issue 122 | winter/dry season 2021

magazine

the voice of remote health

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

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Your organisation may be eligible for Australian Government-funded support to help alleviate the pressure of finding a temporary replacement when you or your colleagues go on leave.

You will be given all the support needed to recruit, screen and place highly experienced health professionals that can hit the ground running from the moment they arrive.
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A PROGRAM FUNDED BY THE AUSTRALIAN GOVERNMENT

from the editor

Already halfway through the year, and it's all go here at CRANAplus.

Our first revamped Paediatric Emergency Care (PEC) course was successfully launched in Cairns and, with only two PEC courses left to deliver until the end of the year, spaces are filling fast. Visit our website crana.org.au/education to secure your place on the next available course or flick to page 48 to see participants from the Cairns course in action!

In this edition we introduce Australia's first Deputy National Rural Health Commissioner, Associate Professor Dr Faye McMillan, who says she "will make sure the authentic voices and experiences of those living and working in rural and remote are heard". Read the full article on page 66.

Turn to page 60 for our interview with Australia's Chief Nurse and Midwifery Officer, Adjunct Professor Alison McMillan, who commends the contribution of Australian nurses and midwives, particularly those working in rural and remote during the COVID-19 pandemic, and speaks about the importance of nursing and midwifery to influence policy in ensuring the safety and wellbeing of all Australians.

In our regular segments, this edition's Board Member spotlight focuses on Nurse Practitioner Lynette Byers. Lyn talks about the changes experienced during her three-year term as a Board Member and her passion for education. Our featured Facilitator article focuses on Kathy Arthurs, a Registered Nurse and Midwife, and her love for nursing and facilitating on CRANAplus courses. We also talk with CRANAplus Fellow, Sharon Weymouth, a Nurse Practitioner currently based in Timber Creek in the NT.

A reminder: nominations for the CRANAplus Awards close on 30 June. Our awards recognise and acknowledge the significant contribution of nurses and midwives who are innovative professionals, determined in their work, dedicated to remote practice, helping the profession thrive in spite of the challenges it presents. So, if you know an individual or team who has gone above and beyond in their service and commitment to remote health, head to our website crana.org.au to nominate them now before it's too late.

Happy reading!

Denise Wiltshire
Marketing Manager, CRANAplus

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CRANA plus improving remote health

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: Ida Bligh RN, Woorabinda. Photo: Jessica Howard.

from the ceo

Dear CRANAplus Members and Stakeholders

Welcome to the latest edition of the CRANAplus magazine, as usual it is packed with engaging articles and information to inspire and inform! As the pressures from the COVID-19 pandemic begin to ease, there has been greater opportunity for the remote workforce to engage in educational activities. CRANAplus has re-established our face-to-face courses but unfortunately, some continue to be disrupted by pandemic restrictions. I thank all those who have been affected for their understanding.

Earlier this year, due to these ongoing uncertainties, our CRANAplus Board of Directors and Conference Organising Committee made the difficult decision to cancel the planned traditional CRANAplus Conference. In lieu of this, CRANAplus will be providing opportunities that enable our community to engage, share knowledge, learn and connect with one another.

After consultation with conference partners, our members and colleagues, there will be a one-day virtual symposium on 17 September 2021 and a series of smaller, state and NT-based face-to-face events later throughout the year. These boutique events will provide an opportunity to connect with your colleagues, CRANAplus staff and others in the remote and isolated health sector. The virtual symposium will bring together a range of speakers and presenters from across the country who are passionate about remote and isolated health. The program is shaping up to be informative and engaging. Importantly, we will be offering all these events FREE for CRANAplus members. So, put this date in your diary – the CRANAplus team look forward to seeing you there virtually!

CRANAplus welcomes the appointment of two Deputy Rural Health Commissioners, Associate Professor Dr Faye McMillan and Adjunct Professor Shelley Nolan. Professor Nolan was Queensland Health's former Chief Nurse and Midwifery Officer and Professor McMillan is a Wiradjuri yinaa (woman) from Trangie, NSW and Australia's first registered Aboriginal pharmacist. In this edition we introduce you to Professor McMillan on page 66 and Professor Nolan will be featured in our September edition.

As we are all acutely aware, our remote health workforce is not an endless commodity and the impact from the pandemic has added to the fragility of the workforce. The Deputy Rural Health Commissioners play a key role in the Federal Government's agenda to increase access to rural and remote health services and address workforce shortages. We look forward to working with Professor McMillan and Professor Nolan to find solutions for these continuing problems.

I hope that you enjoy the magazine and if you would like to share a story, or be featured in the magazine, please reach out to our marketing team.

Warm regards

Katherine Isbister
CEO, CRANAplus

facebook.com/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 NOW OPEN and CLOSE 30 June 2021

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

www.crana.org.au

in focus

from the chair of the board

In February this year, the CRANAplus Board along with the Executive team met together in Adelaide for the first time in over a year. For the previous year, like most other national organisations, the Board had been meeting online. There is a connection that comes when you are in the same place at the same time, and it really struck me how fortunate we were to be able to do this together when much of the world is still in lock down.

Part of our February meeting included the CEO and Executive team providing an update to the Board on the current activities, risk and growth opportunities. The Board feel confident that CRANAplus continues to hold a strong operational and financial position to support rural and remote health staff across our country during this time and provide timely advice and advocacy for our sector.

It is a priority that vulnerable Aboriginal and Torres Strait Islander communities stay safe and the wellbeing of you, the clinicians on the ground, as well as the communities, are at the forefront of all levels of decision making. The Board continues to actively monitor the activities of the organisation and CRANAplus has proven it has the leadership and resilience, to not just maintain current activities, but to strengthen our position in supporting the rural and remote workforce with training, psychological support, funded programs and advocacy at the highest levels.

On behalf of the Board I thank our CEO Katherine Isbister, the Executive and the CRANAplus team for their commitment, flexibility and resilience as the organisation has continued to successfully adapt to new challenges, and has found a positive way to continue to operate and grow.

CRANAplus continues to have an important voice, and I hope that you, as members and health professionals working in our unique environments, continue to take advantage of the support, education and advocacy of this your professional organisation.

Thank you to each of our members, volunteers and supporters for your ongoing commitment to CRANAplus to promote the delivery of safe, high-quality primary healthcare to remote and isolated areas of Australia. Health still has some challenges ahead, but together we can make a difference.

Sincerely

Fiona Wake
Chair, CRANAplus Board of Directors

you don't know what you don't know

Nurse Practitioner Lynette Byers, now in her third term on the CRANAplus Board, has seen many changes in the past nine years. Here she talks about her passion for education.

Lyn Byers, Nurse Practitioner, remote area nurse, midwife and mental health nurse, is passionate about the educational resources offered by CRANAplus, stressing that it is an important platform for clinicians in rural and particularly remote areas to have access to.

"The resources are now there so that when clinicians go remote, they have the opportunity to do the groundwork before they go," she says.

"For older nurses, it's important to remain curious – it's so easy to slip into habits – and CRANAplus provides not only face to face emergency courses, but also webinars and online updates to keep members curious and interested in upskilling. Patients out there deserve the best possible care."

Lyn practices this philosophy. "During the pandemic, I realised I could learn more about infectious diseases: how to manage things, learn about supports around to help, and ways we can learn to put our knowledge into practice.

"You don't know what you don't know," says Lyn. "Clinicans go out into remote and discover they may be expert in their sphere – but out there, they realise there are gaps in their knowledge. The CRANAplus Remote Area Nursing certification helps nurses to pinpoint those gaps.

"I believe, at the very least, people going remote should do the certification we offer. They can measure their knowledge against the framework and see the standards required. They are assessed by remote peers and a bonus is that the certification also goes towards their professional development points."

The online facilities for education has proved extremely useful, says Lyn. "People have very busy lives. I know people miss the personal contact and interaction and since our education courses returned to face-to-face workshops, there's been a huge demand. But the online facilities are crucial for many, offering such resources as webinars and self-paced learning.

"I suggest to everyone in remote, when you have down time, and in the remote setting maybe not a lot of things to do, use that down time, at least some of it, for yourself, for your education."

"CRANAplus has certainly grown from its grassroots beginnings," says Lyn, "but still retains the strengths of its origins.

"In my time on the Board, I've seen the organisation become more politically powerful. People in Canberra initiate contact, which is what we want. And to meet the needs of the members, we have had to become much more sophisticated, and pay much more attention to governance."

Lyn's work on the Board has also brought into focus for her the valuable work of CRANAplus Bush Support Services and Professional Services.

"Bush Support Services also offers a variety of access options, helping us to manage our life-work balance. Remote is a very stressful area to work in and people absolutely need the support and encouragement that they offer.

"The advocacy work with government and the submissions regarding policy written by Professional Services can fly under the radar, but it's important work – and I'd suggest to members that they may like to consider, for example, contributing to submissions when the calls go out."

Lyn, based in Alice Springs, is currently the clinical nurse consultant at Nganampa Health Council, working in the APY Lands in SA. Her patch stretches from the Stuart Highway to the WA border.

"People have different arrangements that suit them," she says. "Some go remote for extended periods, others do short-term relief work.

"For everyone, it's important to recognise that you can become desensitised to normality. You can't just pop down the road for a coffee or to get your haircut. You need to remember the reason for being in the remote setting is to work. You are in the minority, and you need to leave that setting regularly to refresh and rejuvenate."

In addition to her job and Board work, Lyn is the chair of the editorial committee for the Remote Primary Health Care Manuals, currently under review. New editions are planned for publication in late 2022.

"These manuals are crucial for the care of patients in remote communities, health workers couldn't operate without them," says Lyn. "They are periodically reviewed and assessed by RANs to make sure the guidelines are practical and useable. They provide guidance on clinical care in the remote context from women's business to health promotion and screening, from chronic disease to sexual health, and how-to procedures for every imaginable medical situation. Importantly they guide practitioners in assessing a medical situation such as abdominal pain and fever in children, and then how to manage and communicate the situation to others. ●

a dream come true – eventually

CRANAplus facilitator Kathy Arthurs always wanted to be a nurse and to work for the Royal Flying Doctor Service (RFDS). She studied nursing straight from school, in the days of hospital training. But it was many years later before she started nursing with the RFDS. Here's her story.

"I always seemed to put up barriers as to why I couldn't follow my dream," says Kathy. "I had other priorities, I was getting too old etc etc."

After 26 years holding onto that dream, an RFDS opportunity was thrown at her over one weekend. On the Friday she was given a name to contact. On the Monday she was off to Alice Springs on a three-month contract.

So began a working life of three-month contracts in Alice Springs, at least twice a year for three years, until husband Stewart suggested she take a 12-month contract "to get it out of my system."

That didn't work. After the 12-month stint and eight months back in Bowral Hospital, where Kathy worked for 28 years, in between her RFDS stints, she was off again. This time on a three-year contract.

By this stage she had added to her qualifications, with a Graduate Certificate in Emergency Nursing and a Bachelor of Health Management. That led to her appointment as Senior Flight Nurse with the RFDS in 2013 – where she has been ever since. And hubby Stewart, an electrician, now also works for the RFDS in Alice Springs as their Maintenance Support Officer.

"I have loved every minute of nursing," Kathy says. "And working for the RFDS: I can't say I knew what it would involve, but it certainly suits me."

The conditions that appeal to Kathy are being a sole operator, spending time outdoors, the people she works with, the clientele she helps, and the variety of skills she has had to use.

"You can be dealing with a birth in the morning, intubating a patient in the afternoon, perhaps attending a road trauma later that night," says Kathy. "I call it a mystery tour – you never know what to expect."

Raised in Wollongong and undertaking hospital training to first qualify as a Registered Nurse at the Royal Prince Alfred Hospital in Sydney and then immediately launching into Midwifery in Wollongong, it wouldn't be until she returned from three years in Papua New Guinea that Kathy actually started working post graduation as a nurse at the Bowral Hospital.

"I was given lots of opportunities in that time for education and career moves, both clinically and managerially," says Kathy. "My attitude was to take every seminar, every course, every training and opportunity offered to me. And it stood me in good stead.

"That's one thing I advise nurses I work with today. Every opportunity you get, to advance your skills, take it. You never know when you'll fall back on them. It got me to where I am today."

Kathy became a facilitator with CRANAplus in 2009 . "I knew about CRANAplus as a vital part of the remote area nurse's life," she says. "It's so needed and so good at what it does. I love its philosophy and the education it provides.

"I thoroughly enjoy being a facilitator. I feel I learn as much if not more than the participants. I take my hat off to them. The majority of Australians just don't understand how remote some of those communities are. And these nurses are on call 24/7. They can't just walk down to the local café for a coffee, they do an amazing job. They need to have a wide skill base and to have education opportunities like the CRANAplus courses to help them keep up to date."

Kathy mostly facilitates in the REC, pre hospital and ALS courses and the Aboriginal Health Workers' courses.

"One of my passions is to encourage nurses to continue to educate themselves and explore all nursing options. There are so many on offer, and with those extra qualifications and short courses under their belt, they'll be ready to take advantage of that perfect opportunity that comes along.

"Perhaps a little quicker than I did," she laughs.

turning up at the coal face

Each edition of the magazine, we talk to a Fellow of CRANAplus, people who work tirelessly in their roles in rural and remote health and who we have recognised for their efforts. This month we recognise the work of Nurse Practitioner Sharon Weymouth, currently based in Timber Creek in the NT and travelling in a wide circle from there to remote NT. Here's her story.

"I'm not an academic and have not earned my stripes through contributing to ground-breaking research. My professional career is not noteworthy, I have never been a senior manager or in any position of influence or importance. But I have not been afraid to speak up or write or contribute to submissions for change. I would say my approach is small realistic bites.

"What I can say is that I turn up at the coal face every day – and have done so for over 40 years: working alongside like-minded people, always thinking I can help, I can support, so that together we can improve the lives of people in the bush and the people who care for them."

"I see the inequality that exists and it motivates me to want better for the bush and I am lucky enough to have a partner along for the ride."

For Sharon, who became a Fellow in 2010, the things that are "better for the bush" revolve around the provision of high-quality primary health care.

Sharon is an advocate for strengthening the remote workforce both in health centres and the community and enabling the consumers who use the services. Over the years, this has involved recruiting and assisting with the training of local health and community workers and supporting community groups such as strong women's programs, early intervention programs for children and aged care.

She has been involved in training and supporting remote area nurses so they not only survive but enjoy the experience so they can give the best service they can. Encouraging the shift towards Aboriginal Community Controlled Health Organisations (ACCHOs) has been an important priority.

"I have been nursing for over 40 years now and only a handful of those years have been in an urban setting – and that was while training – so I guess you could say I love the bush, the people, the land and the spirit."

Currently Sharon and her husband Phil, who trained as a Registered Nurse while they were based in East Arnhem, work together as the mobile remote team for Katherine West Health Board. They cover around 40,000 km a year, visiting cattle stations and some small Indigenous communities without a clinic.

"I was already sold on the value of primary health care so this job has been another great opportunity to practise what we preach and to broaden my scope of practise in this area," says Sharon. "When people live in such isolated areas, its important for them to have regular health checks but access is not so easy. So along we come, setting up under the shade of a tree,

or in a spare room offering proactive screening and assistance with management of chronic conditions and pre-existing conditions. This job allows us to use every primary health care skill set across the lifespan. This includes my first love, child health, women's and maternal health also sexual health, men's health, chronic disease management, tobacco and alcohol assessment and counselling; assessing nutrition and hydration, immunisation, skin spot checks and other skin related problem; psychological and mental health support, plus a bit of acute care as the need arises.

"All aspects of our work is important but I think mental/emotional health support is one of our main roles. Living remote can come with a unique set of stresses for everyone." ▸▸

During our well-person checks we provide a human contact that is private, safe, an opportunity to get things spoken that may be worrying them, and we sit around the dinner table with staff and we normalise talking about mental health asking them questions about how they are travelling."

Sharon and Phil work closely with all members of the extended Katherine West staff and visiting specialist teams. "If needs are identified, you then have the capacity to phone a friend to get appropriate help from the network of health professionals. Last year the COVID-19 restrictions saw station people even more isolated than usual and it was a busy and rewarding year as we picked up many of the services that people would normally visit their GP for."

Sharon has been present for a lot of change in remote health over the years. "The good and the bad," she says.

"Child survival from acute illness has improved. But diseases that are preventable like rheumatic heart disease, that should not still be there.

"I thought I knew poor, what poor people had to put up with, but to live with people who are living in absolute poverty without their basic human rights being met bring home the spiral of consequences that comes with that. A big thing for me dealing with mainly women in my early years in remote was the level of family violence and how normalised that was. It was both confronting and saddening. I gained a great respect for the women in Indigenous communities how they could carry on. Their spirit always amazed me.

"The intervention broke my heart. How that was rolled out and the big spoon of disrespect that came with it. But despite that set back I have seen some positive changes, which should be our focus. Phil and I are both proud to work for an Indigenous health board: they get the priorities right and there are less delays due to bureaucracy. It's great to work in an organisation that places health promotion and preventive health measures in such high esteem.

There were limited Indigenous resources when Sharon started working in remote communities about 20 years ago, so she started producing appropriate materials. She recalls a Paul Hogan-style response from a group of Indigenous women presented with a perky pair of pink breasts to talk about checking for breast lumps. "One woman lifted up her top," says Sharon, "and said 'they're not breasts, these are breasts'. Now, the ACCHOs ensure resources are approved by the local Indigenous people."

"Working in communities is a roller coaster. You work with some of the most amazing mixture of people and the opportunities are endless in the most beautiful landscape."

"I wish I could say I felt supported as a remote area nurse but to be honest most of the time I did not. Over the years I saw some amazing nurses who were committed to doing a good job in often extreme circumstance leave remote burnt out and damaged. The turnover of staff in communities was high and there was little empathy for those that were deemed to be showing weakness. I had a conversation with a manager once who said 'remote nurses are disposable items – there's always fresh fodder looking for a remote adventure'. I hope it's not like that now."

"What's next for us? Not quite ready for retirement. I am thinking some sort of teaching, of health workers or nurses new to remote."

"Both of us absolutely believe that this is one of best ways to help remote communities and the people that live in them." ●

introducing…

Passion and dedication; experience and skills. Just four of the qualities demonstrated by our latest group of new employees at CRANAplus over the past year.

Sue Bedson

Mental Health Educator

Appointed June 2020

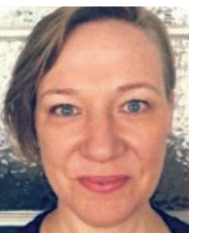
As a skilled Mental Health Nurse, Sue shares her insights and knowledge stemming from her experience working in suicide prevention, as a Clinical Educator, a clinician working with migrant communities, and extended experience in clinical care across rural and remote settings in South Australia. We are appreciative to have Sue's contributions to our National project supporting Mental Health Training for Health Professionals in Drought and Bushfire Affected Areas.

Mary Jackson

Mental Health Educator

Appointed July 2020

As an Occupational Therapist (OT), Mary has spent over 30 years as an OT and educator and project worker working across both public health and non-government organisations. Mary has worked in a variety of areas including community and acute care. We are appreciative to have Mary's knowledge contributions to our national project supporting Mental Health Training for Health Professionals in Drought and Bushfire Affected Areas.



Katherine (Kati) Leary

Director of People & Culture

Appointed July 2020

Having worked across national not-for-profit organisations in leadership roles for over 10 years, Kati's experience extends across industrial relations, operations management, talent acquisition, employee relation services, people management frameworks and design, and business partnering services.

Melanie Avion

Professional Officer

Appointed August 2020

With a background in rural and remote nursing, Melanie continued her career as a Clinical Educator and Lecturer who is passionate about the opportunities and supports available to our health workforce supporting remote and rural communities.

Melanie brings a range of diverse skills and experiences across leadership, strategic planning, evaluation, and effective decision-making approaches, that can now be applied within our Professional Services to CRANAplus Members and community.

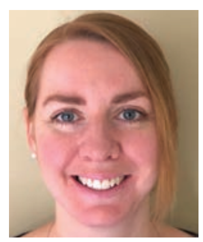
Rachel Salisbury

Acting Director Bush Support Services

Appointed October 2020

Rachel is an experienced Senior Psychologist, responsible for driving our Bush Support Services evolution, one of CRANAplus' flagship services. Rachel has practiced across a variety of demographics and services, in particular as a rural and remote mental health clinician and leader within Country Health South Australia.

She is pleased to be able to support the wellbeing of health professionals in rural and remote communities and to be involved in service improvement.



Stephanie Cooper

Senior Psychologist

Appointed January 2021

Stephanie is an experienced Senior Psychologist supporting CRANAplus' mental health and wellbeing services. Steph has a wealth of experience from working with rural, remote and isolated communities providing outreach services across Mental Health, Drug & Alcohol, and Child & Adolescent Mental Health. Steph has worked with the Royal Flying Doctors as a Psychologist/ Team Leader, and further practised telehealth supporting health professionals across Australia.

Michelle Mason

Professional Officer

Appointed February 2021

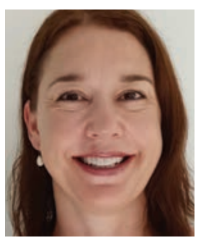
Michelle is a Registered Nurse and Midwife who brings to CRANAplus a variety of experiences working as a RAN, Women's Health Coordinator, Clinic Manager and Director of Primary Health Care Services.

Tom Quinn

Clinical Equipment Specialist

Appointed February 2021

Tom is a Registered Nurse who is a self-proclaimed Medical Technology and Equipment Enthusiast! Having spent over 10 years working across remote settings in NT, TAS, QLD, and NSW, Tom has seen a great deal of our great country and has had experience and exposure to a wide variety of working environments.



Olivia Ballantyne

PHN Project Administrator

Appointed March 2021

Olivia joins CRANAplus with over a decade of experience working in Residential Aged Care Facilities (across Victoria and Cairns) and Administration Management, which is invaluable to our CRANAplus After Hours Aged Care Project.

Jodie Dillon

Clinical Education Manager

Appointed March 2021

Jodie is a dedicated and experienced Clinical Education Manager who demonstrates strategic leadership through collaboration, innovation and management of educational initiatives. She brings a wealth of experience in the support, development and coordination of contextualised clinical education for remote and culturally diverse healthcare professional communities.

A well-established clinical foundation in nursing and midwifery, coupled with global and regional surgical education management experience enables Jodie to confidently initiate and lead initiatives for clinical education simulation training programs and professional development.

Jodie's recognised skills to initiate and lead teams in the development and management of education for health care professionals, is further supported by a commitment to academic studies in the field of Clinical Education through the College of Medicine and Public Health at Flinders University, Adelaide.

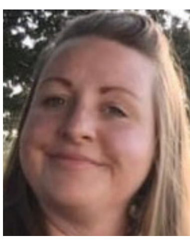
Sam Richards

Marketing Officer

Appointed April 2021

Sam comes to CRANAplus as a journalist, magazine curator, photographer, and roving reporter having spent time working for a media management agency.

We look forward to Sam's contributions to our marketing strategy from his experience across digital marketing, website advancement and optimisation, and social media approaches.



Anna Heaton

Remote Clinical Educator

Appointed April 2021

Anna has been engaged with CRANAplus as a Course Facilitator (Volunteer) and we are so pleased that she will now join our in-house team as a Remote Clinical Educator. Anna is a Clinical Nurse Specialist (Emergency & Trauma) and Nurse Educator who has invested and grown her career working across remote and rural communities within the Northern Territory, Solomon Islands, Queensland, and Western Australia. ●

my favourite placement

Physiotherapy graduate Georgina Haire discovered a silver lining when her final placement was interrupted by COVID-19 restrictions last year. Here's her story.

Growing up on the land, I have always aspired to return to practice in rural and remote communities, so understandably I was disappointed to not be able to experience a placement in a rural area last year.

Instead of completing my placement at Palmerston Regional Hospital in the Northern Territory, I was allocated a placement at St George Private Hospital in Kogarah in Sydney.

Initially, I was disappointed to have to undertake another placement in Sydney as accommodation is very expensive and difficult to find, and it is a long way from home, which was a bit scary given the global pandemic. However, once I started at St George, I really enjoyed myself and will admit that it turned out to be my favourite placement.

I spent five weeks covering acute cardiac surgery and acute gastrointestinal surgery wards, as well as treating patients in the Intensive Care Unit.

In my final week, I was seeing a case load of 15–20 patients per day, which really helped me to improve my time management skills. I was also given the opportunity to run education classes for patients post bariatric surgery and in my final week I had to present on a complex case study to the physiotherapy team.

These opportunities really helped me to improve my skills in public speaking, clinical reasoning and exploring quality, up-to-date research.

During my time with the physio team at St George, I was able to follow a patient through their stay at the hospital for coronary artery bypass grafting (CABGx3), or more commonly known as triple bypass surgery. I completed the pre-surgery physiotherapy testing which involved auscultation, a spirometry test to measure the patient's lung function and a mobility assessment. I was then able to go into theatre and watch the operation take place from the start until the patient returned to the ICU.

This put into perspective how major this surgery really is and why patients are so sore for weeks afterwards! Following the surgery, I worked with the patient to ensure that his chest remained clear of infection with deep breathing exercises and that he returned to his baseline mobility in order to return home safely.

Without the support from CRANAplus and a HESTA Sponsored Undergraduate Remote Placement Scholarship, I would have really struggled to support myself financially through this placement. This scholarship allowed me to make the most of my placement and dedicate extra hours to studying, without worrying about how to make ends meet.

I studied my Bachelor of Physiotherapy at Charles Sturt University in Port Macquarie and, as much as I enjoyed living by the beach, I am very excited to return to a rural community in north-west NSW to commence work in 2021.

I hope that one day I am in a position to be able to give back to help other students from rural and remote communities to pursue their tertiary education. ●

wonders and hurdles of rural midwifery

Mathilda (Tilley) Wilson, who completed her Bachelor of Midwifery at Charles Darwin University last year, summarises her final placement.

I was incredibly lucky to complete my final midwifery placement at Mansfield Hospital in North East Victoria, where I witnessed the wonders of small community midwifery practice, as well as the hurdles that arise simply because of the distance to the nearest referral hospital.

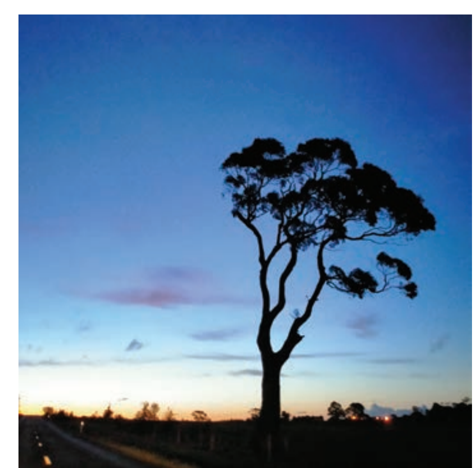
I spent eight weeks working with the small (and amazing) midwifery team. The Midwifery Group Practice of seven midwives work in collaboration with GP/Obstetricians and other health professionals.

Mansfield is very lucky to be only three hours north of Melbourne, with access to a large hospital just over an hour away, but I was still intrigued by just how different practice is in a small rural hospital with limited resources, be that medical resources or staff available.

I was able to gain exposure to antenatal clinics both at Mansfield and a smaller clinic an hour away from the hospital. I was also lucky enough to meet amazing families and welcome their babies into the world, care for women postnatally and attend domiciliary (home) visits in the most beautiful places. Some of these families are quite isolated from services, but still receive fantastic midwifery care.

One of the most memorable experiences I was involved in was a woman presenting at 35 weeks gestation with back pain. In any of my previous placements, this would have been investigated rapidly, but not with the urgency and thoroughness I witnessed here.

Having spent a lot of my placement time in the past at large metropolitan hospitals, I was well aware that the sheer number of women and possible complications mean that there are designated triage midwives, monitoring units and emergency departments (in tertiary hospitals) to care for these cases. I had no idea how this was managed in a rural setting.

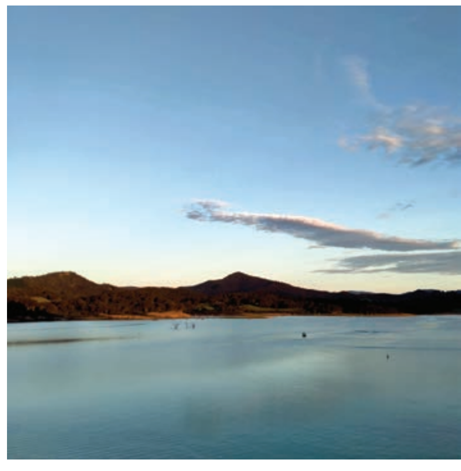


In this case, there was only the midwife, a doctor on call, and the larger hospital to refer to if need be, with an ambulance as the best option if a transfer was necessary. Within 20 minutes, the midwife had called me to ask if I would like to come in… the on-call doctor was on her way. The woman was greeted by first name by a midwife she knew already, a CTG monitor was in place, and a fetal fibronectin test organised. We chatted about her family, other children and plans for the weekend while we waited for the test results and when it was apparent all was well, she went home.

If this had not been so smooth, and the woman or her baby needed to be transferred, I was made aware of protocols about PIPER (Paediatric Infant Perinatal Emergency Retrieval), paediatricians at Wangaratta which is the nearest large hospital, how to use the isolette and who to contact in an emergency. Every option was considered and covered.

Whilst a metropolitan tertiary hospital has every specialist and care option at their fingertips, there's a lot to be said for small communities, where patients know their practitioners and vice versa.

I will never forget the impact that having known midwives in a small community had on the women, and the midwives too. I feel so incredibly lucky to have been able to consolidate three years of learning about woman-centred care by spending time with midwives, doctors, women and families; watching just how wonderful true continuity of care can be.



I could have written pages and pages about the wonderful experience I had on my placement, the amazing people I met and how rewarding it was to have the opportunity to learn so much about such a variety of things.

I am incredibly grateful to CRANAplus for the assistance to complete this placement, and navigate small community life, via an Undergraduate Clinical Placement Scholarship, and hope to continue witnessing the wonderful work that CRANAplus does for rural and remote health care professionals, students and communities. ●

smitten by life in Esperance

Verity Lee, who studied at Edith Cowan University in Bunbury Western Australia, says her six-week placement in Esperance in WA was the perfect way to complete her Registered Nursing degree. Here's her glowing report of the Esperance lifestyle.

COVID had robbed me of the opportunity to do an international prac placement, and inter-regional borders had closed the week before my previous regional placement in Carnarvon was due to start. So I was keen to explore and see what working in a remote location would be like.

In October last year, I found myself in Esperance, an eight-hour drive from Perth and four hours to Kalgoorlie. Without meaning to sound like a promotional cheerleader, Esperance is a gem. It is remote, but with all the creature comforts such as cafes with good coffee, a brewery serving craft beers and wood-fired pizza, a thriving arts and live music scene, and a diverse community with as many designer prams as independent 85-year-olds on gophers rolling down the main street.

The sun rises and sets over beautiful beaches of every description: wild, rugged, consistent surf and lagoons with the bluest of aqua greens. It is a camping, fishing, hiking, island-hopping and 4WD heaven. The weather during our stay in late spring was really four seasons in one day, alternating between wind and rain that felt like it was straight from the Antarctic, to winds straight from the central Australian desert, dispersed with blue, sunny, beach perfect days.

Servicing a rural, agricultural, mining, fishing, tourism and port town, the hospital emergency department was much busier than I anticipated. During the first weeks, I was like an emu in the headlights as I got my head around the unpredictable rhythm of an emergency department (ED). I watched the ED staff manage the usual mix of chest pain and elderly "not-feeling-quite-right" juggled with children with broken limbs and toddlers with bronchiolitis.

There were daily reminders that we were no longer in urban areas with a few snake and tick bites, multiple bee stings to faces, and farmers with tea towels around their hands needing sutures and a tetanus injection.

Dispersed through normal days, the highly skilled team step up into trauma mode, with car accidents, pneumothorax from workers falling off silos, epilepsy and anaphylaxis requiring intubation, through to drug and alcohol fuelled injuries requiring Royal Flying Doctor Service flights. I enjoyed the variety that I would not have experienced in an urban ED. It also provided me with opportunities to get the low-down from other nurses who have worked remotely – making me hungry for more adventures.

What really impressed me was the teamwork when all hands on deck were required.

The volunteer ambos, on-call doctors, radiologists and pathologists who came in after hours, often for the umpteenth time that week, with tiredness but a sense of service to the community.

Thank you Esperance hospital staff and CRANAplus for giving me the opportunity to step away from the routines of the city and immerse myself in the Esperance lifestyle. It didn't take long to be recognised down at the shops and the pub and feel a little bit like a local. It's a funky little town a long way from anywhere and has set the tone for my career – I'm smitten and I will be back. ●

Magazine Advertising

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

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

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corporate members and partners

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

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

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

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

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

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

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

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

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

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

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

E4 Recruitment has launched a new division that is dedicated to securing Registered Nurses and Midwives contract opportunities in regional and remote Australia. Helping to ensure that every Australian has access to the healthcare and services that they deserve. https://e4recruitment.com.au/

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after traditional owners lobbied the government. MHHS is a mobile service that covers 15,000 km^2 in remote East Arnhem Land. Ph: (08) 8970 5571 www.marthakal.org.au/homelands-health-service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

support

raising awareness of the bush support line

CRANAplus Bush Support Services aim to support the wellbeing of health workers and their families in remote, isolated and rural areas of Australia. To do so our team is continually seeking to understand the needs of the individuals who make up this critical workforce. We have a strong team of professionals and are continually developing new resources and enhancing the quality of our services.

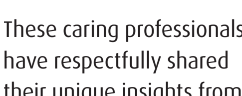
This month we received spontaneous heart-warming feedback expressing gratitude for valuable assistance received on the Bush Support Line, the responsive and insightful education delivered through onsite engagement programs and the practical, easy to follow suggestions in our 'Mindful Monday' weekly newsletter.

The 24/7 Bush Support Line offers free, confidential psychological support to rural and remote health workers, their families and placement students. The Bush Support Line psychologists apply their specialist knowledge of evidence based psychological approaches to the needs of individual callers by actively listening, providing support, and offering pathways forward.

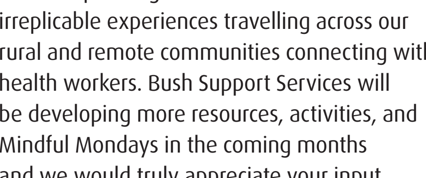
This quarter we have been fortunate to welcome new highly-skilled psychologists to the team with experience in both providing services to, and working as part of, the rural and remote health workforce. They have joined the team with genuine motivation to be a part of our CRANAplus community and we recognise the strongly aligned values they possess with both those who use and deliver the service.

Senior Psychologist Stephanie Cooper has worked with great diligence and enthusiasm to build the team and makes collaborating remotely a breeze. She also provides guidance and insight as the author of our weekly, 'Mindful Monday' newsletter, which delivers practical examples of how you can develop and apply mindfulness skills in your daily life. Subscription is free and you could receive helpful tips to kick off the week and brighten up your Monday. Previous issues are available on the CRANAplus website.

CRANAplus Bush Support Services psychologists have delivered immeasurable support for many decades and these health professionals in our team are currently delivering engagement programs, workshops, and resources.



These caring professionals have respectfully shared their unique insights from irreplicable experiences travelling across our rural and remote communities connecting with health workers. Bush Support Services will be developing more resources, activities, and Mindful Mondays in the coming months and we would truly appreciate your input.



If you would like to contribute, please provide feedback, suggestions or ideas through the CRANAplus website.

Please also take some time now to view the resources and material currently available to order for your health service, so that your colleagues and their families are also aware of the support that is available to them.

In further developing a beneficial, meaningful, and culturally responsive service, it is valuable to remember that the psychological services we deliver need to balance both a scientific and intuitive approach.

That is, we must remain curious, open to learning, non-judgemental and listen carefully to what our service users have to offer, both in terms of understanding their difficulties but also the solutions they already possess.

Rachel Salisbury
Director
CRANAplus Bush Support Services

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Mindful Monday – Summer 2021

Nurturing Kindness and Compassion for Self

Hello Mindful Monday readers

We all experience stress, confusion, shame, and helplessness. When these are followed by self-judgement, it can worsen our mindset, feelings and outlook. Nurturing kindness and compassion inwards is a big step towards lessening the load this can take on us emotionally, socially and professionally. Research shows that people who display good self-compassion also experience less anxiety and depression (Neff & Germer, 2012) and various other health benefits.

Many of us are compassionate to others when it matters, such as when a friend is experiencing a difficult time in their personal life. Yet, we can be lacking in our ability to apply this same kind and caring approach to ourselves. How can we do this better? One way is first to develop mindful awareness of the self-critical voice in our mind. For example, we have all made a mistake at work at some point in our careers. How many of us have criticised ourselves with thoughts such as "I'm so stupid", "only an idiot would make a mistake like that" yet would never say anything so unkind (or unhelpful) to a colleague in a similar situation. This type of self-criticism or judgement does not nurture self-kindness and self-compassion; it does the opposite by feeding a negative view of ourselves. We can learn to feel different in this scenario if instead we encouraged ourselves with "I made a mistake, I am human after all", or "don't be so harsh on yourself, no one is perfect". This kinder approach can help nurture self-compassion, create a space of self-acceptance and alleviate unnecessary psychological suffering.

Judging ourselves is a difficult habit to change. Try starting this process by reflecting over the last few weeks to a time you judged yourself harshly. Think about what you would have said to a friend in a similar situation. I encourage you to make a plan moving forward to be more mindful of that inner critic, adopt a kinder and more compassionate approach to yourself, and see what a difference this can make to your day and wellbeing.

Warm Wishes

Stephanie Cooper

Neff, K. & Germer, C. (2012). A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program. Retrieved from: https://self-compassion.org/wp-content/uploads/2014/10/Neff-Germer-MSC-RCT-2012.pdf

Bush Support Line 1800 805 391

- A free confidential pyschological support line
- Available 24 hours every day of the year
- For people working in remote and rural health services and their families. (including nurses, midwives, aged care workers, health students, doctors, allied health etc.)
- Staffed by registered psychologists with remote and cross-cultural experience
- Aboriginal / Torres Strait islander psychologists available on request
- Available from anywhere in Australia

P: 07 4047 6400 E: bssadmin@crana.org.au www.crana.org.au/support

Lend you an ear.
Give you a hand.

Have questions about the CRANAplus Bush Support Line? We have answers.

What is the Bush Support Line?
The Bush Support Line is a 24/7 telephone service that delivers free, confidential psychological support to remote and rural health workers and their families.

Who can access the Bush Support Line?
Any health professional providing health care in a rural or remote community can access the service. 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 workers. Our psychologists' welcome people of all ages, genders, sexual preferences and cultural backgrounds. If you are unsure whether you or someone you care about is eligible, or whether the service will be beneficial, simply give us a call.

Do I have to be a CRANAplus member?
No. The Bush Support Line is not linked to CRANAplus membership. If you would like to know more about CRANAplus membership and the benefits available, please call 07 4047 6400.

When is it available?
The Bush Support Line operates 24/7. Experienced psychologists with rural and remote expertise are ready to take your call anytime.

How is the Bush Support Line delivered?
CRANAplus provides the Bush Support Line with a team of psychologists who work 24/7 to ensure that the service is available to health professionals and their families any time they need it. We are funded by the Commonwealth Department of Health to deliver the Bush Support Line nationally.

What can the Bush Support Line help me with?
Our psychologists understand the challenges that are faced by remote and rural health workers and their families. These could include:

- Feeling isolated, lonely, detached, anxious, irritable, sad, exhausted or overwhelmed
- Adjusting to a new role, workplace, lifestyle, or community
- Managing unexpected personal, professional or community challenges
- Working with challenging personalities or addressing workplace bullying or harassment
- Improving wellbeing and work performance
- Challenges regarding workplace practices
- Learning how to recognise and improve low mood, anxiety or stress
- Connecting with a professional to debrief, problem solve or decision-make
- Working out how to get the right support for yourself or someone you know

What can I expect when I call?
Your call will be answered by an experienced psychologist who will listen to your reason for calling, explore what you would like support with and explain how they could help. You will be able to ask questions at any time.

Do I need a referral or to prepare before I call?
No, you do not need a referral or to prepare. You will be supported to share your experience and make sense of what is occurring. It is more important that you do not put it off.

Can I call anonymously?
Yes, you can. You could also choose to share information, which could be helpful if you would like to call more than once.

Is it a confidential service?
The Bush Support Line is a safe place for people to discuss their challenges. The information you share will remain confidential within the Bush Support Line team. Any limits to confidentiality can be explained to you when you call.

I am a health professional, how can a psychologist help?
A psychologist's role is to support you to make sense of your thoughts, feelings and behaviour. Psychologists aim to marry the expert knowledge you have about yourself with current science about the human mind and its wellbeing. We are all human and can respond to life's challenges in different ways. Everyone can benefit from reaching out.

How much will it cost?
This is a FREE service. A psychologist can call you back if this is helpful.

Can I access the service more than once?
Yes, you can. You can access the service whenever you need it or as recommended by the psychologist you speak with.

BUSH SUPPORT LINE 1800 805 391
Available to remote and rural health workers and their families 24/7

CRANA plus
improving remote health
crana.org.au

education update

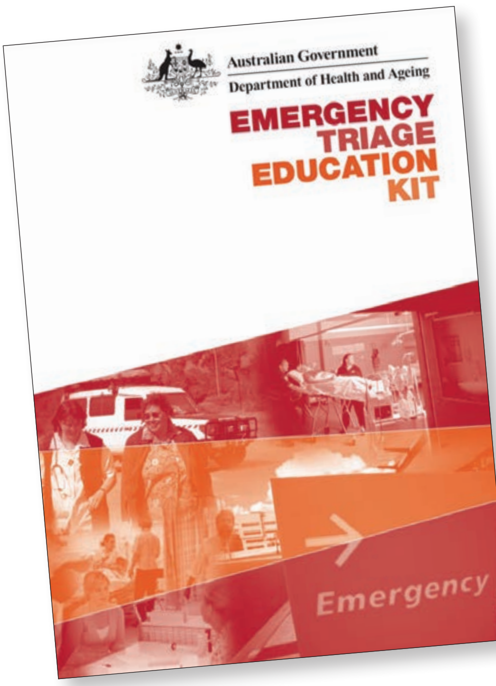
In this edition of the magazine I would like to welcome Jodie Dillon, Thomas Quinn and Anna Heaton. Jodie has recently commenced as the Clinical Education Manager, while Tom has joined the team focusing on our clinical equipment and Anna as a Remote Clinical Educator.

Jodie, Tom and Anna come to CRANAplus with extensive experience in their respective portfolio areas to ensure the delivery of high-quality timely educational products for the remote area workforce.

Jodie and Tom are based in our Adelaide office, while Anna is based in our Cairns office.

In this edition of the magazine I would also like to profile our two triage courses.

Did you know CRANAplus can support your organisation with Triage courses for both clinical and non-clinical staff?



CRANAplus has two triage courses:

1. First Line Triage Course (FLTC) – practice administration staff
2. Triage Emergency Care Course (TEC) – clinical staff

The CRANAplus FLTC focuses on the triage of patients and appointment management in a primary health setting. It is designed especially for medical receptionists, Practice Nurses and General Practitioners who may be required to perform triage and appointment management. The course was developed to meet The Royal Australian College of General Practitioners, Standards for General Practices (5th Edn).

The Standards for General Practices (page 114) states the following:

All members of the practice team must know how the practice:

- identifies patients with an urgent medical need
- identifies medical emergencies and reprioritises appointments accordingly
- seeks urgent medical assistance from a clinical team member
- deals with patients who have urgent medical needs when the practice is fully booked.

The Standards also refer to telephone triage and the need for practice staff to know how to telephone triage patients.

Administrative staff members need to be able to assess the urgency of the need for care, effectively triaging patients.

CRANAplus do not schedule these courses routinely. If you would like CRANAplus to deliver a FLTC for your staff please contact us through the client enquires tab on our website at crana.org.au

The CRANAplus TEC Course is based on the Emergency Triage Education Kit (ETEK) with a focus on application for rural, remote and isolated settings.

The course upskills the rural triage practitioner to confidently assess patients and apply the Australasian Triage Scale to allocate an appropriate triage category.

Please see the CRANAplus website for scheduled TEC courses or if you would like a TEC course for your organisation please contact us through the client enquires tab on our website at crana.org.au

Sue Crocker
Director, CRANAplus Education Services

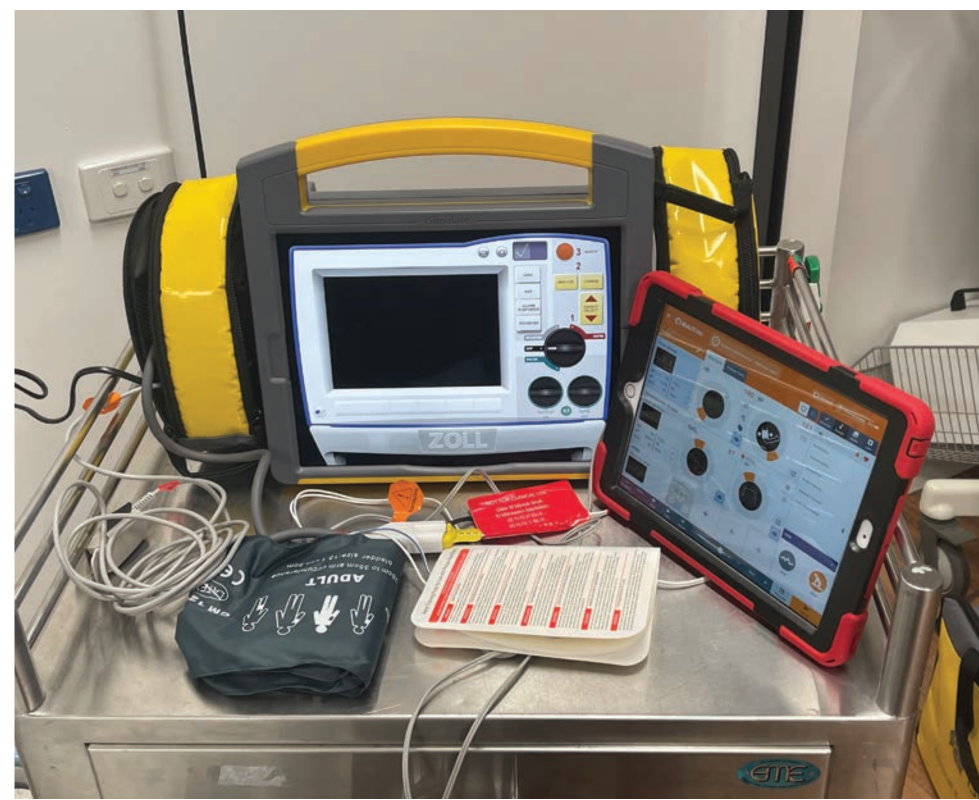
Simulation training with CRANAplus

Introducing the iSimulate into scenario practice and assessment for participants.

CRANAplus courses value inter-professional learning and strive to recreate contextualised real-life clinical scenarios where the participant can be challenged, stimulated, and supported to learn commonly performed skills, manage acutely ill and deteriorating clients and develop the non-technical and teamwork skills required to improve client safety in a risk-free environment.

Simulation has emerged as an educational tool that allows the learner to practice client care, away from the bedside, in a controlled and safe environment, giving the learner the opportunity to practice the educational principles of deliberate practice and self-reflection.

Research indicates adults learn faster and have a greater retention of knowledge when participating in an interactive setting.



To achieve a higher degree of fidelity for scenario-based learning, CRANAplus has recently introduced iSimulate training equipment into the Advanced Life Support and Emergency Care Courses.

The iSimulate equipment mimics real defibrillators and monitors with realistic interfaces which look and work like the 'real thing'.

Participants will be able to engage actively in their learning process.

The iSimulate equipment will give facilitators a great tool for training and participants a realistic platform to learn from. ●

Respond to paediatric emergencies with confidence

We recently held our first Paediatric Emergency Care (PEC) course of the year in Cairns. The PEC course has been completely rewritten and updated for 2021. It was fantastic to hear the positive feedback of the professionals who attended.

Our 2021 course focuses on paediatric basic life support and core paediatric emergency care within a remote and isolated setting. After completing the pre-course modules and two-day workshop, attendees will be able to:

- Systematically assess and manage paediatric emergencies.
- Understand clinical deterioration in the paedaitric client.
- Implement the skills required for paediatric emergency care.
- Undertake effective and accurate clinical handover.
- Demonstrate paediatric basic life support.

Three additional courses are coming up in Adelaide, Dubbo and Darwin. We would love to see you there!

For more info or to book, head to crana.org.au/pec

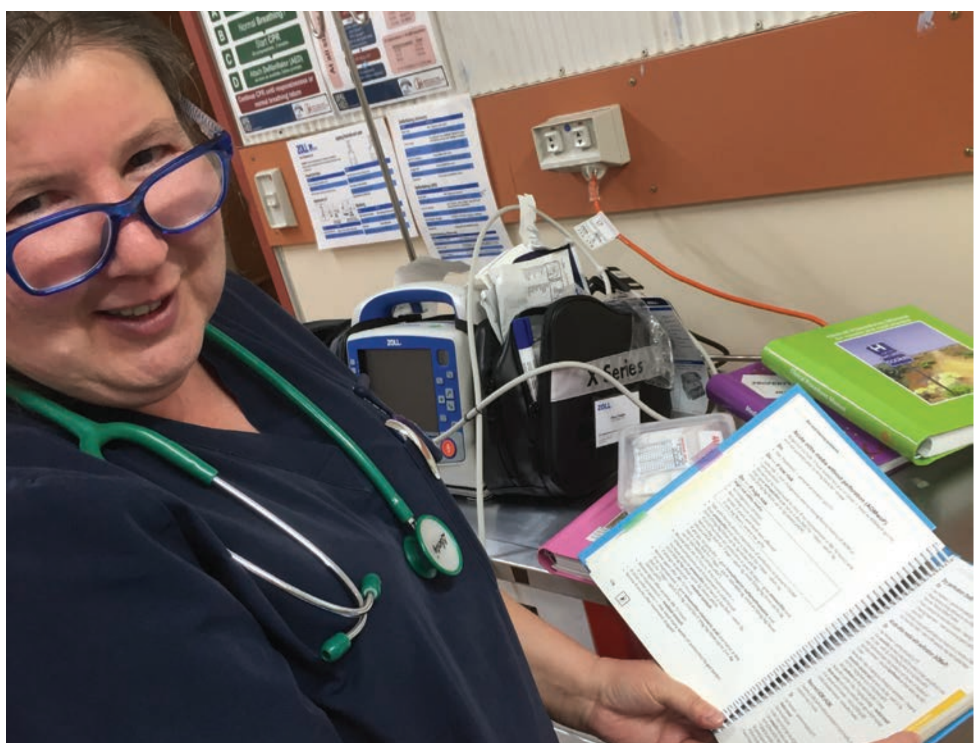
new acute assessment protocols for remote primary health care

The Remote Primary Health Care Manuals (RPHCM) team are trialling the addition of newly developed acute assessment protocols to the Standard Treatment Manual. These new protocols have been created by the RPHCM editorial committee in response to user feedback that clinicians working in a stressful environment need better guidance in undertaking an initial assessment and determining likely diagnosis.

The RPHCM support and promote good clinical practice in primary health care in central, northern, and remote Australia. They are used by health care workers including remote area nurses, Aboriginal and Torres Strait Islander health practitioners, doctors, midwives, nurse practitioners, and allied health professionals.

The new protocols relate to commonly presenting symptoms at remote health clinics including:

- Abdominal pain
- Breathing problems
- Chest pain
- Delirium
- Headaches
- Nausea and vomiting
- Children with fevers



They will be located at the front of the manual for easy access and provide guidance in the early recognition of sick and deteriorating patients in order to appropriately escalate care or to make informed differential diagnoses.

Once a probable diagnosis is arrived at, clinicians are referred to specific protocols.

Feedback is currently being sought from clinicians on the presentation and applicability of the new protocols to remote primary healthcare practice.

Health services are also invited to test these protocols in advance of their integration into the updated manuals due for publication in 2022.

To view the draft protocols or for further information contact the RPHCM team at remotephcmanuals@flinders.edu.au phone (08) 8951 4700 or visit our website www.remotephcmanuals.com.au ●

engage

the social responsibility of corporations

A corporate conscience is the sense of right and wrong as demonstrated through the actions of a company, its leadership and its processes and procedures. Corporate citizenship recognises that a business or corporation has not just responsibilities to its shareholders, or immediate stakeholders but also social, cultural, and environmental responsibilities to the community in which it seeks to operate.

In late April Woolworths abandoned a plan to open what would have been one of Australia's largest liquor outlets near Darwin airport. The outlet was to be built on airport land in Darwin's northern suburbs, close to three dry Aboriginal communities. This decision by Woolworths arrived on the back of a five year battle with liquor licensing regulators, Aboriginal and health groups and a very strong grass roots campaign.

Woolworths conceded that it had not done enough to engage with Aboriginal groups who were deeply concerned the store would worsen the region's already high rates of alcohol related harm.

In a statement accompanying the decision Woolworths said 'We did not do enough in this community to live up to the best practice stakeholder engagement to which we hold ourselves accountable'.

Of course, this is not simply a matter of appropriate community consultation. It goes to the heart of public health matters, increased harm as a result of alcohol and the social responsibility a corporation has to the community in which it seeks a licence to operate.

CRANAplus stands shoulder to shoulder with all those who advocated and campaigned against this large-scale liquor store. In particular, we commend the efforts of our friends Danila Dilba Aboriginal Health Service, Aboriginal Medical Services Alliance NT (AMSANT), NT Council of Social Service (NTCOSS) and the Foundation for Alcohol Research and Education (FARE). You took on a giant and you won. In doing so you have reminded us all of the power of sustained and coordinated community advocacy.

I leave you with the words of Helen Fejo-Frith from Bagot Aboriginal Community, who along with other leaders from her community never gave up.

"I'm saying to the Woolworths boss Gordon Cairns… why do you want to do this when there are plenty of alcohol places around? Please have a heart."

> "We live this day-to-day. If need be swap places with me – I'll come to your house and you come to mine, and then you'll find out what it's like."

"It is really hard but we have to keep going and if we want to get things done we have to keep pushing ahead and keep on talking about what we decided we are going to do, because the decisions have gotta all be made from community people – that's how it's gotta be."

To see a timeline of the advocacy campaign visit www.fare.org.au/darwin

Amelia Druhan
Chief Operating Officer
CRANAplus

mapping of remote nursing and midwifery pipelines incentives and pathways

In late 2020 CRANAplus began mapping the Australian remote nurse and midwifery workforce pipeline landscape. The goal was to develop an accessible resource, a map of incentives, and programs to assist nurses and midwives transitioning to remote practice. The mapping also hopes to assist stakeholders interested in the remote nursing and midwifery workforce, particularly around opportunities to support the future workforce.

The scoping and researching process was done with the generous engagement of many government departments and NGO stakeholders, education providers, Primary Health Networks, Rural Workforce Agencies, and professional bodies. Information was offered, incentive programs were championed and leads for further investigation were given. It soon became apparent that generous organisations and individuals supported the remote nursing and midwifery workforce pipelines in informal, ad-hoc ways. However, these were not captured within the mapping. To be included in the mapping, there were minimum criteria that needed to be met. The initiatives needed to be reliable, that is, resourced, in place currently and openly promoted. Essentially, they needed to demonstrate a degree of predictability. Information regarding transition programs, scholarships, bursaries and grants including eligibility criteria, needed to be accessible to potential remote nurses without paywalls or requirements to hand over personal information.

Targeting Remote Nursing and Midwifery

To ensure the mapping focused upon nursing and midwifery pipelines, incentives and pathways, programs and initiatives were categorised to indicate the degree to which they targeted this potential workforce.

Category 1 – Promote and incentivise remote and isolated practice for nurses and midwives
Targeted and directed toward Nursing and Midwifery students and/or professionals only and related explicitly to remote pathways or have remote practice as the expected goal or endpoint.

Category 2 – Promote and incentivise nursing and midwifery with, at a minimum, a rural focus
Targeted and directed toward Nursing and Midwifery students and/or professionals only, but not specifically towards remote pathways or remote practice as the expected goal or endpoint but could be used to support such a pathway.

Category 3 – Promote and incentivise remote and isolated health practice across disciplines, including nursing and midwifery (may include rural)
Pathways and incentives target remote and isolated health practice on offer to multiple health professions and/or students (medicine, allied health and nursing), which may or may not be competitive in nature.

Mapmaking

The process of translating data into an accessible resource for potential remote nurses and midwives is currently underway. It will be available on the CRANAplus website soon. Keep your eye out for the announcement of its arrival!

CRANAplus is still accepting information on any programs or incentives that might benefit the future remote nursing and midwifery workforce to ensure the resource remains current.

Do you have or know of a workforce pipeline or incentive that might meet the mapping criteria which may not have been included?

Please contact CRANAplus melanie@crana.org.au

it's professional services webinar season!

The Professional Services webinar team has been working hard on increasing our webinar opportunities for our members, health professionals, CRANAplus staff and anyone else who may be interested.

Recently we delivered a webinar from Nurse Practitioner Di Thornton, who works with the Mallee Border Health Centre and provides nurse-led health services to several small-town communities on either side of the Victoria/South Australia border.

Another popular offering was a webinar on ear disease presented by Debra Smith, an experienced Registered Nurse and Child and Family Health Nurse in the Top End (NT). Judith Burke presented a webinar on the challenges and rewards in the role of Women's and Maternal Health Coordinator role for an Aboriginal Community Controlled Health Organisation. A webinar on self-care practices for students while on remote clinical placement was delivered by our very own Stephanie Cooper.

Our Professional Services team is working on producing more webinars throughout 2021 and have lined up two webinars for July; one on the role of a diabetic educator in the rural setting and another on healthy skin promotion to control scabies.

Please don't forget that if you have missed any of our webinars, don't panic! They are all available on our CRANAplus website under education 'webinars on demand'. These are free to watch so you can catch up at anytime. For other webinars coming up keep an eye out on our website, Facebook and LinkedIn.

If you have any ideas or suggestions on future webinars, please reach out to professionalservices@crana.org.au

what have the professional services professional officers been up to?

Not many people know what sits behind the doors of the Professional Officers and what they do so here is a little sneak peek!

Professional Services is based in our Adelaide office and we have one of the best jobs going. We get to contribute to some of the strategic consultation papers and reviews across Australia and ensure the voices of our rural and remote health workforce are being heard.

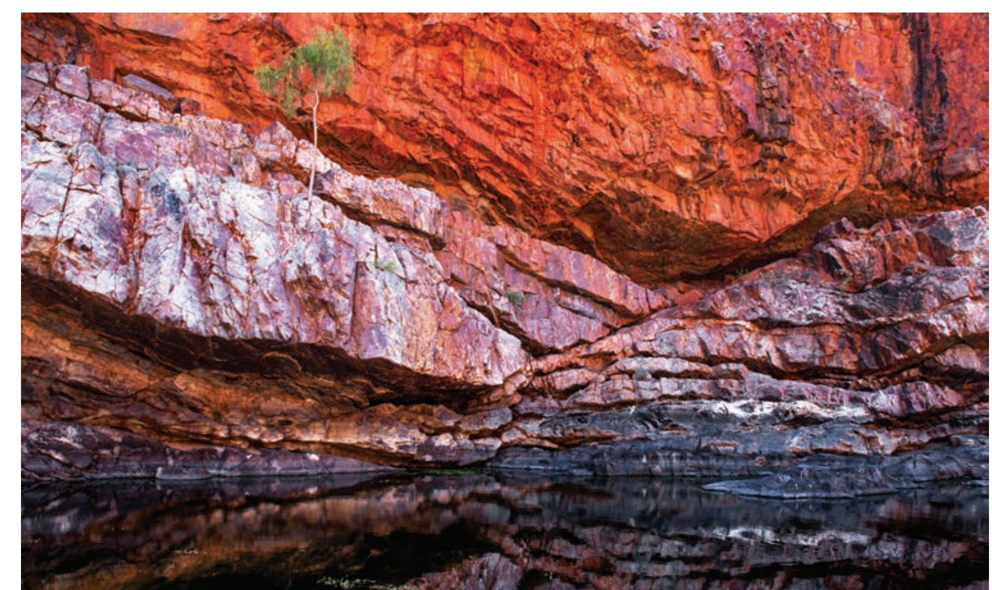
Only recently we had the opportunity to contribute to the South Australian Rural and Remote Workforce Strategy, the Queensland Rural and Remote Health and Wellbeing Strategy, the National Health Preventative Strategy and the Tasmanian Inquiry into Rural Health Services. The Tasmanian inquiry submission resulted in an invitation to appear before a public hearing.

This advocacy work is pivotal to the role we play as the peak professional body for remote and isolated health.

Professional Officers organise webinars to assist with enhancing knowledge of the workforce on a diverse range of topics. We are currently mapping opportunities and incentives for Nurses and Midwives in wanting to go rural or remote, as well as designing a framework for the remote manager's workshop.

What else do we do? We oversee the LINKS mentoring program and regularly provide advice and mentoring to people who reach out to CRANAplus for support and guidance in going remote. Something we love doing every year is arranging and overseeing CRANAplus awards and scholarships programs.

We also participate in research council meetings, a range of committees, engaging with stakeholders and more!



LINKS mentoring program resources trial

It is important for experienced nurses to share knowledge and advice and to encourage and support other nurses… [they] have a valuable amount of experience to help, and pass on to others.

CRANAplus Reviewer 2021

The LINKS Mentoring trial has been completed! A big thank you to the remote nurses, midwives, allied health and medical volunteers who reviewed either one or both resources and provided feedback.

The review involved volunteers engaging in learning activities including a range of self-directed personal and professional reflections and simulated mentoring activities (with a colleague) in the workplace.

In completing the LINKS Mentoring Package resource, reviewers explored:

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

LINKS Feedback

All reviewers of the LINKS Mentor resources found them easy to read and follow, the content helpful and all would recommend the resources to experienced remote health practitioners. The most valuable learning activities nominated were the *Emotional Intelligence Reflection*, *Your Mentoring Philosophy* and *Using the GROW Model for Powerful Questioning.*

- Almost all reviewers had some experience of learning to be or actually being a mentor in the past
- 75% of reviews indicated an interest in formal mentoring in some form (with or without an agreement)
- 50% were seeking to increase their mentoring skills for informal mentoring in the future, and
- 50% were interested in developing leadership skills.

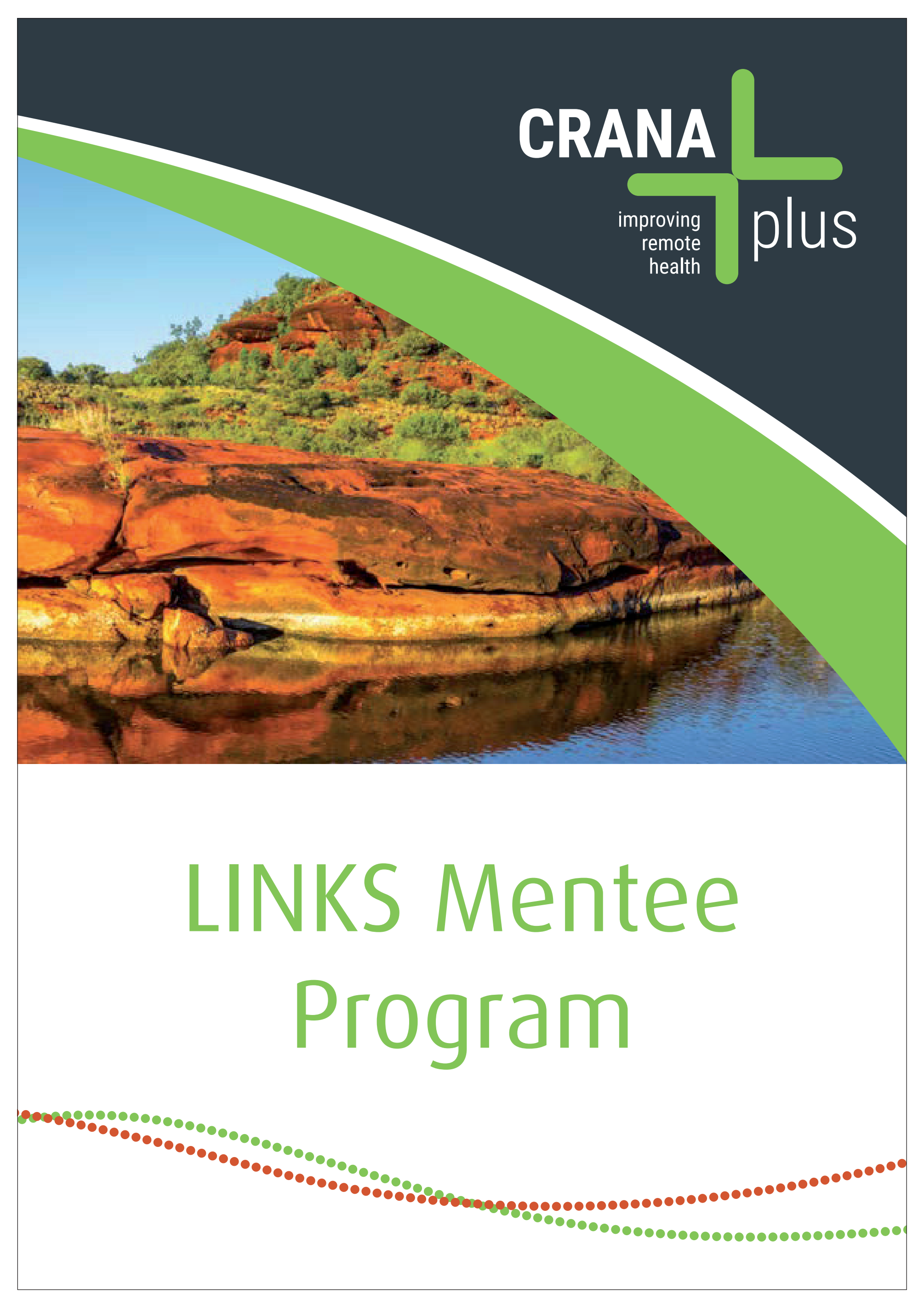
A thanks also goes to the reviewers of the LINKS Mentee Resource. While a smaller group, the feedback provided closely reflected that given for the LINKS Mentoring Resource.

In completing the LINKS Mentee Resource, reviewers explored their motivations as a mentee and how these can help to build effective mentoring relationships.

A range of practical strategies for participating as a mentee in mentoring relationships were also considered.

This feedback will help guide the planning and development of upcoming LINKS Mentoring eLearning modules which will be available on the CRANAplus website.

If you are interested in becoming a mentor or are looking for a mentor, contact professionalservices@crana.org.au



leading the way: Australia's chief nursing and midwifery officer

Nurses and midwives should embrace their increased public profile as a result of COVID-19, to influence national health policy for the benefit of the professions and all Australians, says Australia's Chief Nursing and Midwifery Officer.

Adjunct Professor Alison McMillan was appointed the Commonwealth Government Department of Health's Chief Nursing and Midwifery Officer in November 2019.

"It wasn't what I had in mind when I took on the job," says Professor McMillan of the global pandemic that emerged just months into starting her new role.

"We've managed it very well in Australia so that we aren't facing disaster management. We've had some bumps in the road, but Australia's done pretty well thanks to the majority of Australians."

Professor McMillan's experience in emergency management had her well-prepared for a leading role in Australia's response to the pandemic. If we are going to list these then I suggest we need to add my domestic experience too.

Deputy team leader for the Australian Foreign Medical Team in Banda Aceh in Indonesia following the Indian Ocean tsunami in 2015; nurse and midwifery team leader for the Australian Medical Assistance Team in Vanuatu following Cyclone Pam in 2015; and as an Australian government advisor to the Ministry for Health Fiji following Cyclone Winston in 2016.

She credits Australia's success largely due to the early formation of National Cabinet and the decision making made as a nation.

"It's been very successful and a real privilege to be part of the process."

Professor McMillan commends the contribution of Australian nurses and midwives, particularly those working in rural and remote during COVID-19.

CRANAplus nurses have also been part of the Commonwealth government's Australian Medical Assistance Team (AUSMAT) deployed to assist on the Wuhan repatriation, the Diamond Princess in Japan, the Victorian Aged Care Response Centre in response to the outbreaks in Melbourne and in north west Tasmania, and most recently at the Howard Springs quarantine facility.

"They go in response to wherever they need to go in the country – nurses, midwives, doctors, paramedics, pharmacists, radiologists, logistics etc." ▸▸

Alison McMillan arriving in Japan.

"They provide leadership with a strong clinician focus."

Like her Medical and Health Officer colleagues around the country, Professor McMillan has developed a public persona. The first time she streamed live in front of the cameras standing next to Minister Hunt, subsequent feedback, particularly from the nursing and midwifery community, was very positive.

> "The public knows there is a Commonwealth CNMO. They didn't know that before and there was a fair proportion of nurses and midwives who wouldn't have known that either."

"Nursing and midwifery have been at the decision making at the highest levels. With that comes a lot of pressure but it does get easier. Sometimes tricky conversations have to be had, but it's always very respectful."

Alison in Vanuatu.

As CNMO, Professor McMillan delivers high-level policy advice to the Minister for Health, the Executive and staff within the Department of Health and represents the Department at national and international levels. With COVID-19, nursing and midwifery have come into focus globally and she argues the professions need to sustain that profile.

> "We need to take up the opportunity for nursing and midwifery to influence policy and play a greater part in ensuring the safety and wellbeing of all Australians."

"We need to use whatever platform and whatever opportunity to do that. There's a lot of contributions and decision making to be had [for nursing and midwifery].

"The challenge for the professions in learning the sophistication of how to speak to policy-makers, something the medical profession has and continues to do well," says Professor McMillan.

Professor McMillan's experience spans more than 30 years across the Victorian and English public health systems. She has held senior executive roles in government and health services, including as Victoria's CNMO for five years. In 2009, she received a national emergency medal in recognition of service after the Victorian bushfires. She congratulates CRANAplus and rural and remote nurses and midwives in their support of and work in bushfire and drought-affected communities.

"It's important to let those people know that we haven't forgotten about them. We know how long recovery takes and the Black Saturday fires were not that long ago. CRANAplus has done a lot of work in mental health support and recovery for those in bushfire and drought affected communities.

"There's a big opportunity for rural and remote health professionals in how we help to improve the mental health of the nation."

Professor McMillan says there's still a lot of challenges, but also a lot to learn from rural and remote.

> "One of the challenges is significant recruitment and retention of the workforce. How we attract nurses and midwives to work in rural and remote. How we encourage the workforce to this fabulous area and encourage people that it's an option as a career."

Key areas of work on the CNMO's agenda include a national strategy for nursing and midwifery, the MBS Taskforce report, building on nurse-led models of care, primary healthcare, mental health reform and aged care reform.

"A key focus for me is to deliver on the 2030 Nursing and Midwifery Strategy. We do not have a good understanding of what the profession is doing, and no data on workforce supply and demand since 2014."

> "It's not just the profession of nursing and midwifery but how best we can contribute to better policy decisions and strategy areas."

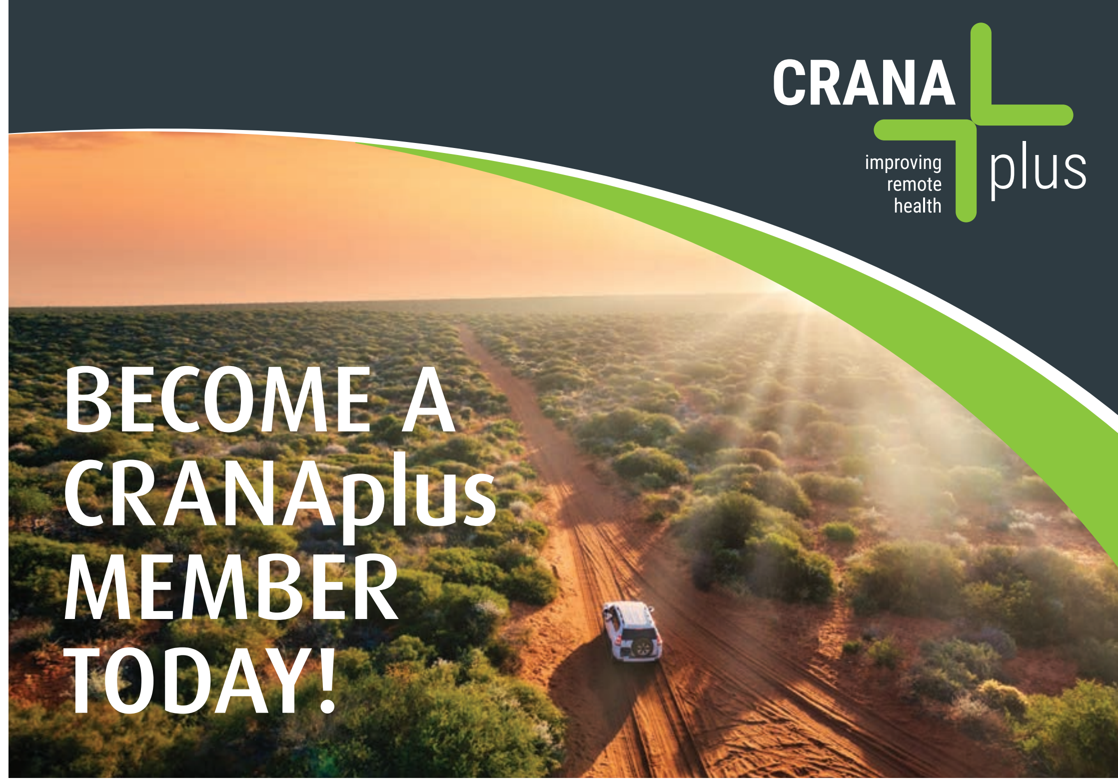
"We have an Aged Care Royal Commission report that has handed down recommendations in aged care that are a significant challenge for us.

> "With primary health care, we need to look at the opportunities for rural and remote – there are already lots of good examples of nurse-led models which we want to continue to support and build on."

However, COVID-19 still dominates the agenda, Professor McMillan says. "We are still looking at the pathway out: to effectively improving the economy, and a successful rollout of vaccines.

"COVID-19 is not going away. There's a real risk with the new vaccines that people will think that we will go back to normal. We are a long way from normal.

"As health professionals we need continue to provide reassurance to the community that [COVID-19] vaccines are safe and effective. Vaccines are part of a pathway out, but we need to continue all those measures that have been so successful for us."



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new deputy national rural health commissioner brings allied health perspective

Dr Faye McMillan (right) with National Rural Health Commissioner Adj Professor Ruth Stewart.

Australia's first Deputy National Rural Health Commissioner says she will make sure the authentic voices and experiences of those living and working in rural and remote are heard.

Associate Professor Dr Faye McMillan, a Wiradjuri yinaa (woman) from Trangie, NSW and Australia's first registered Aboriginal pharmacist was recently appointed the first of two Deputy National Rural Health Commissioners (NRHC).

Dr McMillan works at UNSW in the School of Population Health and is a founding member of Indigenous Allied Health Australia (IAHA) and its chairperson from 2010–2016. She has extensive experience in undergraduate and postgraduate education in pharmacy and nursing, and in Indigenous curriculum. Her research interests are in Nation Building, Indigenous women in leadership roles and mental health.

Her appointment recognised "the significant contribution that allied health professionals have to health service delivery for regional, rural and remote Australia," Dr McMillan said.

"All health professionals in rural and remote need to be valued, nurtured and supported now and into the future, just as all Australians should have access to the services they need," she said.

"It's about having models of nursing and midwifery and allied health care and hearing from those professionals who are living not just visiting, in rural and remote communities.

"The scope of the role is to work with the Office of the Rural Health Commission to ensure that there are authentic voices and experiences being heard and what can we learn from what we've already experienced and how we move forward.

"I think that is what we are looking to see: how can we do that to effectively meet the health needs of our communities. And we are willing to work and do the hard yards to make sure that that voice is authentic," she said.

"The COVID-19 pandemic had shone a spotlight on the health gaps in rural and remote Australia," Dr McMillan said.

> "It's not negotiable that when people choose to live in regional, rural and remote Australia that they should compromise what their metro and urban counterparts take for granted. It is not simply a lifestyle choice, we need people to live in our communities – we need food security and other industries that this country relies on."

"How do we do this? I think the question is, how do you eat an elephant? And that's one bite at a time. It's going to be a mixed method of how we are going to be approaching this. If we look at what's achievable in short, medium and long-term. And we look at what's urgent and we don't put that off.

"The beauty of this country is that it is so unique and so diverse, and we don't have to apply a one size fits all. As we know, one size doesn't meet the needs of all of our citizens.

> "One of the key and ongoing challenges is workforce and how to attract people to train in regional areas or through regional and rural partnerships."

"How do we do that effectively so that it allows communities to have confidence that they are going to be able to have sustained relationships with their health professionals. What are the models that might be applied to allow us to create potential new avenues that haven't been considered or that have been considered and weren't right at that time, but maybe they are now?"

Dr McMillan was named the 2019 NSW Aboriginal Woman of the Year. In 2017, she was recognised in the Who's Who of Australian Women and in 2014 in the Australian Financial Review and Westpac 100 women of influence.

> "We do really need to be listening to what are the issues that are facing Aboriginal and Torres Strait Islander people in Australia and how are we addressing them effectively."

"Sometimes, that is having really hard conversations. But I believe in the work of the Office of the National Rural Health Commission to have those difficult conversations and how we meet those challenges." ▶▶

National Rural Health Commissioner Adj Professor Ruth Stewart said she was "thrilled to have Dr Faye McMillan on board".

"We've been waiting since my appointment in the middle of the COVID crisis last year to appoint the Deputy Commissioners for the office of the National Rural Health Commissioner.

"What Faye is going to help me do: is to work out, to formulate advice for Minister Coulton and Minister Hunt, on how to increase and improve the allied health services for rural and remote Australia."

Ongoing work of the Commission among other things, includes the Rural Generalist Training Scheme; Primary Care Innovative Models of Care; and the Transition to College-led training for GPs.

Professor Stewart said the impact of COVID-19 had been heavily felt on the rural health workforce, with locum recruitment severely disrupted due to border closures.

"Australia has responded exceptionally well to the challenge of COVID. However, the lesson learnt from this was that where possible, how do we best support and enable rural health professionals to live and work close to home instead of our reliance on locums."

National Rural Health Commissioner Adj Professor Ruth Stewart with The Hon. Mark Coulton MP.

Left to right: The Hon. Mark Coulton MP, National Rural Health Commissioner Adj Professor Ruth Stewart, Dr Faye McMillan and Senator Perin Davey.

"We know a number of things that make a difference: that is support, our selection of healthcare professionals enrolling into courses, and to recruit those with a rural and remote background. It's having early, repeated and well supported clinical attachments in rural and remote areas; a clear curriculum that addresses rural health; and clear jobs to go to when they graduate. It's not rocket science, it just requires coordinated responses and it's happening now."

A workshop will be held in Queenstown, Tasmania this month with experts around the country to discuss how the newly announced Service and Learning Consortia will look to improve both the training of allied health in rural communities and service provision.

Professor Stewart said it was also about changing the current discourse of rural and remote health in mainstream media from focusing on the problems, to showcasing successful models of care. In a Press Club Address on World Prematurity Day last year she highlighted midwifery group practice and continuity of care models.

"We have seen where midwifery group practice is engaged with medical support that is culturally safe for Indigenous Australians that there has been a reduction in premature births in the community. We know what makes a difference; we need to give examples and we need to share the positive."

Professor Stewart said the Commission remained committed to the rural and remote health workforce. "I know what it's like to be sitting in a remote community wondering if anyone is paying attention to you – and we are."

thirteen hours in a remote emergency department

For most of my career I was used to working in big emergency departments with 14 to 25 nurses per shift and countless doctors. Resuscitation teams consisted of sometimes six or more nurses and four doctors – all with an allocated role typical of any large centre. Airway nurse and airway doctor, circulation nurse and circulation doctor, drug nurse and procedure doctor, scribe nurse, team leader doctor, defibrillator nurse, compressions nurses and 'gofer' (the runner, scout, the 'everything else' person). In these scenarios there was rarely a shortage of hands.

There were even times when there was little for one team member to do and they would wait patiently for a task to come up so they could then immediately become useful again in the resuscitation.

Where I found myself working on this particular day it was not like that. The emergency department (ED) had seven beds. The whole hospital had only 27 beds. Each shift had two nurses in the ED and between one and three doctors, including an intern, and a general practitioner/rural generalist.

I'd been there for ten weeks and it was a day with fewer staff than usual. There was me, a Royal Flying Doctor Service (RFDS) flight nurse, an RFDS doctor and a hospital doctor who was alternating between us and the rest of the ED.

For eight hours I'd been treating a woman in pre-term labour and then in no time at all I had a whole new patient; the woman in labour had just given birth! And to the tiniest little boy I had ever seen. He was estimated to be only 28–30 weeks gestation. I was on a new team now. I was on the neonatal resuscitation team.

I had no neonatal nursing experience at all. I'd never even seen a premature baby. Worse still, I had barely any paediatric experience other than a handful of shifts in the paediatric section of an emergency department. In hindsight, I should have been freaking out – but there was no time for that, only time to get to work.

The baby was placed on the neonatal resuscitator cot in front of me. We got to work on keeping the baby warm.

As the doctor began mechanically ventilating the baby with the neonatal resuscitator mask I suddenly wasn't sure what I was meant to be doing.

A mentor once told me, "If you don't know what you're meant to be doing next, then start with doing what you know you can do and the rest will fall into place." So, taking this advice I started doing what I knew I could; I started measuring the baby's oxygen levels.

The boy's heart rate was low and a second doctor commenced cardiac compressions. Thank goodness only a minute went by before the baby had a heart beat of its own. This doctor then proceeded to put in a drip and my role shifted to assisting with this.

A fleeting thought passed through my head, "where is the circulation nurse?" Then I remembered it's just me. I went from gofer nurse to circulation nurse.

Once the drip was in place I took my pen out and began the role of scribe, documenting as much as I could of what had happened so far. This role didn't last long as the doctor then requested multiple antibiotics. I hurried to the medication room where, thankfully, I found a second nurse. It was staff change over, so for a short while we had extra nurse on the floor, but unfortunately there was still the rest of the emergency department to look after.

We began drawing up antibiotics. They were all weight-based tiny doses – the hardest medication administration for nurses. You start with a high-dose powder that you add solution to and carefully mix it to make a large-dose liquid antibiotic. You then have to decant the required dose (this requires exact math calculations).

I returned to the room with antibiotics in hand and while they were being administered I scanned the room. There were close to a dozen people now crammed into this tiny, rural resuscitation bay where there were now two resuscitations occurring. The woman who had birthed was experiencing complications which required a second team to respond to.

Paramedics had also arrived and were on standby for likely transfer of these patients to a larger facility.

We had been lucky. It was the middle of the day (unlike overnight where there is only one doctor). Furthermore, we had managed to delay the baby's birth until two RFDS teams had arrived.

It felt like chaos, however, eventually my eyes rested on my partner. He had been looking after an unconscious man who had arrived minutes before the birth, but now he had come in and taken up the scribe role for the newborn and I instantly felt calmer knowing he was on the team.

I stepped in to the role as airway nurse while the transport ventilator was being set up. I felt an amazing sense of calm and steadiness even though it was a difficult procedure.

The doctor, ever so amazing, never once showed even the slightest nerves. Adding to these difficulties we had equipment challenges but despite all this we carried on, trying again and again until we were successful.

The woman had become quite unwell and a decision was made to urgently fly her out to another facility 500 kilometres away for emergency surgery.

Once transferred onto an ambulance stretcher, she was turned around in the resuscitation bay to have one final look at her little boy before being taken away to the awaiting medical retrieval plane.

Even in this difficult situation, the entire staff, ever the total professionals they all are, remembered the mother and baby were not only patients, but human beings, and so responded accordingly in that moment.

My role changed again to supporting the baby during his x-ray. I was handed a heavy lead apron to wrap around myself for protection against the radiation.

My partner assisted to strap it tightly onto my body. He was gentle and caring, but insistent it be done correctly, whispering in my ear to check if I was ok. He even insisted I drink some water before proceeding with the x-ray.

Eventually we'd done all we could to stabilise the baby (as well as attend to various emergencies with other patients!) It was time for the RFDS team to fly him out to another hospital. This time it was over two thousand kilometres away where there was a specialised neonatal unit.

I assisted moving him carefully into an incubator and watched as it was slowly loaded onto the ambulance stretcher. It was the same stretcher his mother had been placed on hours before.

After thirteen hours it was time to go home and finally eat and have a rest, for I had to be back at work again in only eleven hours.

I'd like to thank all of my colleagues and the phenomenal RFDS service. Most of all I'd like to thank my partner, not only for being there that day but for being there every day of my life.

Anonymous RN

medical drones to deliver health supplies to regional communities

Custom-made, state-of-the-art medical drones with a flying range of up to 250 km will be developed and trialled in the Northern Territory in Australia's first ever healthcare drone trial for regional Australia.

The medical drones will deliver much-needed health supplies, including medicines and defibrillators and pick up and drop off pathology in the first stages of the trial in West Arnhem, NT. The project will also pave the way for future delivery of critical items such as cold-storage vaccines (COVID-19) in regional and remote communities.

The trial is being led by the iMOVE Cooperative Research Centre, part of the federal government-funded CRC Program, in partnership with the NT government Department of Health and Charles Darwin University (CDU).

"Regional communities face medical access and health supply issues. This doesn't have to be the case. We have the technology to put an end to this deprivation, especially in remote Northern Territory First Nations communities," said iMOVE programs director Lee-Ann Breger.

"There are about eight million people living in rural and remote parts of the country, that's about a third of our population living in places where getting life-saving medical supplies is not only a race against time, but also a battle against the tyranny of distance, harsh landscapes and unpredictable elements," she said.

The project is already running with talks underway with manufacturers for suitable drone airframes capable of handling wet and dry seasons, and a maximum flying range of 250 km.

"This is done in other parts of the world, there are zip and swoop drones being used in Africa so we know it can be done. We need to refine it so that it fits the niche in the NT and then expand on that," Ms Breger said.

While light drones have been used in Australia for different purposes, there have been none on this scale with involvement with aviation regulator CASA and the Australia Defence Force to navigate flight paths for the drones.

The project will involve developing a drone test flight centre with infrastructure capability and capacity in the Northern Territory, such as Jabiru, Katherine or Darwin. Drone pilots will soon be recruited and will undergo specialist training.

The first area to be trialled will be West Arnhem Land where the community is cut off during the wet season. "Planes can't land on runways, whereas drones only need a small piece of land," Ms Breger said.

Different types of drones, including those with insulated compartments for temperature-sensitive items such as vaccines, will be tested to assess whether they can sustain the severe and extreme weather conditions of heat, dust and rain, experienced in regional, rural and remote Australia.

Photos taken at the drone lab at Charles Darwin University during the ministerial announcement of the project by Minister Natasha Fyles. Left (left to right): Prof Mike Wilson, Interim Vice Chancellor Provost and Vice-President CDU, NT Minister for Health Natasha Fyles and Dr Hamish Campbell, Associate Dean Research, Innovation and Research Training. Above (left to right): Prof Bogdan Dlugogorsk, Deputy Vice Chancellor and VP, Research and Innovation CDU, Prof Mike Wilson, Interim Vice Chancellor Provost and Vice-President CDU, NT Minister for Health Natasha Fyles and Dr Hamish Campbell, Associate Dean Research, Innovation and Research Training.

Key goals and milestones

- Regular drone flights of up to 100 km by the end of 2021
- Regular drone flights of up to 250 km and regular transport of medical items to and from remote communities by July 1, 2023
- Further development into drone delivery of cold-chain items (COVID-19 vaccine).

"These drones are hardy and can manage unique weather requirements. We will test different drones for areas that are as equally remote but have completely different needs," Ms Breger said.

One of the project's main goals is to create an efficient model so drone health delivery services can be rolled out in other regional locations across Australia.

"The potential is absolutely huge, once its proven that we can use unmanned aircraft over the landscape and what can we deliver.

"People in regional and remote areas will not have to stockpile but can order smaller quantities confident of a reliable supply coming in. Rural and remote communities can be serviced like those in the cities with equal access to medical supplies," Ms Breger said.

The project runs until 2023 with the aim to have routine and regular deliveries before potential rollout to other areas of Australia.

"In the not too distant future, if you see a drone flying overhead in the middle of nowhere there's a fair chance that technology is on its way to help someone or even save their life," Ms Breger said. ●

hep C can be cured

Hepatitis C, once a chronic condition, can now be cured in as little as eight weeks. The days of complex, often ineffective treatments and major side effects are long gone.

Highly-effective treatments known as direct-acting antivirals (DAAs), which have been listed on the Pharmaceutical Benefits Scheme (PBS) since March 2016, offer a 95% cure rate with just 1–3 tablets a day for eight or 12 weeks. Without treatment, Hepatitis C can lead to serious liver disease, including cirrhosis and liver cancer.

A barrier in regional, rural and remote parts of Australia is a lack of access to health workers skilled to administer the Hepatitis C medications and a lack of accessible information resources for consumers – issues common to so many services in outback Australia.

Regional, rural and remote areas with reduced access to relevant health and community services have been identified in the Fifth National Hepatitis C Strategy as priority settings for the delivery of education and prevention, testing, treatment and care of Hepatitis C.

At the end of 2018 there were an estimated 130,000 people living with chronic Hepatitis C in Australia.

It is also reported that since the introduction of the direct-acting antivirals on the PBS an estimated 92,000 Australians have received these medicines.

Sadly, many people are still missing out on these potentially life-saving therapies which are readily available on prescription from GPs and authorised nurse practitioners. Many people who could benefit still haven't heard about the revolution in Hepatitis C treatment. This includes people who may not be aware they have been at risk of contracting Hepatitis C in the past and have not been tested. During health screening it may not always seem obvious to ask an older person if they had hepatitis risks when they were younger, but it is important to do so.

Australian governments and the national peak Hepatitis Australia have committed to the elimination of viral hepatitis as a public health concern by 2030. World Hepatitis Day on 28 July plays an important role in achieving this goal.

"We can eliminate viral hepatitis in Australia! We have the tools and the know-how. We need health workers and communities to raise awareness. Visit the Australian World Hepatitis Day website to find out how you can get involved and support the 360,000 people living with viral hepatitis."

Carrie Fowlie, CEO Hepatitis Australia
www.worldhepatitisday.org.au

World Hepatitis Day is an annual international day observed by the United Nations and one of the World Health Organization's (WHO) seven officially mandated global public health days.

World Hepatitis Day provides an opportunity for healthcare workers to focus on Hepatitis C, increase their knowledge of treatment and raise awareness among their patients that there is a simple and effective cure for Hepatitis C.

Nowadays, GPs and authorised Nurse Practitioners can prescribe Hepatitis C treatments and monitor their effectiveness. This means people can now get treated in community-based clinics and can get their prescriptions filled in most community pharmacies.

It is only when patients have advanced liver disease or other health complications that a specialist may need to be significantly involved.

The Australian guidelines to support the prescribing Hepatitis C treatment are available at https://www.hepcguidelines.org.au/

For most people, the complete course of treatment involves two to three scripts. Direct-acting antivirals (DAAs) which are delivered in tablet form, consist of 1–3 tablets a day taken for eight to 12 weeks.

Check this website for more information on treatment and costs. https://www.hepatitisaustralia.com/hepatitis-c-cures

What to look out for

People living with Hepatitis C may not know they have it. Some people may have flu-like symptoms when first infected, but many people with Hepatitis C can go for decades without symptoms. By the time symptoms such as tiredness, discomfort around the liver region appear, there could well be fibrosis or cirrhosis already occurring. ▸▸

NT initiative targets Hep C

A community-based nurse working with a team of engagement officers is a key component of an initiative in the NT aimed at eliminating Hepatitis C in the Territory.

With the ability to visit and assist GPs in regional areas and provide treatment programmes outside the hospital system, the initiative has the potential to help people who might otherwise not be reached, says Associate Professor Jane Davies, a clinical researcher at the Menzies School of Health Research in Darwin and Director of Infectious Diseases at Royal Darwin Hospital.

"Interestingly Baby Boomers have been identified as a risk group in the NT that can be easily missed," she says. "They may have injected drugs at a party many years ago, and be totally unaware that they have Hep C."

Another group are people tested and identified in the prison system, but who are not there long enough to participate in the full 12-week treatment programme.

Dr Davies, who has over fifteen years' experience in the area of Global Health and Infectious Diseases, says the initiative, part of the Burnett Institute national Eliminate Hep C project, is funded through a grant from the Paul Ramsay Foundation.

By assisting GPs who may rarely deal with Hep C cases, the community-based nurse can provide assistance with undertaking scans to check liver damage and preparing an appropriate treatment plan. The engagement officers, who may have themselves had Hep C in the past or are interested in helping eliminate the disease, can also assist in supporting the patients.

The project will also involve clinics in appropriate locations. If you are interested in finding out more please contact: jane.davies@menzies.edu.au

▸▸ Early diagnosis is important so understanding a client's personal history is a key factor in identifying people at risk of hepatitis C.

Risk factors include:

- Tattoos, especially if not done in a professional studio
- Injecting drug use, current, past or even experimental
- Having received blood or blood products before 1990 in Australia.

Further information and support

We encourage you to contact the hepatitis organisation in your state or territory for more information on workforce training. https://www.hepatitisaustralia.com/local-hepatitis-organisations. Hepatitis training, information and resources for healthcare professionals is available on the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) website. https://ashm.org.au/HCV/

National Hepatitis Information Line:
1800 437 222

Information on who can treat the disease
https://www.hepcguidelines.org.au/

Hepatitis Australia resources for professionals
https://www.hepatitisaustralia.com/Pages/Category/professional-workforce

Training portal for professionals
https://ashm.org.au/HCV/ ●

try before you buy

An innovative training and travel program to give nurses a year-long experience in rural and remote locations in Western Australia is a resounding success. Kassie Johnston's 12-month stint has turned into a 12-year career. So far. She's a more-than-willing ambassador for the program.

"Sounds so corny but my career was forged here," says Kassie, who turned up in Port Hedland in 2009 as a 1.2 level nurse looking for adventure from the WA Country Health Services innovative TRAVEL program. Her current position is the Clinical Nurse Specialist Infection Prevention & Control in WA's Wheatbelt.

"In the program, I gained a years' worth of country nursing, cultural knowledge and experience you can't read about and skills to be able to lead and excel in country areas," she says.

"I'd come to Port Hedland from Sydney where I studied and worked in a massive Sydney hospital. I felt a sense of culture shock at the beginning. Simple things like the weather, humidity and tropical conditions, threats of cyclones and of course the people.

"My cultural awareness and experience caring for Aboriginal people was next to none. And here I was caring for people on mattresses on the floor – as that was their preference."

> "I learned so much from chatting to patients, their families and the community. It started a passion for Aboriginal health."

"I definitely learnt a lot about WA, regional and remote nursing and myself during the program.

You don't have all the bells and whistles, specialists and equipment like in a tertiary centre. That's what I admired in regional and remote nurses."

> "I certainly believe that I became a better nurse and better person from my experience."

Kassie was offered a permanent position at her first placement in Port Hedland, but decided to continue with the program. Just as well for Kassie. She met her now husband in Kalgoorlie, her third placement. And that's where they bought a house and raised their two children.

Kassie and her husband, also a nurse, worked in the Goldfields of WA – a huge area stretching to the SA and NT borders – for 10 years. Kassie spent a few years in ED/high dependency in Kalgoorlie before switching to the Goldfields Public Health Unit where she worked as the Clinical Nurse Specialist Disease Control until last year.

In 2020, the family left the Goldfields. "I had arrived with one suitcase and left with a husband and two children," says Kassie. ▸▸

“I am now in the Wheatbelt region – still with WA Country Health Service, establishing a new role for this region as the Clinical Nurse Specialist Infection Prevention and Control.

“The global pandemic has certainly shone a light on the roles of Public Health and Infection Prevention and Control. I feel privileged to be part of the work we are doing,” she says.

“I would recommend this travel program to anyone.”

“I absolutely felt I flourished as a nurse. I was young when I did the program and the main driver was to be able to travel and see WA – what I got was so much more.”

“To anyone who joins the program: go with an open mind to new places, new experiences and new people and you will enjoy. I can’t think of a better example of testing the waters in rural and remote nursing – all with support and assistance.”

“It’s a perfect program of ‘try before you buy’, says Regina Brown Nursing and Midwifery Services with WA Country Health Services, Nurse Manager – Workforce of the WACHS Transition to Rural – Adventure and Lifestyle (TRAVEL) program.

“The aim is to encourage people to rural and remote positions sites, and of course we want them to stay. There is a shortage. Our target group are middle of the road nurses – with three–five years’ experience.

We get 20 applicants each time we advertise, which is three times a year. Probably half are from Perth metropolitan area, but also some people originally from rural and remote areas and a few from interstate.

The program offers three rotations in the 12-month placement, with assistance and support with travel and accommodation, plus training and study support.

“It’s ideal for people who want to experience the regions and who want to develop their skills in a particular area, for example in an emergency department, in dialysis or home care. There is a growing number of people interested in working in Indigenous communities and they choose the more remote sites.”

Regina says interviews for the program are stringent to ensure the nurses have the relevant skills necessary and experience. During placements, there is ample training and induction, particularly in Indigenous awareness.

“People like to try before they buy,” says Regina. “It’s a big move if you have never lived in a rural community before. We hope the nurses who participate find a place they want to call home, for a few years at least.”

For further information on the TRAVEL program WACHSNurses@health.wa.gov.au

new resources for ear health

One in three Aboriginal and Torres Strait Islander children experience chronic ear disease in Australia that may lead to hearing loss. Several new resources to help health practitioners in the identification and management of otitis media in Aboriginal and Torres Strait Islander children are now available.

New multi-platform interactive guidelines have been developed by the Centre of Research Excellence in Ear and Hearing Health of Aboriginal and Torres Strait Islander Children (I-CHEAR).

Also available as an app, the *Otitis Media Guidelines*, is an information and multimedia tool to assist primary healthcare providers across Australia in the delivery of comprehensive, effective and appropriate care for Aboriginal and Torres Strait Islander children with otitis media and hearing problems.

"The new guidelines provide clear information about prevention, diagnosis, prognosis and management of otitis media for health practitioners working in both urban and remote settings, with low or high risk children," said I-CHEAR Director and Menzies School of Health Research Senior Principal Research Fellow, Professor Amanda Leach.

The Otitis Media Guidelines app (OMApp) includes evidence-based guidelines, algorithms to assist with clinical decision making, cartoons, audio recordings in five Aboriginal languages to assist with communication and multimedia educational materials for health workers, families and children.

CRANAplus CEO Katherine Isbister said she was delighted to support resources that would help to improve the ear health of Aboriginal and Torres Strait Islander Children.

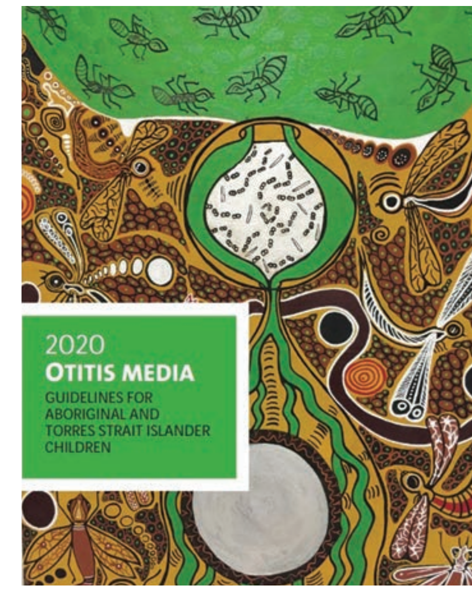
Above: HAPEE campaign Luke Carroll with son Enzo. Top right: HAPEE campaign Emma Donovan with daughter Jirriga; and Luke Carroll with son Enzo. Right: I-CHEAR *Otitis Media Guidelines*.

"Aboriginal and Torres Strait Islander children experience some of the highest rates of otitis media (OM) in the world. If left without appropriate care, OM can cause conductive and/ or permanent hearing loss and is associated with language delay, speech problems, high vulnerability on entering school, social isolation, poor school attendance, and low education and employment opportunities."

Hearing Australia has also launched a range of new resources.

Hearing Australia's Hearing Assessment Program Early Ears (HAPEE) has developed a new Community Toolkit for organisations, primary health services and early education workers.

HAPEE aims to engage communities and health care professionals with a focus on encouraging early and regular assessments for children before they reach school age.



Children with infected ears often don't show any signs of trouble, said HAPEE Manager Michele Clapin. "It's essential that we identify hearing loss early on, especially between the ages of 0–3 when a child's listening and language skills are developing rapidly." ▸▸

Above: I-CHEAR director Professor Amanda Leach and Associate Professor Kelvin Kong being assessed during a training workshop. Right: HAPEE campaign Emma Donovan and daughter Jirriga Councillor.

All Aboriginal and Torres Strait Islander children not yet attending full time school are eligible for a free hearing check, and this service is now available in regional areas.

Hearing Australia's HAPEE program was developed with Aboriginal Community Controlled Health Services representatives along with key people from the Aboriginal and Torres Strait Islander hearing health sector.

As well as hearing assessments, HAPEE aims to upskill and support primary care providers, early education staff, and parents and carers with the ability to identify, manage and monitor potential hearing loss in young children.

Through early diagnostic, rehabilitative and specialist referral services; and an increase in primary health services' capacity to identify, manage and monitor ear health.

Luke Carroll (actor and Playschool presenter) and Emma Donovan (musician), who are both parents, have joined the Hearing Australia HAPEE campaign.

Gumbaynggirr, Dhungatti, Yamatji and Bibbulman woman, Emma Donovan's youngest child's hearing loss was detected early, and she has had regular appointments with Hearing Australia since birth.

"My biggest concern was always worrying about my daughter's learning ability with hearing loss and the impact it might have on things that I want to teach her. I want to teach her traditional songs in language. That's important for me to pass down to my kids. These are the things that are going to give them a better opportunity in life."

Wiradjuri man, Luke Carroll, said it was extremely important for kids to get their hearing checked regularly. "It helps with their speech and their growth as a young person. I know hearing goes hand in hand with education which is a big part of our lives."

The theme for World Hearing Day 2021 on 3 March was *Hearing Care for All! Screen. Rehabilitate. Communicate*. It coincided with the launch of the World Report on Hearing that calls for global action to address ear diseases and hearing loss across the life course.

Resources

The I-CHEAR *Otitis Media Guidelines* can be accessed at: https://otitismediaguidelines.com/#/start-main

The OMApp is freely available for download via the Apple Store:

https://apps.apple.com/au/app/otitis-media-guidelines/id1498170123?mt=8

or Google Play:

https://play.google.com/store/apps/details?id=com.otitismediaguidelines.guidelines

A summary of I-CHEAR's *Otitis Media Guidelines* and the recommendations has been published in the *Medical Journal of Australia*: http://doi.org/10.5694/mja2.50953

For more information on Hearing Australia' HAPEE program or to download the Community Toolkit, visit https://www.hearing.com.au/HAPEE

talking about sex and sexual consent with your patients

Recent events in federal politics, the naming of Grace Tame, the Australian of the Year, and the #MeToo movement have put a national focus on the issue of sexual consent. Talking to patients about sex can be sensitive and we know that it's a topic that clinicians steer away from and many health workers struggle to make it part of the conversation (Malta et al, 2018).

The need to talk about sex and sexual consent can be justified by statistics from The Australian Bureau of Statistics that reveal 83% of the sexual assault victims in 2019 were *women** and one third of these were family and domestic violence related. From these figures, it is evident that the need to talk about sexual consent with patients is clearly identified, as the perpetrators are often known to the victim (Australian Bureau of Statistics, 2021).

Sex can be a wonderful and pleasurable experience and for those wanting to be sexually active its benefits include strengthening and increasing wellbeing in relationships (Debrot et al, 2017).

Conversely, survivors of domestic violence and sexual assault experience a sexual relationship where sex is used as a weapon to exert physical, emotional and sexual control over an individual where the person is expected to submit to their partners' sexual needs and demands regardless of consent (Australian Institute of Health and Welfare, 2019). According to the Australian Bureau of Statistics 2016 Personal Safety Survey, 2.2 million Australians have experienced physical and or/sexual violence from a partner. Furthermore, one in six women and one in 16 men have experienced sexual violence from a current or previous cohabiting partner. With one *woman** dying every nine days and one *man** every 29 days at the hands of their partner, it's clear that the national conversation around sexual assault and violence initiated by recent events is long overdue. (Australian Institute of Health & Welfare, 2019)

The World Health Organisation (WHO) states that all people have the right to various sexual rights and amongst them is the "right to be free from torture or to cruel, inhumane or degrading treatment or punishment". (WHO, 2021). They also state that sexual health is dependent on various human rights that include "respect, safety and freedom from discrimination and violence". (WHO, 2021).

So how do clinicians bring consent into the conversation and what do we need to know so that we can educate our patients to help them achieve a higher level of sexual health? Educating your patients about an affirmative model of consent is prime which "essentially relies on a positive agreement between the parties before sexual interaction can begin – in simple terms, a clear and unequivocal *yes*". (Goldsworthy, 2018). The following points are often discussed in sexual health clinics with patients and are examples of the affirmative consent model.

- **Sexual consent must be explicit. A person should seek a partner's confirmation that they want sex. They should be sure to clarify which specific sexual activities their partner has consented to participate in.**
- **Sexual consent must be interpreted as enthusiastic. A person should not pressure or coerce their partner. No one should be made to feel like they need to 'give in' to keep their partner happy.**
- **Sexual consent is reversible. A person should be able stop having sex when they change their mind and this decision should be respected by their partner. A person should not be made to feel guilty for not proceeding.**
- **Sexual consent cannot be assumed to have been given when a partner is under the influence of drugs or alcohol.**

There are key opportunities to initiate conversations around sexual assault and consent in clinical appointments.

This may include when someone is undergoing cervical or prostate screening, sexually transmitted infection screening or appointments for contraception or general sexual health.

Alternatively, your patients may want to share with you about their new relationship or find themselves complaining about their partner to you.

Broaching the sexual conversation may provide an opportunity for the patient to voice areas of concern and more importantly, an opportunity for you to provide support and education on sexual consent, particularly in males.

It may be an opportunity to screen for sexual assault in domestic violence, and to refer to allied health or domestic violence services for further support.

Opportunities for rural patients to access support is limited in comparison to their city counterparts, and your interaction may be the beginning stage of support leading to increases in their safety and ultimately, contributing to a higher level of sexual health.

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* The terms woman and man have been used in this document as it is listed by references used in this article. SHINE SA recognises that these terms apply to all people who identify as women and men regardless of gender or expression.

make sure your tax claims have a clean bill of health

The ATO recognises the dedicated efforts of our health care workers over the past year. To help you with your tax return, the ATO developed occupation specific guides with tailored industry information.

This includes information on work-related expenses which may be claimable for health care workers and top tips to make your tax time go smoothly. Clothing, laundry and self-education expenses are common deductions for health care professionals. As such, the ATO is placing a focus on the education and awareness of these work-related expenses to help you get your tax return right. For example, a common misconception is that you can make a standard claim of $150 for laundry expenses. Be aware, the $150 limit is there to reduce the record-keeping burden, but it's not an automatic entitlement. While you don't need written evidence for laundry claims under $150, you must have spent the money yourself, and it must have been for laundering deductible clothing (a distinctive uniform, protective or occupation-specific clothing) that you were required to wear to earn your income. You will also need to be able to show how you worked out your claim. Another mistake the ATO sometimes sees is taxpayers claiming self-education expenses when the study doesn't have a direct connection to their current employment.

You can claim self-education and study expenses if your course relates directly to your current employment as a health care worker and it:

- maintains or improves the skills and knowledge you need for your current duties
- results in or is likely to result in an increase in income from your current employment. For example, undertaking a Certificate IV in Ageing Support to maintain or improve the specific skills and knowledge you require as an aged care worker.

You can't claim a deduction if your study is only related in a general way or is designed to help you get a new job. For example, you can't claim your Bachelor of Nursing if you're working as a personal care assistant.

You can't claim a deduction if your employer pays for or reimburses you for these expenses.

Follow these three golden rules to make sure you get your work-related expense claims right:

1. You must have spent the money yourself and weren't reimbursed.
2. The claim must directly relate to earning your income.
3. You must have a record to prove it. ●

from remote clinic wall to national art show

Paintings by two local schoolboys given to the Borroloola Clinic in the Northern Territory as a cheer-up gesture during the early days of COVID restrictions and a Zoom meeting months later with the Rotary Club in Sorrento on the Mornington Peninsula in Victoria: two separate events that spurred one remote area nurse to connect the dots and create an opportunity to promote Indigenous art at the national level.

"My passion is helping people and nursing isn't necessarily healing wounds," says Registered Nurse and Midwife Alana Street, from Tasmania, who has been doing contract work in remote communities in the Northern Territory for the past seven years.

"The benefits that art provides from the mental health perspective for children are tremendous – particularly those with learning difficulties."

Alana recognised an opening to extend the use of art as therapy and to bring together people from across the country when she learned about the annual art show run by the Rotary Club of Sorrento – and so the Borroloola Children's Art Project was born.

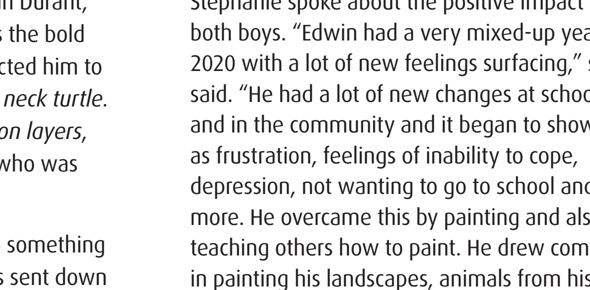
"I remembered being introduced to the children's art and how colourful and creative the pieces were. The children, brothers Edwin (15) and Zephaniah (10), first brought a painting that tells the story of how COVID kept everyone together and promoted hand washing. We put up more paintings around the walls. They certainly cheered us up."

"Stephanie Kosh, the children's teacher, is an educator from FaFT (Families as First Teachers) within the NT Department of Education. I didn't realise that we would collaborate later on this wonderful project."

Alana connected the Rotary Club with Stephanie, who helped arrange for 12 paintings to be prepared and sent south to Sorrento. The outcome was that Edwin and Zephaniah had their artwork displayed at the event, the boys both won best in show for their age groups, and all their artwork sold. ▸▸

▶▶ Well-known Australian artist Ivan Durant, the art show judge, said that it was the bold paint strokes and colours that attracted him to Zephaniah's winning painting *Long neck turtle*. Edwin's winning painting *Wet season layers*, is an excellent painting, said Ivan, who was impressed with the structure.

The Rotary Club is hopeful it can do something similar in 2022 with more paintings sent down from other communities if possible.



Stephanie spoke about the positive impact on both boys. "Edwin had a very mixed-up year of 2020 with a lot of new feelings surfacing," she said. "He had a lot of new changes at school and in the community and it began to show as frustration, feelings of inability to cope, depression, not wanting to go to school and more. He overcame this by painting and also teaching others how to paint. He drew comfort in painting his landscapes, animals from his country and developing his techniques.

"By doing art he found a lot of stress relief and found a purpose and a possible future as an artist (something he would like to do). He has now got future dreams of opening up his own small art gallery and possibly working to teach others how to paint.

"Zephaniah has Fetal Alcohol Spectrum Disorder (FASD) and Attention Deficit/Hyperactivity Disorder (ADHD) and I found it very interesting that Zephaniah would want to sit still to complete a painting let alone beg to do more! He really enjoys painting and gets really excited to share his art with others. It has helped his self-esteem in wonders as he used to walk around saying 'I'm a dummy' and 'I don't know nothing… I'm no future person'.

"Now he reckons that he is going to beat Edwin and keep on painting. Zephaniah also wants to learn how to carve traditional spears, clapsticks and ceremony clapsticks alongside his brother and extended families."

Alana thought she was in the twilight of her career when she decided, some years ago, to become a Remote Area Midwife and Nurse. Not so.

"I am now calling it my sunrise time," says Alana, "because it has given me a different view of my day, every day."

Alana also wants to thank Allison Lenning Child Health Nurse in the Umbakumba Health Centre on Groote Eylandt for her assistance with Outback communications to help make the project happen. ●

This is not the first time Alana has used art in her health practice. She previously entered an art work by Renata Collins, who lives in Robinson River Community near Katherine into the Australian College of Midwives Art Competition. The theme was 2020 – Year of the Midwife and Nurse.

"Sadly the event had to be cancelled due to COVID,' says Alana, "but I made postcards from Renata's painting and gave them out as gifts, celebrating our professions."

Renate's hobby is painting but she stopped some years ago – until Alana asked her to do a painting for her. "It was so good to see the colour again," Renate said. "I have not been painting for a long time".

17th September 2021
1 Day Virtual Symposium

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