






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



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from the editor

This edition of the CRANAplus magazine is the first for 2021 – a year we all hope will herald brighter times. Our organisation is certainly off to a bright start with the imminent roll out of a new digital campaign to promote the accessibility and effectiveness of CRANAplus Bush Support Services 24/7 Bush Support Line.

“Putting others first is a typical ‘MO’ of those in the helping professions,” says Rachel Salisbury, newly-appointed Acting Director of CRANAplus Bush Support Services, who points out to all remote and isolated health workers: “You can ring during the night, whenever you have a minute, or whenever you need to talk to someone.” Read the full story on page 36 and see poster on page 38.

We are also delighted to welcome Dallas McKeown, the inaugural CRANAplus Cultural Lead Officer and new CRANAplus Board member Emma Barritt. Dallas is already bringing to the fore within CRANAplus the need to constantly be aware of the importance and value of Indigenous cultural understanding and world views, while the provision of culturally responsive care is a key interest of Emma’s.

In one of our regular segments, this edition’s facilitator article focuses on midwife Sheryl Alexander who has spent 18 years working with Aboriginal women from Central Australia’s remote communities and nearly as long facilitating CRANAplus maternity courses for remote area nurses and midwives. Our featured Fellow is Senior Mental Health Clinician, Sophie Heathcote, who was in the first batch of Fellows of CRANAplus announced at the organisation’s conference in 2011.

In other stories, we celebrate with Stuart McGrath, an Aboriginal health practitioner with Miwatj Health Aboriginal Corporation in Arnhem Land, who has been named NT Young Australian of the Year, and Professor Robyn Williams has been developing a Cultural Safety Framework for the staff at Danila Dilba in Darwin that is possibly an Australian first.

This year is the 5th anniversary of the Gayle Woodford Memorial Scholarship, jointly sponsored by CRANAplus and the Centre for Remote Health, based in Alice Springs. This scholarship covers all course fees for the Graduate Certificate in Remote Health Practice and Registered Nurse Vesna Balaban, the first recipient of the scholarship five years ago, not only strongly urges remote health workers to apply – she would like to see the Certificate become compulsory for all remote health workers, including GPs. Details on how to apply is at the end of the story on page 52.

Happy reading.

Denise Wiltshire
Marketing Manager, CRANAplus



Head Office: Unit 2, 189–191 Abbott Street, Cairns QLD 4870 Australia
Phone: (07) 4047 6400 | Website: crana.org.au

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

About the Cover: Image courtesy of Jessica Howard Photography (jessicahowardphotos.com).



from the ceo



Dear CRANAplus Members and Stakeholders

With 2021 well under way, we all wait with hopeful anticipation that this year will bring some relief from the challenges and difficulties that were faced in 2020. I hope that this issue of the magazine will continue to inspire you and confirm your passion for remote and isolated work. If you have a story you would like to share, please don't hesitate to be in touch with us, we would love to hear from you.

Over the past few months, I have had the opportunity to connect with nurses and midwives who have 'gone remote' for the first time. It has been lots of fun to live vicariously through their journey and hear of the wonderful experiences that they have encountered. There have been some great tales of beautiful beaches and bush walks and a few stories of unwanted animal encounters including a snake in the laundry basket – all part and parcel of remote life!

The most rewarding stories, however, are those of the personal and professional satisfaction where nurses and midwives have had the opportunity to work in an environment where they can use their extensive knowledge and skills in day-to-day practice. We often hear the phrase "no two days are ever the same", but with remote practice that is so often the case and reflects the broad range of skills which a RAN/M holds.

Many health professionals who are new to remote are apprehensive about being out of their comfort zone. This is often for a combination of reasons including – limited resources compared to a rural or regional area, no onsite medical support, being on call or working in a culturally different environment.

Feedback from the nurses and midwives new to remote work, was that for those who received a well-rounded orientation, the concerns started to abate. When the orientation focused around a cultural introduction and key orientation components linked from there, the nurses and midwives reported that they felt better prepared and more confident in their new roles. It also enabled them to foster positive professional relationships with the Aboriginal and Torres Strait Islander Health Workers/Practitioners which in turn enabled a point of connection to the community.

Of course, this will be of no surprise to the experienced RAN/Ms, it just reinforces the importance of having a comprehensive orientation in place. Understanding the Aboriginal and Torres Strait Islander culture of where we are working is fundamental for our professional practice. Over the coming months CRANAplus' Cultural Lead will be sharing her reflections and thoughts with you on how we can work together to tackle the disparity between Indigenous and non-Indigenous health. I look forward to going on this journey with you.

Warm regards

Katherine Isbister
CEO, CRANAplus



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.



CRANAplus Awards 2021

Do you know an individual or team who has gone above and beyond in their service and commitment to remote health?

The CRANAplus annual awards recognise excellence in the following categories:

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

Nominations are open NOW and will close 30 June 2021

To make a nomination head to the CRANAplus website: www.crana.org.au





in focus

from the chair of the board

I have been reflecting on the importance of CRANApplus as an organisation over the past decades and its relevance in today's environment.

In 1982, 130 remote area nurses from regions across Australia gathered together in Alice Springs to put remote health issues on the national agenda.

This group of passionate nurses recognised the unique challenges faced by the remote workforce, and that these challenges were poorly understood by their non-remote colleagues and the health profession in general.

Also, they recognised that poor health status and inequity were key factors that needed addressing.

Today, CRANApplus continues to be that voice and provide much support in this space.



Photo: Nancy Weatherford.



For those who are interested, there is a wonderful summary timeline on the CRANApplus website <https://crana.org.au/about-us/about/history>

This outlines CRANApplus' history and I encourage you to have a look, as it is an inspiring reminder of the investment and commitment of so many passionate nurses and health professionals over these past nearly 40 years.

The need for CRANApplus and its role in advocacy, education and support is as important today as it was in 1982.

On behalf of the Board, I would like to acknowledge the ongoing work of all the passionate and committed CRANApplus team led by our CEO Katherine Isbister.

Regardless of the current world-wide challenges, the organisation continues to be in safe hands.

Thank you to each of our members, volunteers and supporters for your ongoing commitment to CRANApplus to promote the delivery of safe, high quality primary health care to remote and isolated areas of Australia.

Health still has some challenges ahead, but together we can make a difference.

Sincerely

Fiona Wake
Chair, CRANApplus Board of Directors ●

the right direction for Emma



A chance meeting at a bus stop catapulted new CRANaplus Board member Emma Barritt from the world of academia into life as a remote area nurse in Indigenous communities in Outback Australia.

“Growing up I have always had a deep interest

in both social justice issues and the history of Australia’s First Nations People, so studying Australian History, Politics and English at university – in a way – did prepare and lead me to where I am now,” says Emma.

“From that random chat with someone who’d just completed a remote nursing placement, I knew immediately it was the right direction for me.”

So Emma, originally from the Barossa Valley in South Australia, abandoned her PhD in History and completed a graduate entry nursing degree at Flinders University where she was able to choose subjects that allowed her to explore further what a career in remote health might look like. That was 12 years ago.

Emma worked in a range of regional and remote locations in the Northern Territory for about 10 years before moving two and a half years ago to the Pilbara region in Western Australia where she is now working as the Clinical Manager – Remote Services for Puntukurnu Aboriginal Medical Service.

“Becoming a Board member is an opportunity to make a contribution to remote health in a different way beyond my professional work, to bring my skills and knowledge to a different forum,” says Emma who holds a Bachelor of Arts, Bachelor of Nursing and a Master of Public

Health. She has experience across a diversity of roles including program coordination, clinical education and health service management and administration.

“What really motivated me to put my hand up for the director position is knowing that I can bring to this role contemporary experience of what it is like right now working in the remote primary health care environment on the front line. I am in touch with the issues on the ground for remote health workers.”

“Working in the NT in a whole range of different remote health environments, I was very lucky to have some very strong and inspiring mentors and role models who have shaped my journey.”

Emma is now based in the mining town of Newman, and her working week revolves around visiting four of the most remote communities in the country.

Puntukurnu Aboriginal Medical Service has just opened an Aboriginal medical service for the Indigenous townsfolk who, until recently, used the mainstream services at the hospital and local GP service.

“This is very exciting and something we have been waiting for, for a long time,” says Emma. “As well as now having a culturally responsive primary health care service for Aboriginal people within Newman we are also working hard to bring a dialysis service online so that local Aboriginal people do not have to travel so far from home to receive dialysis.”

The provision of culturally responsive care is a key interest of Emma’s. “During my nursing studies, I met some incredible mentors who led me to develop a deep interest in what it means to work in a culturally responsive and trauma informed way. I would particularly like to thank Doctor Kerry Taylor whose critical teachings around cultural competency and communicating effectively in a cross cultural space have shaped my own practice and passion for supporting other clinicians to develop their own practice.”

“Working in a culturally responsive manner means providing safe and effective care within a framework of respect for traditional knowledge and approaches to health and wellbeing. It also means working from a constant position of deep personal reflective practice, being mindful of our own cultural narratives and understanding the impact of history, trauma and power-dynamics that can exist within every interaction that we have with our clients and colleagues.”

CRANaplus plays a critical role in preparing nurses for working remote and assisting them to maintain their competency while they are in the field.

“It offers many training packages in a range of modalities to get people ready for working in the remote context – not just practical skills but also offers opportunities for further development in cultural competency, management, mental health, managing worker wellbeing and much more. It is all those wraparound competency skills before you hit the community that are really important.

“In years gone by for those starting out in remote, the emphasis would have mostly been ‘what experience do you have with

emergencies’. Now, although emergency skills are still important there is much more emphasis on really good quality comprehensive primary health care skills and the cultural competency that is required to execute these efficiently.”

Emma has been a member of CRANaplus since her student days, learning about the organisation through CRANaplus Bush Support Services, which she admires greatly.

“I had a very traumatic incident during a student placement in a remote community. A colleague advised I reach out to CRANaplus Bush Support Services which I did and the support they offered was phenomenal. Not only did they help me process the event that had occurred but they were able to help me see the event in a ‘trauma informed’ way and against the complex context of the challenges that that community was facing at the time. I guess that incident could have put me off working remote.

“Thankfully I had CRANaplus Bush Support Services – it’s such a brilliant service and I would encourage all remote workers and their families to utilise it.”

Emma says she is looking forward to increasing her skills as a Director. “I have been privileged to work as a CEO of a small Aboriginal Medical Service in the Northern Territory so am familiar with corporate governance and working with boards. However, this is my first time in a Director position. CRANaplus has been really exceptional in the induction and orientation they have provided me for this role and I’d like to thank all the Directors and staff at CRANaplus for their friendly and warm welcome.”

Emma says she is very grateful for this opportunity and in 2021 is really looking forward to contributing to the critical work that CRANaplus is doing in its ongoing and continued advocacy and support for the rural, regional and remote health workforce. ●

“I’ll be back!” says Sheryl



“Stand back and listen. Really listen. And be led by what the women want.” That’s the advice from midwife Sheryl Alexander who has spent 18 years working with Aboriginal women from Central Australia’s remote communities and

nearly as long facilitating CRANaplus maternity courses for remote area nurses and midwives.

Many remote area nurses feel uncomfortable about the idea of a woman going into labour in the community, says Sheryl. “They can be very knowledgeable and competent nurses but have limited experience in birthing. In the MEC course we give them the know-how to be prepared.

“Having worked in remote communities, facilitators also deal with reality which can mean nurses dealing with a shortage of resources and basic facilities and we are able to pitch the course material accordingly.

“And through very generous and forgiving Aboriginal women I’ve worked with over the years, I’ve learned a very important lesson that I pass on,” says Sheryl.

“We are so busy talking and think we know best. We need to give Aboriginal women the opportunity to say what they would like.

“Before going to the Northern Territory, I’d walked across the Tasman Bridge in Hobart in support of reconciliation. I thought I knew a lot about Aboriginal people,” says Sheryl. “I didn’t.

“I participated in a cultural awareness course and thought it was about what I could learn about the culture. What I have learned is that,

yes, it’s about language: learn a little of the language. It’s about culture: learn what to say and when to say it. But most of all, it’s about giving space.

“I made lots of mistakes. I still make mistakes. Luckily Aboriginal women are forgiving and have a good sense of humour.”

Sheryl’s first job in Alice Springs was with Congress Alukura Aboriginal health and birthing centre. “The women were very traditional, coming from communities in the APY Lands in South Australia for example, and English would be perhaps their fourth language. In a consult women would answer me in language and I got yes and no mixed up which caused some confusion, and a fair bit of laughing.

“When a women had a haircut I’d comment on it, saying how nice it looked, when in fact Aboriginal women cut their hair in grief when someone dies. And it’s rarely a good cut. I was so green.

“I learned the hard way that when someone said they’d had ‘bad luck’ it didn’t mean they had lost at cards, it meant someone had died.”

“Aboriginal terms in English are sometimes colourfully accurate,” says Sheryl. “The uterus is the baby bag, a shame job is being embarrassed and while we’d never use the word ‘pain’ when talking to a non-Indigenous person about their contractions, Aboriginal women talk about painning.”

Sheryl then worked for the NT government, first as an outreach midwife, visiting communities that could be 700 km from Alice Springs, before



joining the Midwifery Group Practice in Alice Springs which provides antenatal, labour, birthing and post natal care for Indigenous and non-Indigenous women.

Women from remote communities usually come to town at 38 weeks with antenatal care prior to this given by RANs or Outreach midwives. At 38 weeks we pick up their care until after birth when the women and their babies go back home and are again cared for by those RANs or Outreach midwives.

Sheryl has travelled around the country as a MEC facilitator since around 2005 and then for the MIDUS courses when they were introduced a few years later, specifically for midwives working in communities who otherwise may have little opportunity to find out about new ideas and concepts and upskill.

“These courses are terrific for the participants, and also terrific for me,” says Sheryl. “We get to spend time with other midwives and

everyone has some piece of advice or information to give you.”

Sheryl has a raft of amusing stories about her experiences as a facilitator. A number revolve around frozen placentas – carting them to the locations, defrosting them in strange places and keeping them safe from inquisitive birds. Time out from facilitating also provides fun opportunities with one visit to an op shop to try on evening gowns, hats and other items of clothing conjuring up images of a movie scene with the women popping in and out of changing rooms with clothing eventually purchased – but possibly never to be seen in public.

Sheryl has recently moved to the Central Coast of New South Wales to live closer to her mother.

It was very difficult to leave, she says – and that’s why she adds “I’ll be back!” Already she’s putting her hand up to run future MEC and MIDUS courses and is exploring options for occasional locum positions in the Outback. ●

spotlight on the value of Indigenous cultural understanding

Dallas McKeown's career has been a well-rounded preparation for her role as the inaugural CRANAplus Cultural Lead Officer.

"When I saw the job advertised I said to myself 'yes, I can have a positive input into that position,'" she says. "It's a culmination of all my experiences over the years in community and government organisations, working in areas such as health promotion, university research programmes, project management and primary health care.

"The fact that the majority has been rural and remote communities also lends itself perfectly to the organisation.

"I feel very privileged and thrilled to be the first Cultural Lead Officer for CRANAplus, to be able to look at all the areas where an Indigenous perspective can have influence."

As a Senior Manager of the CEO Office, Dallas will drive focus and influence in Executive Forums and one aim is to assist CRANAplus to achieve appropriate representation of Aboriginal and Torres Strait Islander Peoples in conferences and other stakeholder forums.

Dallas is already bringing to the fore within CRANAplus the need to constantly be aware of the importance and value of Indigenous cultural understanding and world views.

She is currently drafting the organisation's inaugural First People's strategy for executive approval in line with the CRANAplus Strategic Plan.

"I am looking at the plan's goals, values and vision," she says, "to see how we can make them applicable for Indigenous staff, members, clients and external organisations, and to ensure there is an Indigenous context for policies, current and new."

Through Dallas's extensive network developed over the years, one of her longer-term goals is to look at barriers limiting Indigenous staff numbers, membership and organisations' involvement in CRANAplus and examine opportunities to increase these figures. One step will be to extend knowledge of CRANAplus, such as its educational courses, to Aboriginal and Torres Strait Islander stakeholders.

"I'd also like to see CRANAplus look at ways to employ Indigenous people, perhaps through traineeships, short-term positions and project work, and to strengthen its link, through the education courses, to assist Indigenous people, such as Aboriginal health workers, to explore a variety of options for study in the health sector."

Dallas sees the Cultural Lead Officer as a linking position – both internally and externally. She is a proud Aboriginal woman of the Yuwaalaraay nation (north western New South Wales and southern Queensland), and has been engaged within health and advocacy for over thirty years.

"We've already had a yarning session looking at the organisation's values, which was very productive. For example, when we looked at 'respect' we considered what that actually means in an Indigenous context and how it can be demonstrated. There is always room for courageous conversations. There are many people who already have a lot of knowledge and experience, but I say I'm happy if they listen to what I'm saying. I'll maybe suggest they could look at an issue another way, or tell them about my experience as an Aboriginal woman.



"Perhaps they will question me, or disagree with me, and that's ok – we can agree to disagree or we could have a conversation to further explore the issue. It can be challenging to question yourself, but these opportunities to engage, to have those discussions is a chance to discover new ways of looking at situations."

Dallas is looking forward to providing important insights, advice, and guidance to enhance CRANAplus' engagement and progression across cultural knowledge and cultural safety, and provide important insights relating to Aboriginal and Torres Strait Islander issues to strengthen our organisation and service provisions. ●

prepared to talk

Senior Mental Health Clinician, Sophie Heathcote, was in the first batch of Fellows of CRANaplus announced at the organisation's conference in 2011. She has a long history with the organisation: she's a past president, has served as treasurer, been the NSW CRANaplus representative, and represented the organisation on the National Rural Health Alliance and the Mental Health Council of Australia. Here is her story.

"I've had a few roles." Sophie agrees. "But being invited as a speaker at the 1991 conference is one of the most memorable. To be able to share my story – hell on earth for everyone involved – and to feel the support that CRANaplus gave me, strong and unending and out of the blue, I'll never forget."

Sophie came out to Australia from England in the 80s as a twenty-something Registered Nurse on a working visa and immediately decided she wanted to live here. Her first job was in

a tiny community called Goodooga in New South Wales, almost on the Queensland border. Coming from the Cotswolds in England she knew rural. This was completely different, but there were horses, one of her loves. Then she moved to Wilcannia to work as a remote area nurse at a hospital with no resident doctor, but with access to the Royal Flying Doctor Service (RFDS) by radio and phone.

There was an incident with a tragic outcome. A young man died. What followed included a series of investigations and inquiries. It was a moment in time that pointed Sophie in the direction her nursing career has taken ever since.

"The case fed into my career and my life," she says. "I knew I needed to learn from this experience. It told me I needed to be far more aware." Sophie embarked on some serious studies at Charles Sturt University, achieving a Bachelor of Health Science (Nursing), followed by a Graduate Certificate in University Teaching and Learning, and then a Master of Clinical

Nursing, focusing on mental health and drugs and alcohol. She taught at university, developing a mental health course, before returning to remote nursing.

"The case was in all the newspapers and CRANaplus approached me. That's when I was introduced to the organisation. Sabina Knight was probably the first person to contact me and she was massively supportive. I don't think I felt like running away, but I did need support – and I got it.

"I have always been prepared to talk about the case. It's the only way to learn. We need to address cultural safety, issues around drug and alcohol."

Sophie has worked for the past 11 years for Marathon Health, a non-government

organisation, as a mental health nurse. She has run a youth program for disadvantaged youth from 14 upwards in and around Dubbo, a small town of less than 50,000 people. She also works closely with the justice system, with Aboriginal and non-Aboriginal people who have been incarcerated, who are in rehab, or who have mental health or drug and alcohol issues.

"Back in the 90s, the services were very few and far between and it was the general nurse providing the service. There are improved services, like the programs with Marathon Health running now throughout Western NSW. There is the ability to have short-term therapy, to get help with issues around alcohol and trauma.

"I don't know, though," says Sophie, "if we have come that far with incarceration rules, deaths in custody. I don't know if it has improved. How many of the recommendations have been enforced?" ●



a priceless experience

Mental health nursing student Gabrielle Wilton recently travelled to Nhulunbuy and Groote Eylandt in East Arnhem Land in the Northern Territory for her remote placement experience. Here's her story.

I caught my first small plane ever, when I flew with five other passengers from Nhulunbuy to Groote Eylandt to begin my placement. The scenery was unbelievable and the plane was shaky, so much fun nonetheless!

I spent my first week there with a remote mental health nurse, providing outreach mental health services to several Aboriginal communities across Groote Eylandt.

Throughout the week I spent some time doing consultations with clients in the community clinics.

However most of the experience involved visiting clients in the community. I was lucky enough to meet people with the most diverse backgrounds and life experiences which was extremely humbling.

Being my first remote experience, I initially experienced some culture shock, however the more exposure and knowledge I gained over the first few days, the more I was able to understand that each individual has a unique story to tell which often influences their current circumstances.

It felt empowering to be able to assist people in these Aboriginal communities and be the listening ear that some needed.

On the final day of week one, we travelled to a much smaller remote Aboriginal community known as Numbulwar. I was able to spend the day working alongside the social worker, which opened my eyes to the way the multi-disciplinary team work together within the community to meet the needs of individuals from a social and emotional perspective. ▶▶



► I have to mention the flight to Numbulwar. Our pilot, Dylan offered me the seat next to him as pilot passenger.



The view from the front was amazing and an unforgettable experience that I would never have had without this placement offer.

I spent my final week of placement in Nhulunbuy/Gove Peninsula at Miwatj Aboriginal Health Corporation.

I worked alongside another mental health nurse and carried out similar tasks to those in the first week. We consulted with community members with acute and chronic mental health concerns.

It was a cultural tour throughout the week – I visited the incredible Yirrkala Art Centre, Garna where the famous Garna Festival is traditionally held, and learned about the local community and culture and the history of the Yolngu people.



Overall, my experience from a mental health and a remote Aboriginal community perspective was priceless. I have learned so much about Indigenous culture that I will carry with me throughout my entire career.

This CRANaplus Undergraduate Remote Placement Scholarship was sponsored by HutSix software and web development. ●



remote experience will open your eyes

Occupational Therapy student **Natasha Clegg** had no idea what to expect when she undertook a remote placement. Having completed it, she now believes everyone attaining an allied health degree should have this experience.

I have lived in the same city in Far North Queensland my whole life and was somewhat sheltered from life for people living in remote Australia. My home town has a population of roughly 200,000. Just to compare, the location I was sent to was Weipa, a coastal mining town 634 km inland from Cairns, with a population of roughly 4,000. Moving to this remote town for two months to complete my placement was an experience I will never forget.



After completing this placement, I believe that anyone attaining an allied health degree should experience a remote placement. All placements offer unique insights and fantastic learning experiences. However, if you are like me and come from a suburban background, your knowledge of remote life might be lacking. Therefore, it is important that every student improves their knowledge by having hands-on experience. This is my view. The experience will open your eyes to aspects of health care delivery that cannot be taught through a textbook or university lecture. For those interested or curious, here are my top takeaways from my two months' placement in Weipa.

Firstly, cultural awareness was one of my biggest takeaways. In the Occupational Therapy subjects taught at university, there is inclusion of cultural awareness and knowledge learnt about Aboriginal and Torres Strait Islander people. However, true depth and understanding of this important learning cannot be fully understood during a subject at university. Thus, during my placement in Weipa my understanding of the Aboriginal and Torres Strait Islander people and their history increased greatly. I learnt the importance of respect and listening when working with clients of this culture and how

as a therapist you must work collaboratively with the client rather than just doing what you believe is best. I was also grateful for the stories that elders would share about their culture.

Secondly, I really appreciated being able to develop my skills and confidence in areas of my future profession. I found that most clients really appreciated my services, even as a student, compared to suburban areas where clients didn't regard students as highly. This gave me more confidence in my practice as I felt that my input was valued. The staff were also very friendly and made me feel included and valued, allowing a safe learning environment to gain confidence in my knowledge and skills.

Lastly, as a girl living in a big city for the past 20 years, experiencing the remote lifestyle was a great takeaway. For those who haven't lived or worked in a rural environment previously would have little understanding of the lifestyle and community closeness. When working in Weipa I noticed the very strong community spirit and close-knit staff. The experience of 'everyone knowing everyone' was really beautiful and a great depiction of small town life.

This CRANaplus Remote Placement Undergraduate Scholarship was sponsored by HESTA. ●

grateful for the experience

Emily Bean feels fortunate that she completed her nursing degree with a placement in Esperance in Western Australia. Here she outlines all the reasons.

Gaining a placement in the Emergency Department in Esperance Hospital for my final stage six Registered Nurse clinical practicum was ideal for me to conclude my studies, as I was able to put into practice all the skill and knowledge I have learned throughout my degree.

Many opportunities were made available to me, and I was greatly supported by the Registered Nurses I was working alongside in developing my skills, confidence, and independence, aiding my transition into the nursing profession. Every day I was developing my therapeutic relationships, knowledge and skills base.

Esperance is an amazing place. As it is a port, farming and all-round active town, I was exposed to a large-ranging demographic within the population and to a multitude of cases: machinery inflicted injuries, falls, broken bones, impalements, motor vehicle accidents, allergic reaction, COVID-19 precautions/testing, mental health issues and drug and alcohol misuse.

I am so grateful for the experience of being on a remote placement – faced with all the challenges and limitations that come with the isolation and lack of specialists and resources.

I was challenged to push myself and to continue my professional development and education whilst on my clinical practicum.

I feel that this placement in Esperance Emergency Department has greatly benefited me, built my confidence and self-belief, and prepared me for the real world.

I am excited to be able to start my nursing career on completion of my bachelor's degree at the end of 2020.

I hope to work remotely, and after my experience in Esperance Emergency Department, thanks to the CRANaplus sponsorship scheme, I am going to do everything I can to achieve my goal. ●



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



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



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



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



Austwide Locums is one of the longest running locum agencies in Australia. With an enviable reputation for integrity, efficiency and quality of service with a personal touch. We specialise in the placement of Doctors and GP VR/Non-VR into Public and Private hospitals, General Practices, Rural and Remote Communities and Health Facilities across Australia. With a dedicated, experienced Team to look after all your requirements and finding you the best placements suited across all specialities. Austwide genuinely means it when we say "We're for Doctors". Email: join@austwidelocums.com www.austwidelocums.com



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



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



Citadel Medical provides innovative, technology and value driven custom health services, from pre-employment medicals to ongoing health care and support, to the mining and construction industries and provides expert service and holistic solutions to our clients. Citadel Medical delivers responsive and compassionate care that improves employee health and wellbeing while reducing risk, injuries and incidents for employers. Supported by an experienced, highly trained and well-respected team, we believe all remote clinical staff should be knowledgeable, experienced and approachable. Importantly, they should maintain a visual presence on-site, building rapport with employees and actively participating in site safety programs.



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



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



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. Destination 2030: Great Care for Central Queenslanders is our long-term strategy, will shape the future of hospital and health care across our region and support our aim for Central Queenslanders to be amongst the healthiest in the world. 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 identity 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/>



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.



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.



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



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!



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.



Health Workforce Queensland

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



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.



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



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/>



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



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).



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



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.



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



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



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



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.



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



Murrumbidgee Local Health District (MLHD) spans 125,243 km² 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



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



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



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



The **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



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



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.



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.



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



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: Janelle Ussher.



Photo: Julie Fletcher.

support

raising awareness of the bush support line

“Sometimes it’s not until the end of the day when it hits you just how upset and run down you are. Maybe you realise you’re not travelling as well as you have in the past. Remember the Bush Support Line is just a phone call away – 24/7.” That’s the message from Rachel Salisbury, newly-appointed Acting Director of CRANaplus Bush Support Services.

“You can ring during the night, whenever you have a minute, or whenever you need to talk to someone,” says Rachel. “You don’t need to work out how you are feeling, what’s triggered it or whether you think the issues fit the service. The psychologists on the Bush Support Line are trained to help you work that out and support you to find a way forward, no matter the situation.”

Rachel started working for CRANaplus in October last year as the Senior Psychologist

for CRANaplus Bush Support Services. She has a background in providing psychology services within a multi-disciplinary mental health team to rural and remote communities and to inpatients. “There is something so special about providing health services and throwing in your every resource,” says Rachel. “It’s a privilege to experience the sense of adventure and beauty of the regions, but my favourite part is the diversity of characters you meet along the way.

“Putting others first is a typical ‘MO’ of those in the helping professions, perhaps leading them to postpone asking for help,” says Rachel. “There is a level of wellbeing and resilience that rural and remote health workers have, yet this can get stretched over time. Worry and fatigue sets in, coping mechanisms are exhausted and even those with the strongest skill sets can be affected.”

“Bush Support Line psychologists have experience working with people in rural and

remote locations via telehealth and phone support services. They are knowledgeable and skilled in applying evidence-based practice to the unique challenges faced by the rural and remote health workforce,” says Rachel. “Psychologists have specialist skills in listening, helping you to make sense of what’s occurring and offering strategies for how you can improve your wellbeing. Whether you think your situation is simple or complex, we can help.

“Statistics show an increase in the number of calls to the Bush Support Line in 2020, with COVID-19 surfacing as one of the factors,” says Rachel. “Some callers have been directly affected by procedural changes at work, longer shift hours and concern for community members, and in some cases have also postponed leave and lost the ability to visit family and friends.

“The isolation and fatigue are felt even more when you can’t have those breaks to travel and rest,” says Rachel.

CRANaplus Bush Support Services has launched a national awareness campaign to promote the accessibility and effectiveness of the 24/7 Bush Support Line. Traditionally, it’s been promoted through word of mouth – now it’s going digital to promote wider attention.



Rachel points out that the 24/7 Bush Support Line is available to any health professional providing health care in a rural or remote community.

This includes nurses, doctors, midwives, Aboriginal and Torres Strait Islander health workers/practitioners, paramedics, aged care workers, allied health professionals, interns and students. It also includes any family members of those professionals.

“We have noticed our service is under-used by families and would like to emphasise that we are here for them too,” says Rachel. “And we are here for all rural and remote health workers, whether they are members of CRANaplus or not.”

Rachel also stresses the benefits of accessing a phone support service. “Talking confidentially to a psychologist over the phone can feel less confrontational, and you can make the call in the privacy of your own environment,” she points out.

**Rachel Salisbury
Acting Director
CRANaplus Bush Support Services ●**

Lend you an ear.
Give you a hand.

The Bush Support Line provides free, confidential support for remote and rural health workers and their families.

Our team of experienced psychologists are available 24/7 so go on, give us a bell.

BUSH SUPPORT LINE 1800 805 391



Free, Flexible, Tailored Workshops in Local Communities

The Project is currently working with health services and stakeholders in local bushfire and drought affected communities to deliver a series of workshops for health professionals. These workshops are tailored to meet the needs of local health workers and can be delivered online or face to face (where current restrictions allow). Workshop content may include:

- Effects of disaster and long-term stress, common reactions and helpful responses
- Strategies to reduce prolonged stress and enhance self-care
- Strategies for building resilience and psychological preparedness for upcoming summer season
- Listening and Communicating: Tips on engaging people who may need support

For more information about these workshops contact:

Kristy Hill: National Project Manager • M: 0424 775 205 • E: kristy@crana.org.au

Mary Jackson: Educator & Workshop Coordinator • M: 0418 672 660 • E: mary@crana.org.au



CRANApus is proud to be delivering Mental Health Training for health professionals in drought and bushfire affected communities made possible through a grant by the Commonwealth Department of Health.



Photo: Sue Ellen Kovacks.

educate

we're on the road again!

The education team is in full delivery mode, travel restrictions imposed by State and Territory Government in response to clusters of COVID-19 still keep us on high alert and remind us every day how fragile our country is and the freedom of movement we used to take for granted. There is no doubt we are still operating in times of uncertainty and we are endeavouring to keep participants and facilitators informed regularly and as required.

On a more positive note, one member of our team, who resides in Victoria and has been unable to travel outside the state, is on her first course in 12 months.

Putting this into context, she would usually travel a minimum of once or twice a month. By her own admissions, she is beyond delighted and excited to be back delivering face-to-face education.

In 2020 we developed a series of webinars. These webinars will continue to be made available and you can register on the CRANaplus Webinar page:

Upcoming Webinars

<p>A Country NP Practice with Di Bourke, Nurse Practitioner <small>21st Oct 2021, 10:00am - 11:00am AEST</small></p> <p>Dr Bourke is an Endocrinology Nurse Practitioner who works with the Western Border Health Centre. Dr Bourke will lead health workers in a practical workshop on various roles of the Endocrine System in different locations with her health day as part of the practice. Please do not miss this unique opportunity to learn from an expert in the field.</p> <p>Go to the Webinar</p>	<p>Assisting with Childbirth <small>New online webinar - 21st Oct 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to support the clinical and practical health workers in assisting with and monitoring with an emergency, and assisting with birth care of the mother and baby in the community setting.</p> <p>Go to the Webinar</p>	<p>Newborn Life Support Algorithm <small>New online webinar - 11th Nov 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to provide an overview of the most up to date evidence in the newborn life support algorithm, including what you will need to know to manage the newborn in the community setting.</p> <p>Go to the Webinar</p>
<p>Acute Respiratory Distress Syndrome (ARDS) & COVID-19 Resuscitation <small>New online webinar - 20th Oct 2021</small></p> <p>Presented by Julie Fisher (MBA) and Dr Louise Bourke. This webinar provides a full overview of Acute Respiratory Distress Syndrome (ARDS) and explains the latest evidence and management of this condition. This webinar is available with CRANaplus & Qualitative Australia.</p> <p>Go to the Webinar</p>	<p>Prison Labour <small>New online webinar - 20th Oct 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to provide an overview of the knowledge of prison workers in the clinical assessment and management of patients in prison.</p> <p>Go to the Webinar</p>	<p>Post Partum Haemorrhage (PPH) <small>New online webinar - 20th Oct 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to provide an overview of the knowledge of prison workers in the clinical assessment and management of patients in prison.</p> <p>Go to the Webinar</p>
<p>Antenatal Care <small>New online webinar - 20th Oct 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to provide an overview of the knowledge of prison workers in the clinical assessment and management of patients in prison.</p> <p>Go to the Webinar</p>	<p>Bleeding in Pregnancy <small>New online webinar - 20th Oct 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to provide an overview of the knowledge of prison workers in the clinical assessment and management of patients in prison.</p> <p>Go to the Webinar</p>	<p>Assessment and Management of Sepsis <small>New online webinar - 20th Oct 2021</small></p> <p>Presented by Louise Mclaughlin (MBA) and Dr Louise Bourke. This webinar is designed to provide an overview of the knowledge of prison workers in the clinical assessment and management of patients in prison.</p> <p>Go to the Webinar</p>

I am also delighted to announce the release of the six final modules in the eRemote Assessment Suite. The full suite is now available on the CRANaplus website:

Clinical Assessment Full Suite

	Member \$200	Non-Member \$240	
Abdominal Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Neurological Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Mental Health Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Musculoskeletal Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Cardiovascular Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Respiratory Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Neurovascular Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Diabetic Foot Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Renal Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Skin Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Eye / Vision Assessment	Member \$200	Non-Member \$240	Go to the Webinar
Ear, Nose and Throat (ENT) Assessment	Member \$200	Non-Member \$240	Go to the Webinar

We can also offer organisations the opportunity to schedule us in for their teams as professional development for staff. A small charge will be applicable, and we would need a minimum of 10 staff available for each webinar. The advantage of this is that staff can link in from

many separate locations via their registration details. Please contact liz@crana.org.au if this is of interest and you would like to explore this opportunity.



As you would be aware from our article in the last magazine, we are excited to bring you a revised Paediatric Emergency Care (PEC) Course with the first course scheduled for April in Cairns. If you would like to develop your paediatric emergency care skills and knowledge go to our website and look at PEC <https://crana.org.au/education/courses/programs/paediatric-emergency-care>

Our face-to-face courses are supported by a team of volunteer health professionals who are highly skilled in their areas. CRANaplus volunteer facilitators are committed professionals who volunteer their knowledge and skill to educate the remote health workforce.

If this is something you might be interested in please contact Liz Gordon to discuss the role of the facilitator in CRANaplus liz@crana.org.au

2021 is shaping up to be another exciting year full of many surprises.

The education team is ready for 2021 and excited with what lays ahead with reviews of existing courses and the addition of new courses well underway.

I look forward to seeing you on course or speaking with you during the year.

Sue Crocker
 Director, CRANaplus Education Services ●

my dashboard is your one-stop-shop

The CRANaplus *My Dashboard* service has been upgraded and streamlined to provide a one-stop-shop for all your CRANaplus needs.

Recent improvements mean that information related to you can now be shared with you directly. The latest innovation is the ability to submit an enquiry which will start an online conversation with a CRANaplus staff member who is best able to help you.

If you have ever attended a CRANaplus course, held membership with us or signed up for one of our free newsletters you will have access to *My Dashboard*.

Actions you can take on *My Dashboard* are:

- Update your contact and personal details

- Check your course and theory enrolments
- Find recordings of webinars that you have registered for
- Sign up to newsletters and subscriptions
- Reprint your tax invoices
- Check on your membership status and automatic renewal process for your annual membership renewal
- Review your recent educational history
- Complete a RAN Certification
- Submit an enquiry.

My Dashboard can be found at the top of the CRANaplus website above the menu bar. Please try to keep only one email address with CRANaplus so all your information can be accessed through one email login. Our friendly administration staff are available

on (07) 4047 6400 if you can't remember the email address or password you last used.

CRANaplus introduced *My Dashboard* in 2013 to improve the way information is shared with our members and customers.

It is especially useful to keep your details up to date with CRANaplus so we always have your latest and greatest information. You can retrieve or change your information yourself rather than requesting this through a CRANaplus staff member. Has your email, mobile phone, residential or postal address changed? Sign in with your old email and then you can update to the new one, once logged in.

My Enrolments is where to go for all your course and theory enrolments. Webinars that you have registered for will have recordings of the session attached there. You can review your recent educational history and download any certificates

that have been completed so it is easy to send through to your employer. Also useful is being able to retrieve any tax invoices easily.

Can't remember whether you are a current CRANaplus Member? Easy, there is a tab to check on this and also to be able to renew your membership without fuss.

You can also sign up or change your access to newsletters and subscriptions such as the CRANapulse (weekly), News and Polls (occasional) or Mindful Mondays (weekly).

If you are a current CRANaplus member, RAN Certification is free and registration for this can be started through *My Dashboard*.

Certification is a self and peer assessment that a RAN may choose to undertake to evidence that they meet the minimum essential requirements to be a safe provider of health care in remote, isolated and rural areas. ●



My Dashboard
Liz Gordon ▾



Cart

Education ▾

Certification ▾

Workforce Support ▾

Conference ▾

Membership ▾

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Employment

Advocacy ▾





professional development webinars 2021

During 2020 when CRANaplus was unable to deliver courses, a series of webinars was developed to fill the gap for professional development.

You will be pleased to hear that a regular schedule of webinars will continue into 2021 at a small cost.

\$30 non-members | \$25 members

If you would like to register please visit the CRANaplus website under *Education Webinars* to enrol.

24 Feb	Assessment & Management of Trauma
24 Mar	Assisting with Childbirth
21 Apr	Newborn Life Support Algorithm
19 May	ARDS & COVID-19
16 Jun	Preterm Labour
21 Jul	Post Partum Haemorrhage
25 Aug	Antenatal Care
22 Sep	Bleeding in Pregnancy
20 Oct	Assessment & Management of Trauma
24 Nov	Assisting with Childbirth

Organisations that would like additional sessions scheduled as professional development for staff are welcome to request this for a negotiated time and date. A small charge will be applicable, and we would need a minimum of 10 staff available for each webinar. The advantage of this is that staff can link in from many separate locations via their registration details. Please contact liz@crana.org.au if this is of interest. ●



education facilitators

Are you a highly-skilled health professional?

Are you experienced in remote and isolated health?

Do you have an interest in sharing your expertise with others?

CRANaplus is well known for the high calibre of our volunteer facilitators who are drawn from a wide variety of health disciplines. Our facilitators are highly-skilled and experienced health professionals, we are seeking facilitators who understand or will develop an understanding of the challenges of the remote/rural and isolated areas of Australia. We are looking for appropriately-skilled health professionals to teach on our emergency courses. CRANaplus has multiple and varied courses that are growing and expanding continually. You can find an overview of each course/program and see the broad array of courses currently being offered on the CRANaplus website <https://crana.org.au/>

Our courses are unique in that they:

- Are contextualised to remote and/or isolated practice needs
- Take into consideration jurisdictional differences and the broader needs of the health professional working in isolated practice
- All of the CRANaplus education courses utilise the evidence-based improvement strategies provided by the National Safety and Quality Health Service (NSQHS) Standards, ensuring all participants improve the quality of health service provision in remote, rural and isolated practice.

Essential criteria for a facilitator in the emergency stream of programs are:

- Current registration as an RN, Paramedic or Medical Officer
- Experience in any of these specialties – emergency/critical care/paediatric/mental health in either a rural/remote context or urban hospital: must be able to contextualise to the remote/isolated context
- Some programs require current Basic Life Support and Advanced Life Support (ALS) certification and post graduate qualifications in emergency or critical care.

Desirable:

- Teaching and Assessment experience.

If you would like to express an interest in being considered to become a facilitator with CRANaplus please phone Liz on (07) 4047 6407 or email liz@crana.org.au



Photo: Regine Haines.

engage

listening to your voice

Surveys came thick and fast for health professionals last year as the pandemic took hold. Every time I opened my email inbox there seemed to be another one waiting! I'm sure many of you experienced the same.

By the time the CRANaplus Member Survey was released in November there were more than a few of us feeling completely 'surveyed-out'. More so than any year, we are very grateful to all those who took to time to respond. Your responses 'from the ground' help us understand what we are doing well and what we could do better.

An infographic of your responses is presented on page 48. The Executive team of CRANaplus met in February and considered your responses in detail. This was an opportunity to reflect on the areas of greatest importance to you. We asked ourselves if we were doing enough in these areas and, where necessary, how we could do more.

One third of respondents reported that they had experienced improvements in safety and security, representing an increase from previous years. The advances described include ensuring two people for all call outs, vehicle and personal alarms, and improved security in clinics and accommodation (better lighting, locks, cameras, fencing). While these positive developments are pleasing, they do not negate concern for the two thirds of members who reported no improvement at all.

It will be of interest to many that Gayle's Law [*The Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment ACT 2017*] has been under review in South Australia. The review is considering whether the law is providing adequate protection for remote health professionals. CRANaplus was invited to the Expert Reference Group for the review and was represented by your CEO, Katherine Isbister.

Governments in other states and the NT are keeping a close eye on this review and the outcomes and recommendations that will arise from it. This will inform their consideration of whether to adopt similar legislation in their own jurisdictions.

Your ongoing frustrations due to the lack of a nationally recognised immunisation education program came through again this year. We are inching towards this with Health Education Services Australia now providing accreditation of immunisation education provider programs. Programs are accredited against the *National Immunisation Education Framework for Health Professionals*. Assessment against these standards gets us one step closer to mutual recognition of immunisation education programs across all states and territories. Ultimately, this will require legislative change in all jurisdictions. CRANaplus, along with other nursing peak bodies, continues to advocate for this.

In a year that included bushfires, drought, flooding and a global pandemic we were particularly interested in what you told us about the CRANaplus Bush Support Line. Even those who have never picked up the phone and called are comforted just knowing the service is there and available 24/7. Comments from Members who have used the service included:



"I've relied on this service to speak to people who understand where we are and what we are going through."

"I have used it twice and it saved me. I needed it more that I realised and appreciate it so much."

"Fantastic team who are always willing to listen non-judgmentally."

The survey again demonstrated the value of rural and remote work and what keeps you where you are, doing what you do. A sense of 'place', the opportunity to learn, working with purpose, the challenge of working autonomously and experiencing deep connection with people, community and country are common themes that come through in the survey each year. CRANaplus is one of the few health organisations that truly understand these motivations for working in rural and remote practice. We know what this looks and feels like as a health professional. We also know that working like this requires grit and determination. Thank you for everything you do, and for including CRANaplus on your journey. There is no better mob than you for us to support, educate and serve.

Amelia Druhan
Chief Operating Officer
CRANaplus ●

CRANApplus FEEDBACK

89%

feel CRANApplus is on the right track representing and supporting the workforce

91%

consider CRANApplus courses meet the educational needs of the remote workforce

92%

consider CRANApplus membership is value for money

95%

would recommend CRANApplus membership to colleagues

EXPERIENCE

Nearly half of all respondents have worked in a remote setting for 10-20 years, and 19 per cent have do so for over 20 years

COMMUNITIES

34%

of respondents working in communities between 1,000 and 10,000 people

27%

work in communities between 500 and 1,000 people

24%

work in communities with fewer than 500 people



MOTIVATIONS FOR WORKING IN REMOTE OR RURAL PRACTICE

(IN ORDER)

- The diversity, challenge and autonomy of the work
- Advanced practice opportunity
- Love the people, community and country
- Making a difference to health outcomes
- Constantly learning
- Lifestyle and travel opportunities



COVID-19 HAS

- Increased the workload and fatigue
- Limited or prevented travel to and from communities
- Disrupted breaks, leave and replacement staff
- Increased isolation from family and supports
- Increased infection control practices including extended mask wearing



WORKPLACE CONDITIONS IMPORTANCE

(COMBINED 'VERY' & 'EXTREMELY')

- Educational preparation and skill maintenance (86%)
- Internet/email access in the workplace (86%)
- Having a fit for purpose workplace that is maintained (84%)
- Internet/email access in the accommodation (82%)
- Fatigue management (79%)
- Remuneration (77%)
- On call demands (77%)
- Professional recognition (75%)
- Day to day workload (72%)
- Accommodation (68%)
- Access and egress into community (66%)
- Access to quality affordable food (64%)

INCREASES IN SAFETY & SECURITY

1/3

of respondents reported increases in safety and security in their workplace.

2/3

did not!



BENEFITS OF BEING A CRANAPPLUS MEMBER

- Education
- Bush Support Services
- Networking and support
- Informing membership of issues
- Advocacy



MOST VALUED OPPORTUNITIES

(COMBINED 'VERY' & 'EXTREMELY')

- Free online training/resources (97%)
- CRANApplus website (97%)
- Discounts on courses/conferences (96%)
- Quarterly magazine (93%)
- Scholarships and grants (90%)
- Weekly CRANApplus Newsletter (89%)
- Dedicated member alerts for time critical events (83%)
- Annual Conference (80%)
- CRANApplus awards (76%)
- LINKS Mentoring Program (73%)
- Monday Mindfulness message (66%)
- Facebook/social media (61%)

LINKS mentoring program resources trial

The CRANaplus LINKS Mentoring resources have recently undergone review and are available at crana.org.au. To ensure the resources meet remote health practitioners' needs, we are seeking interested members to provide feedback.

Previous feedback from members has guided our review so far, particularly the refocus towards leadership skills through mentoring and skilling for diverse professional mentoring relationships, including informal ones.

A significant change is the development of two separate modules, one aimed at experienced remote practitioners, the *LINKS Mentoring Program* and the other, the *LINKS Mentee Program* for any remote health practitioner, experienced or new to remote, considering becoming a mentee.

The skills and knowledge to mentor are prerequisites for entering formal mentoring agreements such as through CRANaplus. They are also valuable transferrable skills for professional leadership in remote practitioners. The revised and streamlined *LINKS Mentoring Program* further supports the development of these skills. The aims are to:

- Provide experienced rural and remote health professionals with the knowledge and skills to be an effective mentor either informally or through formal mentoring agreements such as LINKS
- Support the development of transferable leadership capabilities
- Build workforce capacity and opportunities for mentorship undertaken with an experienced practitioner mentor for recent graduates, early career, and those health professionals new to rural and remote practice

- Provide experienced health professionals with the knowledge and skills needed as part of an effective mentoring program which can be transferred into daily professional practice.

Learners undertake self-directed learning, including personal and professional reflection and simulated workplace mentoring (with a colleague) to prepare to lead mentoring relationships. Through learning activities, they will explore:

- Experiences of supportive professional relationships
- Emotional Intelligence including relationship management
- Motivation for learning and approaches to support the professional learning and development of others suitable for either formal or informal mentoring relationships
- Transferrable and practical strategies to undertake either formal or informal mentoring in the future.

For those seeking a mentor, the *LINKS Mentee Program* module is a targeted resource to

guide you through preparation for a mentoring relationship. No matter what your professional experience being a mentee can be valuable.

As the driver of mentoring relationships and to get the full benefit from mentoring, mentees do need to be prepared.

The *LINKS Mentee Program* module will guide the learner through:

- Increased self awareness around motivations to learn and the relevance of this to building an effective mentoring relationship
- Identifying practical strategies for participating in an effective mentoring program or relationship
- Using a relevant development model, in this case, GROW, to facilitate and enhance mentoring relationships.

If you are interested in completing either or both modules and contributing your feedback please contact Melanie Avion for details via email at melanie@crana.org.au ●



fifth anniversary of the Gayle Woodford memorial scholarship

This year marks the fifth anniversary of the Gayle Woodford Memorial Scholarship, jointly sponsored by CRANaplus and the Centre for Remote Health, based in Alice Springs.

The annual scholarship for an individual to undertake the Graduate Certificate in Remote Health Practice through Flinders University, is in memory of committed, proactive and professional Remote Area Nurse (RAN) Gayle Woodford.

Gayle worked for Nganampa Health Service, an Aboriginal Community Controlled Health Organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in the far north west of South Australia. She worked in the APY Lands for five years before her sad death in 2016.

The scholarship is extremely appropriate, says CRANaplus CEO Katherine Isbister, as Gayle was well educated and well prepared as a Diabetes educator and a Graduate of the Centre for Remote Health and Flinders University. She herself attained the Graduate Certificate in Remote Health Practice.

The Certificate aims to meet the higher education needs of health professionals who work in remote areas. It also supports the transition to remote practice for those who have an interest in joining the remote health workforce.

All students study in the specific context of Remote and Indigenous Health and Primary Health care. They also specialise in one of the following areas: ageing and disability, allied health, management and nursing.

This scholarship is open to registered nurses, Indigenous health practitioners, allied health practitioners and medical officers.

Applicants must meet the following entry requirements:

- hold an approved degree or equivalent qualification from an approved tertiary institution in a health related field
- the Nursing stream must have a minimum of one year post-registration experience and must be currently registered with the Australian Health Practitioner Regulation Agency as a Registered Nurse with no restrictions on practice
- the Medical stream must be either concurrently enrolled in the Doctor of Medicine at Flinders University or currently registered with the Australian Health Practitioner Regulation Agency as a Medical Practitioner.

Working in remote practice is desirable and Aboriginal and Torres Strait Islander people are encouraged to apply.

"It is important that you fill out the application, telling us about your employment history, your previous experience studying at university, why you want to undertake this study and how you will contribute to improving Remote and Indigenous Health in the future," says Katherine Isbister.

This scholarship covers all course fees for the Graduate Certificate in Remote Health Practice. Sponsored by CRANaplus and Centre for Remote Health, the scholarship will be awarded every year while the Graduate Certificate is offered.

The usual part-time study period is 12 months, but recipients may be allowed up to two years to complete their course.

Closing date for entries is 31 July 2021.

Apply via the website: <https://crana.org.au/workforce-support/other-support/scholarships>

Scholarship "opened my eyes"

Registered Nurse Vesna Balaban, the first recipient five years ago of the annual Gayle Woodford Memorial Scholarship strongly encourages remote health workers to apply for this year's Gayle Woodford Memorial Scholarship.

"It opened a whole new world for me. I would never have learned so much," she says. "I was persuaded by my manager at the time, and didn't think I had a chance. I would say to people who are thinking of applying, 'please do!'"

The scholarship led Vesna to continue her education after gaining the certificate. She went on to complete her Graduate Diploma in remote Health Practice. She is now considering whether to go onto Master of Remote and Indigenous Health or to train as a Nurse Practitioner.

An eye-opening experience is how Vesna describes winning the scholarship and undertaking the Certificate. And so strongly does she feel, she would like to see the Certificate become compulsory for all remote health workers, including GPs.

"Skills and knowledge are very important but if you don't have the right attitude and respect... it's not going to work."

"The course deepened my knowledge and skills. It is more than the practical knowledge. Health workers in remote areas come from a wide range of cultures and different backgrounds."▶▶





» “It’s important to learn about the history of racism in Australia. It’s all around. It’s always there without you knowing it.

“My husband is an Aboriginal person, his mum was part of the Stolen Generation, and he told me a lot about the treatment of Aboriginal people in Australia,” says Vesna, who is originally from Serbia. “I didn’t believe him, I found it hard to accept that could happen in Australia.

“The course makes you think really hard about yourself and your own culture. It’s how you stand, how you speak to a person – it makes you very aware. You learn not to impose – and that’s very hard. It’s not what you want to do, it is what your patient wants to do.

“You learn about a whole lot of issues – that the modern health system is not appropriate for Aboriginal people and that’s why I support the community-controlled health services in rural and remote areas where the community has the power to make decisions.”

My husband was right

Vesna now works for the Central Australian Aboriginal Congress, based in Areyonga, about 220 km west of Alice Springs. “I wanted to get more experience and extend my skills,” she says. “It is a lovely community of about 200 people surrounded by the beautiful landscape of the West MacDonnell Ranges. You get to know everyone, the families, the elders who make decisions.”

The clinic has three Registered Nurses and a doctor who visits for one and a half days a week. In keeping with Gayle’s Law, introduced following her tragic death in 2016, Areyonga has local support people called malpa (which means best friend in Pitjantjatjara) who accompany the nurses when they attend an out of hours or unscheduled callout.

“What happened to Gayle,” says Vesna, “I had a sense of responsibility in a way getting the scholarship – to try to be a better person.” ●



Photo: Nancy Weatherford.

connect

cultural safety at the forefront

Robyn Williams, senior project officer at Danila Dilba Health Service in Darwin, has been developing modules and workshops as part of a Cultural Safety Framework for the staff. This comprehensive and organisation wide framework is possibly an Australia first.

Robyn anticipated the start of the roll out later this year, however at the time of writing, the project has been put on hold due to funding difficulties. "It's so important to have got to this stage. I really hope to see it come to fruition," she says.

Adapted from a model originally driven by Maori nurses in New Zealand, it is one that Robyn considers ideal for Aboriginal Community Controlled Health Organisations.

Robyn has nursing and education qualifications and forty years of experience of working with

Indigenous peoples, primarily in the NT but also all over Australia. Her PhD explored what was required for the preparation of health professionals to be effective and culturally safe when working in Indigenous primary health care contexts.

"I don't know of any other organisation that has gone this far, not just for individuals and groups of staff, it is something for the organisation as a whole."

The ultimate aim is for clients to have proper access to health care and high quality of care, through feeling more comfortable about their

right to make decisions about their own health – and expecting culturally safe health service delivery as a matter of course.

"Cultural safety should not be confused with cultural awareness or even cultural competency. It's not just a case of learning about and respecting the habits and customs of other cultures," Robyn points out.

"Identifying what makes others different is simple – understanding our own culture and its influence on how we think, feel and behave is much more complex.

"This model is applicable to all cultures and all work environments, not just the health sector.

"It is not about focusing on another culture – it's about learning about yourself. Participants have to look at themselves, who they are and their interactions with others, and in so doing address such issues as inequities in social and

power relationships, white privilege, and racism at personal and institutional levels.

Robyn considers practitioners' failure to acknowledge that power relationships lie at the heart of culturally unsafe practices, and that "not realising or accepting the authority that can be exercised when your ideas, values and beliefs are accepted as the 'right' way of understanding an issue or situation" can be detrimental to improving health outcomes.



The intended roll out would see all staff at Danila Dilba be involved in the trial of the six online modules. Concurrent face-to-face modules are part of the next phase. A crucial component is a structure for training and remunerating Cultural Mentors, Cultural Advisers and Cultural Educators. Indigenous staff members were to be encouraged to put their hands up for training for these positions.

"I would like to see other organisations, not just in health delivery, consider cultural safety as a useful tool, for example NGOs and the police," says Robyn. "There are examples aplenty where Indigenous clients have received less than satisfactory treatment through poor communication, institutionalised racism and the impact of colonisation.

"This training gives people the opportunity to think about who they are and the impact of their interactions with other people. We all need to be thinking about that. We all know of instances where interactions have not gone well, not been effective, and have been damaging. Effective communication is a key to building trust." ►►

► The six modules developed specifically for Danila Dilba are: Introduction to Culture and Identity, Indigenous Health Perspectives, Darwin (people, place, history), Aboriginal Community Controlled Health Organisations, Danila Dilba, and Cultural Safety Part 1 Principles and Practice and Part 2 Effective Communication.

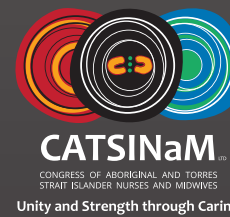
Danila Dilba itself began as a community controlled health service officially in 1991 and has grown significantly, now providing culturally appropriate health services in areas including separate men's and women's clinics, mobile and dental clinics.

This latest initiative is part of the organisation's remit to continually consider improvements in providing care for its clients. "While Danila Dilba prides itself on delivering quality primary health care services in a secure, friendly environment

that is culturally safe for our clients, the Cultural Safety Framework takes the concept much further in recognising the need for a comprehensive approach to embed culturally safety in organisational culture," says Robyn.

"I do hope funding will be found to continue this very important project. Danila Dilba has the opportunity to be a leader."

"The benefits of introducing the model of cultural safety to an Aboriginal organisation in Darwin are not only socially relevant – there are enormous long-term financial benefits as well." ●



BACK TO THE FIRE

CATSINAM NATIONAL CONFERENCE SERIES 2021

REGISTRATIONS ARE NOW OPEN!

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives LTD (CATSINaM) national conferences are the biggest member-focussed events in our calendar. Delegates who attend CATSINaM's conferences have described our events as a 'family reunion' and 'cultural top up' that they need to get them through the year.

CATSINaM's conferences provide an opportunity for Aboriginal and Torres Strait Islander nurses and midwives including students to come together to network and share experiences. CATSINaM is using this platform to highlight the importance Aboriginal and Torres Strait Islander nurses and midwives bring to the Australian health system and that our people have been healing and birthing babies on Country for thousands of years.

Non-Indigenous nurses and midwives that are not members of CATSINaM are of course welcome to attend the 2021 CATSINaM conference series provided they are advocates for Aboriginal and Torres Strait Islander nurses and midwives.

QLD State conference
Pullman Cairns International Cairns QLD
11TH – 13TH APRIL 2021

QLD Thursday Island 'Waibene' Conference
Tamwoy Community Hall
15th – 16th APRIL

NT State conference
Double Tree by Hilton Hotel Esplanade Darwin NT
20TH – 21ST APRIL 2021

SA State conference
Crowne Plaza Adelaide SA
27TH – 28TH APRIL 2021

WA State conference Broome
Cable Beach Club Broome WA
4TH – 5TH MAY 2021

WA State conference Perth
Novotel Perth Langley WA
11TH – 12TH MAY 2021

TAS State conference
Crowne Plaza Hobart TAS
18TH – 19TH MAY 2021

VIC State conference
Pullman Melbourne Albert Park Melbourne VIC
25TH – 26TH MAY 2021

NSW State conference
Pullman Sydney Hyde Park Sydney NSW
1ST – 2ND JUNE 2021

ACT State conference
Hotel Realm Canberra ACT
8TH – 9TH JUNE 2021

sisters inside: advocating for the rights of women and girls in prison



“Complex factors lead to women and girls entering and returning to prison,” says Debbie Kilroy, founder and CEO of Sisters Inside.

“People are neither good nor bad – our environment and life circumstances play a major role in how we behave,” she says.

Sisters Inside is an independent community organisation based in Queensland which advocates for the collective human rights of women and girls in prison and provides services to meet their individual needs.

Sentenced to six years imprisonment for drug trafficking in 1989, Debbie had access to opportunities for education, employment and day release while in prison. She completed a degree in social work and on her release, set up Sisters Inside in 1992.

“We both advocate for the collective interests of women in the criminal legal system and provide services to address their more immediate needs.

“Whilst our lobbying role is designed to address the oppression of women in the criminal legal system, we recognise that this is a long-term preventative strategy,” says Debbie.

“Women in this system have a wide variety of unmet needs. That’s why Sisters Inside offers a combination of services designed to address current gaps in services to women in prison – individual advocacy, brokerage, programs, activities, workshops, referral, crisis support, counselling and group work.”

Sisters Inside delivers programs addressing sexual assault, anti-violence, health support,

bail support, next step home, decarceration, women’s strength, as well as child and parenting support and youth violence prevention.

Services are driven by the needs of women in prison which also includes support in the transition from prison to the wider community and assistance to keep women out of prison.

#Free Her Campaign

One such campaign is the #Free Her Campaign. Sisters Inside has been lobbying the Western Australian government to change its laws where people who have no criminal convictions are imprisoned if they do not have the capacity to pay a fine.

“People are languishing in prison for not being able to pay their fines. Single Aboriginal mothers make up the majority of those in prison who do not have the capacity to pay fines.”

“They are living in absolute poverty and cannot afford food and shelter for their children let alone pay a fine,” says Debbie.

Sisters Inside called for 10,000 donors to raise funds to free women from prison and pay their warrants. #FreeHer has raised over \$1.2m with over 20,000 donors. People are also encouraged to email the Attorney-General to demand the laws be repealed. Minister.Quigley@dpc.wa.gov.au.

Social change

Sisters Inside is set apart from other services within the prison by its women-directed approach.

“We are driven by the needs of women in the criminal legal system, rather than by the expectations of prison authorities, the criminal legal system, governments or the wider society. This places us in a unique position to genuinely act in the interest of women in this system.

“Sisters Inside treats women in the criminal legal system with respect and dignity regardless of their race, cultural background, sexual preferences, class or age. We advocate for similar treatment of women by systems and society,” says Debbie.

Sisters Inside acts on two fronts – to encourage people to act in their own collective interests,

and to challenge those who are a barrier to productive social change.

“Being equally accessible to all women in the criminal legal system, regardless of their background is essential to achieving this. Our service provision informs our social change work.”

“We challenge and seek to change policies, structures, processes and behaviours that treat women unjustly. Our advocacy role is primarily concerned with educating stakeholders about the needs of women in prison and convincing them to act on these needs.” ▶▶





► Decarceration

Debbie is a passionate advocate of decarceration – the process of moving away from using prisons and developing other modes of safety and security in response to social issues.

“Criminalisation is usually the outcome of repeated and intergenerational experiences of violence, racism, poverty, homelessness, child removal and unemployment, resulting in complex health issues and substance use,” she says.

“In our society, prisons only function to punish and socially ostracise law breakers. This generates alienation and further criminalisation. It also explains the disproportionate numbers of people from socially marginalised groups, particularly Aboriginal people in the prison population.”

Sisters Inside particularly recognises the mass incarceration of Aboriginal and Torres Strait Islander women and girls in Australian criminal legal systems.

“First Nations women and girls are massively over-represented in prison due to the racism at the foundation of systems of social control.”

“Well-resourced development of progressive social policies, particularly those that value women and children, are needed to end the criminalisation of women and girls,” she argues.

“We need to recognise the long-term value of preventative strategies, rather than relying on immediate outcomes. Improved opportunities can lead to a major transformation in criminalised women’s lives.

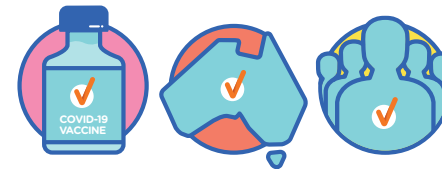
“Our commitment is reflected in our willingness to hang in there when times are difficult. We will only continue to deserve the trust of women and girls in the criminal legal system for as long as we walk the talk, protect the emotional safety of women and girls and maintain confidentiality.” ●

STAY INFORMED ABOUT COVID-19 VACCINES.

Visit health.gov.au for the latest information.

We are working to make sure everyone in Australia has access to safe, effective and free COVID-19 vaccines. Vaccines will give us the protection to go about our everyday lives.

To keep up to date with the latest progress, and to ensure your information is reliable, visit health.gov.au/covid19-vaccines



COVID-19
VACCINATION

Safe. Effective. Free.



Australian Government

IMPROVE: Improving Perinatal Mortality Review and Outcomes Via Education

For many maternity health care providers, conversations with women and families who have endured the heartache of stillbirth can be both professionally and personally challenging. Unfortunately, this is a conversation that too many maternity health providers working in rural and remote settings will have to initiate over the course of their career.

On average six babies are stillborn every day in Australia, affecting more than 2,200 families each year. Sadly, women living in rural and remote regions are at a higher risk of experiencing stillbirth than the general population.

Providing sensitive and supportive care as families grapple with their loss can be daunting. Done well, this care can provide significant comfort and consolation to bereaved parents. Poor care can exacerbate a family's grief.

A new online eLearning module, launched in November, is designed to teach health care professionals about best practices when it comes to providing supportive and sensitive care to those families who experience a stillbirth.

IMPROVE: Improving Perinatal Mortality Review and Outcomes Via Education – is an initiative of the Stillbirth Centre of Research Excellence and the Perinatal Society of Australia and New Zealand (PSANZ). It is based on the latest Clinical Guideline for Care Around Stillbirth and Neonatal Death.

IMPROVE has a chapter dedicated to helping health care professionals provide respectful and supportive perinatal bereavement care through good communication, shared decision making, acknowledgement of the baby, and the provision of clear and consistent information.

This includes talking about a stillborn baby using the same respectful language you

would use for a liveborn infant, providing private spaces for parents away from other new mothers where possible, and facilitating opportunities for parents to make memories with their baby, including through photos, keepsakes, and the chance to spend quality time with their son or daughter.

Often stillbirth is completely unexpected and comes at a time when a family is anticipating one of the happiest moments of their lives.

Tragically, nearly 40 percent of the stillbirths that occur when a mother has carried their baby full term remain unexplained.

IMPROVE also aims to enhance investigations and classifications of stillbirth, which is important for critical stillbirth prevention research. A chapter is dedicated to helping midwives and doctors communicate sensitively with parents about perinatal autopsies.

In Australia, autopsy rates for stillbirth remain low, at around 36 percent. For many parents, the lack of an explanation of what happened to their baby may compound their grief and heighten the anxiety they feel in a subsequent pregnancy.

Providing timely information in a sensitive, respectful way to parents about the choices they have when it comes to the tests and investigations that can be undertaken gives bereaved parents the best opportunity to make a decision that is right for them.

Stillbirth CRE Director Professor Vicki Flenady encouraged everyone working in maternity health to complete the *IMPROVE* eLearning Module.

"The *IMPROVE* program has been developed to equip clinicians with the knowledge and skills they need to provide the best possible care for bereaved parents and families, regardless of where they are located," Professor Flenady said.

Sydney Neonatologist and Stillbirth CRE Investigator, Professor Adrienne Gordon, said the *IMPROVE* eLearning tool was important because "high quality data is the cornerstone of stillbirth prevention." ▶▶



Webinar Launch of IMPROVE eLearning Module



Online Zoom webinar
4th November, 6-7pm



» “*IMPROVE* will help ensure bereaved parents get the care and support they deserve. It will also help ensure we better investigate and classify stillbirths, and better data means we can improve the quality of life-saving stillbirth prevention initiatives,” Professor Gordon said.

The *IMPROVE* resource has been endorsed by organisations including The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian College of Rural and Remote Medicine, The Australian and New

Zealand NeoNatal Network, The Australian College of Midwives, Women’s Healthcare Australasia, the Stillbirth Foundation Australia, SANDS and Red Nose.

Health professionals who complete *IMPROVE* will qualify for CPD points.

The *IMPROVE* eLearning Module can be found at: <https://learn.stillbirthcre.org.au/improve> ●

world MS day 2020–2022 connections

Social isolation and loneliness are common for people living with multiple sclerosis (MS) and can have a detrimental effect on health and quality of life.

Whilst MS is unique to each person, a shared feeling is disconnection. MS can be a lonely disease; friendships, family and community relationships can fall away or even dissolve.

Announced pre-pandemic in 2019, the three-year global *World MS Day 2020–2022 Connections* theme, aims to tackle social isolation for people living with multiple sclerosis.

In Australia, the focus of year two on Sunday 30 May 2021 is connecting with family and friends. MS Australia will provide resources for the MS community to connect or reconnect with family and friends, and for some, to establish new friendships.

It is particularly tough to live with MS in remote locations – access to a range of services and support is inevitably limited, which has been exacerbated during the COVID-19 pandemic.

We know Australians with MS living in regional, rural, and remote Australia face several disadvantages when it comes to workforce supply and health care access.

Two of our key concerns are:

- Access to knowledge and expertise among local health care providers, who provide referral and access to MS-related tests, treatment providers and MS-specialist neurologists; and
- Those not directly connected to an MS nurse (available by phone in most states/territories but not all), whom we know add extraordinary value to many in the MS community.

MS Australia and our four state/territory MS organisations do our best to keep people connected but given the size of our country, it is a constant challenge – especially the provision of face-to-face support and services.

Our member organisations support and help people in regional, remote or rural settings to live well with multiple sclerosis in various ways, including as follows overleaf. ►►



MS Limited (ACT, NSW, Tasmania and Victoria) offers MS Nurse expert advice, wellbeing and education programs, peer support, and employment, allied health and NDIS services to help people living with MS to achieve their goals. The organisation also provides interactive tools to locate local clinics, neurological and other services (such as pain management or adult mental health), provided by them or other health care professionals. All services provided by MSL are offered virtually via Telehealth, phone, live webchat or via videoconferencing on various platforms.

MS Society SA & NT offers tailored support services to people living with MS in regional South Australia and Northern Territory including MS nurses, social support and connections with local care services via Telehealth. They facilitate

peer support and Facebook support groups for people with MS and family, friends and carers. Other offerings include virtual exercise and yoga and on the ground visits to the Northern Territory.

MS Queensland helps people living with MS and other neurological conditions get the best out of life whilst searching for a cure for MS. The organisation provides tailored services in Queensland including physiotherapy, service coordination, specialist disability accommodation, counselling, education and information, employment support, exercise therapy, and phone support.

MSWA provides a wide range of supports and services to people living with a neurological condition in both metropolitan and regional Western Australia.

► Clients can receive supports in state-of-the-art MSWA-owned facilities, in the comfort of their home, through email and/or online via Telehealth.

A variety of other online services are also available for regional clients to obtain information and support and engage with others in similar situations. Some online services are extended to support clients' carers. Rural NDIS information sessions are also provided to assist eligible people to understand, access and navigate the Scheme.

Alongside frontline phone and online support for people with MS in non-urban locations, our four member organisations run events and all offer dedicated National Disability Insurance Scheme (NDIS) services, to help those eligible navigate and access the Scheme.

Federal initiatives in the Rural and Regional Health Strategy announced in 2018 are welcome, especially those encouraging more doctors into rural and regional locations.

This may benefit people living with MS in places where there is little or no access to health care professionals and services.

People with MS nationwide have shared with us that:

- Social interaction, work and daily life can be hard after a diagnosis
- The loss of employment and changes to friendships or family dynamics can result in social isolation and feelings of loneliness
- As MS is a life-long condition, these feelings of isolation and loneliness can grow over time
- Social isolation and loneliness can occur due to disease progression – for example, leaving the house can become increasingly difficult as mobility diminishes – and people with MS often prefer not to burden their family, friends and/or carers
- Social isolation is a major barrier to resilience but a way to develop resilience is by establishing social connections. For some, their NDIS plans and associated supports are a key source of satisfaction – helping people reconnect with life and stopping isolation and loneliness.



To the last point, MS Australia hopes the NDIS continues to recognise and address the challenges of support and service access in rural and remote parts of Australia.

The COVID-19 pandemic has improved connectivity exponentially, for example extended telehealth arrangements BUT these arrangements do not suit everyone, especially when a physical exam or test (e.g. MRI) is needed. Not everyone is digitally connected; some will be left behind.

Andrew Potter, National Advocacy Coordinator for MS Australia has lived with multiple sclerosis for over 30 years. A resident of regional Tasmania, Andrew says, "A way to combat social isolation and loneliness in a remote setting is through peer support groups, in my case a men's support group. Your health team and other core connections – with friends, family,

colleagues and others – can also make a big difference to feeling supported and reducing feelings of isolation and loneliness.

"Living in a small and regional community, they have found it exceptionally refreshing nowadays that it is no big deal for a group of men to meet for lunch and talk 'health shop'."

"Over the years, there have been problems with providing a neurological service in North and North West Tasmania," continues Andrew. "A significant percentage of people with MS who live in north and northwest Tasmania, already travel to Hobart for neurological services." ►

►► For MS Australia, this situation points to a perennial problem for rural, regional, and remote health services – how to attract and retain doctors and other health professionals and how to provide an efficient, cost-effective service that meets community needs.

Rohan Greenland, CEO of MS Australia says, “We want to make sure that people living with MS in remote locations are effectively connected to their health care teams and to services and support organisations and to ensure people keep their health care appointments and don’t wait until their MS progresses before they seek help.”

World MS Day 2020–2022 and MS Connections is about connecting to community and quality care. The campaign aims to challenge social barriers that can leave people affected by MS feeling lonely and socially isolated, and to advocate for better services, celebrate support networks and champion self care.

In Australia, MS Connections comprises annual sub-themes with practical ways and activities to connect and address social isolation and loneliness. World MS Day 2020 (Connect to Self) set the scene. The focus in year three (2022) is Connect with Community.

The Australian approach also reflects the three significant quality of life categories identified for people living with MS: ‘Me’, ‘My immediate circumstances’ (network of support) and ‘My wider environment’ (or community).

Sources

www.msif.org/living-with-ms/what-influences-quality-of-life/

MS Australia Key facts and figures about multiple sclerosis and Understanding MS.

Further details

<https://www.msaustralia.org.au/stay-connected/world-ms-day-2021>

www.msif.org/about-us/who-we-are-and-what-we-do/advocacy/world-ms-day/

World MS Day is coordinated by the MS International Federation and its members.

World MS Day 2020–2022 Global focus

When:

Saturday 30 May 2020

Sunday 30 May 2021

Monday 30 May 2022

Where:

Global including Australia
(activities across nearly 100 countries)

Campaign:

MS Connections

Theme:

Connections

Hashtags:

#MSConnections #worldmsday
(or #WorldMSDay)

Held annually on 30 May, World MS Day is the MS movement’s annual campaign to raise awareness, support and connect the 2.8 million people living with the condition worldwide.

Events and campaigns run throughout the month, culminating in the Day.

World MS Day brings the global MS community together to share stories, raise awareness and campaign with and for everyone affected by multiple sclerosis. The public can get involved online, hold or attend events, share experiences of and tips for connecting, lobby politicians to make positive changes for people affected by MS and use and share World MS Day tools.



About MS

- There is no single known cause of multiple sclerosis (MS). We do know that MS is caused by an autoimmune process that is directed at the insulation of nerve fibres, known as myelin, in the brain, spinal cord and optic nerve. The triggers for MS are a combination of genetics and environmental factors and the specific combination is likely to be different for everyone.
- MS is a neurological condition affecting the central nervous system (brain and spinal cord).
- It is the most common chronic neurological condition diagnosed in young adults.
- Over 25,600 people throughout Australia live with MS (and more than 2.8 million worldwide).
- Over 7.6 million Australians know or have a loved one living with MS.
- MS is commonly diagnosed between the ages of 20 and 40.
- 75% of people diagnosed are women.
- The economic impact of MS on the Australian economy is close to \$2 billion annually.
- MS varies significantly from person to person. For some, it is a disease that comes and goes in severity with periods of unpredictable relapse and remission. For others it means a progressive decline over time. For all, it is life changing.
- Symptoms vary between people and can come and go; they can include severe pain, walking difficulties, debilitating fatigue, partial blindness and thinking and memory problems.
- Whilst there is no cure, there are several treatment options available, which may help manage symptoms and slow disease progression. ●

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Northern Territory Primary Health Network, incorporating the Rural Workforce Agency NT, can help nurses who are considering a career in the NT with:

- Finding rewarding work in Aboriginal Community Controlled Health Services, private practices and not-for-profit organisations.
- Relocation support grants for eligible candidates
- Continued professional development opportunities

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The image is a promotional flyer for the Northern Territory Primary Health Network (NTPHN). It features a dark blue background with orange polka dots. The main headline is 'Challenge yourself, Change lives' in large white font. Below it, in a lighter blue font, is 'Discover your next role in the Northern Territory'. A photograph shows a healthcare professional interacting with a young child. Text on the flyer describes the organization and lists benefits for nurses, such as finding rewarding work and relocation support. The TPHN logo and Rural Workforce Agency NT logo are at the bottom right, and the website URL www.ntphn.org.au is at the bottom left.

a path far from easy

Stuart McGrath, an Aboriginal health practitioner with Miwatj Health Aboriginal Corporation in Arnhem Land, has been named NT Young Australian of the Year. He is also heading to become the first Yolngu registered nurse. Here is his story based on articles in NAATSIHWP News (National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners).

Stuart's award is a wonderful achievement. But his path has been far from easy. At age 28, Stuart has already been exposed to experiences which give him special insight into the needs of different community groups – from his nomadic upbringing in remote Indigenous communities, to schooling in Canberra and studying in Darwin.

Stuart has overcome significant challenges to follow his dreams – including studying nursing while working full-time and being a father to two young girls. And he still found time to help

produce the 'Ask the Specialist' podcast, with the Menzies School of Health Research, to improve communication between health professionals and patients.

A natural leader, Stuart is committed to closing the gap between Indigenous and non-Indigenous Australians. His passion for helping his community will inspire other First Nations young people to participate in the health workforce, leading to happier and healthier lives.

Stuart joined Miwatj as an Aboriginal Health Practitioner (AHP) in the Yirrkala Men's Health Program at the start of 2018. At Miwatj, AHPs play a vital role. Their knowledge, skills and connection with the community enable us to deliver critical services and improve primary health care across East Arnhem Land.

Like all AHPs at Miwatj, Stuart understands the importance of his role. But he can also see another opportunity ahead.



"It feels good to work as an AHP. I can speak my language and consult with patients in Yolngu tongue. However, I realised I have limited authority when it comes to influencing policies and decision-making. That was a big push for me to move to Darwin to begin studying Bachelor of Nursing."

Having completed his first year of university, Stuart returned to Miwatj's Galiwin'ku clinic to resume work as an AHP over the summer and spent time with his daughters. Galiwin'ku is the largest community on Elcho Island off the coast of Arnhem Land. This included working in the emergency department to refresh his practical skills "and to help prepare me for when I go back next year for placement."

Stuart was born and raised on an out-station in East Arnhem Land known as Mata Mata, a small remote in-land community of 40 people, where he had a semi-nomadic upbringing – living off the land; hunting, fishing and gathering. He attended the only school in the area, where his mother and grandmother taught. The school, 'Gatirri School', is named after his great grandfather.

Stuart's dad passed away when he was five years old, and when he was 12, his mother passed away of lupus.

"I moved to live with my auntie and uncle. Having both my parents pass away at a young age has made me stronger. Without my past, I wouldn't be the person I am today."

During school Years 8 and 9, Stuart moved to Canberra to live with another auntie. To him, Canberra was another world altogether – and a steep learning curve. "I found out what the word 'racism' meant the hard way. I could only speak a few words of English. Going from Galiwin'ku where 98 percent of students were Yolngu to a school where I was the only Yolngu person was isolating. I was made to feel inferior. There were local Indigenous kids, but I was the only tribal person. I only lasted two years; I was losing connection to my culture at an age where identity was vital. On the positive side, when I came back to Galiwin'ku, I was fluent in English."

Having lived outside of Arnhem Land, Stuart began to observe the health crisis around him with a new perspective. He soon grew motivated to be part of the solution.

"No matter what disease it was, all health care outcomes seemed to be worse in our community. Even today, people are dying in my community at a staggering rate and unnecessarily early. I grew up with this; I thought it was normal to be burying people all the time. But these diseases are preventable; we live in a first world country – that's why I chose to become an AHP."

Stuart has a key motivation to graduate. As a father of two daughters, he wants them to know they have the world at their feet too. Destiny (9) wants to be a doctor, and Keshanti (8), a teacher.

Graduating will also be Stuart's way to "show my appreciation to Eddie (CEO Eddie Mulholland) and Miwatj for their encouragement, support and flexibility," he says. "They've provided essential resources to me such as my laptop and a loan for my accommodation in Darwin. It will be my way of saying thank you." ●

supporting transgender, gender diverse and non-binary (TGDNB) individuals



Working with diverse communities is something we, as health professionals, are trained to do, and something we strive to do respectfully. Supporting transgender, gender diverse and non-binary (TGDNB) individuals is a population we are seeing with increasing prevalence but an area where education and research is still developing. This may lead to health professionals not feeling confident in their role, potentially causing unintentional distress for the individual we are providing care to.

Thankfully there are several resources and services that come from a unique blend of academic and lived experience which provide support to practitioners in their work.

Services such as SHINE SA's 'Gender Connect Country SA' provide a peer-based telephone line that can offer support to people who identify as TGDNB or gender questioning; people who are supporting those identifying as TGDNB or gender questioning; professionals working with TGDNB or gender questioning clients, students, or colleagues; professionals who would like to learn more about working with the trans, gender diverse, and gender questioning community. The service also provides free Workforce Updates for professionals and organisations around working with TGDNB or gender questioning clients.

Key themes that are often the simplest to enact is shifting our day to day language to be more inclusive and is sometimes as easy as decreasing gendered language and assumptions.

For example, asking "do you have a partner?" in place of asking if they have a girlfriend/boyfriend is a simple and inviting technique demonstrating you are a safe person to disclose to if a person may have a gender diverse or same gender partner.

Other methods can include how we address collective groups. For example, "Good morning everyone" instead of "good morning ladies and gentlemen". Gender is not limited to male and female and shifting to the wider collective wording includes more people without excluding others.

Language in health care however can be more complex. For example, often the medical programs we use have limited gender identifiers and prefix options, they may not allow for different names to be documented where a person may not be using their legal name, and if linked to Medicare then the program may not allow changes to be made until that occurs.

We can work around this by making changes to our intake and client registrations forms to note things such as:

- Name on Medicare card, and chosen name
- What pronouns do you use (he/she/they)?
- Do you identify as a gender different from the sex you were assigned or presumed at birth?
- How do you identify your gender?

Note that nowhere is anything referred to as a preference as these things aren't a choice or concessional, and they are also inclusive of the intersex population who may have been medically assigned a sex at birth. You can then document these things on the client's file and make notes for your colleagues also.

Working directly with the person is often about asking questions related to their health care only, and in a respectful manner. Sexual health for example is typically gendered and genital/reproductive health focussed.

SHINE SA has exemplified in their fact sheets how you can provide medically accurate health care without using gendered language. Trans Health SA has written several documents hosted under their 'community-created resources' tab that include language guides, and Trans Hub (ACON) has a plethora of resources for practitioners. Communication is key and working with your patient/client collaborative, always results in better health outcomes.

Resources

Gender Connect Country SA
<https://shinesa.org.au/gender-connect/>

Trans Health SA
www.transhealthsa.com

Trans Hub
<https://www.transhub.org.au/>

Zac Cannell
Sexual Health Counsellor SHINE SA ●

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