose and meaning, and we believe in what we do.
- We approach everything with energy and commitment.
- We are adventurous, challenge ourselves, and actively pursue excellence, quality, and innovation.
- We celebrate and acknowledge excellence in each other.

Respect

We value people and their contributions

What does this look like at CRANAplus?

- We actively listen to, and acknowledge each other.
- We are aware of our actions and reactions towards others.
- We value people's time, contribution, and different opinions.
- We invest in our relationships, they are the glue of our culture.
- We treat everyone with respect and dignity.

Social Justice

Equality and Equity are equally essential

What does this look like at CRANAplus?

- We believe in equality: fairness, equal access, participation, and opportunity.
- We believe in equity: we have a voice and advocate to uplift each other, and keep each other valued and safe.
- We are approachable and proactive to be involved.

Inclusiveness

Everyone has a contribution to make

What does this look like at CRANAplus?

- We value communication, consultation, and collaboration.
- We value diversity, culture, and differences, these are strengths.
- We advocate cultural safety, and share our knowledge.
- We examine our own perspectives for increased awareness.
- We value each other: that we are seen, acknowledged, and included.

Accountability

Behaving in a manner that reflects positively on ourselves and CRANAplus

What does this look like at CRANAplus?

- We value responsibility and opportunities to shine.
- We do it right, and see things through to the end.
- We encourage and embrace feedback, reflection, and ownership of our contributions.
- We acknowledge mistakes honestly and without defensiveness, and rectify them promptly.

Safety

Safety is at the heart of everything we do

What does this look like at CRANAplus?

- Safety is always front of mind and underpins each decision we make.
- We care for each other, and call out unsafe practices or behaviours.
- We value a safety culture to be informed, involved, and proactive.
- We cultivate a workplace to support our shared wellness and wellbeing.

Photo: Donna Lamb.

in focus

from the chair of the board

It's difficult to think about the past year without acknowledging the impact COVID-19 has had in touching nearly every activity and decision here in Australia and around the world.

I think about my first interview as Chair of the CRANAplus Board last year prior to the floods, bushfires and the pandemic and recall stating that 'Remote Australia should not be expected to accept second best' – and I am proud to say that CRANAplus continues to share the strong commitment to ensure that does not happen even through these challenging times.

My day job, in the clinical safety and quality space, means I am constantly aware of the challenges and inequities faced across our remote and isolated settings. I am fortunate to work closely with remote primary health care teams to ensure minimum national safety and quality standards are met within our services so our communities and our clinicians do not have to accept 'second best'.

Photo: Steve Batten.

CRANAplus plays a significant role in contributing to safe and best practice and has adapted this year to provide new platforms for the unique training and education which supports and upskills clinicians to work in our remote Australian communities. The CRANAplus Bush Support Services continues to provide very important psychological support to our clinicians and their families. We are very fortunate in Australia to have an organisation such as CRANAplus that is uniquely ours. It provides resources, support and advocacy for our clinical specialties and works closely with other organisations and key stakeholders in Aboriginal and remote health to ensure best outcomes for our clients across rural and remote Australia.

I would like to acknowledge the significant work and leadership of Katherine Isbister in her first year as CEO. Katherine with the support of her competent executive team has adapted through this challenging year to ensure CRANAplus remains in a healthy fiscal and operational position.

This stability means we can stay focused on our strategic direction and growth in 2021. This includes providing contextual skills, training and education, supporting our workforce through our psychological support services, advocating for our remote and isolated health and lifting our voice on important issues when it matters. Through these we contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander people who live in rural and remote Australia. The resilience, innovation and commitment of all the CRANAplus staff, as well as the ongoing support of the CRANAplus volunteers, members and supporters are the backbone of the future for this organisation.

I also take this moment to thank the Board of Directors for volunteering their time and expertise over the past year and continuing to contribute to this great organisation. The Board has been working closely with the executive to ensure CRANAplus activities align with the organisation's strategic direction. The values of integrity, social justice, excellence, respect, inclusiveness, accountability and safety that lie within are embedded across all its services.

Finally, to everyone who works in our unique environments, don't give up on the things that empower and enrich you, nor forget the importance of your family, friends and colleagues around you – they are so important when work and the unforeseen stresses of life start to take over.

Sincerely

Fiona Wake
Chair, CRANAplus Board of Directors

we all have a role to play

Belinda Gibb, a proud Darug woman and Board member of CRANAplus, is delighted that the organisation is appointing a Cultural Lead Officer.

"I have worked very closely with the CEO on this issue and this would have to be the most positive outcome I've been part of since I was nominated as a Board member four years ago," she says.

"Most of our membership is non-Indigenous but a huge majority of our clients are Aboriginal and Torres Strait Islander people. Understanding that culture is one of the most valuable things we can do.

As a non-Indigenous organisation, CRANAplus tries to ensure it operates with the right degree of cultural safety and awareness, Belinda points out.

"RAPs (Reconciliation Action Plans) are a good step in the right direction – but there is still a lack of understanding of Aboriginal and Torres Strait Islander culture in most non-Indigenous organisations. It is really important that you have somebody to raise that awareness and help make action happen, and that's where the Cultural Lead Officer comes in.

"I don't know if people value or understand the benefits of actually working with Aboriginal and Torres Strait Islander people and allowing them to speak for themselves."

"We all have a role to play in health, and we can't assume we have all the answers."

"No-one is saying it's easy to embrace change but I anticipate CRANAplus members will be brave and open enough to face the challenges. I'm sure the Cultural Lead Officer appointed will be brave enough to put those challenges out there.

Belinda sees far-reaching benefits of this new appointment.

Firstly, she sees it encouraging a more effective participation of Aboriginal and Torres Strait Islander organisations within CRANAplus than currently exists.

"Rather than continue to work on assumptions, we will need to speak to those Aboriginal and Torres Strait Islander health organisations to find out their views of the things that need changing, to ensure the lens is correct."

"We do have some Aboriginal and Torres Strait Islander membership and a small amount of employees are Indigenous. Hopefully, through this role, we will start to recognise why these numbers are small."

"We will start to feel changes within the organisation that will filter into the work we do."

"For example, I foresee us having greater Aboriginal and Torres Strait Islander participation in our conferences."

Belinda also sees the influence of CRANAplus at national policy levels.

"The health outcomes for Aboriginal and Torres Strait Islander people – the massive disparity between Indigenous and non-Indigenous health – are closely correlated with the colonial attitudes that shape the way the health system works in this country.

"CRANAplus has a Board that is well-respected, we can influence policy, and we can use our influence for more education in this area.

"It's a long journey – and this is a really positive step in the journey."

Belinda has long held a passion for health and particularly the health of Aboriginal and Torres Strait Islander people, specifically those living in remote and isolated communities, as well as a love for teaching and education.

As a Board member she is committed to continue to push to make this area of reconciliation a high priority. And she is well equipped to help CRANAplus in that endeavour.

In March, Belinda accepted the position of Reconciliation Manager at the Australian Medical Council, based in Canberra. Yarning Circles is just one tool that Belinda is exploring in her new role, a traditional methodology for education and business systems.

"This is not hierarchical, but a system where we view all opinions as important and encourage an environment of no walls," she says. "It's a space where people are asked to talk about their views without thinking about where they sit in the organisation."

Belinda previously was CEO at Australia's leading Indigenous education provider, the Australian Indigenous Leadership Centre (AILC), and before that she was Director of Corporate Services at the Healing Foundation" ●

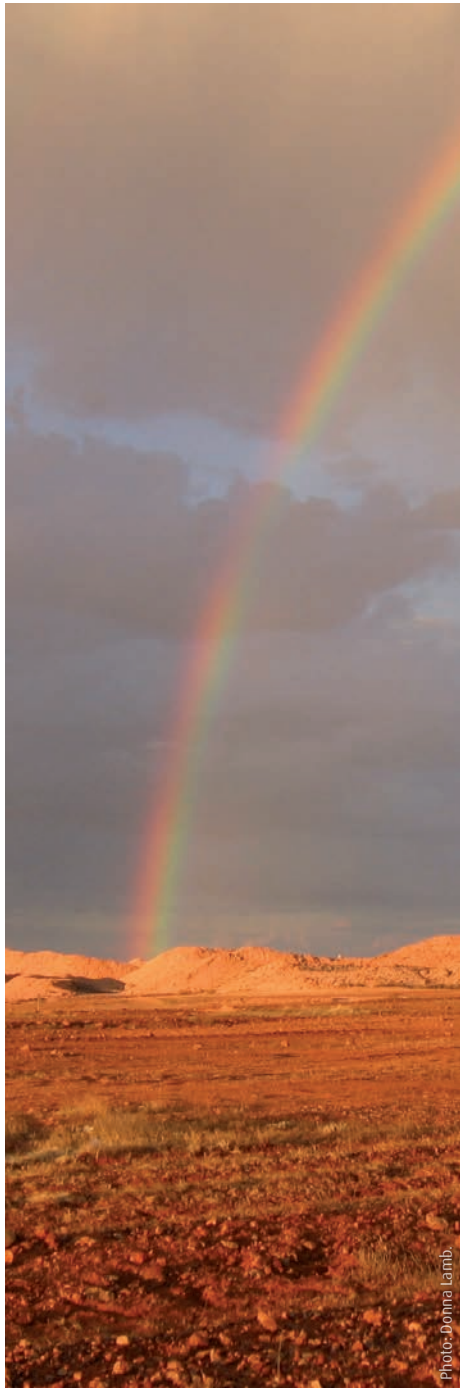


Photo: Donna Lamb.

welcome Marja

The newly-appointed Director of Mental Health and Wellbeing at CRANAplus, Dr Marja Elizabeth, comes to us with a wealth of experience working in Australia and internationally as a practitioner and in managerial positions and system development roles.

In Australia, Marja has worked regionally and remotely, including in Indigenous communities, working in a variety of areas including corrective services, child protection, sex offender treatment programmes, offender rehabilitation, family violence and mental health services to name a few.

Before returning to Australia to undertake her PhD in Clinical Psychology, Marja spent a couple of years living in the Pacific as the gender based violence specialist for the Government of Nauru.

A registered psychologist, qualified secondary school teacher and a lawyer, Marja says this is a useful combination "as it enables me to see issues from a broad range of perspectives and to understand the needs of health professionals working in remote and isolated locations."

"I'm very much looking forward to my new role with CRANAplus which is delivering some great programs and services across the country," she says. "I'm keen to build upon the strengths of what has been delivered, as well as look for opportunities to do even better.

"To this end, I am more than keen to hear from people who may have been service users, or workshop participants or who have insights they would like to share with me. Please get in touch with me at CRANAplus and bend my ear!"

Marja is a first generation Australian with migrant parents who moved here from the Netherlands.

> "Despite having travelled around a lot I have strong friendship and family ties and I value those relationships enormously – especially as I get older."

Marja is also a self-confessed "mad, mad, mad dog lover" with two gorgeous greyhounds.

"2020 has been a big year for everyone," she says. "My family all live in Victoria – so it has been an even bigger year for them and I haven't seen my mother for over a year now. I am looking forward to getting onto that road at some point – crossing over the border and seeing all of them as I am sure many others in similar situations will also be looking forward to doing.

"I would like to take this opportunity to thank everyone for a lovely welcome to CRANAplus, and to wish you all the best over the Christmas season. This time of year is sometimes not an easy one – so please reach out to others and to services like the CRANAplus Bush Support Services on 1800 805 391 should you just want someone to talk with – we are here to help." ●

keeping birthing on country in the spotlight

Sue Kruske and Sue Kildea, midwives and leading university educators based in Alice Springs, are passionate about building knowledge of, and expanding services for Birthing on Country.

"Getting it right from the start: supporting women to be strong, capable mothers, leads to strong, capable children," they say.

The two Sues have been involved with CRANAplus since the mid 90s, were part of the original team to design the organisation's MEC (Maternity Emergency Care) and then the MIDUS (MIDwifery Up-Skilling) courses, and have been facilitators of both ever since.

Sue Kruske is Professor of Primary Health Care jointly appointed between the Charles Darwin University College of Nursing and Midwifery and NT Health department, and Sue Kildea, is Professor and Co-Director at the university's Molly Wardaguga Research Centre.

The centre is dedicated to Molly Wardaguga, Burarra Elder, Aboriginal Midwife, Senior Aboriginal Health Worker and founding member of the Malabam (now Malal'a) Health Board in Maningrida, Arnhem Land, who was an important contributor to the Australian discourse regarding the importance of Birthing on Country.

> "We are proud to be associated with the courses. The first MEC we did in Alice Springs was run out of two suitcases and there was one foam mannequin."

"Basically it remains the same programme," says Sue Kruske, "regularly updated but the issues haven't really changed. Women have been having babies for forever and the same complications can occur. We deliver a very hands-on workshop, with clinical scenarios – such as postpartum haemorrhage and unexpected breech birth – and we ask 'what are you going to do about it?'."

A central message, they stress, is not to be so afraid of a normal birth. Most women will birth perfectly well by themselves, they say, but, of course, you have to be prepared for a complication occurring.

> Being culturally safe, understanding why women may not want to leave their communities and families for many weeks to await birth in a different city and making sure you treat women with respect are core messages of the course.

"The MEC course was very successful from the start at meeting the needs of remote general nurses, Aboriginal Health Workers and paramedics," says Sue Kruske. MIDUS was introduced a couple of years later, specifically to upskill midwives and GPs working remotely. "With two generations of women now travelling to regional centres, trained midwives working remote were not getting the experience," she says. "They needed upskilling to feel they were not missing out on the latest information and knowledge." ▸▸

Glenda Gleeson, Sheryl Alexander, Sue Kildea and Rita Ball and Sue Kruske at MIDUS in Darwin.

Sue Kildea in Alice Springs.

"National policy since the mid–late '80s is for pregnant women to be taken to regional centres; in the NT at 38 weeks, and in Queensland at 36. But we all know that the closure of services has gone too far and we are now struggling to reopen them in many settings. It's much safer to have a low-risk birthing service in a community than to have no services at all," said Sue Kildea. "Australia hasn't got that right and it is families in rural and remote communities that suffer as a result. As a minimum we should have midwives in communities across the country – that would make it safer for women who choose to stay and birth on country, but also for women presenting with other complications such as premature births."

Sue Kruske explains that the policy means that the women can be in a regional centre, away from their community and perhaps without family support, for up to six weeks and some decide to return home because of family matters or a death in the community, or avoid being flown out of their communities as they reach term. The team is working with the Galiwin'ku community of the Caring for Mum on Country Project which is developing a course for Aboriginal childbirth companions (doulas), known as Djakamirrs, to help support women in pregnancy and childbirth.

Keeping the issues alive surrounding Birthing on Country is a focus for the whole team at the Molly Wardaguga Research Centre and where Sue facilitates the courses. "We feel there is a strong need to put a human face to the policy that is removing women from remote areas and transferring them into the regional facility," she says.

"Of course the courses are delivered over a huge range of amazing country and we always get great pleasure to go where you've got a lot of country around you and fabulous people – it ensures you keep abreast of the issues."

How to address isolation in the bush has always been a focus for Sue Kildea, who specialised on it during her doctoral work. She sees the CRANAplus courses helping clinicians to be safe and skilled.

"We like to tweek our presentations, introducing new information and the latest guidelines and evidence-based practice each course. We get great pleasure if a health practitioner comes up to us at one of the conferences, for example, and outlines a situation they found themselves in and comments 'and I remembered what you told me to do. Something stuck in my mind'," she says.

"The bottom line," says Sue Kruske. "Keep calm, quiet, respectful and don't be afraid."

Useful links

The Molly Centre:
https://www.cdu.edu.au/mwrc

Birthing on Country site:
https://www.birthingoncountry.com/

Djakamirr Program:
Caring for Mum on Country Project:
https://www.youtube.com/watch?v=etfvPLRhjS8

walking side by side

Decision time came 45 years ago for Nurse Practitioner Stephen Farrington when he met a young boy sitting with an old man carving a boomerang at Uluru. That decision was to spend his working life in remote Indigenous communities. Here is his story and his views on changes over the years for First Nations people – good and bad.

"Sitting around a campfire south of Agadir in Morocco one night someone asked me what life was like for Indigenous Australians. I was nineteen and I said something inane like 'Life is good for all Australians. We come from the land of milk and honey.' When I got back to Australia I promised myself I would find the answer to that question. The truth was, I had no idea."

"In 1975 I travelled up north from Adelaide on the Stuart Highway and then turned left to see Uluru. It was here I met my first Indigenous Australian. I had been in the country since I was five years old and, although I may have met Indigenous people before, no-one ever 'owned up' in our conversations. This man was different, he sat in the sand with the head of an axe in his hand carving a boomerang out of hard central Australian wood. He wore a red headband and his hair stood out above it. He looked as ancient as the rocks around him. There was a boy with him and when I tried to talk to this busy man, the boy told me that he spoke no English."

"I was amazed that there were other languages in Australia that I didn't know about."

"After sharing my sandwich and some milk with the young boy I made the decision that I wanted to work with these people. It took me four years to get accepted into a nursing school in Bairnsdale, Victoria, where I did Enrolled Nursing, and another 10 years to get my degree and my first posting in an Aboriginal community, Jigalong, in the Pilbara region of Western Australia. And that's where I am sitting writing this now, almost 30 years later, having come and gone over three decades.

"I still don't have the answer to that question posed back in Morocco. We have better policies, better buildings, better training, better cars, better referral pathways, better support, better funding than when I started nursing all those years ago – but we don't really have better health outcomes in many areas. Children are healthier, but still lag behind other Australians. The burden of chronic disease is still huge but truth is until we get the trauma of colonisation healed and we are walking side by side with community members assisting them in self care and the achievement of their own life goals we are playing with numbers that only we understand."

"We are talking about people born in the desert. People still walking around now with stories of when they were children, stories of people being fed salt so they would lead the cattlemen to waterholes. Stories still in living memory.

"The Mardu are an amazing people. They don't carry a lot of bitterness."

After his first one-year stint in Jigalong in 1991–1992, Stephen returned in 2016–2017, and again 18 months ago. "When I first came out here, we used to take folk out bush and collect wood, they'd take us to waterholes," he says. "It was a really nice relationship and my aim was to build trust to provide the best health care."

Times have changed – and not for the better, says Stephen. "The business model has shifted, it's become an 'Aboriginal industry'. Relationships are put to the background.

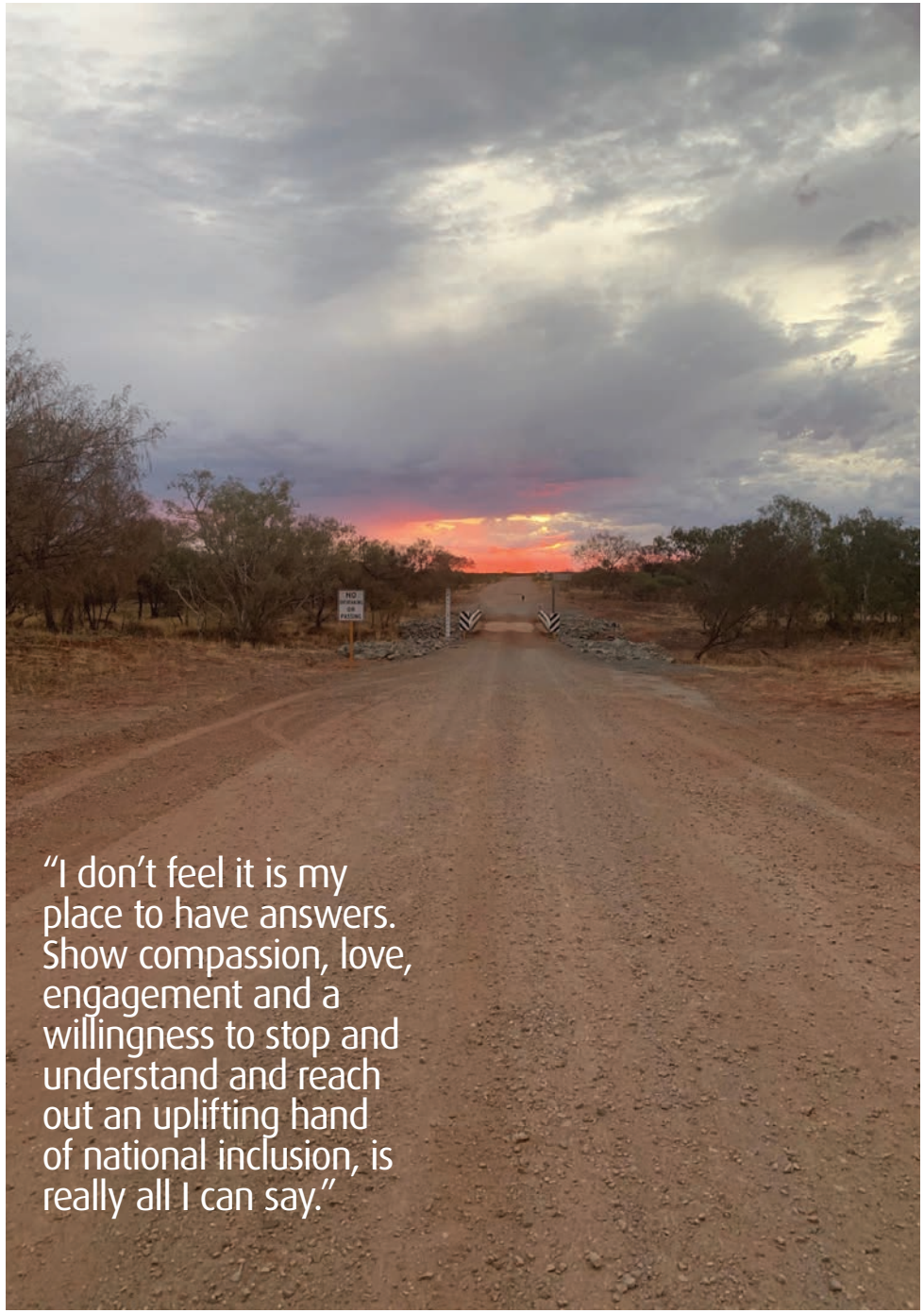
Stephen, who has added post graduate qualifications in mental health and child care to his skills, claims he has stopped studying – but he's still adding to the long list of CRANAplus and other courses he's attended and participated in.

It was that impressive list that saw him being made a Fellow of CRANAplus 10 years ago.

Stephen fears that the dominant society is too arrogant to bend for changes to happen soon.

"In every country that's been colonised, it's been capitalism working at its best. Stealing the land and resources of the Indigenous people and using it to make the colonisers rich. And we love it to this day, because we are part of the dominant culture."

But there still lies that question. "How do we heal the trauma of Terra Nullius, and all the other policies and interventions that have caused such deep and hurtful wounds on the Aboriginal Nation and its peoples?" he asks. ●



an experience to cherish

Occupational therapy student Elyse Krsanac at Curtin University says her placement at Alice Springs Hospital earlier this year "was easily the most rewarding experience of my life so far". Here is her story.

The placement allowed me to grow personally and professionally in ways that I never expected. Working at the hospital was both challenging and fulfilling as was able to learn my strengths and weaknesses in an environment so different to that of a metropolitan hospital.

The most valuable aspect for me was the opportunity to work closely with Aboriginal patients and their families.

I learned more about their culture and discovered new ways to adapt my practices to better accommodate their needs in a hospital setting that doesn't necessarily work to their strengths.

It was very humbling to work on my communication skills with culturally-diverse people who I would not have had the opportunity to engage with in other settings back home in Perth.

Building rapport and forming relationships with patients was extra special and rewarding and I am so grateful that I was given the chance to develop my clinical skills beyond my comfort zone.

The hospital itself was great and allowed me to see how occupational therapists work in different areas such as the surgical ward, hand therapy, home visiting, the renal unit and rehabilitation. It was great to see a bit of everything and work with passionate and highly skilled OTs who have a wealth of knowledge and experience.

My supervisors at the hospital were fantastic and were kind enough to pick me up from the airport and take me to my accommodation upon arrival in Alice. So, from the very start, I felt supported and could appreciate what working with a close-knit team would be like.

The Centre for Remote Health (CRH) provided the unit where I stayed with two other nursing students from South Australia. Our place was cosy and had everything we needed to live comfortably during our stay.

I really liked that I had the opportunity to meet other students and make friends with those from other health professions in my accommodation and during student professional development sessions organised by the CRH.

On the weekends we had the opportunity to really experience the beauty of Alice and explore the breathtaking gorges.

There is really nothing else like the feeling of floating in a waterhole in the middle of the desert with nothing but the sound of flies surrounding you. It was so incredibly peaceful.

Quiz night at Monte's lounge every Thursday night was another highlight, the perfect place for a pizza and a laugh.

I couldn't recommend a remote placement highly enough, especially in Alice. Both the lifestyle around town and the clinical work was incredible.

This is an experience that I will cherish for life and has provided me with a unique set of skills that will be very valuable in my future practice.

Remote Placement Scholarship awarded by CRANAplus and sponsored by Zeitz Enterprises.

scholarships a financial boost during placements

The CRANAplus scholarships are a great boost to help relieve financial stress for recipients undergoing their placements says nursing student Elise Thornwaite who is studying a Bachelor of Nursing at the Australian Catholic University in Canberra. Here is her placement story.

Over the duration of my four weeks of clinical placement at Goulburn's mental health facility, Chisholm Ross Centre, in regional New South Wales, I worked with an amazing collaborative multidisciplinary team consisting of registered nurses, physiatrists, psychologists, social workers and peer workers. All were very welcoming to me as a young student in a new environment and I was provided with many educational opportunities which I will carry with me into my career over the coming years.

I was introduced to many patients living with mental illness who were experiencing relapse and crisis.

I developed many meaningful professional relationships with a multitude of patients, and was privileged to watch them progress through their journey of mental health recovery.

Recent government data suggests a mere 1.1% of Australian nurses and midwives identified as Indigenous Australians. By obtaining a Bachelor of Nursing I will give back to my Indigenous community by representing our mob as a Registered Nurse.

Upon graduation I aspire to work in Aboriginal health as an Indigenous nurse with an aim to assist in closing the current health gap.

By employing a grassroots approach I hope to create true change for the current health status of our First Nations people.

I am a proud successful applicant of the Aussiewide Transport Scholarship, one of the Undergraduate Student Remote Placement Scholarships provided by CRANAplus this year. This monetary assistance considerably aided me over the four weeks of my clinical nursing placement.

These placements greatly prepare students to be competent and confident nurses upon graduation, but the financial stress is limiting, as there is no employment income for the period of the placements.

It places great strain on students who have to pay bills, purchase groceries and simply buy fuel for your car.

The generous scholarship awarded to me by CRANAplus, and sponsored by AussieWide Transport, alleviated part of my monetary stress as I was able to use the funds of my scholarship to refuel my car each week to attend clinical placement.

Thank you CRANAplus. ●

farewell to our patron

The Hon. Michael Kirby, human rights expert and former High Court judge, who endeared himself to hundreds of CRANAplus members at our conferences with his wit and insight, is stepping down as Patron of CRANAplus.

Michael has held a keen interest in CRANAplus policy making and activities over the years, attended and spoke at a couple of conferences and more recently launched the organisation's Strategic Plan for 2020–2025.

He has regularly spoken in public and on the media in praise of the 'frontline' health workers in rural and remote Australia.

> "CRANAplus is well respected nationally… Regional, rural and remote populations and particularly our Indigenous communities really need the best of health care possible and that's where CRANAplus comes in."

It's been a great decade, he says, but it's time to move on. "Time to make room for others, others who are able to bring in new areas of focus.

"I have tended to bring in the LGBT rights. Not everybody can speak about it or they are unwilling," he says. "Some are still embarrassed and ashamed. That's something I can do."

HIV was the dominant theme when Michael was a keynote speaker at his first conference as Patron, in Cairns in 2012. He recalls clearly the reaction of the audience at that conference when he spoke about the rights of patients.

"I learned such a lot at that conference," he says. "The debate at the time was about whether you have to do things in some cases – especially with newborns – because it is in the general interest.

"I asked what should be done in the case of the Indigenous communities if you were struggling with a major problem such as pandemic – and that year it was HIV – and I asked whether, if the challenge was so great, it might justify slipping in a test for HIV without telling the patient.

"I was very interested to see the audience was horrified. The view was that, if they did and it became known, they would never be trusted again and it would take decades to win back the confidence of the patient. The conference participants were strongly of the view that the rights of the patients had to be respected.

"That was my view, but I had thought this was perhaps an ethereal legal debate. I found it very interesting that the audience in Cairns, as one, showed strong principles in practice. Having those principles is essential. To win and keep trust makes for better health care in all communities – Caucasian, Indigenous, ethnic minorities.

The importance of universal human rights, a cornerstone of Michael's life, was first explained to him as a school boy by a teacher, who had served in World War II.

"He was a wonderful teacher, who taught us that war is not to be glorified and that a world without human rights would never have peace and we would just keep on killing each other," Michael said. ▸▸

Michael Kirby with his sister Diana Kirby RN (1946–2014) at the time she qualified in nursing. Diana graduated at Prince of Wales Hospital, Sydney.


Photo: Sasha Hadden.

"He gave each member of his class a copy of the UN Universal Declaration of Human Rights, a milestone document released shortly after the war, and he instructed us on what the declaration was all about and why it was important not to be thrilled about war.

"I don't think there could ever be enough teaching about the UN Declaration of Human Rights."

Reflecting on his decision to step down, Michael says: "It's important to have turnover. It is good for the office holder and good for the institution. I've had colleagues who have held on to positions forever and ever – but I think nine years is about the maximum.

"You bring in the skills you have to offer. You enjoy. You benefit from the experience, it's a great opportunity, and then you step down. There's plenty of talent out there and they need to be given the opportunity to shine, to bring in new ideas, new themes.

"It important not to just have pale males as Patrons. Now, when I am asked to be a Patron I say – perhaps have two – a man and a woman?"

And his plans for the future? "Indigenous rights, rights for those with disabilities, women, gender and LGBT – and then we come to the issue of aged people, he says.

"All my life I've needed to stretch my mind and I think the rights of the aged I am showing more interest in. Not in a boring, old fogey way. We have an ageing population, new challenges such as COVID-19, and there will be a need to think of new principles and guidance in all professions – law, medicine and nursing.

"I see that the report of our Royal Commission into Aged Care is out. I've read comments in a number of blogs, some criticism that the report has not adopted a pro-active stance in its treatment of the issue of rights for older Australians.

"I'll have to read it."

And we can be sure Michael's deliberations will be as insightful as ever. ●

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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 **Australasian College of Paramedic Practitioners (ACPP)** is the peak professional body that represents Paramedic Practitioners, and other Paramedics with primary health care skill sets. ACPP will develop, lead and advocate for these specialist Paramedics and provide strategic direction for this specialist Paramedic role. Email: info@acpp.net.au www.acpp.net.au

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.

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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

The **Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)** is the peak representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM's primary function is to implement strategies to embed Cultural Safety in health care and education as well as the recruitment and retention of Aboriginal and Torres Strait Islander People into nursing and midwifery.

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

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CQ Health provides public health services across Central Queensland, in hospitals and in the community. CQ Health is a statutory body governed by our Board. We serve a growing population of approximately 250,000 people and employ more than 3,700 staff, treating more than 700,000 patients each year. The health service has a diverse geographic footprint, ranging from regional cities to remote townships in the west and beachside communities along the coast. For more information about CQ Health visit www.health.qld.gov.au/cq or follow us on Facebook @cqhealth

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

Flight Nurses Australia is the professional body representing the speciality for nursing in the aviation and transport environment, with the aim to promote flight nursing, and provide a professional identify and national recognition for flight nurses. Email: admin@flightnursesaustralia.com.au https://flightnursesaustralia.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

Interpro Health & Wellbeing specialises in supporting rural and remote clients with their Nursing and Midwifery requirements. We are committed to supporting those professionals and organisations that provide much needed care to the communities in which they operate. Ph: (08) 63819431 https://interpropeople.com/what-we-do/health/

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 km (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.

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

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 km^2 in remote East Arnhem Land.
Ph: (08) 8970 5571
www.marthakal.org.au/homelands-health-service

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
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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.
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www.mediserve.com.au

Murrumbidgee Local Health District (MLHD) spans 125,243 km^2 across southern New South Wales, stretching from the Snowy Mountains in the east to the plains of Hillston in the northwest and all the way along the Victorian border.
www.mlhd.health.nsw.gov.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 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

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

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.

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 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.

Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parnngurr and Kunawarritji; for reference the straight line distance from Jigalong to Kunawarritji is approximately 430 kilometres and the distance from Kunawarritji to Port Hedland by road is 763 kilometres. PAMS has over 830 registered clients with the majority living in Jigalong. Ph: (08) 9177 8307 Email: pams.pm@puntukurnu.com http://www.puntukurnu.com/

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

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

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

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

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

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

Your Fertility is a national public education program funded by the Australian Government Department of Health and the Victorian Government Department of Health and Human Services. We provide evidence-based information on fertility and preconception health for the general public and health professionals. Ph: (03 8601 5250) www.yourfertility.org.au

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

Photo: Barry Skipsey, Hermannsberg Central Australia.

working remotely in isolation at altitude: no help, no storeroom, we are the help

This year CareFlight's Northern Territory operation celebrates 10 years since we were granted the interim contract for the Top End Medical Retrieval Service on behalf of the Northern Territory Government. CareFlight as an organisation has been operating since 1986, originating in New South Wales from a single helicopter operation.

A lot has been achieved during the 10 years since the interim contract and we have grown rapidly during that time. With success in gaining the contract came an operation that possesses a fully integrated aeromedical service working with the Northern Territory community including prehospital first responders, remote health clinics, cattle stations, national parks, vessels at sea and local hospitals.

Working together to improve patient outcomes within the Top End Northern Territory community, we have taken many measures to deliver effective aeromedical solutions tailoring mission composition and platform to best meet the needs of the patients and their families.

These measures have included a complete overhaul of medical equipment with the inclusion of new aircraft critical care bridges encompassing patient care monitors and ventilators that suit patients across the lifespan.

Our new Hamilton transport ventilators and H900 humidifiers enable us to provide invasive and non-invasive ventilation and humidified hi-flow oxygenation to adult, paediatric and neonatal patients and humidified nasal CPAP to neonates protecting their delicate airways without the need for medical air in cylinders.

We also saw the inclusion of specialised neonatal equipment including a critical care cot integrated into our transport modules into a neonatal sled which was purpose built and designed by our own engineering team.

This state-of-the-art medical equipment allows us to provide the highest quality critical care to our patients in a rural and remote settings not only on the ground but whilst working in an isolated, austere, clinical environment in the air.

Over the last 10 years through CareFlight's own Midwifery Scholarship program we have helped enable 10 Critical Care Flight Nurses to gain midwifery qualifications and registration.

We have conducted 'Down the Wire' winch training on our AW139 helicopter for all our medical crew including Flight Nurses who have undertaken advanced scenario, rescue and vessel winch training. We can safely winch to an unwell or injured patient in remote places where a helicopter cannot land such as tops of waterfalls, vessels at sea and very remote walking tracks.

In 2011 CareFlight's unique Community Education Program was developed to deliver specialist trauma care training to first responders in rural and remote communities, bridging the gap between first aid and when medical help arrives at the patient. This has now extended to include our Sick and Injured Kids in the Bush workshop, which is a paediatric workshop specifically designed for Remote Area Nurses, Aboriginal Health Practitioners and GPs. The benefit of our Community Education Program is we take the education to the first responders and remote health staff and deliver it in their rural and remote setting without them having to leave their community.

2020 also saw success in winning the interstate jet retrieval service on behalf of the Northern Territory Government. This success further embodies the integrated service delivery model extending our fixed-wing and helicopter operation to jet retrievals. This sees us widen our ability even further to combine capabilities to meet the requirements of our patients positioning us uniquely to deliver effective aeromedical solutions and keep the patient at the centre of what we are here to achieve.

We have grown as an organisation in the Top End over the last decade, with constant evaluation of what we do and how we want to do things better to achieve greater patient outcomes.

This has been achieved and is made easier by partnering with communities and engagement of our consumers. Through this engagement in conjunction with our Reconciliation Action Plan we can constantly find ways of listening to our consumers and ensure culturally safe service delivery and unprecedented provision of health care.

2020 has seen challenging times with COVID-19 and we have worked alongside the Aboriginal Interpreter Service to create several COVID-19 community safety videos in nine different Aboriginal languages.

As an organisation we believe we have built resilience within our workplace to adapt to the ever changing environment and remain fully operational during this time whilst incorporating our values and cultural attributes which model our behaviour and our guiding principles which encompass serving the community.

Amanda Quinn, Nursing Director
CareFlight Northern Operations

Photo: DJ Holley.

support

mental health and wellbeing in sharp focus

The ongoing repercussions of one of the worst bushfire seasons to grip Australia, the devastation of long-lasting droughts coupled with the effects of the COVID-19 pandemic has affected many.

All three are in sharp focus for newly-appointed Director of Mental Health and Wellbeing at CRANAplus, Dr Marja Elizabeth, who has taken on responsibility for the long-established CRANAplus Bush Support Services as well as the established CRANAplus After Hours Aged Care project and the more recent Mental Health Training for Health Professionals in Drought and Bushfire Affected Areas initiative.

"Health professionals in rural and remote areas are not only helping their clients deal with traumatic situations – they are themselves feeling the effects," says Marja who is keen to ensure CRANAplus Bush Support Services is promoted and that health professionals are encouraged to take advantage of its services.

"These external issues are in addition to the recognised specific challenges that people working in isolated communities face".

The Mental Health Training for Health Professionals in Drought and Bushfire Affected Areas initiative provides locally tailored workshops for health professionals working in these communities. Workshops aim to support health professional's mental health and wellbeing through education, information resources and tools. This Commonwealth initiative is funded until April 2021 and to date has supported over 400 health professionals.

"Post any traumatic event there is an immediate response, however generally people have very good coping mechanisms," says Marja, a specialist in trauma-focused treatment. "At times though people might need additional support both for their own responses and to assist those they are working with.

"Our workshops help participants build skills and capacity to help themselves and their clients. Issues we cover include understanding the effects of disaster and long term stress, developing strategies to reduce prolonged stress and tips for supporting people affected by drought and bushfires, including the effects of trauma and cumulative stress."

Marja said CRANAplus was keen to encourage partnerships and referral mechanisms with other organisations dealing with the same issues.

The After Hours Aged Care project aims to upskill Residential Aged Care Facility (RACF) staff and other service providers to deliver comprehensive aged care, thereby assisting in the management of after-hours service needs. Funded by the Northern Queensland Primary Health Network this project is now in its fourth year of service delivery to seven Residential Aged Care Facilities in Far North Queensland. This collaborative project has strengthened existing relationships and referral pathways, facilitated new partnerships and improved links and networking between the RACF and their local GPs, hospitals, pharmacists, after-hours services and local palliative care communities. COVID-19 has amplified many issues expanding the projects focus from physical needs to include mental health and wellbeing.

"Often we are dealing with a generation of people who are older, of course, and who are used to being stoic and grateful, and not wanting to be a burden," says Marja. "That can be tricky for staff. They have told us: 'We can identify people's physical needs, like nutrition, but sometimes identifying issues with people's mental health can be more difficult'.

"This project helps RACF staff look for the subtle clues to identify residents who are not coping well with isolation. Perhaps someone is not eating well or taking to their room more often or starting to withdraw from activities they used to enjoy. As well as tailored workshops and resources, counselling is an important, but often overlooked tool in building resilience and overcoming stress," says Marja.

"Often health professionals can be reticent: they are providing the services themselves and may be unwilling to share or be open about their own situation."

Rachel Salisbury, Senior Psychologist for CRANAplus Bush Support Services (left) and Dr Marja Elizabeth, Director, Mental Health and Wellbeing, CRANAplus.

The Bush Support Line is available to all health workers working in rural and remote areas, as well as their families. This includes nurses, doctors, allied health professionals and other clinical or community workers. The team of committed psychologists at CRANAplus Bush Support Services has experience working in rural areas, across cultures and within remote communities, providing services in person, by phone and web-based. The Bush Support Line offers 24/7 telephone counselling so that confidential, professional support is available when it is needed, regardless of the situation or location.

"The issues that come into focus are many and varied," says Marja, "from those struggling with working in a remote location for the first time to those who have been out there for some time having a few things going on: the pressures of being a sole practitioner, a lack of resources, the stresses of isolation.

"Health professionals so often put their own needs last – and they can feel depleted. It's so important to take time out, to exercise, relax and rest. It doesn't have to get to a point where people feel overwhelmed or in crisis to call us. The Bush Support Line is available 24 hours a day, and can help people talk through in a confidential way some of the issues they might be experiencing with someone who understands and can provide professional support and assistance".

The Bush Support Line is a free, confidential service available 24 hours a day and can be contacted on **1800 805 391**.

CRANA plus
improving remote health

Psychologist to join our Contractor Pool

On-call (after hours) Psychologist, flexible, work from home opportunity.

We are currently seeking psychologists to join our 'pool' of contractors to support on-call rosters available with the CRANAplus Bush Support Line.

The Bush Support Line is a flagship service provided by CRANAplus and offers phone counselling (psychological services) 24 hours a day, seven days a week, to health professionals and their families across Australia, working in our remote or rural communities.

Our service structure allows you to be located anywhere in Australia!

Rosters are forecasted for three-month periods that offer advanced notice and flexibility regarding shifts engaged. There are no minimum or maximum requirements – you can nominate shifts as they suit you.

It is our privilege to support our rural and remote communities, and being involved in this team provides specialised insight, growth, and collegial relationships across a closely working group of professionals.

Please reach out to Katherine Leary to discuss this opportunity or send your resume to kati@crana.org.au

CRANAplus advocates for, and serves, a diverse Australia, and we genuinely encourage applications from CALD backgrounds and Aboriginal and Torres Strait Island people.

For more information email kati@crana.org.au

educate

education team 2020 wrap up

In this edition of the magazine I would like to give a wrap up of the education team's achievements during a very difficult 2020.

CRANAplus scheduled 85 courses for the year across emergency, triage, clinical skills, midwifery, paediatrics and mental health streams, but unfortunately only 45 courses were delivered and 40 were cancelled.

The unforeseen cancellation of our courses affected 900 health professionals nationally.

The revised and updated REC pre-course material was released to the first cohort of participants in February 2020 and the workshop review closely followed.

Due to the delay in delivering face-to-face courses because of COVID-19 the new course program wasn't able to be trialled until July 2020. Since then the program has undergone extensive continuous review by the remote clinical educator in partnership with facilitators, participants and industry. In the 2021 REC you will see an exciting two-day program (see the website for a sample program). The midwifery team spent 2020 focused on webinars and updating workshop presentations and material.

Webinar delivery was high on the CRANAplus education plan for 2019/2020 year, with work commencing in 2019. This was very fortuitous and with the IT infrastructure well underway we were well positioned to commence the delivery of webinars in response to the need to cancel face-to-face courses.

The team moved quickly and undertook a steep learning curve to successfully develop and deliver a series of webinars.

We worked closely with stakeholders to identify priority topics, resulting in the development and delivery of the following webinars:

Webinar	Total delivered	Total attended
Assessment and Management of Trauma	10	142
Preterm Labour	1	10
Post Partum Haemorrhage	6	64
Assisting with Childbirth	12	134
Newborn Life Support Algorithm	6	85

Feedback from webinar participants has been extremely positive:

"I love the confidence that I get by having these important emergencies presented in such a logical and straight-forward manner."

"A really good webinar. Not a complex topic perhaps, but an important one, as it can be hard to be systematic and logical in an emergency. This really broke it down logically, beyond simple CPR steps, and you could really imagine the newborn in front of you as she discussed it. Well done."

"Thoughtful presentation giving good examples to enhance learning."

"I participated in this webinar in preparation for working in rural and remote locations. It reinforced that I still have the understanding required for future employment."

This year eRemote, our online learning platform, celebrated its 10th anniversary. The Hon. Warren Snowdon launched eRemote on 29 June 2010 in Alice Springs.

All the online modules are undergoing an extensive clinical review and will be presented using a dynamic eLearning authoring tool that will provide users an improved learning experience, accessible on most devices. ▸▸

We have developed a new suite of assessment modules including, the first six are available now:

- Cardiovascular Assessment
- Abdominal Assessment
- Musculoskeletal Assessment
- Neurological Assessment
- Mental Health Assessment
- Respiratory Assessment
- Skin Assessment
- Neurovascular Assessment
- Renal Assessment
- Eye Assessment
- Ear Assessment

Feedback from participants on our eRemote modules has been positive:

"I am very impressed with the CRANAplus online learning system of courses and webinars – this is the best online, remote health/clinical education structure that I have seen and used! (And I have used many over the years, but this is the best by far!). The registration, log-in and sign-on procedures are easy to use; the courses are well written, pertinent and easy to navigate through and, finally, I really feel well supported in my profession. Thank you for looking after us all who require these learning sessions. Thank you also for making so many of them free of charge as that is also very helpful."

Reflecting back on the year I am proud of the team and what they have achieved in times of uncertainty and in the face of challenges never experienced before.

Their ability to adapt and respond to the needs of the remote workforce and the way CRANAplus can support the workforce has been nothing short of impressive and they need to be congratulated for their energy and commitment to CRANAplus and its vision.

2021 will see the education team focus on the development of the new paediatric course, advanced and basic life support courses and the revision of the advanced remote emergency care course along with the continual development of new eRemote products.

I wish you all a very merry and safe Christmas. I know from experience, working in remote areas can be difficult over the Christmas period, please take care of yourself and don't forget that the CRANAplus Bush Support Service is there for you on 1800 805 391 throughout this period, providing free 24/7 psychological support.

And the education team looks forward to seeing you on our courses in 2021.

Sue Crocker
Director, CRANAplus Education Services

eRemote turns 10!

Funded by the Department of Health and Ageing as part of CRANAplus' 2009 –2012 funding agreement, eRemote was developed to provide remote health professionals with the opportunity to maintain and update date their clinical skills and mandatory training requirements. eRemote was launched in 2010 by the Hon. Warren Snowdon.

Like all of the education products offered by CRANAplus over the last ten years eRemote has grown and evolved. eRemote has grown from 356 users of online programs in 2011 to almost ten times that in 2020 with 3409 users.

Our eRemote platform also provides support for our face-to-face courses, allowing participants to access their pre-course theory from any device. Remote health professionals have access essential training such as Basic and Advanced Life Support, Introduction to Culturally Safe and Inclusive Practice and Working Safe in Remote Practice courses to name just a few! Our learning management system has been upgraded in stages since 2010 and is now integrated seamlessly with the CRANAplus Dashboard to ensure our platform is as user-friendly as possible.

eLearning has transformed over the last ten years.

We no longer upload manuals online in a PDF format, hoping that users will read and understand content and commit it to long-term memory.

Research from fields including web design, education, and content marketing continues to inform how we can best present information to encourage users to actively engage with online learning material.

The majority of our users know how to use devices to access information and expect that we will provide relevant information that is easy to skim and scan and provides additional resources should they wish to delve a little deeper. We also know from the literature that people tend not to read online text 'deeply'; instead they 'skim and scan'. These reading techniques use rapid eye movement and keywords to move quickly through text.

Skimming is reading rapidly in order to get a general overview of the material, while scanning is reading rapidly in order to find specific facts.

Technology is ever-changing, this has impacted incredibly on CRANAplus and eRemote.


Julia Stewart and Libby Bowell.

eRemote has evolved and we now use a modern, dynamic eLearning authoring tool that enables us to create responsive courses for any device. Our role is to present evidence-based information to the end user in a way that is contemporary, interactive, assists the learner to navigate their own learning needs and relevant for the remote context.

We want to continue to empower and support remote health professionals by delivering learning modules that are relevant to remote practice and overcome the traditional barriers such as distance or time facing those who want to continue their education and training.

Our eLearning team is working on updating and creating new and contemporary modules for eRemote, including suites in the following areas: Physical Assessment, Core Compliance and Emergency modules.

Our eLearning content is researched, developed and reviewed by experienced subject matter experts, clinicians in the field and educators, CRANAplus prides itself on ensuring the information is relevant and contextualised for clinicians working in the remote and isolated context.

All new modules will feature 'curated content' that our users can trust is relevant and evidence based that has a practical application for them in their workplaces.

The new modules will encourage learners to be self-directed, actively engaged and accommodate the different needs of individual users.

eRemote has evolved since it's inception in 2010. The tenth birthday of the eRemote platform is a fabulous opportunity to reflect on what we have achieved and with technology and what we know about how people learn evolving rapidly what we will be delivering into the future.

CRANAplus is proud to be the leaders in the design and delivery of contemporary education to the remote and isolated workforce.

We can't wait to share more new modules that will be launched on the eRemote platform with you – keep an eye on the website and CRANApulse for updates! ●

educating rural hospital staff in mental health emergencies

In early September CRANAplus had the pleasure of visiting Bowen and Proserpine Hospitals to deliver our Mental Health Emergencies (MHE) course. After a delayed start due to COVID-19 it was exciting to be able to the hit the road and get out doing what we love: connecting with health care professionals, sharing stories of challenges and successes and assisting clinicians to improve their knowledge, skills and confidence.

We delivered our course as part of the Mackay Hospital and Health Service Rural Emergency & Trauma Response Capacity Development Program which commenced in 2018 and has been proudly supported by Glencore through their Community Investment Program.

This phase of the program has broadened from trauma focus to a broader emergency response, encompassing people presenting with acute mental health needs.

We know that remote and rural generalist clinicians often report they lack skills and confidence to assist people with mental health needs.

They report feeling "out of their depth" and often have limited access to specialist mental health services on the ground.

MHE has been designed to give clinicians some structure and a framework, similar to other acronyms that we use in health during an emergency or acute presentation.

The 5 x 0 framework aligns with safe and best practice and uses the visual of a hand to encourage clinicians to think through all the critical components of assessment and management.

MHE is a blended course of online pre-course learning and a one-day interactive workshop focused on skills and scenarios. As a private course, MHE can be tailored to meet the needs of the organisation. For Bowen and Proserpine, that involved opportunities for discussion about telehealth, videoconference, the logistics of transfer via ambulance and the relevant state-based legislation requirements.

MHE is open to all clinicians and provides a great opportunity for staff to connect across areas of the service. Participants from community, pre-hospital and hospital-based services can all share knowledge and skills to support each other, enhancing capacity within the local team.

Across the courses in Bowen and Proserpine we had a great mix of enrolled nurses, registered nurses, Indigenous liaison workers and pre-hospital ambulance officers.

Participants reflected that they were grateful to be able to attend, enjoyed the course and took away skills and knowledge to use on the job.

Looking forward to 2021 there are a number of public courses available on the website or please email liz@crana.org.au to discuss opportunities to run MHE as a private course for your service.

Thanks again to Bowen and Proserpine Hospitals for welcoming us and to Virtual Health and Glencore for supporting the provision of MHE to your rural hospitals. ●

new paediatric emergency care and paediatric basic life support courses

As you are possibly aware, our education team has redesigned and developed several of our courses.

We are excited to to let you know now we are reviewing and re-writing our Paediatric Emergency Care (PEC) course and developing a Paediatric Basic Life Support 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, CRANAplus Education Services.

Brief from Sue Crocker, Director, CRANAplus Education Services

We need to listen and respond to feedback from remote area health professionals and create a paediatric course that focuses on fundamental skills and knowledge required to manage paediatric emergency care in the remote context.

How we developed the new PEC

Step 1:
Reviewed the current PEC course, 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:
We applied the CRANA framework that was utilised in the development of the REC Course.

Participants have responded positively about the design and report feeling actively engaged in the pre-course content and their learning.

Step 4:
Identified the key topic areas from evaluations and remote area professionals.

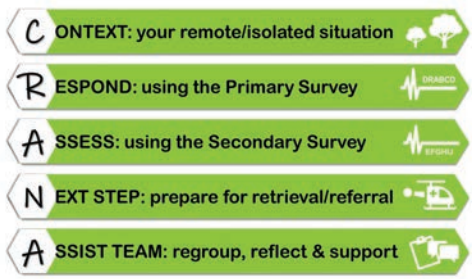
Step 5:
Researched contemporary evidence-based clinical content and formatted it into the new modules.

We applied the 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).

CRANA: a contextualised approach to remote emergency care



New PEC Course

Pre-Course Online Modules:

- Scaffolded content for different needs/ interests of participants
- Repeat key messages
- Opportunity to practise applying content
- More choice; self-directed
- Paediatric Basic Life Support eRemote Module

Workshop

- Brief recap of core content
- Skills stations
- Case scenarios
- Guided discussions
- Scenario assessment

Design of the new PEC course to ensure a personalised and engaging learning experience for participants, provide more consistency for educators and facilitators and updated clinical content.

What will the new PEC modules look like?

There are 10 online modules in the pre-course learning:

1. Introduction to Paediatric Emergency Care (PEC)
2. Why are children different to adults?
3. Paediatric assessment
4. Paediatric pain assessment and management
5. Airway and breathing emergencies
6. Circulation emergencies
7. Disability emergencies
8. Paediatric trauma
9. Other paediatric emergencies
10. Adolescents

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 different scenarios.

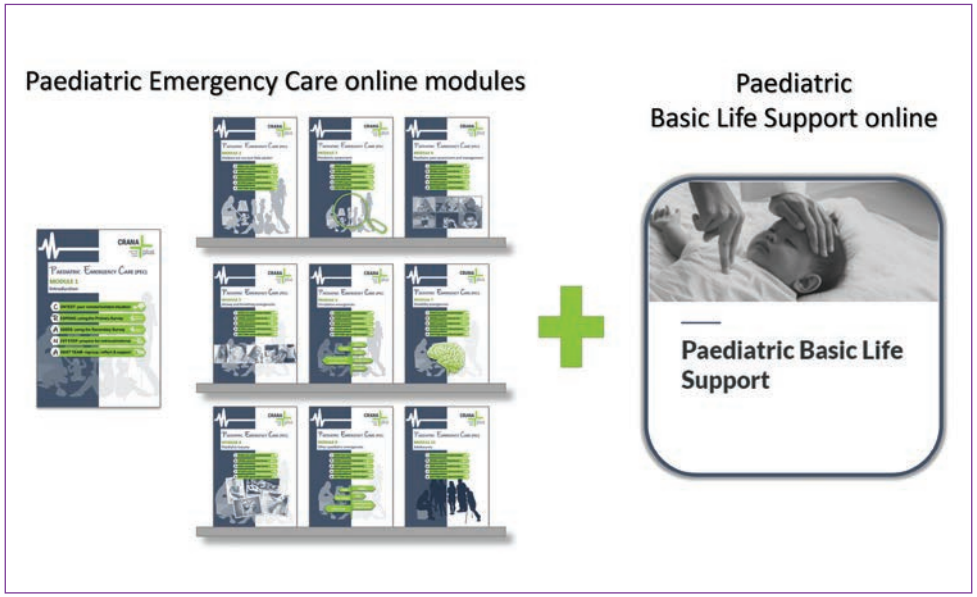
Paediatric Basic Life Support eRemote module

As a part of the PEC review we have also developed a new eRemote module: Paediatric Basic Life Support.

This eRemote module will form part of the PEC course and be available as a stand-alone module in our eRemote suite. The Paediatric BLS Course.

Why an individual Paediatric Basic Life Support eRemote module?

- Paediatric BLS differs from adult BLS
- Significant anatomical and physiological differences between infant, children and adults
- Cardiorespiratory arrest in infants and children can occur in a wide variety of conditions and is usually the result of hypoxia and/or hypovolaemia
- Oxygen delivery and is a critical step in Paediatric BLS



Who should do the PEC Course?

- Have you ever felt uneasy or out of your depth when treating a paediatric emergency?
- Do you need to refresh or enhance your paediatric emergency skills?
- Are you a novice with no experience in paediatric emergencies?
- Do you have an interest in working in rural and remote Australia?

This interactive and practical course is what you have been looking for!

When will the new PEC course be available?

The new PEC course will be available in 2021 with the first cohort scheduled in April 2021

PEC schedule for 2021

Location	Dates
Cairns	17–18 April
Adelaide	15–16 May
Dubbo	31 July–1 August
Darwin	20–21 November

Please visit the CRANAplus website to enroll: crana.org.au/education/courses/programs

a logistical jigsaw

The COVID-19 situation has seen a few more pieces added to the jigsaw puzzle that is the workload for Merilyn Jenkins, responsible for education administration and logistics at CRANAplus.

Merilyn started at CRANAplus in June 2010, when it operated from a small house in the Adelaide suburb of Hilton, posting out members bags and course information packs to every participant on our courses. The number of courses held today are over 100 – more than double the figure back then.

"It was just REC and MEC courses in those early days," Merilyn says, "but over the years we have increased our equipment from 4 sets (22 trunks) to 19 sets (99 trunks) and our courses have increased to include Advanced REC and MIDUS, plus ALS, PEC, Practical Skills, Basic Life Support and Aboriginal Health Workers."

While CRANAplus now has 24 metal cupboards in a huge warehouse at its current location at Wingfield – the space is filling up fast.

The break in courses for four months due to COVID-19 has allowed time for re-structuring the courses and assessing the materials.

"As the materials and equipment are checked in the warehouse in Adelaide, it's been a great chance to learn more about what's required and adjustments needing made," Merilyn says.

"It's important I believe for me to know quite a bit about the equipment. Rather than just grabbing a big needle, for example, to put in the crate, I find out what it's used for." ▸▸

CRANAplus courses have begun again, and the 100-plus facilitators are gearing into action for the restructured courses this year and signing up for 2021.

With so many courses, the unreliability of weather in the top half of the continent, and constraints in transport and communication services in rural, regional and remote areas, Merilyn says that diplomacy is sometimes an important skill to get wheels in motion, along with having your wits about you.

"The Northern Territory can be pretty laid back, which is great, but I'm not happy to hear the words, 'No worries' or 'She'll be right'. I much prefer 'Of course. We're onto it.' I have a very good freight broker who is a huge help. If there's a close call – and there have been a few around the country – the freight company is there to help."

Sometimes deliveries, large and small, can be a bit dodgy. "We have to remember that it's not as simple as in the urban areas – post offices are not always open, postmen don't deliver every day and road trains are banned in some towns: we learn to be prepared extra, extra early for some locations."

Merilyn still wonders what stories are circulating following a fire that broke out some time back in one of the trailers heading for Kalgoorlie carrying mannequins, with the guys on the fire truck coming across a severed arm hanging out of a case and the photos taken of the accident revealing singed spare limbs and whole bodies.

"I have been extremely lucky to be able to attend some of the courses over the years and it is great to see our wonderful coordinators and facilitators in action," she says.

"I find it very interesting to see the 'light bulb' moments when participants 'get' what is being taught. I sometimes think all the stories they tell, some sad, most of them funny, should be collated in a book."

"I can honestly say that these 10 years have been the highlight of my working career."

"It makes working so much better when you work with wonderful people and I have learnt so much personally and professionally." ●

podcasts recommended by CRANAplus

This range of podcasts comes to you as curated recommendations from a few of CRANAplus' avid-podcast listening staff.

Series: Pebble in the Pond

This podcast series seeks to create a 'ripple of change for mental health'. Each episode is an interview with fascinating and accomplished people in mental health, from lived experience speakers through to researchers, academics and influential industry leaders. Hosted by the Australian & New Zealand Mental Health Association, it is committed to progressing the understanding of mental health for the benefit of all.

Series: Free Radicals

Free Radicals is an Australian podcast series for and by paramedics. Join the four hosts, all of whom are paramedics, and guests as they look at the present, contemplate the future and examine the controversy.

Look for Episode 27 – *By myself in the middle of nowhere: Remote paramedicine*, and Episode 23 – *Medicine in the Air.*

Series: All in the Mind

Episode: Healing the Trauma of the Stolen Generations

A lack of culturally relevant mental health services is a major barrier to healing for many Stolen Generations survivors. This episode explores some pioneering, Indigenous-led solutions to address trauma.

These community-based programs are helping people to confront and move past their painful experiences. A great insight into the challenges of supporting culturally appropriate healing.

Series: Big Ideas

Episode: Bushfires. Our past, present and possible future

The 2019/2020 summer brought with it some of Australia's worst bushfires in modern history. As a dry-climate nation we have some degree of fire damage every year, but this episode explores why these particular fires were so severe. An analysis of what we can learning from the history of bushfire in Australia, and how we can use that knowledge to plan for the future. ●

engage

communication and connection

As a member-based grassroots organisation CRANAplus is keenly aware that our strength lies in our connections to those working on the frontline of remote health. Our capacity to represent and be the voice for remote health is dependent on this.

CRANAplus has long enjoyed terrific participation from our membership in opportunities to inform and guide our activities and initiatives. Not wanting to rest on our laurels, however, this year we challenged ourselves to further strengthen communications with our members and provide more opportunities for their voice to be heard.

In 2020 we increased the number of member surveys on topics such as perceptions of the safety and security of the remote health workforce, experiences and emerging issues related to the COVID pandemic, professional experiences and interest in mentoring and, of course, our annual Member Survey conducted just last month.

We were delighted with the interest and response rate to all of our surveys. Findings were carefully analysed and reported and continue to inform our advocacy, programs, products and directions.

We opened a dedicated email communication line with members. 'Your Story' (YourStory@cranaplus.org.au) was launched in the early stages of the pandemic and many members took the opportunity to email us about emerging issues and immediate concerns.

This correspondence helped us to identify trends affecting the sector on a widespread scale, as well as more localised issues.

In some matters were able to follow up with direct assistance and others informed our representations at pandemic roundtables and committees were participating in, including the Rural and Remote COVID-19 group, chaired by the Hon. Mark Coulton.

CRANAplus Professional Services is sad to be farewelling one if its great influences.

After eight years with CRANAplus, Professional Officer Marcia Hakendorf is retiring.

Congratulations, Marcia, on all you have achieved in your role.

On behalf of the remote health sector, CRANAplus thanks you for your service and offers our warmest wishes for your retirement.

Via expressions of interest we put together member advisory and working groups to contribute to submissions and collaborations.

One such was a group of interested members who helped inform our submission to the Parliamentary Inquiry into Food Prices and Food Security in Remote Indigenous Communities.

More recently, we collaborated with the Stillbirth Centre for Research Excellence to bring together a rural and remote advisory group for the Safer Baby Bundle initiative.

In 2021 we would like to further our efforts at ensuring your voice is heard.

Early in the new year we will be calling for expressions of interest for a CRANAplus Member Representative Roundtable. The aim is to have member representatives from each state and the Northern Territory.

The roundtable will occur a minimum of three times a year and representatives will be profiled in this magazine and elsewhere.

Current issues from the coalface of remote health will be discussed, which will further ensure we keep the most pressing needs of our members at the forefront of everything we do.

I hope many of you will consider representing your jurisdiction on the roundtable.

Amelia Druhan
Chief Operating Officer
CRANAplus

mentoring for remote health professionals

Thank you to the nurses, midwives, doctors, Aboriginal health workers and allied health professionals, working in diverse roles, who responded to the CRANAplus Mentoring – Remote Health Professionals Survey.

The survey aimed to help paint a picture of how CRANAplus members experienced supportive mentoring relationships. Of the respondents, 95% were RNs and/or midwives, and 84% of all respondents identified as experienced remote health professionals. Relatively few early-career or new-to-remote health professionals responded.

Interestingly, only around half of the respondents have had a mentor, preceptor or coaching support while a health professional.

Of those who gave details about their experiences, 2/3 of the relationships were informal arrangements where mentor and mentee found each other, sometimes by creative means!

The remainder were formal and arranged by workplaces or education providers. One respondent commented, "[I was drawn to] someone friendly and I had rapport with [to use them as] an unofficial mentor".

It is clear members seek approachable, friendly and supportive individuals to fill the mentor role and use a range of strategies to find them.

The vast majority of experienced remote health professionals indicated they have led and supported less experienced health professionals.

Almost all expressed interest in extending their professional leadership capability by developing mentoring knowledge and skill and in taking on this role in some form.

Half were considering the LINKS program as a formal pathway. Informal mentoring and networking opportunities were also valued options. The experience and passion of mentors for supporting the less experienced is evident from comments such as, "I was a preceptor for 15 years. Now I am a random mentor. I have a passion for nursing, and I love to share it".

There were also suggestions made for inter-disciplinary mentoring, recognising the support needs of students and promoting rural health practice through mentor/student activities.

As early-career or new-to-remote health professionals, 100% indicated they were interested in connecting with experienced remote health professionals.

Half of the respondents were keen to connect in an informal way, such as networking opportunities, with the possibility of more formal mentoring emerging from these relationships.

The remaining half are seeking formal mentor relationships either through LINKS or arrangements within and supported by their workplace.

The results have provided CRANAplus with a picture of the diverse approaches members take to building professional support relationship and the various motivations for seeking and forming these relationships.

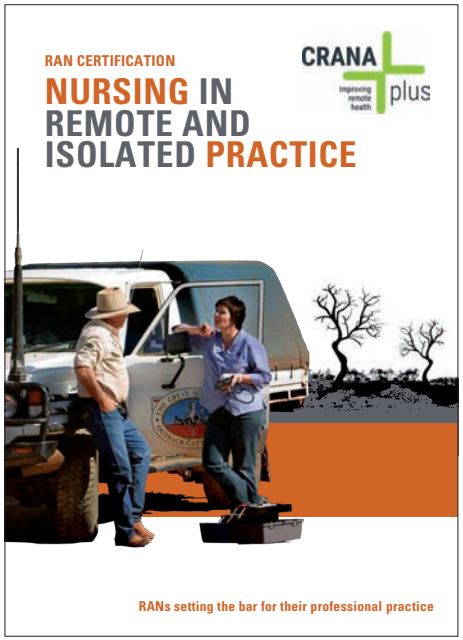
They will assist CRANAplus to target support the rural health workforce. ●

make your new year's resolution – RAN certification


Photo: Nancy Weatherford.

Join the growing number of remote nurses and midwives who are Certified RANs, make it your new year's resolution. Why? Provides a sense of tribal belonging whereby national and professional recognition as a specialist generalist is acknowledged.

Certification guides and shapes remote professional nursing practice outlining the necessary qualifications, training and expertise to work safely as a remote area nurse and/or midwife.



That said, provides both personal and professional confirmation of your confidence, capabilities and accountability in remote practice with an expected standard of nursing care. The RAN certification leads to employment opportunities and future employability in remote and isolated communities across Australia.

CRANAplus' RAN Certification Review (2019) identified the motivation of Remote Area Nurses and Midwives undertaking the Certification process, comments were:

"I am a RAN and am interested in formalising a process of recognition of the unique skills to work in this field."

"I've had a long-term career (20 years+) remote and isolated and wanted to endorse that in some way as my specialty."

'...confidence and accountability in practice... a standard and expectations of care..."

The uniqueness and richness of the experiences working as a RAN in remote and isolated communities is worth pursuing the recognition as a Certified RAN.

Make it your new year's resolution... Get motivated, start now!

Visit CRANAplus website for more information crana.org.au/certification/ran-certification

decades of dedication – remote health professional of the year

Professor Sabina Knight, Director of the Centre for Rural and Remote Health at James Cook University, based in Mount Isa, is the 2020 recipient of the prestigious Aurora Award, which each year recognises an individual who has made an outstanding contribution to remote health.

Sabina, who identifies first and foremost as a remote area nurse and health advocate, has been contributing to CRANA since its inception in 1983, through its growth into CRANAplus in 2008, up to the present day.

"It is the greatest honour to be recognised by your peers," says Sabina.

It was in 1983 that 130 remote area nurses from around Australia came together in Alice Springs to put remote health issues on the national health agenda. Sabina was the first CRANA Vice President, has held the position of President several times over the years, and has held a variety of other elected roles.

This year, one contribution unique in Aurora Award history has been her appointment as the CRANAplus representative on the National COVID-19 Clinical Evidence Taskforce. 2020 has also been the year when a campaign she initiated in 2012 for safety standards for quad bike safety has finally reaped rewards, with new federal government standards requiring all quad bikes be fitted with crush protection devices at the point of sale coming into force next year.

Sabina recalls the early days of CRANA when "we lobbied hard and strong to improve remote health and to improve the capability of the RAN workforce. She successfully secured grants for the REC course, for the Bush Crisis Line (now CRANAplus Bush Support Services), the Post Graduate Remote Health Practice Program and to develop a clinical procedure manual.

> "We were ahead of our time, working in collaboration with other organisations. Now that is expected."

"We worked initially with the College of Surgeons and the then fledgling College of Emergency Physicians as well as ACRRM to develop REC. Today's connections include the Centre for Remote Health, Flinders University in Alice Springs and the Centre for Rural and Remote Health, James Cook University in Mount Isa."

Over her career, Sabina has embraced the role of mentor within and external to the organisation.

"I love supporting from behind. It is just fabulously exciting to watch people grow into the roles and into leaders and people of influence. We need bright, young committed people to take the organisation forward to continue improving health outcomes – after all that is why we exist – to make a difference.

"We will always be advocates for our communities, families and clients," says Sabina, who points out that the founding CRANA philosophy is as strong as ever, acknowledging the impact of history, underpinned with respect for every individual.

"The importance of providing high-quality care goes beyond technical skills. Remote health workers need to be well-educated, calm and collegial, resilient, willing to go the extra mile."

"Team work is an important element of remote health care – even for sole practitioners."

"They need to know when and where to get help – either virtually or from someone in the community or right beside you – and to recognise the importance and value of working well with different disciplines, showing respect and taking care for each other."

Coming from a rural background, Sabina always knew she wanted to work outside the cities. She turned to Aboriginal health within the first year of nursing.

She now works hard to make sure young people from rural and remote towns and communities know that a nursing or health career is an option for them and that there are pathways to get there.

"When rural kids take up a career in health, I believe it's a good idea to go to a regional university in the area where they are going to practice. This provides students with the skills, not just to work in rural and remote areas, but also to live and thrive in them.

"We need to make nursing education accessible where people live and where they want to work. Rural kids are the entrepreneurs of the future, we must make sure they get a chance to get the skills and qualifications to take it on.

"The best and the worst of working in remote areas do, in fact mirror each other – clinical variety, dealing with uncertainty, looking after people in the context of their family and place and facing challenging situations," she says.

"You can find yourself teetering on the edge of clinical practice. But we love it – having to have clinical courage. And now we have access to so much knowledge and resources to support us."

"We also love the connection with community and country and we know that it is a privilege to be working within this place, with these people – wherever we are. What we do can and does make a difference – and we know we must strive to get it right."

exceptional service recognised

The CRANAplus Excellence in Remote and Isolated Health Practice and the Collaborative Team Award this year both specifically focus on recognising remote health professionals who have responded to the COVID-19 pandemic in an exceptional way, and the recipient of the Gayle Woodford Memorial Scholarship has her sights on delivering effective holistic care directly to remote communities.

Nurse Practitioner Di Thornton, who provides health services to several small-town communities on either side of the Victoria/South Australia border, has been awarded the **CRANAplus Excellence in Remote and Isolated Health Practice Award**.

Di, who works for the Mallee Border Health Centre, is recognised for her innovative approach to the delivery of health care during the COVID-19 pandemic, travelling to different locations with her team each day as part of her practice.

The closure of the Victoria/South Australia border meant that the residents of part of remote South Australia, including Pinnaroo, were unable to access health services, with only one part-time GP remaining in the area.

Di was shocked when advised that the residents of this region would no longer have reasonable or timely access to health services. She demonstrated her level of commitment to rural health by rapidly planning and reorganising her practice and staff to ensure adequate and essential services remained either side of the border. In time, the South Australian government implemented a 'border bubble' which enabled Di to again provide full services to her entire community.

She advocated for several Victorian patients in relation to the border issue, including one child requiring urgent cancer surgery, with the support of her local MP Dr Anne Webster. Together with the Australian College of Nurse Practitioners, Di and her team also lobbied for a change to the border closure to allow for health care. Many people living in the region access tertiary healthcare in Adelaide, as it is closer than Melbourne, and they were suddenly cut off from their usual specialists and services.

The CRANAplus Excellence in Remote and Isolated Health Practice Award is sponsored by James Cook University, Centre for Rural and Remote Health.

The Collaborative Team Award for a team or health service that has provided an innovative approach to the delivery of health care during the pandemic was awarded to COVID-19 Response and Action Information Group (CRAIG) at the Top End Health Service (TEHS).

The TEHS CRAIG team members are Ruth Derkenne, Kelly Hosking, Jane Thomas, Tracy Porter and Teresa De Santis.

This team, has worked tirelessly since the arrival of the pandemic in Australia to produce plans and procedures for remote clinics to follow, and have continually kept up to date with the multiple changes that have occurred.

A major move was to design and develop easy to wipe down gowns made of parachute material so that health workers could practice donning and doffing whilst not having to throw away precious PPE, travelling to remote clinics to do this training.

They also created the CRAIG TEHS Primary Health Care newsletter, sent out weekly, now fortnightly, updating remote clinics with the changes, plans and resources available to them.

In addition, they have helped train and pull together Rapid Assessment and Rapid Response Teams, who are on call to be deployed into remote locations should a case of COVID be found.

Team members have spent countless nights awake and weekends at work to develop all these things so that remote clinics are as best prepared as they can be for a positive COVID case.

The CRANAplus Collaborative Team Award is sponsored by Remote Area Health Corps (RAHC).

Top: Ruth Derkenne (CRAIG team leader), Kelly Hosking, Teresa De Santis and Jane Thomas. Above left: Tracy Porter (left) with Kelly, Jane and Ruth. Above right: Ruth receiving award from Fiona Wake, Chair, CRANAplus Board of Directors.

setting and achieving goals

The 2020 winner of the Gayle Woodford Memorial Scholarship is Registered Nurse Marie Press, who is currently employed as a Clinical Nurse Specialist at the Burringurrah Clinic (Western Australian Country Health Service) servicing the remote Aboriginal community. Early in 2021, Marie will undertake the Graduate Certificate in Remote Health Practice studies at the Centre for Remote Health (CRH), Alice Springs.

Marie has had an extensive career as a registered nurse in numerous health services across metropolitan, rural and remote locations within South Australia. As part of her career trajectory, Marie undertook Program Coordinator for Enrolled Nurses and Clinical Facilitator/ Educator for student nurses in a variety of clinical settings.

She is passionate about remote and isolated nursing and believes the consolidation of the last 30 years of generalist nursing capabilities has provided her with the necessary expertise to pursue her career as a RAN.

> "I have been wanting to work in remote Aboriginal communities for a long time."

"To that end, I have systematically built up my skills and experience in areas necessary to fulfil my role as a RAN. Next step – I need to gain more knowledge in areas such as chronic health, child community health and pharmacology to enhance my ability to provide the best care possible to Aboriginal people living in remote areas.

> "My goal is to practice according to the principals of 'Closing the Gap' and deliver effective holistic care directly to remote communities."

"I strongly believe that further study in remote nursing will help me achieve my goal and improve the services we are currently providing at Burringurah Clinic."

The Gayle Woodford Memorial Award, jointly sponsored by CRANAplus and Centre for Remote Health, Flinders University, began in 2016. Marie is the fourth recipient of this scholarship. ●

Above: Monica Lawrence (Course Coordinator, CRH, Grad Diploma of Remote Health Practice) holding the plaque which shares the names of the Gayle Woodford Memorial Scholarship recipients since 2016.

connect

a time of challenges and tribulation

Hello, I'd like to introduce myself. My name is Bronwyn Picton, otherwise known as Bron. I have been working with the Rural Locum Assistance Program (Rural LAP) as an ICU Nurse now for almost 10 years. My story today is about my experience working during COVID-19, the dilemmas of crossing regional borders and having to quarantine for 14 days.

I have been working in Wagga Wagga as a locum ICU Nurse for almost five years now through Rural LAP casual contracts.

My COVID-19 experience began when it first hit Australia. I was contracted to work at Calvary Hospital for three months. The hospital was busy as they were accepting public patients from the Wagga Base Hospital. This meant that all patients were seen at the Calvary Hospital unless they were febrile.

If febrile (had a temperature) they would return to Wagga Base Hospital until their COVID-19 test results came back.

After completing my three-month placement, I returned home to Falls Creek in Victoria only to be requested to return to Calvary Hospital. I said yes, now this is where the fun begins!

I was rejected on my first attempt to cross the NSW border. Even with all my paperwork in hand that clearly identified me as a frontline worker, I was still told under no circumstances could I cross the border.

Kylie Witty and Bronwyn Picton.

I notified Rural LAP about my experience at the NSW border. They were shocked and supported my every move.

My second attempt also failed to get me across as I was outside the border bubble. The only way to enter NSW was to fly to Sydney and quarantine in a hotel for 14 days.

I declined this offer as I felt unsafe, that I would contract COVID-19 and take it to Wagga Wagga. This didn't seem like a good idea.

After many emails to Calvary Hospital, I decided that I would notify my concerns to my local member of parliament. The CEO of Calvary Hospital also decided to contact the local MP of Wagga Wagga on my behalf. Thankfully, they contacted the Health Minister of NSW to request an urgent permit to cross the border.

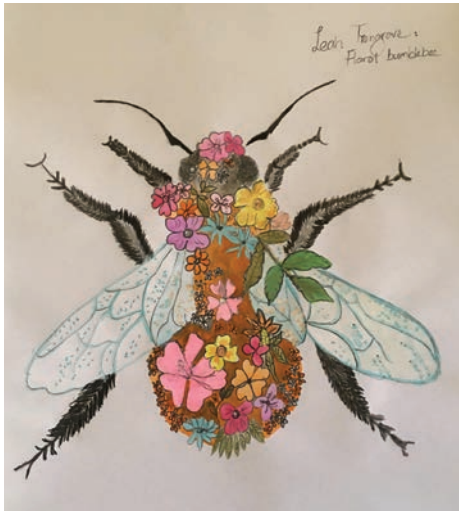
On Sunday, 6 September 2020, I finally entered the NSW border by car. I drove to Wagga Wagga where I quarantined for 14 days. No stops were allowed.

When I arrived, I unpacked my car and was excited about my 14-day holiday... well that's what I called it... initially.

The first week was amazing! I slept in most mornings till 8am. I watched Netflix (I highly recommend *Ozark*), read books and catnapped.

I even felt as though I actually watched the grass grow. Most of all, I started to paint again!

I had two Rural LAP friends already working in Wagga Wagga at the time of my quarantine who were so caring and supportive. ▸▸



Not only did I have daily Chai Lattes dropped at my doorstep, but I also received care packages and regular phone calls to check on me. I was feeling very blessed and grateful.

Day nine was the toughest... I woke up absolutely over it! I felt as though I couldn't do it anymore, I needed to get out of the house.

There was a park opposite where I was quarantined and I swear it was calling me over. I quickly closed the door and restrained myself to keep within my boundaries.

I called my fiancé, Michael Jowett, and told him that I didn't think I could finish the quarantine. After a lengthy conversation, I decided to stay with only five days to go. The next day a beautiful bouquet of flowers arrived from my fiancé saying "you've got this!".

Day 10 was swab day. I was excited to finally be allowed to leave the house and drive somewhere.

Of course, my swab came back negative.

On my first shift, I felt like a dog without a leash! It felt so good to be out and about. Freedom at last! Something most people take for granted until you have to quarantine.

Being by myself and in isolation for 14 days was one of the most difficult times I've ever encountered. On a positive note, I learned to paint again and went to regular art classes every Friday night in Wagga Wagga. I also learned how to apply resin on cheese boards.

I will never forget my isolation experience during COVID-19. Frontline workers were often delayed from working and supporting those that need it the most.

Border closures and restrictions definitely put a strain on the health care system itself and facilities that needed help.

Nurse shortages are very real in rural and remote towns and COVID-19 made the shortages much worse. Hopefully, we will all learn from this experience and take into consideration the urgency and importance of making our frontline workers a priority.

Let's pray there is no third wave.

Bronwyn Picton, ICU RN

learn where you live – agricultural health and medicine goes online in 2021

For the first time in 12 years Australia's only postgraduate agricultural health and medicine unit is going online for 2021. This internationally-recognised, multidisciplinary course better equips health providers, rural professionals and our rural communities with the knowledge and skills they need to live, work and prosper.

To date, over 230 professionals working in agriculture, medicine, allied health, and nursing from across Australia, New Zealand, India, Indonesia, Africa and the UK have undertaken the unit which confronts the high rate of injuries, fatalities and non-communicable diseases experienced by farming families and their communities.

Unit chair Dr Jacquie Cotton says, "The global pandemic event of 2020 has changed the way we teach and work. This means that you can now learn where you live, and by moving the course online enable our international and interstate students to study with us in 2021."

The exciting five-day intensive will be held online from 20–26 February 2021 as a key part of the online unit. Agricultural Health and Medicine unit (HMF701) offered through Deakin University, School of Medicine.

The presenters cover a broad range of health, safety and wellbeing issues ranging from mental illness and addiction through to emergency medicine, agrichemicals, zoonotic disease, non-communicable disease and agricultural trauma.

The course material shifts focus with the changing nature of adversity and health challenges faced by rural and remote agricultural communities, providing graduates with the necessary skills and knowledge to improve the social, physical and mental health of agricultural workforces and farming women, men and children across Australia.

NCFH Agrihealth professional, RN, and Agricultural Health and Medicine graduate, Amelia Cottrell from NSW is one of a team of rural nurses using their expert understanding of Agricultural Health to work with farmers and agricultural workers across the country.

"The National Centre for Farmer Health has helped me fulfil my passion to improve the health and wellbeing of rural communities through conducting health assessments and educating farmers about the health risks associated with the agricultural industry and to make a positive change to farmers' lives," RN Amelia Cottrell said.

Dr Cotton says, "Registered nurses who successfully complete Agricultural Health and Medicine and meet requirements, are also ideally placed to join Australia's only AgriSafe™ network."

To find out more about scholarships, AgriSafe™ career opportunities or apply for the Graduate Certificate of Agricultural Health and Medicine, visit www.farmerhealth.org.au/education, contact Dr Jacquie Cotton 03 5551 8533 or email j.cotton@deakin.edu.au

NATIONAL CENTRE FOR FARMER HEALTH

age and fertility: what people should know about their chance of a baby

Most Australians don't realise how early their fertility starts to wane and many place too much faith in IVF as a back-up measure, new research by Your Fertility suggests.

A survey of more than 700 Australians found only one in three knew a woman's fertility starts to decline from the age of 30. Fourteen percent understood that male fertility also declines from about the age of 45.

"Australians are pretty good at knowing how to avoid pregnancy but they don't seem to know enough about how to get pregnant," said Dr Karin Hammarberg, of Monash University.

"Most Australians want to have a baby at some stage, so health professionals should not be afraid to ask patients about their pregnancy plans. It might give you an opening to discuss the impact of age on fertility, so your patients can make informed choices".

About one in six couples experience infertility and age is one of the biggest causes.

The survey also found that most respondents overestimated success rates for IVF which works for about half of all people who try it. Most respondents over-estimated the chance of IVF working for a woman in her 40s, with many estimating success rates of 20 percent plus.

So, if you want to help your patients maximise their chance of a healthy baby, here are five facts to share about the impact of age on fertility.

1. Age is the biggest factor affecting a woman's chance of conception

It's a biological fact that as women age, their potential to have children decreases, although the exact time when this starts to happen can vary among individuals. Research has shown that women younger than 30 have about a 20 percent chance of getting pregnant naturally each month. By age 40, the chance of pregnancy is about five percent each month.

In general:

- women are most fertile before the age of 30
- after 30, women's fertility starts to decrease
- after 35, fertility declines more significantly
- by 40, a woman's fertility is about half the level it was before she was 30.

2. A man's age can affect the chance of conception too

We've all heard about men in their 80s and 90s fathering children, but it's rare. It takes longer for partners of men older than 40 to conceive. Assuming a woman is younger than 25; if her partner is also younger than 25, it takes an average of five months to get pregnant. If her partner is older than 40, it takes around two years, and even longer if he is older than 45. For couples having IVF, the chance of having a baby is higher if the man is younger than 41.

3. Older age increases the chance of pregnancy loss and complications

The risks of miscarriage and complications in pregnancy and childbirth increase as women age. Older women have increased risk of gestational diabetes, placenta previa, placental abruption, stillbirth and caesarean birth than younger women. Also, the risk of miscarriage is higher for women whose male partner is older than 45, compared to men younger than 25 years of age.

4. Older age increases the chance of abnormalities for the baby

Because of the changes that happen in eggs and sperm as we age, including damage to genetic material, children of older parents have a slightly higher risk of birth defects and genetic abnormalities. The risk of mental health problems and autism spectrum disorders is marginally higher in children of fathers older than 40 than in those with younger fathers. It is estimated that the risk of having a baby with a chromosomal abnormality is approximately one in 400 for a woman aged 30 and one in 100 for a woman aged 40.

5. IVF does not guarantee a baby

Most respondents to the Your Fertility survey over-estimated the chance of IVF working for a woman in her 40s, suggesting misconceptions about fertility treatment. IVF can help people with infertility have a family but cannot make up for the natural decline in fertility that happens as women and men get older. That's why very few women in their 40s achieve pregnancy with IVF using their own eggs.

The chance of having a baby after one IVF attempt is about 30% for women aged under 35, but it's only about 10% for women aged 40–44. For women over 45 there's almost zero chance.

For more evidence-based information about fertility, health professionals and their patients can visit yourfertility.org.au.

Your Fertility is brought to you by the Fertility Coalition which includes: Victorian Assisted Reproductive Treatment Authority (VARTA), Healthy Male, Jean Hailes for Women's Health, Global and Women's Health at Monash University and The Robinson Research Institute at The University of Adelaide. ●

Your fertility

www.yourfertility.org.au

telehealth: the bridge to better healthcare in the bush

Telehealth is closing the gap to health inequity in rural and remote communities, says Julia Creek practice nurse Rachael Anderson.

The far north west Queensland town, population 500, has seen a huge uptake of telehealth services during COVID-19. "We have an ageing population in Julia Creek, it's kept the elderly at home without exposing them," Ms Anderson says.

Prior to COVID, telehealth was only available to hospital specialists through QLD Health. The community had a three to six-month window period of telehealth GP services after the devastating floods in Queensland in 2018.

"People were stuck when the roads were destroyed. We were one of the first clinics to have access to telehealth for GP services. Then they took away the item numbers for funding."

Ms Anderson says people in rural and remote communities need to have access telehealth services. "People may have to drive 50 km for telehealth but it's better than 650 km to a tertiary centre. It makes a huge difference. Access to health care is a thousand times better with telehealth. Telehealth enables us to minimise visits to the doctor. We have a patient who has travelled 200 km to see a doctor for a script.

"It's definitely closing gaps and knocking down boundaries for rural and remote communities to be able to access specialist services in their own communities.

A paediatric specialist that comes to town has the capacity for seven face to face consultations however with telehealth helping to cover the groundwork, everyone that needs to be seen can be.

"People who live in rural and remote communities deserve access to health care. We are important and our health does matter."

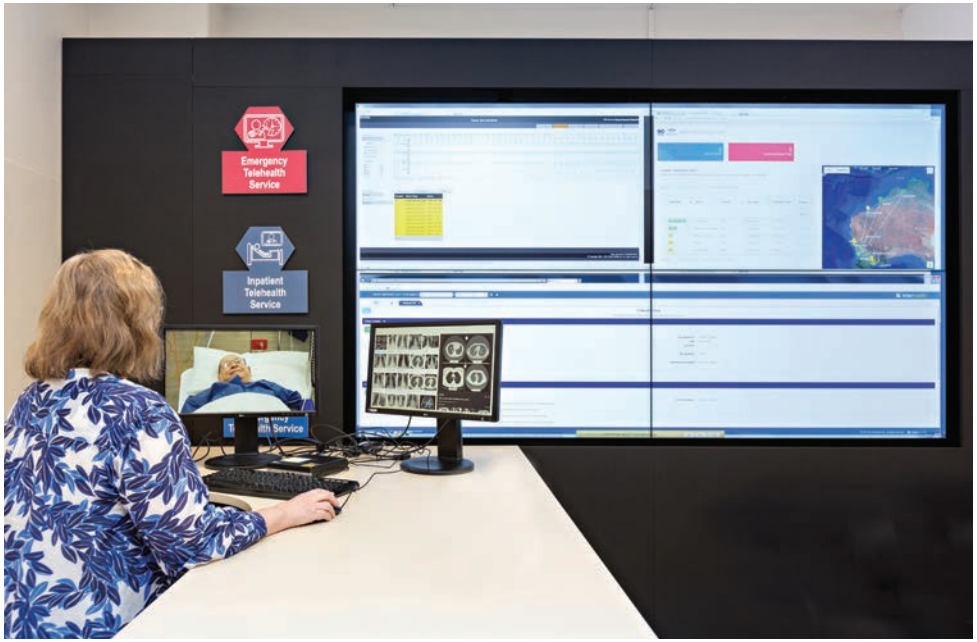
Figures from the Western Queensland Primary Health Network (WQPHN) Health Intelligence Network show more than 16% of the region's entire population accessed telehealth from the start of April to the end of May 2020.

WQPHN CEO Stuart Gordon said there was a widespread desire for telehealth to become a bigger part of primary care in the bush.

"The feedback we're getting is that while issues like connectivity and technical capability need to be addressed, there is strong support across our region for better utilisation of telehealth in the post-pandemic world."

A WQPHN survey of 59 commissioned health providers found 88% were willing to change to incorporate telehealth as part of their routine service offering post-COVID. The survey showed telephone was the most popular telehealth platform (55%), followed by video (36%) and email (9%).

WQPHN launched a 'Telehealth Care Guide' to help support rural and remote health practitioners build on their knowledge and improve their capacity to deliver telehealth in the region.



While face-to-face consults will always be the gold standard when it comes to primary care, WQPHN sees telehealth as a vital adjunct that can improve access to care for remote patients, or those with mobility issues, the elderly, or where cultural barriers exist.

"That follow-up appointment does not necessarily have to be a face-to-face, it can save patients a lot of time and money and stress if those follow-ups can happen via telehealth. The tyranny of distance has to be accounted for; we have to implement something else in health care out here to help communities," Cloncurry GP Dr Leonie Fromberg said.

The WA Command Centre rapidly stepped up its telehealth support during COVID-19 across the state. Launched in October 2019, the WACHS Command Centre provides a range of services in a 24/7 'virtual' clinical hub.

It supports doctors and nurses in country hospitals and nursing posts by providing ready access to specialist clinicians who use technology, videoconferencing and real-time data to assist in delivering quality patient care. It includes an Emergency Telehealth Service (ETS), an Inpatient Telehealth Service and a Mental Health Emergency Telehealth Service.

During COVID, a new Acute Specialist Telehealth Service has provided country clinicians and their patients with access to a range of specialists using new and improved three-way videoconferencing facilities, to support timely acute patient assessment and treatment.

The ethos of the WACHS Command Centre is to treat patients where they are, says Clinical Nurse Consultant Melanie Goode. A former rural and remote nurse including in Roebourne, Karratha and Three Springs, Ms Goode says she understands what's valuable on the other end of the camera.

"It's about being there at 3am to give that support when there's no one else around. Nurses can dial in for advice if they haven't done a plaster in five years, or how to help suture, or with non-invasive intubation. ▸▸

"From a nurse's perspective, there's a level of support that may not have been there previously – we can be at the end of a camera within 30 seconds."

The WACHS Command Centre has provided extensive education to the health workforce during COVID-19. There's a regular dial-in each week on important COVID-19 related topics.

"It doesn't replace on-the-ground education but it does provide access to highly specific information. Hundreds of people have accessed education online during this time."

New temporary telehealth Medicare Benefits Schedule (MBS) item numbers for telehealth services funded for all Australians, were introduced as part of the federal government's $2.4 billion health package in March.

This covered phone and video-consultations with GPs, specialists, nurse practitioners and allied health professionals.

Since then there has been a rapid uptake, more than 35% of MBS-funded consultations conducted via telehealth in April 2020.

The federal budget confirmed a six-month extension to subsidies for telehealth consultations, worth A$2.4 billion. It also included A$18.6 million for the preparation of permanent telehealth infrastructure beyond March 31 next year.

The Australian Primary Health Care Nurses Association (APNA) welcomed the extension of Medicare-subsidised telehealth. APNA President Karen Booth said telehealth had the power to bring a nurse into every Australian home.

"It needs to become nursing as normal so patients have choice in how they access health care. Nurses in particular have embraced telehealth for patients with chronic disease and it's also been incredibly valuable in providing health care to rural and remote Aboriginal and Torres Strait Islander communities.

"While telehealth been critical in helping people with chronic illness maintain routine health care during COVID-19, nurses were also seeing an increase in telehealth patients with mental health issues, such as acute anxiety and depression," Ms Booth said.

> "We're especially seeing that volume intensifying in the younger, college-age population. The isolation aspect of this pandemic appears to be beginning to take its toll on young adults and nurses are assisting them with coping skills for mental wellness."

Ms Booth backed calls by other health professionals to remove barriers to greater use of telehealth.

The National Rural Health Alliance (the Alliance) has been advocating for improvements to digital health capability and greater access to telehealth services for rural, regional and remote communities.

Effective implementation requires a whole-of-government approach to ensure that the necessary infrastructure is in place to facilitate full functionality of digital health initiatives, Alliance CEO Gabrielle O'Kane said.

> "We know that not all parts of the country have the telecommunications infrastructure with sufficient bandwidth and connectivity."

Students embrace telehealth

Clinical educators moved to provide telehealth services with fewer patients to attend CQUniversity's student-led health clinics due to COVID-19 restrictions earlier this year.

It created a lifeline for patients, a model for expansion of telehealth services into rural areas and a unique learning experience for students across the disciplines of physiotherapy, occupational therapy, and chiropractic sciences in Rockhampton, Mackay, Brisbane and Sydney.

"For those who could only arrange phone access, rather than video, we were still able to include an educational aspect which helped with better understanding of the patient's condition, checking in on their progress with home exercise programs, and their self-management options for treatment," fourth-year physiotherapy student Samantha Bainbridge said.

"It is imperative that all Australians, regardless of location and treatment environment, are able to benefit from the availability of personal health information at the point of care. If not addressed, the system has the potential to increase health inequities that people in rural and remote Australia already experience."

The federal government has provided eHealth practice incentive payments to GPs to allow them to keep abreast of changes to digital health and improve their data management and secure messaging systems.

"To achieve a truly integrated digital health system that improves care coordination, allied health professionals, nurse practitioners and Aboriginal health practitioners also need to be linked to the system and offered similar incentives," Ms O'Kane said. ●

experience what it's like to live and work in rural Queensland

Health Workforce Queensland develops and delivers rural immersion programs to give health students the opportunity to experience what makes rural healthcare so unique.

Health Workforce Queensland is a not-for-profit, non-government organisation whose purpose is to create sustainable health workforce solutions that meet the needs of remote, rural, regional, and Aboriginal and Torres Strait Islander communities, challenged by a shortage of health professionals.

Health Workforce Queensland student programs include:

GROW Rural

GROW Rural is a three-year rural immersion program which provides up to 30 medical, nursing, midwifery and allied health students the annual opportunity to experience clinical practice and the unique lifestyle of rural Queensland communities. Recognising the importance of promoting interprofessional collaborative practice, GROW Rural was specifically designed to be inclusive of all disciplines and available to both domestic and international students.

GROW Rural students tour specific rural Queensland communities to visit private and public health services and facilities, learn about the clinical needs of rural communities, undertake clinical skill sessions, participate in community social and cultural activities.

The program is developed collaboratively with participating communities to establish lasting personal and professional relationships with community members and health professionals while experiencing the lifestyle and hospitality of rural Queensland communities.

The next GROW Rural intake will be for the 2021–2023 GROW Rural Central Queensland cohort with applications opening March 2021. Please note this program requires a three-year commitment and is best suited for first year students.

GROW Rural	Start date	Finish date
2021 Year 1	Friday 30 July	Sunday 1 August
2022 Year 2	Friday 29 July	Sunday 31 July
2023 Year 3	Friday 28 July	Sunday 30 July

For more information for this free student event go to GROW Rural at www.healthworkforce.com.au

Go Rural

Go Rural is the perfect opportunity for health students to understand what it means to 'go rural' and to engage collaboratively with their multidisciplinary peers. As a one-day rural immersion experience Go Rural takes place in a rural community and draws upon local health practitioners who share their rural career journeys and facilitate a range of clinical skill sessions.

We encourage you to Go Rural if you're curious about rural and would enjoy participating in a face to face event with like-minded students.

The next GO Rural event will be held in 2021:
Event date: Saturday 8 May 2021
Registrations open: March 2021

For more information for this free student event go to www.healthworkforce.com.au

Go Rural Virtually

Go Rural Virtually provides health students from all disciplines and year levels a virtual rural experience by showcasing a series of Queensland rural communities through online webinars.

By registering to be part of a Go Rural Virtually webinar, medical, nursing, midwifery, and allied health students can connect with Queensland's outback, its people and discover what makes health professionals turn a rural career into a lifestyle.

The Go Rural Virtually experience integrates videos with topical panel discussions drawn from local doctors, nurses, midwives and allied health professionals who also facilitate breakout room group sessions with the students.

Go Rural Virtually webinars will take place in: February 2021, July 2021, October 2021.

If you want to be part of a virtual community with fellow students, expand your professional network, and be inspired to take up a rural placement, visit Go Rural Virtually at www.healthworkforce.com.au

Going Rural

Going Rural provides accommodation and transport subsidies to assist Queensland nursing, midwifery and allied health students' complete clinical placements in remote and rural settings.

If you require assistance or information, please contact the Future Workforce team futureworkforce@healthworkforce.com.au

let's talk about sex... after having a baby

By Pauline Cassar, RN/RM, Clinical Workforce Educator

Here at SHINE SA we've recently updated our popular booklet Sex and Intimacy after having your baby and it got me thinking; when do we as health professionals talk with our pregnant and postnatal clients about what to expect in regards to sex and intimacy after having their baby?

It isn't a topic that's covered during routine antenatal care and immediately after the birth it might not seem all that relevant to the couple. By the time they are thinking about becoming sexually active again they're likely to have been discharged from the health service or midwifery program. As health professionals, we may feel awkward about discussing the topic or simply so pushed for time in our busy health care system that the topic is not raised.

There is no specific timeframe to wait before having sex after the birth; it's really when the person feels physically and emotionally ready and this can vary considerably between people. If the person had stitches from a tear or an episiotomy it's best to wait for this to heal before having vaginal sex to prevent complications or delayed healing.

It is clear that sexual problems are very common after giving birth. A UK study by Barrett et al (2000) of 484 first time mothers report that over 80% of participants experienced sexual problems in the first three months after having a baby including pain during sex, vaginal dryness and loss of libido. This dropped to 64% after six months, however was still much higher than pre-pregnancy levels of 38%. The vast majority of these people did not discuss their sexual problem(s) with a health professional, with only 15% reporting that they had. It seems most people experiencing postnatal sexual problems feel awkward about talking to their health provider or feel that they can't ask (Barrett et al, 2000).

After the birth of their child the majority of participants in the study said that a health professional had spoken to them about resuming sex after childbirth, but that these discussions were predominantly around contraception with only around a quarter discussing the right time to recommence sexual activity and only 18% being advised about possible changes or problems they might experience (Barrett et al, 2000).

The contraception discussion is an opportune time to also discuss expectations around sex and intimacy. Ideally these conversations should occur during the antenatal period, shortly after the birth and again at the six week check. It is important to be aware however, that around 60% of our postnatal clients will not have resumed sexual intercourse after six weeks and therefore it may be too early for issues to appear. Sexual problems may still be an issue many months or even years after giving birth. (Barrett et al, 2000).

An Australian study aimed at exploring women's experiences of changes to their sexual relationship, sexuality and intimacy after giving birth, found that there was much more going on which affected couples' post baby sex lives than simply the physical changes. Extreme tiredness and exhaustion was the most commonly reported reason for a decrease in sexual activity (Woolhouse 2012).

The participants identified numerous factors affecting their sexual and intimate relationships including lifestyle changes and body image issues and the researchers where surprised by how frequently a loss of libido after childbirth was linked with feelings of guilt or failure. The participants also identified factors that helped make the transition into parenthood smoother naming teamwork; shared responsibilities; taking on challenges together; taking time out as a couple and agreeing on priorities together as being positive influences (Woolhouse 2012).

By opening up the conversation in a sensitive and caring way, we can prepare expectant and new parents for the likely changes and challenges that they may experience in their intimate relationship/s. They might not be interested in sex for some time after the birth and that this is normal. The hormonal changes after birth and while breastfeeding that reduce libido are nature's way of delaying a subsequent pregnancy – which does make a lot of sense when you think about it! We can reassure new parents that for most people interest in sex will return. This often happens within one to three months but it is also normal for it to take longer (Snellen 2010).

Mismatched desire is also very common particularly after becoming parents and help is available through counsellors and therapists with an interest in the area. We can also encourage couples to talk to each other about how they're feeling and to negotiate the changes to their relationship and sex life together (Snellen 2010).

We can also prepare new parents for the possibility of pain or discomfort with sex and vaginal dryness. We can reassure them that these are common experiences and that there are things that can help such as the use of lubricant, trying different positions or other types of sex (other than vaginal) such as oral sex or mutual masturbation. Using vaginal oestrogen replacement can also be beneficial to treat vaginal dryness.

By taking the time to open up the conversation, chances are your clients will have questions that they were hesitant to ask. Simply normalising your client's experience and validating their concerns can be really reassuring. They will likely be relieved to know that they are not alone and that support is available.

You can order SHINE SA's booklet *Sex and Intimacy after having your baby* for the cost of postage only through our online shop at www.shinesa.org.au/resources

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SHINE SA

research in the area of first responders

An Adelaide Registered Nurse and Midwife with experience in emergency and remote area nursing, is conducting a study targeting female first responders and the impacts of the trauma they deal with, on their personal/professional lives.

Helen Frazer (pictured right), a PhD candidate with the University of Adelaide, is in the process of recruiting female first responders to complete an anonymous online survey. The survey has been approved by the University of Adelaide ethics committee and commenced in July 2020. The survey is expected to close towards the end of 2020.

Over 200 female first responders have already participated in this landmark study! Just over 20 of these participants have identified as remote area professionals – thank you to those who have participated and passed on the link to others https://stair.limequery.com/927335 More remote area health professionals are encouraged to access the survey to ensure this workforce is well represented in the results.

Working as a remote area female first responder (particularly as a nurse, midwife, doctor) with or without a family/partner, brings additional challenges to an already diverse role. The information gained from this survey will be invaluable in helping to understand the multiple impacts on remote area female first responders.

Who are female first responders and why are they being invited to participate?

Female first responders are emergency front-line workers and consist of: remote area health professionals, retrieval nurses/doctors, police, fire, ambulance, SES and other emergency personnel. Due to the nature of this work, front line personnel are frequently exposed to potentially traumatic events.

Most first-responder workforces are predominantly male, and therefore studies of females within these male dominated professions are rare. Nursing is the exception to this rule.

The survey is aimed at better understanding the current female first responder workforce and how females manage work/family demands.

Several studies into various first responder professions (which are often male-dominated) have shown that first responders may face a unique set of challenges that can impact their personal and professional lives. This study is the first Australian study to target female first responders specifically across multiple states and multiple frontline organisations in order to gain a greater understanding of the work, family and personal factors which may impact the health, wellbeing and functioning of female first responders.

Why are female remote area health professionals important for this study?

Unlike most female responders, female remote area health professionals are unique in that their workforce is predominantly female. This provides an important comparison for other male dominated first responder workforces.

In addition to gaining a greater understanding of the work, family and personal factors impacting on female first responder health and wellbeing more broadly, we are also interested in whether these factors differ according to whether one works in a male dominated or female dominated workforce in order to ensure all female first responder needs are being catered for.

This is an opportunity for the voices of female remote area health professionals to be heard as part of this larger national study.

What we know

It has been identified through work-family research that workers are more committed and have greater job satisfaction when balance occurs. An imbalance causes higher levels of absenteeism and increased staff turnover, while organisational support increases employee commitment and retention in the workplace, therefore this is an important issue to understand.

Across all organisations, female and male first responders face a range of challenges, with a number of key factors identified as impacting on recruitment and retention in these roles including: occupational stress, compassion fatigue, burnout, gender disparity, work/life balance, parenting, shift work, child care, relationships and violence and bullying.

More importantly, a number of studies have identified that females show higher level of emotional involvement than males which can put them at higher risk for compassion fatigue, burnout, depression and increased vulnerability to post traumatic stress disorder (Silove et al 2017 and Olff et al 2007). ▸▸

These factors suggest the possibility of gender specific effects within the first responder workforce which need to be considered from the perspective of workforce policy and management, and the health and wellbeing of individuals in these occupations.

How do I participate?

This study will involve an anonymous survey, which is completed online (takes approximately 15–30 minutes) and can be accessed by clicking on this link: https://stair.limequery.com/927335

This survey is designed to allow you to select the issues of most importance to you in your role as a female first responder and how you balance your work/family life.

Outcomes

This study is designed to determine the health and wellbeing needs of female first responders which can then be used to inform policies and programmes within each organisation in order to support female first responder needs. All contributions to this study are greatly appreciated.

This research is funded through Snowdrops Hope for PTSD – Australian Medical Women's Memorial Research Fund. This is made possible through Military and Emergency Services Health Australia (MESHA), a charity of The Hospital Research Foundation Group. MESHA's purpose is to optimise the mental health, wellbeing and functioning of current and former serving Australian military members, emergency service personnel and their families through the delivery and support of informed research and support services.

Helen and her daughter Hayley saying goodbye to Mum before she starts her shift.

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