



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

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From the CEO and Board Chair



Dear colleagues,

To introduce this edition, I am joined by CRANaplus new Board Chair, John Wright, who has taken up the mantle following almost 20 years of service on the CRANaplus Board. A big thank you to outgoing Board Chair Fiona Wake for her contributions and continued service as a Board Member, and congratulations to Emma Barritt who has stepped into the role of Deputy Chair.

As you may have already noticed from the back cover, our conference has a slightly new look and feel this year! Our event is titled the 2024 Remote Nursing & Midwifery Conference, and we are headed to the Crown Melbourne, in Victoria, 10 years on from our last event in this part of Australia. This year's theme is 'Clinicians, Changemakers – celebrating inspiring people & practice' and we are looking forward to welcoming health professionals of all disciplines to three thought-provoking, well-deserved days of education, relaxation, and networking on 23-25 October. More details will be out soon – head to crana.org.au/conference for the latest.



This edition of the magazine takes readers from outback Queensland to central Australia, and across to Papua New Guinea. It provides a useful packing list suggested by our Members, selected results from our 2023 Member Survey, expert advice on strongyloidiasis and Q Fever, guidance for budding researchers, and a sneak peek into our new CRANaplus Members Facebook Group. Launched earlier this year, this group is off to a running start and the strong sense of community among Members is lovely to see.

As I write this in March, the Education team is well and truly on the road for 2024. Our educators and volunteer facilitators treasure the opportunity to connect with you, learn about your experiences, and support your learning. This learning always goes both ways. Every participant has something to contribute, whether they are new to remote or experienced, and we extend a big thank you to everyone who has shared their knowledge so far this year. You can catch the course calendar on page 46 or visit crana.org.au/education to view upcoming opportunities.

Warm regards,

Linda Kensington, CEO, CRANaplus

John Wright, Board Chair, CRANaplus Board of Directors



CRANaplus acknowledges the Traditional Owners and Custodians of the land, waters and sky, and respects their enduring spiritual connection to Country. We acknowledge the sorrow of the past and our hope and belief that we can move to a place of equity, partnership and justice together. We acknowledge Elders past, present and emerging, and pay our respects to the cultural authority of First Peoples.

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First Peoples

Culture the focus at aged care centre

"You won't find our residents sitting blankly looking at a television screen. They're always outdoors, catching the breeze." That's Registered Nurse Rosie Breen, Service Manager at the Yutjuwala Djiwarr aged care centre in Nhulunbuy in north-east Arnhem Land. Yutjuwala Djiwarr translates roughly to 'Little Heaven'. Rosie, who has lived in Nhulunbuy for two years, was attracted to the role at the centre because of the strong cultural focus from the beginning of the planning process onwards.

Working alongside Rosie is Ruth Mununggurr, who has been an Aboriginal Health Worker for 32 years.

Ruth had plans to be involved in a self-management project in her own homeland at Bukudal with her family – but was drawn to take on the role as a Cultural Advisor at the centre to help the entire community.



"When planning started for this aged care centre we went around talking to all the people who would be involved in each stage – the architecture, facilities and services," says Ruth.

"We talked to them about the best way and the best building and what everything would look like."



Now that the centre is open, the main focus for Rosie and Ruth each day is to personalise the care provided to the residents and ensure it is culturally appropriate.

"The Yolŋu workforce is indispensable in this regard," says Rosie.

"They act as interpreters and translators, making the residents feel comfortable to ask for what they want, and explaining their needs. Any nationality would feel the same way."

People in the community are so happy about the centre, because it means they are closer to Elders, says Ruth.

"The cost to go and visit in Darwin, to fly there to visit, it's too much for families," she says. ►►

» “It’s best for old folk to be in the community. Easier for the family to visit and take them around in the bus, and to be around family. You should see the smiles on their faces when they can go on the bus for an outing.

“And at the centre, there is an open door for family to come and spend time with their elderly family members.”

Rosie says that one lady at the centre had previously been in care in Darwin for two years.

“Someone flagged this to us,” she says. “She hadn’t stayed with her son for two years. We’ve now brought her here and whenever her son comes, her eyes light up.”

There’s no area, not one detail that hasn’t been explored to help make residents feel at home at Yutjuwala Djiwarr.

“The gardening, for example, is done by Aboriginal men employed by the Arnhem Land Progress Aboriginal Corporation (ALPA),” Rosie says.



“These men also go fishing so that the residents can get the fish and shellfish they ate growing up. The garden is starting to get established, with trees and plants that provide shade for the residents to sit outside, and we are starting to get fruit and other foods and bush medicines.”

The art centre is another favourite with the residents, says Ruth.

“We have Indigenous artists and entertainers who work closely with the art centre. Activities include weaving and painting. It’s so good. They have memories of these activities and they are so happy to go to those memories. And I’ve got to say, Rosie has long straight hair – which is always in demand for the art brushes...”

Then there’s Lolly, the resident dog who has recently been joined by puppy Yapa. Yapa is Yolŋu for sister.



With 32 beds and a palliative care unit, the number of residents fluctuates markedly as there is an emphasis on helping them to visit their families and to go to their homelands for a weekend or a few weeks.

The Yolŋu workforce is particularly crucial in the palliative care unit, working with the family to make sure the correct spokespeople are consulted.

There is a ceremony place outside for when the palliative care patient passes, and a smoking ceremony is conducted to prepare for a new resident in that unit.

The centre was a vision of the Yolŋu Elders in Arnhem Land to prevent their ageing family members needing to travel hundreds of kilometres to cities like Darwin for end-of-life care, and to provide culturally sensitive palliative and aged care services.



The connection to Country began with the timber used in construction, sourced from the Gumatj Mill, travelling less than 50km from its source. The attention to cultural needs is in every aspect of the design. Each bedroom provides access to the outdoors with sheltered verandas, suitable for resting, and visiting family.

As Rosie and Ruth say: “We want everyone to feel at home in this home.” ●

In Focus

Educating for success

CRANApplus course facilitator, Kirsty Blair RN/RM has experience ranging from intensive care as the after-hours coordinator in a busy city hospital to working overseas in war-torn regions. Having spent years working in Aboriginal communities in the Top End, the happy challenge Kirsty has as a CRANApplus facilitator is to help participants prepare for all situations: from the commonplace hidden in plain sight to the exceptional.

"I see a large part of my role is to help health workers be realistic and to have sensible expectations," Kirsty says, reflecting on her role facilitating CRANApplus' Remote Emergency Care, Advanced Life Support and Paediatric Emergency Care courses.

Right: Kirsty volunteers with Pangea Global Health Education in Malawi, Southern Africa.



Photo: William - stock.adobe.com

"When I first went remote I had no idea. I signed up with an agency and thought I could do everything that would come to me. 'You might find it a bit different' I was told. This was a major understatement!"

From Australia to Africa and back again

Kirsty's initial move to remote health was part of her plan to work with Médecins Sans Frontières (MSF). In 2004 she went with MSF to Darfur in Sudan.

"It was for three months – and felt like three years," says Kirsty.

Much of the work was with malnourished children. Kirsty was involved in programs including a feeding centre where mothers brought in children to be weighed and treated, and to receive a ration of food. In another program, mothers would walk for two to three days to come to a 'blanket feeding' to receive oil and flour to help feed their children.

"When I returned to Australia, I thought Indigenous Australia – unfortunately – is in just as much need. It's a different need but still demanding and challenging," says Kirsty.

This saw her start working in Wadeye in the NT.

"I worked there for years and loved it. The people are lovely and the friendships you make with people you work with are totally different from working in a city. I learned a lot about kids very quickly and loved working with them."

Kirsty has also worked in communities such as Tennant Creek, Lightning Ridge and Jabiru.

She also volunteers with Pangea Global Health Education in Malawi in Southern Africa, and with the Australian Resuscitation Council teaching an Advanced Life Support course.

With her training in intensive care and midwifery, Kirsty was sought out to become a CRANApplus facilitator in 2013, after she had been a participant herself in a couple of courses. ▶▶

» Grounded in real life

“With CRANApplus courses, I want to help people know what it is they are going out to,” Kirsty says.

“People may have an idea that it is romantic, that they are going to change the world. That’s not realistic. It can be a slog and, for most of the time, the work is mainly primary care with issues such as diabetes and health checks – and then there’s an emergency, a car accident or a heart attack, spearings in fights or a partial evacuation of islands in the path of cyclones.

“You’re pulled away from the day-to-day work and you don’t have time for the preventative side of health care. You have to be prepared for anything and everything.

“I like to see the participants open their minds, understand that an isolated clinic is not going to have all the equipment they are used to; realise they have to do more reading before they go remote, finding out more about diabetes, for example, and other illnesses, such as rheumatic fever and rheumatic heart disease – medical situations that are common in remote settings and that you will not see in cities.”

Paediatrics is one of Kirsty’s strengths and one of the skills she is keen to impart through CRANApplus courses is the need to be alert for signs of illness.

“Health workers in remote situations need to have the guidelines, to make sure they don’t miss a sign or an important step in the procedure,” she says.

“A child may be playing and look fine but I can see by looking at their chest, the child is breathing too fast and there could be a respiratory problem. If you’re going to work in remote, you need to look for and recognise the signs.

“Often it’s obvious to the mother that there’s an issue, but not the nurse. The mother knows something is different, but the signs may not present themselves at the clinic.



“The mother brings the child in day after day – and it could be a few days before the signs are obvious.”

Kirsty points out that the opportunity during the CRANApplus courses for participants to share their own experiences in remote communities is a crucial part of preparing health workers for the situations they may face.

“That’s the beauty of these courses, everyone has their own experiences, and we can learn from each other,” she says.

“In a trauma session – a car accident for example – participants will tell you their story, what they had to deal with and how they handled it.

“And then there are the occasions when you’ll get a report from a participant after they leave. They’ll perhaps tell you they came across someone having a heart attack – and each one will say ‘thank goodness I’d done the course and was prepared.’” ●



Above, from top left: Kirsty, Limia and Adam; Which way?; Groote Eylandt; Milyakburra Clinic; The usual suspects; Facilitating with CRANApplus; The joys of on call; Happy termite mound!



It's a wonderful life

Greg Morley launched his remote nursing career in the 1980s, before returning to the city and building a life there for more than 25 years. But his love of remote area nursing never left him and in 2019, he decided to venture back. This time, he was able to apply the learnings from his initial foray into remote Australia and his equally jarring return to suburbia.

Sitting in his car at the traffic lights in leafy suburban Canberra in 2019, Greg Morley had an epiphany.

"I'd always wanted to go back [to remote health care] when I no longer had as many family responsibilities, and had always thought I would, but I had moved into a senior position in the hospital system and there was always a reason to stay," Greg says.

"But at the lights I thought, if I don't do this now, I'm never going to do it. And as I took off, I just made the decision. I'm going back."

This time, he had experience behind him. But would the life lessons from 30 years ago still apply in the 2020s?

To answer that question, we have to wind back the clock to 1986.

Culture shock

Greg had been working in a busy inner Sydney Emergency Department but, looking for a change, he'd just moved to Adelaide.

Despite his intention to rest and relax, his friends soon prevailed upon him to join an agency, so he could pick up a few ED shifts a week.

The agency asked him whether he'd mind working in the country and/or in an Aboriginal community. To both questions, Greg answered: "Why not?" This response sealed his remote nursing future. He left the agency with an overnight bus ticket for the following Friday night – but little to no information about where he was going.

"I thought, gee, I better find out about money," Greg recalls. "I went to Commonwealth Bank – having been told they have branches everywhere. I asked and they told me 'Oh, we have branches everywhere, mate.' But when they opened their branch book, they said – 'oh, not there'. I began to wonder, where am I headed exactly?"

This was the first step in Greg's gradual awakening to the new life he had courted. Armed with a cheque account, he made the bus trip, was "given the keys" to the clinic, and immersed in an unfamiliar culture and clinical setting.

"I was staggered," Greg recalls, "No one told me about this. My whole perception of Aboriginal people was based on what I'd heard in NSW, dysfunctional integration into white society – but here was a whole town that didn't care about white fellas and didn't speak English. European Australians were in many ways irrelevant beyond the social pathology they'd caused and innocently, and sometimes not so innocently, perpetuated."

He says that his whole approach was challenged. In Sydney, health issues had typically represented individual pathology, but here Greg encountered systemic health issues resulting from disadvantage at a social level. And it was no longer the case that you put people in the system and away they went. Greg was suddenly more involved across the trajectory of care.



Greg after an after-work run around the perimeter of the airstrip at Yuendumu.

After two months, he headed back to Adelaide exhausted. But the next call from the agency was not far away. When it came, Greg again answered – "Why not?"

Reverse culture shock

Greg was to spend the next seven years in Central Australia before moving to Canberra because of his partner's job. His return to the burbs brought with it many comforts – such as the presence of green lawn – along with many challenges.

"Many of the drugs used had changed, the processes had changed, and the cultures are very different. It was a tough couple of months to be a hospital RN again."

"During my time away, I had grown considerably. The people I had previously known in Sydney had not had those same experiences. That in itself creates distance.

"The harsh realities of colonial Australia are a no-go in middle class European Australian society. Even with people with the same political views, you can't really communicate the realities of life in remote colonial Australia."

Cultural differences can be a readjustment issue also. Back then, when working in Aboriginal communities, Greg had found that in response to questions, people either told the truth or didn't speak (when their answer would be worrying or offensive). Back in the suburbs, the ability to lie competently was an entrenched cultural value, as was playing along with the lies you were told.

"But these feelings don't last long, just a couple of months as you reintegrate," Greg says. "Then you carry on." ►►

▶▶ Returning to remote Australia

So, was Greg's return to remote health care any easier than his first foray back in the 1980s?

"It's different this time," Greg confirms. "I'm older and wiser now. I know what to expect."

"It was gratifying to come back in 2020 and find that a lot of CRANA's aspirations had been realised. The 24-hour Bush Support Line, the manuals and their legitimisation in legislation, Gayle's Law.

"These were all things that had not been there during my time as a practising remote area nurse, but which were now institutionalised – to a large extent because of the efforts of CRANA."

Greg has kept up his involvement with CRANaplus since his return and now sits on the Nursing and Midwifery Roundtable, which allows him to directly report to CRANaplus on the experiences of the workforce.



Greg outside the Health Centre at Ntaria/Hermannsburg.

He says that clinical infrastructure and support have improved, TV and mobile phones have led to cultural change, but that disadvantage and a sense of political despondency have endured.

He speaks highly of his experiences with Remote Area Health Corps with whom he became accredited and gained his recent placements. He also highly recommends the Transition to Remote Area Nursing Program through the Centre of Remote Health.

All the same, according to Greg, for many remote area nurses some issues remain unresolved.

For example, returning home to Canberra recently after a long stint working remote, Greg mused, "[When working in a remote setting], doing dramatic, responsible things just becomes part and parcel of your everyday life.

"You are leading this hyper-vigilant, responsible life, and then you get on a plane and eight hours later you're in leafy suburban Canberra and you don't have any responsibilities, nothing dramatic happens."

On the whole though, reflecting on a remote area nursing career that has seen him work in Yalata, Pukatja, Alice Springs, Galiwin'ku, Areyonga, Yuendumu and now Hermannsburg/Ntaria, Greg says: "It's just a wonderful life."

"You get to work with largely pleasant people in a fascinating setting that has cross-cultural advantages and brings you into touch with broader worldviews. Why don't more people do this?" ●



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Jumping at the opportunity

Cameron Powers' final student nursing placement has solidified his career direction: he's heading remote. Here, the QUT student writes about his multi-leg adventure to undertake a student placement at Thursday Island Hospital, the transition from in-class to real-world learning, and why if the opportunity arose, he'd head back to TI in a heartbeat.

In December 2023, I was fortunate to complete my penultimate nursing placement at Thursday Island Hospital within the Torres and Cape Hospital and Health Service. Thursday Island is a 3.5km² island located within the Torres Strait, approximately 39km north of the Cape York Peninsula in Far North Queensland.

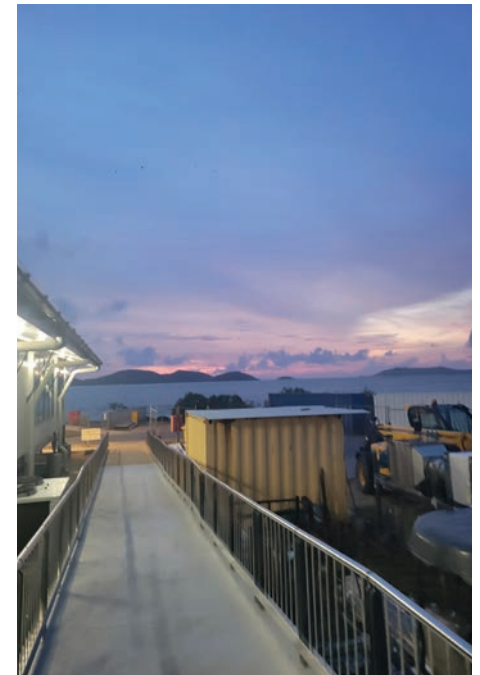
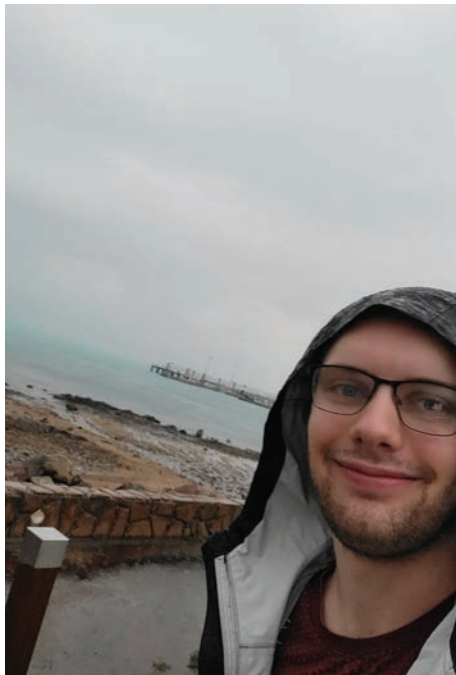
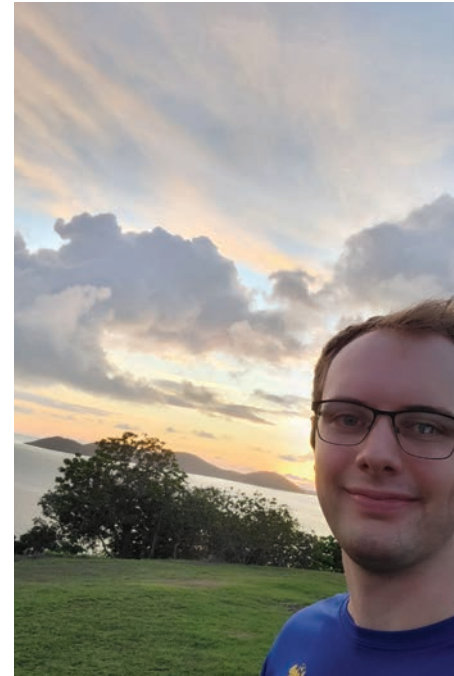
Thursday Island Hospital is the referral centre for 17 primary healthcare centres across the Torres Strait.

Because of this, we often had patients arriving by ferry, commercial aircraft and emergency helicopters.

I had completed placements in rural areas previously. However, this was my first experience in a remote location with a primary Aboriginal and Torres Strait Islander community which sparked great excitement as I would finally get experience in remote area nursing.

Transport to Thursday Island involved flying to Cairns and catching a QantasLink flight to Horn Island and then catching a bus and ferry to Thursday Island.

Thursday Island Hospital offers a range of services such as emergency, general medical, surgery, day procedures, maternity, obstetrics, gynaecology and renal. ▶▶





The hospital was undergoing major renovations and currently had four emergency department bays composed of two resus bays and two consult rooms, eight ward beds and two HDU beds with the maternity, renal and surgical wards in separately attached areas.

The hospital staff were all incredibly welcoming and very keen to have a student. I was impressed at the resources available within the hospital despite its remote location, especially with their recently obtained CT scanner.

Throughout my four weeks, I spent most of the time in the emergency department, working alongside several nurses from various backgrounds. Many nurses I worked with came up on short-term contracts but ended up staying due to loving the work offered in the Torres Strait.

Learning about conditions such as RHD quickly moved from in-class theory to real-world practice with many of the presentations involving sore throats, skin sores and other general infections. I promptly learned that certain seemingly minor symptoms hold the significant potential of deteriorating into severe and life-changing conditions.

Furthermore, we also saw several emergency presentations such as myocardial infarction, sepsis and cerebrovascular accidents.

Being in a remote area, I was able to gain experience at every point of the emergency department experience, from triage, history taking, assessments and critical interventions.

Seeing the calibre of skill of the nurses at Thursday Island truly demonstrated the difference one can make as a nurse through both clinical and social means.

Moving forward, I hope to gain critical care experience by completing my graduate year in a busy regional hospital before making the jump to working in more rural and remote environments. If the opportunity arose to return to Thursday Island, I wouldn't hesitate to take it. My experience in this remote setting truly solidified my career aspiration and I extend my utmost gratitude to CRANaplus for supporting me in this. ●

Cameron's CRANaplus Undergraduate Remote Placement Scholarship was sponsored by Aussiewide Transport.



Confidence-building in Central Australia

Jethro Haythorpe, a nursing student from Charles Darwin University, recently undertook two consecutive placements in Alice Springs, NT. Here, Jethro writes of star-filled desert nights, stunning red dirt surroundings, and teams that supported him to feel confident in his abilities – all things that have left Jethro eager to get back.

I am from rural South Australia, studying a Bachelor of Nursing externally with Charles Darwin University. I was lucky enough to experience two consecutive placements for eight weeks total at the Alice Springs Hospital in May and June 2023.

My remote placement experience was overwhelmingly positive, and I felt very well supported, particularly by NT Health and Flinders University who helped me organise affordable accommodation, regular student debriefs, cultural education days and student networking sessions.

The connections I made with other students during this time really helped me feel comfortable, and sharing placement experiences with other students was invaluable for our learning.

Health care in Central Australia is very different to other places I have experienced, with both the staff and patients facing unique challenges.



One of these challenges is the sheer distance, as many of our patients would travel many hours and hundreds of kilometres from where they live just for basic health care.

The cultural diversity was quite eye-opening for me, as I was not aware of how many languages and cultures there are in Central Australia. These many languages and cultures can be a challenge for healthcare staff who must have a particular focus on their communication skills and providing culturally safe care.

I highly recommend any nursing student or any healthcare worker to consider working in remote health as there are often many different opportunities available and increased exposure to a wider range of experiences and people. Working in a remote area promotes a family-like inclusive environment where teamwork is vital to providing quality health care. I was often encouraged to be involved with patient interactions, which made me feel empowered and more confident in my own abilities.

Central Australia is a stunning place and, during my time off, I was able to travel and experience much of the beautiful scenery, including the many rock holes, ranges, national parks and scenic locations. The striking images are forever ingrained in my memory from the star-filled desert nights to the stunning red dirt and rocks. The people are also a highlight as they are welcoming, friendly and helpful. I will always cherish my time in Central Australia and hope to be back again soon!

CRANaplus Student Members can apply for Undergraduate Remote Placement Scholarships at crana.org.au/scholarships ●

This CRANaplus Undergraduate Remote Placement Scholarship was sponsored by Zeitz Enterprises.

Zeitz Enterprises

Taking the query out of Q Fever

In the 1930s, a mysterious outbreak of illness among Brisbane abattoir workers was dubbed 'query fever' because of its unknown cause. 90 years later, Q Fever can still mystify and mislead with its non-specific flu-like acute symptoms. As two experts explain, the trick is in querying animal contact to create opportunities to vaccinate or instigate timely antibiotic treatment.

Symptoms

Although many cases are asymptomatic, those who become sick with Q Fever often have a severe flu-like illness and may also develop hepatitis and pneumonia. Occasionally, a chronic infection may occur, potentially resulting in endocarditis and other health problems. 10 to 20% of people who become sick with acute Q Fever develop chronic fatigue.

Who is at risk?

Q Fever is caused by the bacterium *Coxiella burnetii*. A person can become infected if they breathe in the bacteria or come into contact with infected animal tissue or fluids. Anyone in contact with animals, particularly livestock, is at risk, explains Clinical Nurse Consultant & Clinical Lead

Communicable Diseases, Hunter New England Population Health, Peter Massey (pictured left).

"Pulling calves is one of the highest risk activities – where the calf is physically pulled out of the mother," Peter says. "As is shearing or even rouseabout work, where you've got your head down close to the shears or fleece and you can breathe in the dust."

The calving and shearing 'seasons' are more influential than the weather, even though drought can increase airborne dust.

"During drought, you end up hand-feeding your animals, bringing you closer – but after a while people de-stock and end up with less livestock."



Photo: Susanne - stock.adobe.com

"Once it rains, farmers often get lots of new livestock in – which is related to increasing risk of Q Fever," Peter says.

Although exposure usually occurs through a person's occupation, this isn't always the case.

"You can certainly get Q Fever from chasing a few kangaroos or mowing the lawns – if you've got kangaroo droppings on the lawn and you breathe it in," Peter says.

Limiting the risk

The vaccine is estimated to be 83 to 100% effective and is the most foolproof preventative approach, says Nurse Practitioner Catherine Keil (pictured right), who delivers the vaccine via her clinic in SA.

"Ideally anybody living in a country area where there are animals should have the Q Fever vaccination."

"I mostly vaccinate vets, vet students, abattoir workers, and farmers who are interacting with animals," Catherine says.

"The process comes to about \$250, so the majority are people whose employers are paying for it, or they have to do it for a course."

The fee can limit access, as can the fact that not all clinics keep the vaccine in stock to deliver ad hoc and the pre-vaccination testing process, which is necessary given the vaccine is contraindicated for those previously vaccinated or infected. ►►



Photo: William - stock.adobe.com

» “On day zero, you’ve got to give the skin test and blood test. On day seven, you’ve got to read the results – it’s a two-appointment consult,” Catherine says.

Catherine says that she voluntarily records vaccinations on the Q Fever Registry (qfever.org) for her clients, which assists users to determine the immune status of an individual, prevent unnecessary testing, and reduce risk in workplaces.

Responding to a case

Person-to-person spread of Q Fever is very unlikely, so the main focus of the public health response is assessing the ongoing risk of the likely source of infection.

It is often challenging to locate the animal source, because the disease is rarely salient in animals, aside from its possible impact on goat fertility.

Instead, the public health response focuses on protecting interconnected networks of people.

“People don’t exist by themselves but are part of a family, a community, a setting,” Peter says.

“The question we have is: is there anybody else in the household, community or worksite who could be at risk? Who could be vaccinated and prevented from getting Q Fever?”

Community clusters are rare but can be caused by spores of bacteria blown from a cattle yard or abattoir. The appropriate public health response in this instance may include dust mitigation strategies, including tree planting. Because of the influence of farming practices (e.g. intensive farming heightens the risk of animal-to-animal transmission), population/public health units including Hunter New England also collaborate with primary industries in the management of zoonoses.



Photo: Jandrie Lombard – stock.adobe.com

Spreading the word

Peter and the team have been involved in general media and stands at field days to raise awareness. He says the biggest in-roads in recent times occurred when NSW Farmers and the Australian Farmers Federation took up the mantle.

“They developed a campaign a few years ago – which included some fantastic advertising in the press, social media, and a story on a current affairs program,” he says.

“When industry bodies or other community groups, like Rotary, Lions, Apex and Country Women’s Association, are involved, it makes a substantial difference to the spread of the message and creates opportunities for people to have better health.”

Every health professional also has the power to raise awareness among clients, and to be aware themselves. Two simple questions might be all it takes for early diagnosis of a zoonosis in people presenting with an unexplained fever illness.

“Number 1, have you had contact with animals? Number 2, have you travelled recently?” Peter says.



‘Let’s crack the whip on Q Fever’ formed part of NSW Farmers’ campaign. Photo: NSW Farmers.

“In health care, we have the opportunity and privilege of talking to a lot of people, including a lot of people who have contact with animals. Every interaction is a chance to ask: ‘have you thought about a Q Fever vaccine?’ It takes less than 10 seconds, but it might save that person’s life.”

For continued reading on Q Fever, view the Australian Immunisation Handbook, the Q Fever Registry, or ACCRM’s online module, ‘Q Fever – Early Diagnosis & Vaccination’. ●



Photo: Scott Donkin – stock.adobe.com



Support

Supporting the wellbeing of remote agency nurses

CRANApplus regularly partners with organisations from the remote health sector to support staff mental health and wellbeing. A recent collaboration with nursing agency Affinity Nursing has upskilled the agency's placement specialists and provided its nurses with valuable self-care strategies.

Conferences provide a place where networking, education and collaboration can occur, and many wonderful outcomes have developed from last October's 40th CRANApplus Conference. One of these has been a new collaboration between the CRANApplus Mental Health & Wellbeing (MHW) team and corporate member Affinity Nursing. In the CRANApplus Conference Wellbeing Lounge, the MHW team had conversations with Katherine Lynch, Remote Placement Specialist (RPS) at Affinity Nursing, about how our two organisations can work together to better support the wellbeing of their rural and remote-based agency nurses.

Katherine shared experiences of Affinity's remote placement specialists who have supported remote agency area nurses during challenging times. As a result of several subsequent conversations exploring how the MHW team could better support both Affinity Nursing and the agency nurses themselves, CRANApplus staff Laura Berry (MHW Educator) and Dr Nicole Jeffery-Dawes (Senior Psychologist, Bush Support Line) developed and delivered a series of virtual workshops to Affinity remote placement specialists and a separate session for newly placed Affinity agency nurses.

The learning objectives of the sessions included:

- Further developing the understanding of Affinity remote placement specialists to the rewards and challenges of living and working as a remote area nurse, including providing real-life scenarios of these rewards, challenges and possible management strategies.

- Upskilling Affinity placement specialists on possible strategies to support agency nurses to manage their wellbeing.
- Discussing a "Check in Checklist" that placement specialists can use to check in with their agency nurses during placement to ensure they are asking the 'right' questions to let them know they are supported.
- Building capacity of Affinity placement specialists to identify when agency nurses may need extra wellbeing support, including the Bush Support Line.
- Promoting the value of the Bush Support Line in supporting the wellbeing of agency nurses.

The partnership was a rewarding experience for all involved and hopefully a positive step towards ensuring a more sustainable agency nursing workforce.

What was profoundly rewarding for Laura and Nicole, was how much Affinity staff were invested in supporting their remote agency nurses and how much they valued the opportunity to learn strategies for better supporting them while out on remote placements.

From Affinity's perspective, the feedback from the workshop participants was incredibly positive, with all Affinity staff who attended the sessions rating the program content five out of five (where 5 = 'extremely useful').

Affinity staff also reported that the honest, practical, real-life scenarios and lived experience of the CRANApplus presenters were highly valued.

Feedback from Affinity staff included:

"Coming from someone without a nursing background, this was extremely insightful and useful tools when talking to my nurses out in rural and remote."

"Enjoyed the session. Presenters were knowledgeable and engaging."

"It was brilliant and covered some very valuable content that I've learnt a lot from. I have a more in-depth understanding of what Bush Support Line offers. You guys are amazing, intelligent, cool people!"

The Mental Health & Wellbeing team looks forward to future opportunities to collaborate with Affinity Nursing, as well as other agencies and workplaces, to enhance the mental health and wellbeing of remote area nurses.

The team invites any organisation employing or facilitating the employment of remote area nurses to reach out to learn more about CRANApplus' mental health and wellbeing services. To get in touch, email wellbeing@crana.org.au ●

Photo: John - stock.adobe.com

New course supports health workers experiencing trauma



Following the recent release of two written trauma resources, the CRANaplus Mental Health and Wellbeing team are proud to announce the addition of a third resource, a new online course titled *Supporting yourself and others after traumatic events*. The course can be accessed via the CRANaplus website. Kristy Hill, Mental Health and Wellbeing Education and Resources Manager shares more about our trauma resource collection and the reasons behind its development.

As we all know, working in rural and remote health can be incredibly rewarding work. It can also be a uniquely challenging environment. We can be exposed to many things that can lead to increased vulnerability to trauma, such as culture shock, social isolation, weather extremes or traumatic clinical events.

Trauma is a person's emotional response to a distressing experience. They are usually experiences that pose a significant threat to a person's physical or psychological wellbeing and are often sudden or unpredictable. Traumatic events are common, with up to 70% of the general population likely to experience a traumatic event in their lifetime.¹

As a rural and remote health worker, it is even more likely you will be exposed to a potentially traumatic event. For example, people living in rural and remote areas are three times more likely to die because of a vehicle-related injury than in the city.²

These traumatic events can be challenging, as the caring connection that we as health workers establish with patients is amplified by possibly having long-standing or close connections with community members, such as friends, family members or colleagues.

That connection is often one of the more rewarding aspects of the job. Still, it is undeniable that you, as a health worker, will be at the front line during traumatic events.

Examples of traumatic events in rural and remote health settings can include assault or violence against us as health workers; assault or violence against others or the clinic, e.g. lockdown; repeated or unexpected exposure to deceased people; workplace trauma such as vehicle incidents involving colleagues or people you are close to; or hearing disclosure (and knowing perpetrators), e.g. child sexual abuse.

Experiencing some level of psychological distress following exposure to traumatic events such as the ones described above can be considered a normal response to abnormal events. However, not everyone exposed to the same event will be emotionally affected in the same way, and not everyone will have long-lasting effects.



Why did we develop these resources?

Our trauma resources were designed in response to a growing recognition of the need to better support remote and rural health workers through these traumatic events.

We regularly receive calls on the Bush Support Line and through our many conversations with remote health workplaces about people's experiences of trauma, we saw a need to provide a diverse range of opportunities to support workers after a traumatic event.

Sadly, we regularly hear health workers normalising these traumatic experiences as a normal part of living and working in rural or remote environments.

This normalisation invalidates the experience, can be an unhealthy coping strategy and can negatively impact the healing journey. ➡

▶ So we wanted to create resources that enabled workers to improve their understanding of what they were experiencing and recognise strategies to better support themselves, others and their workplaces through such events.

Our trauma resources include an introductory tip sheet to understanding trauma and where to go for support, a more detailed booklet that explores how to support yourself and others following a traumatic event, and the new interactive online course which provides more detail and practical strategies. All resources can be accessed at crana.org.au/wellbeing

What's involved in the *Supporting yourself and others after traumatic events* online course?

This interactive online course has been designed by mental health professionals with remote experience, specifically for the rural and remote health workforce. It helps workers to identify trauma and understand the common responses, considering their unique professional context. Furthermore, this course discusses ways to support yourself and others towards healing, how workplaces can support their workers following a traumatic event and when to seek professional support.

The course details a range of practical strategies and real-life scenarios.

We are offering this course for free to Members until the end of April 2024. From May onward, it can be accessed for a small fee (\$10 for Members, \$20 for non-Members). The course can be accessed at crana.org.au/trauma-course CPD hours are available and specified on the certificate of completion.

For more information about the trauma resources, contact wellbeing@crana.org.au

References

1. Knipscheer et al., (2020). Prevalence of Potentially Traumatic Events, Other Life Events and Subsequent Reactions Indicative of Posttraumatic Stress Disorder in the Netherlands: A General Population Study Based on the Trauma Screening Questionnaire. *International Journal of Environmental Research and Public Health*. 17(5): 1725.
2. Mason HM, Randall J, Leggat PA, Voaklander D, Franklin RC, (2022). Comparing rural traffic safety in Canada and Australia: a scoping review of the literature. *Rural and remote health*; 22(4): 1-12. ●

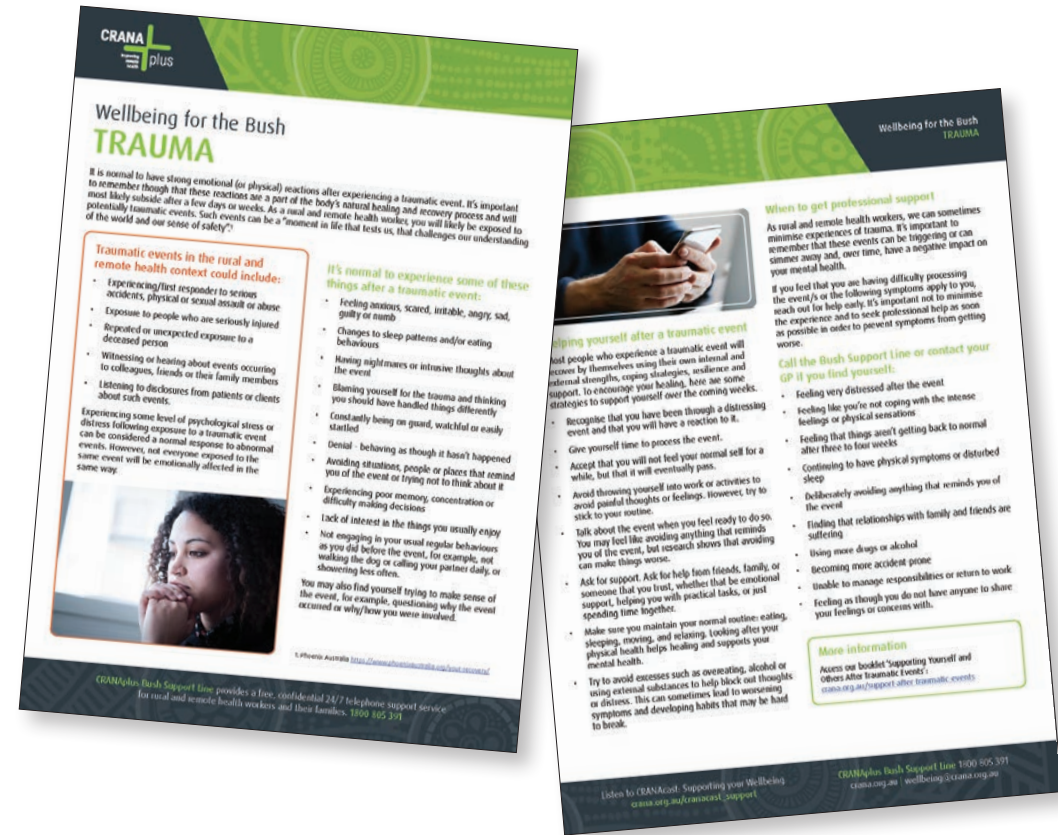


Photo: totajla - stock.adobe.com

Corporate Members and Partners



2XM Healthcare is an Australian-owned and operated Rural and Remote Nursing specialist. Based in WA our consultants have over 20 years' combined experience in the industry and have experience in supporting remote area clients and candidates in their searches. We are committed to developing high-quality relationships and our mission is to support the R&R community as best we can. For all our up-to-date jobs, please visit www.2xmhealthcare.com.au or call (08) 6388 0700.



Affinity is a nurse-owned and managed agency with in-house Clinical Educators providing your professional development. As a non-commission-based agency, we focus on finding the right match for you. Join today to experience the Affinity difference. Website: www.affinitynursing.com.au



Alliance Rural & Remote Health, known as CQ Nurse, brings quality nursing care to rural and remote areas of Australia. Alongside Alliance Nursing, we're part of the Alliance family. Together, we bring a combined 140 years' experience. We're 100% Australian-owned, and for-purpose, meaning that all our profit is reinvested back into Australian communities. Ph: (07) 4998 5550 Email: info@allianceruralremote.com.au Website: www.allianceruralremote.com.au



AMI Australia is a physician-owned and physician-led organisation delivering tailored medical solutions in Australia. With expertise in aeromedical evacuation, search and rescue, regional health care, nursing placements, immunisations, marine medical services, and resource sector support, AMI Australia ensures timely and comprehensive healthcare services across diverse sectors. Ph: 0477 985 910 Email: aucontacts@amiexp.health Website: amiexp.health



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 Website: www.amrric.org



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. Email: info@afps.org.au Website: 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 Website: www.achsm.org.au



The **Australasian College of Paramedic Practitioners (ACPP)** is the peak professional body that represents Paramedic Practitioners, and other Paramedics with primary healthcare 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 Website: www.acpp.net.au



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



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



The **Australian Stroke Alliance** is a \$40 million program bringing together 40 organisations committed to transforming prehospital stroke care. We plan to take brain imaging to the patient via road and air medical retrieval, speeding up diagnosis and treatment. This is a once-in-a-generation opportunity to address an unmet clinical need and to deliver urgent stroke care for all Australians. Ph: (03) 9342 4405 Website: austrokealliance.org.au



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 Website: www.benallahealth.org.au



The **Central Australian Aboriginal Congress** was established in 1973 and has grown over 45+ years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



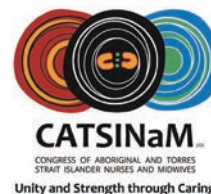
The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources and support education and professional development. We also contribute to the governance of the remote primary healthcare manuals suite. Website: www.carpa.com.au



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. Email: recruitment.rockhampton@health.qld.gov.au Website: www.health.qld.gov.au/cq



The **College of Emergency Nursing Australasia (CENA)** is the peak professional association representing emergency nurses across Australia and internationally. There are large numbers of nurses working in emergency and many more in circumstances which see them providing emergency care to patients outside of emergency departments. This includes nurses working in small regional and rural hospitals, health care centres and flight nurses. Ph: (03) 9586 6090 Email: national@cena.org.au Website: www.cena.org.au



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



Cornerstone Medical Recruitment is Australia's leading healthcare recruitment agency, where our specialist recruitment teams use their in-depth industry knowledge to place health professionals into a range of temporary, contract and permanent roles across Australia. It's our belief that a happy medical workforce means better health for us all. When our healthcare workers feel supported and are in roles that inspire them, everybody wins. Ph: 1300 267 300 Email: info@cmr.com.au Website: cmr.com.au



The **Derby Aboriginal Health Service** is committed to core principles including Aboriginal self-determination, access, equity, empowerment, and reconciliation. Allied health programs include women's and child health, sexual health, social and emotional wellbeing, health education, diabetes, antenatal, renal and youth advocacy and support.



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 healthcare provider requirements. We are a preferred supplier for governmental and private healthcare facilities in Queensland. Contact us on (07) 4617 8888 or register at www.downsnursing.com.au

RECRUITMENT

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 health care and services that they deserve. Website: e4recruitment.com.au



Passionate about providing top nurses and healthcare workers to rural and remote areas of Australia, the **Evolve Healthcare** team have devoted their careers to the recruitment of highly skilled professionals within rural government hospitals, Indigenous health care, chronic disease, non-for-profit organisations, aged care, and mental health practices. Evolve Healthcare has dedicated offices and consultants within every major Australian state and offers local healthcare recruitment services throughout Australia. Ph: (02) 9189 3089 Website: evolvetalent.com.au/healthcare/upload-cv/



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



Healthy Male is a national organisation that helps men and boys lead healthier lives by providing evidence-based, easy-to-understand information on men's health topics. They aim to make information available to everybody, regardless of gender, age, education, sexual orientation, religion, or ethnicity. Ph: 1300 303 878 Website: www.healthymale.org.au



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.



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.



Henderson Healthcare is more than just an agency and team of expert healthcare recruiters. We are a supportive, energetic, and hardworking group of passionate professionals who seek to empower and encourage our staff to make the perfect match and find the best role that fits your needs. Email: enquiries@hendersonhealthcare.com.au Website: www.hendersonhealthcare.com.au



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 healthcare 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. Website: shire.cc/en/your-community/medical-information.html



James Cook University – Central Queensland Centre for Rural and Remote Health (Emerald).

Here at JCU CQCRRH our aim is to attract, build, and retain a high-quality health workforce across Central Queensland. This in turn will lead to the delivery of better health, aged care, and disability services in regional, rural, and remote communities across Central Queensland. Ph: (07) 4986 7450 Website: www.cqcrrh.jcu.edu.au



James Cook University – Murtupuni Centre for Rural & 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 3,400km (nine days). Its vision of 'A Healthy, Vibrant Outback Queensland' shapes its values, partnerships and commitment to building a workforce in and for the region.



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 Lockington & District Bush Nursing Centre

opened on 6 December 1959 and now services an area of approximately 1,042km². Its nursing services include wound care, pathology collection, ECGs, health promotion, nursing advice, first aid, blood pressure and blood glucose monitoring, post-acute care, hospital in the home, district nursing and emergency care. Ph: (03) 5486 2544 Email: admin@ldbnc.org.au Website: www.ldbnc.org.au



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: marjalin@nd.edu.au



Mala'la Health Service Aboriginal Corporation services Maningrida, a remote Indigenous community in Arnhem Land, Northern Territory, and surrounding homelands. It provides different services aimed at eliminating poverty, sickness, destitution, helplessness, distress, suffering and misfortune among residents of the Maningrida community and surrounding outstations. Ph: 08 8979 5772 Email: admin@malala.com.au Website: malala.com.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 15,000km² in remote East Arnhem Land. Ph: (08) 8970 5571 Website: www.marthakal.org.au/homelands-health-service



Medacs Healthcare is a leading global healthcare staffing and services company providing locum, temporary and permanent healthcare 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 Website: apac.medacs.com



Miwatj Health Aboriginal Corporation is an ACCHO designed to facilitate Aboriginal and Torres Strait Islander (Yolngu) people in communities across East Arnhem Land taking control over their health. In addition to our Miwatj clinical services, acute care, chronic disease management and longer-term preventive care, our ACCHO focuses on education and primary prevention programs. Today, a significant proportion of our Miwatj workforce are Yolngu. However, we also depend on health professionals from elsewhere who work together with Yolngu staff. Website: www.miwatj.com.au



The **National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Ltd (NAATSIHWP)** 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. Website: www.naatsihwp.org.au



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



The **National Rural Health Student Network (NRHSN)** represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university rural health clubs from all states and territories. It is Australia's only multidisciplinary student health network. Website: 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 Website: 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 healthcare 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 1,600km north-east of Sydney. Ph: +67 232 2091 Email: kathleen.boman@hospital.gov.nf Website: 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! Website: www.ntphn.org.au



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. Website: nursesmemorialfoundationofsouthaustralia.com



Omega Medical helps employers source medical and healthcare talent when they need to fill temporary, locum or permanent positions. They specialise in Aged Care, Hospitals & Allied Health. Omega Medical has a vast clientele in need of Aged Care workers such as: hospices, retirement homes, in-home care, respite care centres, nursing homes. Email: avi@omegamedical.com.au Website: www.omegamedical.com.au



Omeo District Health is a publicly funded, small rural health service in East Gippsland's high country. It has provided a range of health services to the Omeo community and surrounds for over 100 years. Currently it delivers primary, hospital, residential and home based support services, GP outreach services, dental and some paediatric outpatient services. Email: reception@omeohs.com.au Website: www.odh.net.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.



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'.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parngurr and Kunawarritji. PAMS has over 830 registered clients with the majority living in Jigalong. Ph: (08) 9177 8307 Email: pams.pm@puntukurnu.com Website: 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.



The **Red Lily Health Board Aboriginal Corporation (RLHB)** was formed in 2011 to empower Aboriginal people of the West Arnhem region to address the health issues they face through providing leadership and governance in the development of quality, effective primary healthcare services, with a long-term vision of establishing a regional Aboriginal Community Controlled Health Service.



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. Website: www.flyingdoctor.org.au



Do you work in a rural or remote healthcare facility? Is it difficult to go on leave due to a team member shortage? You may be eligible for Australian Government-funded support to help alleviate the pressure of finding a temporary replacement. Our program officers will recruit, screen and place highly experienced locums. Are you interested in becoming a locum? For every rural and remote placement, you receive complimentary travel and accommodation, and incentive and meals allowances. Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au Website: www.rurallap.com.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 healthcare 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 Website: www.ruralhealthwest.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*.



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



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 Website: www.sustainhr.com.au



Talent Quarter works with a shared and singular purpose – connecting the best healthcare talent with the best opportunities to have a positive impact on people's lives! By empowering people to deliver that difference, we aim to be your agency of choice in healthcare recruitment. NSW, VIC, TAS & QLD Ph: (02) 9549 5700 WA, SA & NT Ph: (08) 9381 4343 Email: hello@talentquarter.com Website: talentquarter.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 healthcare 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.



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 pre-conception health for the general public and health professionals. Ph: (03) 8601 5250 Website: www.yourfertility.org.au



Your Nursing Agency (YNA) is a leading Australian owned and managed nursing agency providing high-quality health and aged care workers and support since 2009. YNA provides highly skilled registered nurses, enrolled nurses, specialist nurses, midwives, care workers and support to private clients, community and in-home programs, government agencies and hospitals. Email: recruitment.regional@yna.com.au Head to www.yna.com.au for more information.

BESTCARE
@ Benalla
HEALTH

Nurse Practitioners join our Urgent Care Team

ENQUIRE
NOW

We're looking for dedicated Nurse Practitioner's to join our urgent care team.

Benalla Health is privileged to provide a broad range of health services for our community with a significant focus on inpatient care, maternity services and a diverse range of innovative community health programs.

Benalla Health's Urgent Care is a six bay unit, comprising of four treatment bays, one triage room and one resuscitation area. It is staffed 24 hours a day by two Registered Nurses with on call visiting Medical Officers. **Onsite Nurse Practitioners will further enhance the high quality care that we provide at Benalla Health.**

Benalla is a great place to live and work, we have a thriving artistic feel, with wall murals that are constantly changing and growing. We have many cafes, bakery's, coffee vans, restaurants and a performing arts centre which houses our cinema and live theatre.

Our lake which is in the centre of town provides for all sorts of water and land based activities including a 5+km walking track and is the location for many of our town festivals and events.

For more information regarding the role contact:
Fiona Coad – Operational Director – Continuum of Care
– on (03) 5761 4222.



www.benallahealth.org.au |



Photo: LisaGageler - stock.adobe.com

Educate

2024 Education Calendar

If you are yet to take a look at this year's course calendar, don't fret – there's still time to register for 2024 courses. Check out the course calendar from April onwards below or head to the CRANaplus website for the most up-to-date information.



Scan the QR code (left) or visit crana.org.au/courses to browse or book into 2024 courses.

Can't find what you're looking for?

Join the waitlist or submit an expression of interest and let us know which locations would suit you, so we can contact you first about future opportunities.

Advanced Life Support (ALS)

Northern Territory	
Katherine	9 September
Alice Springs	27 September
Alice Springs	17 November
Queensland	
Cairns	3 May
Longreach	3 June
South Australia	
Adelaide	21 August
Tasmania	
Hobart	17 September
Western Australia	
Perth	15 July

Advanced Remote Emergency Care + Advanced Life Support (AREC+ALS)

Northern Territory	
Alice Springs	6–8 April
Darwin	19–21 October
Queensland	
Cairns	1–3 May FULL
Townsville	3–5 September
South Australia	
Adelaide	1–3 June FULL
Western Australia	
Broome	27–29 November

Maternity Emergency Care (MEC)

Northern Territory	
Alice Springs	30 April–1 May FULL
Darwin	31 August–1 September
Darwin	14–15 September FULL
Alice Springs	24–25 September
Katherine	9–10 November
Alice Springs	22–23 November
Queensland	
Cairns	28–29 May FULL
Roma	22–23 June FULL
South Australia	
Adelaide	9–10 April FULL
Adelaide	15–16 June FULL
Adelaide	22–23 August

Tasmania	
Hobart	14–15 September
Victoria	
Mildura	23–24 July
Ballarat	21–22 September
Western Australia	
Geraldton	18–19 May
Perth	16–17 July

Triage Emergency Care (TEC)

Northern Territory	
Darwin	12 April
Alice Springs	26 September
South Australia	
Adelaide	24 August
Western Australia	
Perth	12 July

TEC Online One Day Intensive

Online	
16 April	FULL
18 June	
16 September	▶▶

► Paediatric Emergency Care + Paediatric Advanced Life Support (PEC+PALS)

Northern Territory

Darwin 5–10 October

Queensland

Cairns 22–23 June **FULL**

Western Australia

Perth 14–15 May **FULL**

Katanning 3–4 August

Remote Emergency Care (REC)

New South Wales

Broken Hill 7–8 August

Northern Territory

Darwin 13–14 April **FULL**

Darwin 20–21 April **FULL**

Katherine 25–26 May

Katherine 7–8 September

Alice Springs 28–29 September

Nhulunbuy 4–5 October

Darwin 26–27 October

Alice Springs 18–19 November

Queensland

Cairns 4–5 May **FULL**

Longreach 1–2 June

Cairns 2–3 July

Roma 27–28 July **FULL**

South Australia

Adelaide 19–20 August

Tasmania

Hobart 18–19 September

Western Australia

Geraldton 4–5 May **FULL**

Perth 13–14 July

Broome 2–3 November



Course spotlight

Midwifery Upskilling (MIDUS)

Who the course is designed for
Midwives and Medical Officers who may be required to provide maternity care in remote and/or isolated areas. Relevant obstetric experience is mandatory for this course; if you do not have this please consider our Maternity Emergency Care course.

About this course

Midwifery Upskilling course aims to provide an overview of current practice in antenatal, intrapartum and postnatal care, including discussion of complications in pregnancy and birth, and the emergency management of a pregnant woman and her baby, with an emphasis on care in the remote and isolated setting.

Course delivery

Pre-course learning and activities that must be completed one week before the course; attendance at a two-and-a-half-day workshop consisting of lectures, skill stations and practical based scenarios; an on-course multiple-choice quiz and two individual scenario based clinical skills assessments.



Course spotlight

Mirii (Star): a course for Aboriginal and Torres Strait Islander Health Practitioners/Workers

We're thrilled to continue this in 2024 with the running of our second Mirii course!

Who the course is designed for

Aboriginal and Torres Strait Islander Health Practitioners/Workers who use clinical care manuals/guidelines in response to common patient presentations.

About this course

Mirii course upskills participants in the use of local clinical care manuals and guidelines such as CARPA and PCCM to respond to common patient presentations and undertake systematic patient assessment, documentation and hand-over. There is particular focus on early recognition of the deteriorating patient, appropriate assessment, treatment, management and escalation in the context of a remote and isolated setting.

Course delivery

The course is flexible, interactive and delivered in face-to-face environment and covers both acute and chronic disease presentations. Multiple practice opportunities enable clinicians to repeat and develop their clinical skills in a simulated environment, all under the guidance of highly experienced instructors.

Midwifery Upskilling (MIDUS)

Northern Territory

Darwin 11–13 October **FULL**

Queensland

Cairns 16–18 August

Tasmania

Hobart 24–26 May

Mirii (Star)

Northern Territory

Darwin 14–16 October ●

Not your normal clinic



CRANaplus Board member and RN Ann Aitken recently found herself tending to a person with chest pains during a recreational train journey. Here she tells her tale – and pays thanks to having recently undertaken the CRANaplus Advanced Life Support course.

Ann Aitken and her husband were settling into their carriage when she was approached by a train steward. Their plans of how they would spend the time celebrating their wedding anniversary on a leisurely cross-country train journey were about to change dramatically.

For the next five hours or so, Ann would be tending to a person who was showing symptoms of an impending heart attack.

"I finished the Advanced Life Support (ALS) on the Monday," Ann recalls. "On the Wednesday, my husband and I boarded the train, excited about the trip. On the Friday, I was in a carriage with rudimentary medical equipment putting all I'd learned on that course into action."

"One of the stewards had heard that I was a nurse and approached me. There was a person who wasn't feeling great, they told me. They had chest pains, and would I have a look at them?"

Ann soon took control of the situation with the support of the CPR and First-Aid trained staff. The train halted in an old railway settlement with a handful of residents, while Ann liaised by phone with the retrieval service, two hours away by plane.

Ann had at her disposal a medical chest of the sort found on remote sheep and cattle stations.

"This wasn't your normal clinic situation. I wasn't able to cannulate the patient. I was working with a very basic blood pressure machine – like the one you might buy at the chemist for home monitoring."

"But I could use the drugs in that medical chest, progressing the use as the person's condition progressed. I could give them morphine for the pain and there were also a couple of drugs, in patch and spray form, for heart conditions."



"My job was to keep the patient calm and as pain-free as possible until additional support arrived."

Having just done the ALS course was a huge bonus, says Ann.

"I don't generally work in cardiac situations and I've never worked in a heart ward," she says.

"The main benefit was that it gave me structure. I had a structure to be able to continue to assess and keep them calm, using the information I was gathering to decide on the next steps, using critical thinking to make those decisions."

"Doing that training refreshed my knowledge and reassured me I did have the skills to find my way through."

And what happened to the fellow traveller Ann cared for? The retrieval plane landed and a resident picked up the doctor from the airstrip, took them to the train, and then transported the doctor and patient to the plane.

The patient did have a heart attack in a regional hospital and was then transported to a major city where a stent was inserted.

Ann and her husband were back in Atherton a couple of days later, and the patient was ultimately able to resume their planned holiday.

"They Googled me to get my contact details – and I received a beautiful bunch of flowers in thanks," Ann says with a smile.

To find out more about the CRANaplus Advanced Life Support course, visit crana.org.au/als

Facilitators in action

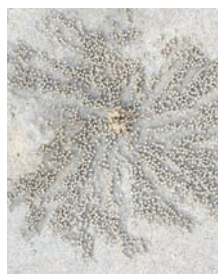
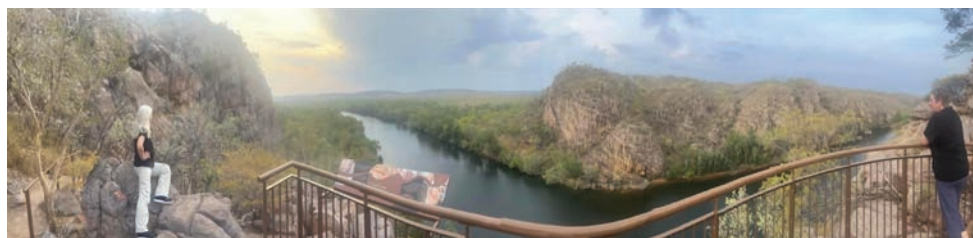
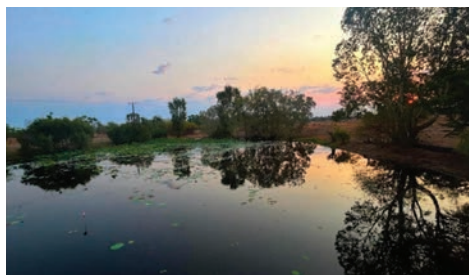
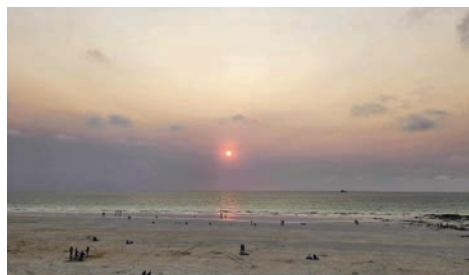
Check out what it's like to take to the road as a CRANaplus facilitator. A few of our volunteers have captured some behind-the-scenes action as they rounded out the 2023 course schedule.

The expertise of our facilitators is at the core of our uniquely tailored education. Our facilitators bring a wealth of experience and knowledge working in low-resource settings and

geographically challenging environments, they understand what it's like to be in your shoes, and they're on course to assist you in getting the most out of your learning.

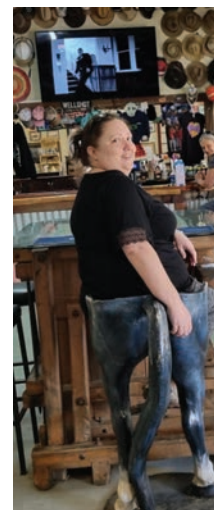
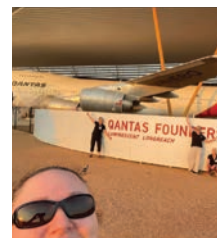
If you've witnessed firsthand their passion and expertise, you'll know what an important role they play in the success of our learning opportunities. Take a look at some of their adventures during the last few months of 2023.

MEC, Katherine 4-5 November 2023



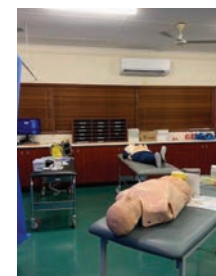
Photos from Jane Withers, Louise Vuillermin, Shannan Lewis, Leonie McLaughlin and Shea Calpice.

MIDUS, Longreach 7-29 October 2023



Photos from Caitlin Steiner, Nicole Roddy, Sheryl Alexander, Jane Withers and Rita Ball.

PEC & PALS, Broome 4-5 November 2023



Photos from Katy Speldewinde, Kathy Arthurs, James Bonello and Wayne Boisson.

Plus a few extras from Darwin and Alice Springs!



Featuring Wayne Boisson, Sharon Gibbens, Kathy Arthurs, Mark Goodman, Shannan Lewis, Viv Wu and Dr Rod Whyte. ●

CRANApplus Q&A

*"I have been asked if I am competent at triage.
Is a certificate all I need?"*



Triage requirements vary significantly across different healthcare settings, encompassing distinctions between state services, health districts, and individual practices. Notably, there is no universal set of 'national triage requirements', and each institution may have its own standards.

Even within a single facility, there can be divergent criteria for permanent staff compared to travel or agency staff. Certification expectations further compound this diversity, ranging from a mere certificate to evidence of demonstrated triage experience, often supported by references or position statements.

It is crucial to select a triage course that aligns with the Emergency Triage Education Kit (ETEK), a teaching resource crafted by the Australian Government Department of Health and Aged Care. This resource is instrumental in ensuring the consistent application of the Australasian Triage Scale (ATS) across various health services. The ATS utilises a scoring system of 1 to 5, assigned based on a concise yet comprehensive assessment, to determine the clinical urgency of patients presenting at emergency departments.



All ETEK program resources are accessible online for free, offering a comprehensive guideline, a quick reference guide, and a workbook (subject to periodic reviews, with potential new editions). While these resources serve as valuable tools for knowledge acquisition and refreshment, it's important to note that the website doesn't issue completion records or certificates. Instead, the primary purpose of these free resources is to provide educators with a reliable source for ensuring consistency in teaching delivery.

CRANApus, recognising the diverse needs of healthcare professionals, provides triage learning through both online and face-to-face formats.

Our one-day 'Triage Emergency Care' course, rooted in the ETEK, caters specifically to nurses, general practitioners, and other healthcare professionals. This course emphasises the application of ETEK principles in rural, remote, and isolated settings, empowering practitioners to confidently assess patients and apply the ATS for appropriate triage categorisation.

Additionally, CRANaplus offers the online 'Triage Emergency Care – Intensive' course, which combines self-paced modules with online workshops to allow participants to engage in practice scenarios with a focus on rural and remote healthcare principles.

Considering the importance of practical experience, CRANaplus strongly recommends supervised triages for clinicians who have completed certification but lack practical experience. This entails the real-world application of triage skills under the guidance of experienced triage nurses.

Furthermore, because triage is a frequently audited area, ensuring you have the appropriate knowledge and practical application is essential to ensure safe practice and positive patient outcomes.

You can find out more about CRANaplus' triage courses here:

- crana.org.au/tec
- crana.org.au/tec-intensive

Shannan Lewis
Clinical Education Manager ●

Have a question about working in remote health that you'd like answered in the magazine? Email your questions to communications@crana.org.au

We'll feature selected questions in the magazine and arrange for an experienced RAN or expert to answer your question in an upcoming edition.



Engage

2023 Member Survey Results

Thank you to everyone who participated in our 2023 Member Survey. Your participation helps us to develop a deeper understanding of your experiences and gather valuable workforce data. It allows us to tailor our services, target our advocacy to priority issues, and propose appropriate solutions. Here are a few of the findings from the survey.

Most important working conditions

Participants were asked to identify their 5 most important working conditions. Safety and security was the most commonly identified condition (69.50%). Supportive management (60.28%), positive workplace relationships (58.87%), fit for purpose workplace and accommodation (56.03%) and appropriate staffing and skill mix (56.03%) were the next most important.

Motivation to work remotely

Professional extension and satisfaction (68.97%) and making a difference to communities (64.83%) remain the main motivations for working in a rural and remote setting.

Other significant motivations include personal or lifestyle benefits (48.28%) and financial benefits (35.86%).

Level of remote experience

Survey participants with less experience working in remote areas are more likely to work in an agency setting. 2 out of 3 participants with less than 5 years' experience are employed by an agency or by contract; whereas less than 1 in 3 with over 20+ years' experience is employed via an agency/contract. Those with 20+ years of experience are more than 3 times more likely to live and work in the same community (35% versus 11.63%).

Considering leaving in next two years

28.5% of respondents are considering leaving the remote setting in the next 2 years.

This is a reduction from 2022, when 38% were considering leaving. This could potentially reflect that stability and normality are returning in some areas following the COVID-19 pandemic.

Common reasons for considering leaving included age, burnout, workplace relationship/management issues, tension between staff based on employment pattern, staff shortages, safety and security, and increased acuity of patients. Legal risk to professionals, financial difficulty, poor accommodation, and inability to access accommodation, or stay close with family were also mentioned.

Those who are considering leaving are less likely to say they 'always feel safe at work' compared to those who aren't considering leaving (9.68% versus 28.24%).

They are also more likely to say they haven't been able to voice their concerns (19.35% versus 10.59%), and that they have experienced a safety and security incident while in their accommodation (22.58% versus 8.24%) and had concerns for the security of their personal property (25.81% versus 10.59%). This data directly links safety experiences to retention.

Reasons for Membership

Most people decide to become and stay members to connect with the remote health community (75.89%). Other common reasons include to support CRANaplus (68.09%), access course discounts (56.74%), early course bookings (53.90%) and receive the magazine (33.33%).

Not a CRANaplus Member, but interested in joining? You can learn more about our Membership options and benefits at crana.org.au/membership/individual ●

Apply now for 2024 scholarships, grants and awards

CRANaplus Remote Health Awards

Each year we are delighted to run our annual awards program, which includes the prestigious **Aurora Award — Remote and Isolated Health Professional of the Year**, as part of our commitment to celebrating excellence in remote nursing practice. This year we will also be offering awards including the **Excellence in Remote and Isolated Health Practice Award** sponsored by James Cook University/Murtupuni Centre for Rural & Remote Health, **Early to Remote Practice Award** sponsored by Flinders University – Rural and Remote Health, and the **Collaborative Team Award**. Here's your chance to nominate one of your colleagues and acknowledge their outstanding contribution to the rural and remote health sector.

Nominations are now open
at crana.org.au/awards

Scholarships Undergraduate Remote Placement Scholarships

Are you an undergraduate nursing, midwifery or allied health student seeking support for an upcoming remote health placement? Thanks to Aussiewide Economy Transport, Zeitz Enterprises, HESTA and HutSix current undergraduate student Members can apply for support to experience remote health firsthand.

Our Undergraduate Remote Placement Scholarships provide up to \$1,000 to cover the cost of fares, travel and accommodation associated with clinical placement. They are offered in two rounds each year to current CRANaplus undergraduate student Members enrolled as undergraduates in a health discipline at an Australian University.

Applications are now open for placements
being held during the first six months of 2024.

Gayle Woodford Memorial Scholarship

Jointly sponsored by CRANaplus and Flinders/ College of Medicine and Public Health, the Gayle Woodford Memorial Scholarship covers all course fees for a Graduate Certificate in Remote Health Practice through Flinders University.

It is awarded to one successful applicant each year on the basis of the likelihood and level of contribution the recipient will make to remote and Indigenous health, with study to commence the following year. Eligible RNs, Indigenous health practitioners, allied health professionals and medical officers with an approved health-related degree or qualification from an approved tertiary institution are encouraged to apply.

Submit your scholarship application
at crana.org.au/scholarships

Grants

Nurses Memorial Foundation of SA Grants

Thanks to the generosity of the Nurses Memorial Foundation of South Australia Inc., we are able to offer a limited number of grants to assist CRANaplus Members (registered as a nurse and/or midwife and working in a remote/rural area) to attend our courses. The funds make learning accessible by contributing to the fees and costs associated with course attendance. Aboriginal and Torres Strait Islander nurses are strongly encouraged to apply.

Applications are now open for courses being
held during the first six months of 2024.

Country Women's Association (CWA) Rural & Remote Nursing/Midwifery Professional Development Grant

The CWA Professional Development Grant, in collaboration with CWA NSW, supports the development of rural and remote health professionals and students, particularly nurses and midwives.

Applications are open to registered nurses and midwives, and enrolled nurses who currently live in a rural or remote setting classified MMM 4-7, who work in a clinical role and are enrolled in a program of study, course, intensive or placement to gain new skills and knowledge relevant to their practice and setting. The professional development activity must be undertaken within 12 months of the application closing date.

Submit your application
at crana.org.au/grants

Sponsor a Scholarship

CRANaplus invites organisations or individuals to sponsor CRANaplus scholarships. Sponsorship represents an investment in the remote health workforce and offers unique branding opportunities, including exposure at key events and inclusion in publications.



Photo: serge - stock.adobe.com

Remote nursing research tips

Are you interested in undertaking research in the remote healthcare sector?
We invited six nurses with research experience to answer your burning questions.



How should I select my research topic?

When doing any research, whether as a short project or for a lengthy PhD, it is important to direct your focus to an issue that you find interesting (better still, one you are passionate about), and that you think would allow new knowledge about that issue to be generated.

A bit like Goldilocks, you need to ensure that your topic is not too broad but not too narrow. If the topic is too broad, there may be too much information to consider, which can be overwhelming, and if too narrow, not much at all! Be flexible and consider the aspects of the topic that interest you to help to refine it to a more manageable size.

Talking to professional “critical” friends or peers may help you to gain the focus you need, that “sweet spot”, that will provide the scaffolding for your research question and initial literature review.

Dr Ann Aitken PhD

Should an undergraduate jump straight into research or gain experience first?

I think students and new graduates should be involved in research as participants (we need to understand their experiences) and as assistants.

Undergraduates have well developed skills in literature searching and writing and they can facilitate the collection of data and assist with analysis.

Real-world experience is often beneficial in a practice-based profession such as ours but skills in research can be developed independently. After all, research is about presenting data that reflects the participants’ perspectives rather than the researcher’s.

Dr Kylie McCullough PhD



The world of practice is very different to the world of research – if I’m new to research, how can I develop a research skill set?

I would argue that evidence-based practice shows that clinical practice and research are not that dissimilar. As no two patients/clients/consumers/communities are the same, any interventions or treatments we use are not based on a gut feeling but an understanding of research.

A clinician wanting to move into formal research will likely find it easier to use true clinical problems to generate research questions and projects. Methodologies that involve clinical partnerships, with translational intervention focus and measurements of outcomes, work well with clinical practice questions.

Having practitioner and consumer involvement in the design and conducting of the research is crucial, so look at action research, nominal group technique and the like. Start small to find your feet and work with an experienced researcher as a guide or mentor.



Many health services have research staff who can help, or you can ask academics at your local university. Most are very happy to support beginning researchers.

Dr Matthew Mason PhD ►►

» The pathway into research is not always well understood – as a nurse, how can I undertake research as part of a Masters degree?

My understanding of the pathways into research is that you can enrol in a masters with a research major (such as an MPhil), or do a Grad Cert of Research Methods then go straight into a PhD.

I've met many incredibly dedicated and passionate health professionals who work full time in their clinical roles while doing an MPhil or PhD in their own time. However, if you're like me and recoil in horror at the thought of committing four to eight years of your elusive 'free time' to a project, another option is to find employment as a research officer and use the research project you're carrying out for your employer as your MPhil thesis.

My main tip is that research is hard work but rewarding, so make sure you choose a topic that you're passionate about!

Laura Wright



What is the career pathway for a nurse and/or midwife who would like to establish a research career in the remote health sector? Any advice to aspiring nurses/midwives?

Remote area work is full of unanswered questions. Research that is based in industry asks tangible, real life questions. Remote practitioners who want to answer questions can do so within a range of pathways including honours (one year full time, two years part time), masters by research (or traditionally known as masters of philosophy) – 18 months to two years full time and double that part time. Or of course a PhD. There are also course work masters that give students the option of doing a small research project. The biggest challenge is to find a university and a supervisor who will support your topic or area of interest and have time and capacity to support the student.

Find something you are passionate about. If you want a PhD the best route is via an honours degree and try to get a publication with you as first author. If you have honours (1st class or 2A) and a publication as first author, you are more likely to get a scholarship to do a PhD.

Professor Sue Kruske

What is the pathway for a nurse or midwife undertaking a PhD? Do you have any advice for nurses/midwives?

I'm an RN and I gained entry to a PhD through an integrated PhD pathway at Edith Cowan University. The integrated coursework prepares you to be a researcher and then finishes up with a research project that sets you up for entry into your PhD. Another pathway is doing a masters of philosophy first.

My primary supervisor said at the beginning of the journey that PhDs aren't about intelligence. People who complete are persistent. I still need to work full time and care for my family so I am being realistic and doing my PhD part time over a very long duration.

Fiona Hildebrand



Additional research advice

Know the context. Try before you research. If you want to focus on rural areas in your research, try nursing in a rural area – try a few rural areas.

Do the same if you are interested in remote nursing research. The perspective will be valuable.

Understand the context's impact on practice and your research. Metro, rural, and remote are not the same, nor is the work sector or setting.

The results from one setting are unlikely to apply to all other settings. You may need to adapt your research question or strategy.

Consider your question. Balance your curiosity with its potential impact when considering your research. If your research focus is recognised by potential participants as important to them, their practice, and the health of their communities, you will attract more participants. If you want your research to translate into action and change, your question should also address a need.

Ask your rural or remote colleagues what areas they consider research priorities. CRANaplus Professional Services can also assist you in identifying some areas of research need (there are quite a few), and when you are ready, promote your research to Members.



What's happening online?

Check out some of the latest content from our new CRANaplus Members Facebook Group. This Facebook Group provides a forum for Individual CRANaplus Members to connect with each other, share ideas, seek advice, and provide support. It is exclusively for current CRANaplus Members. These posts have been shared with permission.



If you're a Member, you can scan the QR (left) code to join – have your Member number handy!



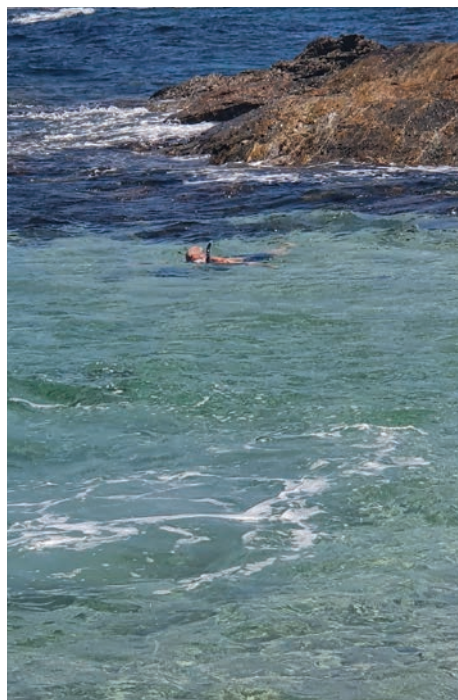
A hay sculpture in Kalbar, Queensland.



A baby girl born in a hurry. The mother named the baby after Ruth!



Sue's photo of the dam wall at Collie, WA.



Deborah out snorkelling – not a bad 'office view'!

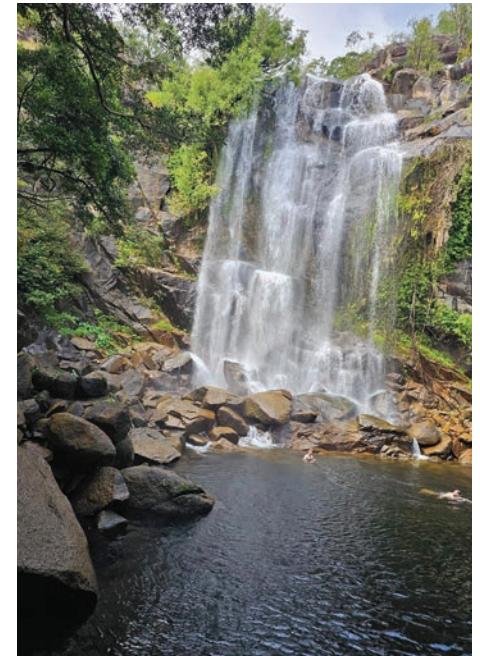
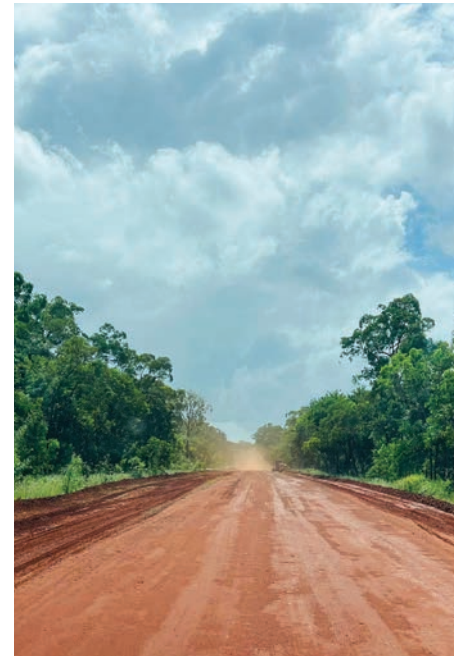
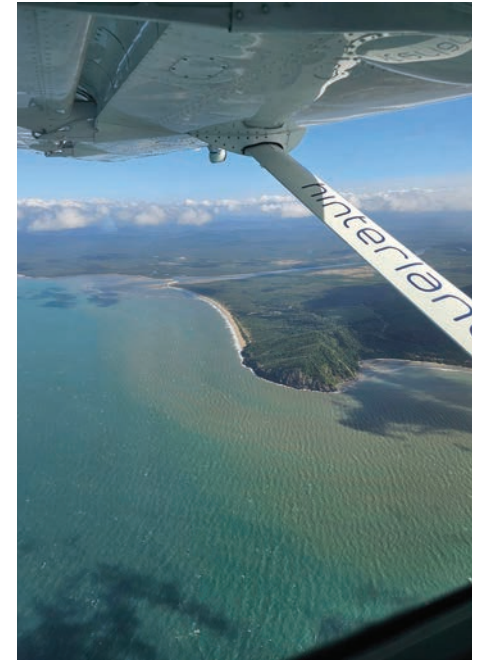


Ben and Lisa are now working in Santa Teresa, NT. Their poodle loves a bit of horse mustering!



Karlene is currently in Zambia, training park rangers and keepers in CPR and controlling a major bleed in the field. She's also using her nursing skills to assess elephants on site – this one is recovering from a Babesiosis infection. ▶▶





Renee is currently working in Wiluna, WA.

Taz exploring Bamaga, Cooktown and Tully. ●

Broken systems? Fix them



How often could something you are doing at work be simplified, improved, or adjusted to better meet the health needs of individuals or the community? Be honest. Sometimes, it can feel to you and your clients that things could be simpler, smoother or

have better outcomes – if only someone would change that one annoying step or process. Maybe that someone is you!

In the busyness of every day in the clinic, it can be difficult to see opportunities to make the systems and processes used to deliver health care easier, safer and more sustainable. Good ideas, collaboration and sometimes small tweaks can improve the quality and safety of the service and health outcomes. Sometimes even a small change can help everybody have a better experience.

The biggest barriers to change are knowing the outcome you want to see and taking the first steps. Making improvements takes collaboration. Start by speaking with colleagues and clients about their priorities and how things could be better.



Photo: 431251926 – stock.adobe.com



Photo: 515384080 – stock.adobe.com

Once you have a goal, you have an improvement project that everyone can support and contribute to, and you can begin your quality improvement journey.

For guidance on continuing your quality improvement process, CRANaplus has developed the free module, Remote Area Clinical Governance Guide, as a brief introduction to clinical governance and quality improvement concepts. Designed for all health service staff, including clinicians, it has resources to support you in implementing clinical governance systems and improving your rural or remote health service. Fully exploring this module will take around two hours and, along with your learning reflection, will contribute to your CPD.

Access the free module at crana.org.au/clinical-governance ●

Share your success story

Have you or your team implemented quality improvements in your rural or remote health workplace that may be inspiring to your colleagues? Keep an eye out, CRANaplus will soon be accepting abstracts for CRANaplus' 2024 Remote Nursing and Midwifery Conference.

Aboriginal

HEALTH CONFERENCE

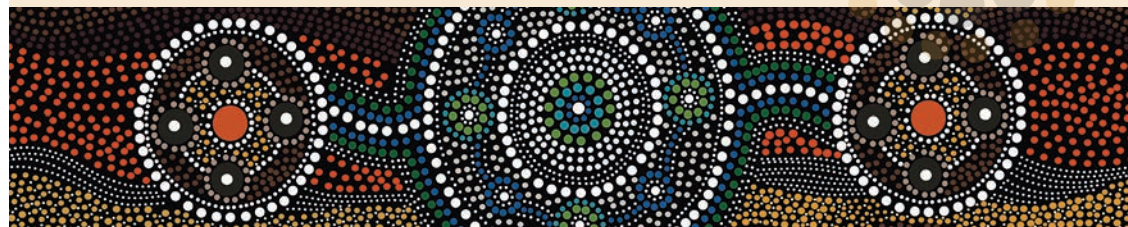
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Connect

Baby bundles of success in PNG

While building a school in Papua New Guinea, carpenter Barry Kirby became aware of the region's incredibly high rate of preventable maternal and newborn fatality. 12 years and two degrees later, he returned as a doctor. Now 10 years into his new career, Barry and RN Kila Dobo are seeing real change through the work of their not-for-profit charity, Hands of Rescue.

If you empower local people to explore local challenges and come up with local solutions, you can make an enormous difference. That's the motto of Dr Barry Kirby AO and RN Kila Dobo.

The pair's Baby Bundle initiative has encouraged mothers to choose a supervised delivery. The Baby Bundle is a plastic baby bath filled with products including cloth nappies, sanitary items and toiletries, baby clothes, a sarong, and thongs, and it can be collected by women if they elect a supervised delivery at the local health centre.



"We started our incentive scheme at three health centres initially, which I must admit sounded a crazy thing to do at the time," says Barry. "But the mothers immediately responded and supervised deliveries skyrocketed by over 100%. Mothers and health staff were happy, so we rolled it out to 15 health centres. Twelve months later, we had an 85% increase in supervised deliveries across those centres.

"But the most rewarding result was we had gone from eighteen recorded deaths to just four in those health centres over the same period. I don't know anywhere else in the world they've done that."

To date, through their not-for-profit charity, The Hands of Rescue, the pair has delivered more than 8,000 Baby Bundles to 25 health centres.

The Baby Bundles are just one example of finding a practical solution to the barriers that mothers have told the pair about.

When local women shared the practical reasons why they were giving birth in villages rather than at their local health centre, the pair sprang into action.

"Some of the villages are so remote, it can take days to walk to a health centre, or they have to use a boat," says Kila. "To deal with that issue, we are continuing to build and commission new mothers' waiting houses, attached to health centres, where pregnant women can come early and can live while they are waiting for their babies to be born. ►►



"We've renovated countless labour wards and constructed one TB ward. The total renovation of a tiny health centre at Waialagi on Goodenough Island is an example of the community taking ownership of a project."

For years, that health centre had no light, two beds (one not working properly) and a roof that was caving in. Water dripped on the women in labour. Now they have a two-bed delivery room and a four-bed post-natal ward, complete with an ensuite and a laundry.

During construction, the women of the village and health staff collected and delivered sand and gravel for the concrete, while the men dug trenches and helped erect and assemble the frame. Even the children got involved, carrying rocks for the septic absorption trench.

"It was fun and a great community spirit permeated the entire project."

"It was up in 13 days. That was 12 months ago. The morale of the staff remains very high and we've not had one emergency call from that new centre so far," says Barry.

"People need to take ownership," says Kila. "As we pointed out to those men, 'This is for you, your wives, your sisters.' To get the reaction we need in communities, though, we have to build up trust. To gain trust you have to do what you say you are going to do, that's how people start to trust. And that's what we did."

Barry and Kila's solutions-focused thinking has also formed the foundation of their Safe Mother Programme, their Flying Doctor Service, education and training programs for health-centre staff, involving the community in decision-making – and more recently focusing on promoting positive male role models.

This has included a TV series, 'It takes a village', which encourages men to be supportive partners who encourage their wives to have the baby in a health centre. ►►



The series uses storytelling to illustrate the benefits of seeking care early and promotes the active role communities can play in maternal health, for example by identifying the risks and danger signs early.

Barry would like a backer to support the second series, which he says will go a long way towards addressing ingrained cultural attitudes.

“Barry and I love our work, going out and helping the women,” says Kila. “We do what needs to be done. This also includes training the local staff to do the same and I hold the local staff in high regard.

“We install solar lights, running water and fly screens, curtains for mothers’ privacy, scrub down dirty labour wards, fix drip stands, repair [the] labour ward bed... whatever is needed to make the place mother-friendly and where staff can perform their best... If a mother was to suffer or die from a preventable death, it’s possible it could have been a simple something with a simple practical solution.”

Barry, who is also the pilot of the plane, the engineer and the cleaner, agrees.

“A rural GP out here can’t just be trained in medicine,” he says. “Come to think of it, my background as a tradie was a perfect pathway.

“We live in the aircraft hangar and take no wages for ourselves,” he says. “All this work we do is made possible through the support of donations from PNG and Australia.”

For more information visit www.thehandsofrescue.org.au ●

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Strongyloidiasis – eradicating every last worm

2021 NT Australian of the Year, Dr Wendy Page spent three decades working in East Arnhem Land with Miwatj Health Aboriginal Corporation, fighting a parasitic enemy that is invisible to the naked eye and capable of multiplying into the millions – with incredible success. Now through the advocacy group Strongyloidiasis Australia, she's tackling the disease on a national scale.

Strongyloidiasis often evades detection, with dangerous consequences. What about the disease makes it easy to miss?

Strongyloidiasis doesn't necessarily have specific symptoms, and because *Strongyloides stercoralis* is microscopic, you won't see it.



Dr Wendy Page.

Being aware is vital, and having it in mind as a differential diagnosis. My journey began by looking first at the unwell patient – with septicaemia or meningitis – and asking why would a 25-year-old male be at risk of dying from septicaemia?

What's the connection between septicaemia and strongyloidiasis?

With strongyloidiasis, autoinfective filariform larvae can travel from the bowel and burrow through the gut lining.

When they do this, they can also take with them bacteria from the bowel to any organ of the body. That's where septicaemia and other bacterial diseases can come in.

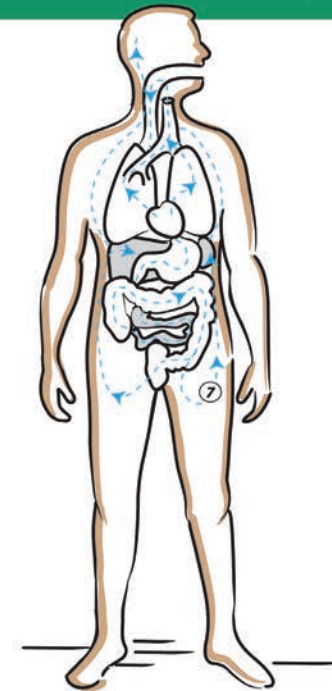
Disseminated strongyloidiasis, the most advanced phase of the disease, can also increase the risk of multiple-end organ failure and has a high fatality rate. What precipitates it?

People who are immunosuppressed are at the greatest risk. In one study 65% of the fatalities from disseminated strongyloidiasis were associated with giving corticosteroids. The thinking is that it has a dysregulation effect. I see *Strongyloides stercoralis* in a David Attenborough way. It's a survival mechanism. When the parasite senses that its home in the human is no longer safe, it says, "I need to find another home." It starts multiplying into its millions, and the infection becomes out of control.

What can health professionals do to limit the risk of disseminated strongyloidiasis?

Health professionals working in community primary healthcare services understand the value of early diagnosis, treatment and follow-up testing, and are best placed to prevent clinical complications for strongyloidiasis. ►►

Autoinfective Cycle



Strongyloides is different from other worms because...



⑦ Some baby worms become teenage worms while in the gut. These teenage worms look slightly different like smaller forms of infective larvae. They are called **autoinfective larvae** and they feed as they go. These autoinfective larvae can travel anywhere in the body. Some return to the gut, become adult females and lay eggs and produce baby worms, and more infective and autoinfective larvae. Because they can breed this way without leaving the body, *Strongyloides* can stay in your body for the rest of your life.

When some of these autoinfective larvae travel from the faeces through the gut wall, they take bacteria with them which may cause infection in other parts of the body. These autoinfective larvae can travel to any organ of the body. A healthy body tries to kill autoinfective larvae but if the body's immune system is weak, then many more survive and reproduce into millions of worms. If they continue to breed out of control, this can result in death.

Strongyloides Story adapted from narration by Emeritus Professor Rick Speare

3

This page is taken from the *Strongyloides* Flipchart developed by Top End Division of General Practice, Miwatj Health, and Aboriginal Resource & Development Services Inc. The full resource can be found at www.strongyaust.au



The CARPA manual recommends that anyone who is going to be immunosuppressed needs to be tested for strongyloidiasis; but if they're coming from a known endemic area, they also need to be given ivermectin treatment before they start their immunosuppressants.

The best way of finding and treating people before they develop severe clinical complications is in the chronic phase and the best test for that is *Strongyloides* serology, though it may not detect newly acquired or disseminated cases. This can be included with the adult health check/preventative health assessment along with STIs, hepatitis B, diabetes, and chronic kidney disease. Follow up serology 6 to 12 months after treatment is recommended as serology decreases to negative with effective treatment. Some cases may require repeat treatment for eradication.

Ivermectin should be given to all positive cases. We started using ivermectin in 2000 because it was more effective for strongyloidiasis.

Before that I remember albendazole being introduced in 1995. That made a huge difference to a number of other helminths. But for *S. stercoralis*, it's not enough to reduce the worm load – you need to eradicate each last worm due to its auto-infective cycle.

International guidelines in the 1990s recommended treating all infected persons, including the asymptomatic, as life threatening complications are unpredictable.

Strongyloides serology has been included in the Refugee Health Assessment since 2010 and those with positive and equivocal results are treated to prevent clinical complications and transmission.

By treating the people that test positive, you're also preventing transmission, because it's humans that will take it from one place to another – hence desert communities can have *Strongyloides* as well. It is not something that relates just to the tropics.

What advice can nurses give, and follow, when it comes to preventing infection?

Patients want to know about *Strongyloides*, what it is, where it lives, what makes it special, how it affects the body, how it can be diagnosed and treated, and how they can prevent it.

We developed the *Strongyloides* patient education flip chart in early 2002 and it is a very useful visual aid. It's available on the strongyaust.au website.

Strongyloides stercoralis survival outside the body is limited. It looks for a warm host and enters through the skin. Wearing shoes makes a difference – if you're in an area where there is potential for faecal contamination. If you're handling faeces at any point of time, that's potentially infectious.

Persons with disseminated strongyloidiasis are also infectious with cases diagnosed from sputum or skin. Everyone will do their best to prevent it, but I am aware of clinicians who have become infected.

How about primordial prevention?

We see One Health as a way to address strongyloidiasis. One Health considers humans as well as animal health and environmental health. At the environmental level, transmission happens when there's inadequate access to clean water and sanitation – a basic human right and United Nations Sustainable Development Goal Number 6.

We see having strongyloidiasis made notifiable as a way to identify hotspots. The World Health Organisation (WHO) has also now included strongyloidiasis within the neglected tropical diseases for elimination by 2030.

Do you think that can be done?

Australia needs to start acting. Dismissive comments like “why bother to treat the asymptomatic” or “they'll only get it again” have always upset me. Australia could be leading the way in how we address this – because we can do something, just like Miwatj has. We need to look at this as a chronic infectious disease that is treatable and curable if diagnosed early.

The systematic approach of including strongyloidiasis in a preventative health assessment is vital for all endemically infected communities in Australia. Otherwise, controlling this disease is dependent on individuals, and individuals come and go.



Control programs in endemic communities are feasible – your work has produced reductions as dramatic as 60 to 10 per cent prevalence.

10 per cent is certainly a reduction, but still 10 times what you would expect in a suburb of Brisbane. My focus is on closing that gap.

By identifying strongyloidiasis, we're also identifying the communities that are at the greatest risk for other diseases, and in greatest need of further infrastructure – for example, housing and sanitation facilities. It's a proxy for reducing other conditions you don't expect to have in Australia.

Your passion is inspiring. What has motivated you to take on strongyloidiasis and what has kept you going?

My strongyloidiasis journey began in 1995, with a parasitology course and Rick Speare being a fantastic mentor. Cases of disseminated strongyloidiasis were unfolding around this time, then in 1999, my colleague, friend and mentor, an Aboriginal Health Worker who was a queen for her people, developed a condition and went to Darwin. Instead of being able to come back and have that managed at home, she died in Adelaide from disseminated strongyloidiasis. It was a huge loss. It becomes personal when it is someone you know.

In 2000 we introduced ivermectin, which made a big difference. When I was speaking to her sister and explaining what we were doing, she said to me, “let not her death be in vain”.

When you're the community doctor, you learn about what is relevant in your community. There were times I could have walked away, but I felt I had been given this responsibility to take further forward. And I wasn't on my own.

For further reading on strongyloidiasis, search Dr Page's article “Chronic strongyloidiasis – don't look and you won't find” and the Tropical Health Orientation Manual. ●

Remote area nursing packing list

We invited Members to share their advice on items to bring when working in a remote area, or to purchase when visiting the 'big smoke'. Here is the list you helped us to compile!

1. Coffee

As Laura from Arnhem Land puts it, "good coffee is hard to come by". How people come by it differs widely. Leanne takes a coffee pod machine and enough pods to last the duration. Caroline prefers her AeroPress and likewise Katrina and Karlene take a coffee plunger/French press and ground coffee. Wendy switches between these contraptions depending on whether she's flying or driving. Tea drinkers, bring some high-quality tea bags!



2. A sharp knife & cutlery

Blunt knives are commonplace. Kelly recommends a small Japanese cooking knife and Mary recommends Wiltshire Stay Sharp knives, though they did hold her up at airport security recently. A knife sharpener also works.

Travel cutlery, a small frypan, a teaspoon, a fork, and a peeler may also be of use. A can opener will allow you to open cheap brands of canned foods that still require one. Kelly suggests a whisk to prepare eggs or protein shakes/smoothies.

3. Entertainment

Alice likes to bring books about the location she's going to: history, current community activities, and especially simple language learning texts. It's common for people to leave books behind and senior colleagues are likely to have exhausted the 'clinic library'. They'll be keen to swap. Books will help you to get through any power outages!

Members also suggested a Kindle, knitting/crochet materials, a jigsaw and puzzle mat, card games, board games, and other hobby items, such as model trains. Brochures on local tourist attractions and camping gear may help you to make the most of any time off.

A craft project can also be a great source of entertainment. Sandra has started a little cottage industry making 'Crochet Critters 4 Community Kids' which she gives to children during health checks, or immunisations. "It's a hit and I love spending my downtime creating these critters" she says.



4. Medications

Medications may not be readily available in remote areas, or difficult to obtain with privacy. Members recommend bringing a stock of your regular medications, and also those that you only occasionally use – enough to last the rotation.

If you are able to file scripts where you work, be sure to bring these too. If you travel by boat or plane, consider bringing ginger travel sickness tablets.



5. Cosmetic/comfort items

Caroline recommends bringing your favourite perfume and hair dye to cover any greys/regrowth. A good moisturiser can be a nice touch and help in a location with hard mineral-rich water.



Spa treats, a scented candle, body cream, DIY pedicure goodies, a small mirror, shampoo/conditioner in little containers, a face washer, a heat pack, a small fan, your own pillow and pillowcase, a sheet/your own linen, your own blankets, a mattress topper, and chocolate were among the other recommendations.

Lorraine says she always has a day of 'maintenance' spoiling herself on return to the city lights.

6. Food

As Fiona says, it may be necessary to lower your expectations about fresh food and other groceries and to get creative with what's available. Many Members including Christine suggested taking herbs and spices or your own curry pastes, which can be double sealed in zip lock bags to save on space within luggage.



Nadine from the Kimberley suggests Tupperware containers for left-over food. Meanwhile, John brings plenty of pre-prepared meals or ingredients to make and freeze for when he is on call – because there's nothing worse than having a meal half cooked when the phone call comes in that keeps you out all night.

Non-perishable items, including long-life milk, will protect you if there's a power outage. When it comes to versatile cooking methods, you can't beat an air fryer! ►►

» 7. Water

There are many different approaches to water and the correct approach will depend on location. As John says, “in some communities the water can have a unique taste and can take a long time to get used to. I suggest bringing your own water with you and drinking plenty of it.” Wendy suggests a BRITA water jug with a filter to remove the taste, calcium and so on.

Ben and his partner take water purification to another level, using a ‘My Water Filter’ Reverse Osmosis Portable Unit to remove heavy minerals and improve drinking water. As Ben explains, “it generates 20 litres of water in about 1 hour and 15 minutes. The cost of the unit is approximately \$500. Your filter replacement cost is \$1,000 over five years (which initially sounds a lot); however, we go through 5 litres every day... The ROI is 14 months compared to buying \$3.50 boxed water. So once you hit month 14 you’re actually saving money compared to buying boxed water.”



8. Electronics

Make sure you sign up to a Telco provider that provides coverage in the area you will be working. Some people like to purchase a phone plan with additional data; others bring their own WiFi in the form of a portable WiFi unit or a dongle with internet connection (e.g. search “Telstra dongle”).

You can keep up a strong connection with home by bringing family photos to put on the wall. To learn about any upcoming local events, you can join the local Facebook page if there is one (thanks Beck for this tip).

Laptops and tablets are commonly brought for entertainment value or practical value (for example, to store copies of important documents like your licence or qualification certificates). Some folks use Chromecast to broadcast onto a TV. Many Members suggested bringing an extension cord and a power board with many outlets. Portable powerpacks, car chargers, and back-up charging cords keep the charge flowing. Caroline brings a spare phone in case she loses or breaks her main one. She also makes sure to have programs and podcasts downloaded in case of internet failure.

Lots of RANs like to bring cameras and/or drones to capture the lovely scenery and many recommend bringing extra storage, such as a harddrive or USB, to ensure you don’t run out of space.

A good set of Bluetooth earbuds can make a world of difference, as Anna from Torres Strait explains. “I spend a lot of time alone whilst out in community and my earbuds are a great companion. I can be inspired by a great podcast, I can run out the frustration of a hard day to some great tunes, I can cook my food for the week listening to a fantastical story or I can escape the world with a mindful meditation. I get whatever I need, whenever I need it, whilst not disturbing anyone else.”



9. Versatile clothing

Deborah from the Kimberley, Kerry and Liz suggest bringing bathers – because “you never know when you might need them” and “there is always somewhere to swim”. Then again, as David and John agree, the “desert is not always hot” so be sure to bring some warm clothes and a lightweight rain coat.

Liz recommends outfits that can be layered for warmth. Shoe-wise, she recommends a universal pair to wear everywhere and light runners for walking. Sturdier footwear may also be in order, depending on the terrain.

Other miscellaneous clothing items to consider include a wide-brimmed hat, a towel, dry bags for organising clothes in luggage, and a bra bag to wash delicates. Barb recommends culturally appropriate clothing, meaning “no short skirts or shorts, no tight and revealing tops” and likewise, other Members suggest non-revealing clothes for respect and sun protection.

10. Insect & weather protection

You only forget a fly net or bug spray once! Mosquito repellent can help particularly at night, as may a plug-in mosquito repellent for your bedroom. Sunglasses, a hat, sunscreen, a snake bite bandage and an umbrella are also useful for keeping out the critters and the elements.



11. Exercise equipment

With no gyms available, you’ll have to make your own! Members suggested a range of portable exercise equipment, including skipping ropes, resistance bands for Pilates sessions, exercise balls, and yoga mats. ➡



» 12. Miscellaneous items

There are plenty of other items that you might like to consider bringing or collecting when you can, including:

- A toolbox with the basics: torch, screwdrivers of multiple sizes, cable ties, adjustable wrench, and batteries (thanks Jess from Tassie for this tip)
- Spare copies of the CARPA and Clinical Procedures Manuals
- A high-quality stethoscope
- A notepad and pen to record when you go for a callout and when you come back; or simply for journaling
- Lunch box and drink bottle
- Anti-bacterial wipes. As Andrea from NT tells us, "Strike and Ultra anti-bac wipes 100pk cost \$3.50 in cities. Much smaller packs over \$10 in my remote town in NT. I always grab these when I'm in Alice."
- Earplugs for barking dogs (thanks Barb)
- Door stops for when in accommodation with a conjoined bathroom or for extra security
- A black sarong (which can also be used as a curtain) – thanks Sheri Anne
- An eye mask for sleeping
- Laundry powder/detergent, pegs and a string clothes line
- Cash, because cards may not work at the local store
- A bedside light. ●



Packing light

It's unlikely that you'll be able to bring all of the items on this list and in fact many Members talked about the merits of packing light. If you are driving to the location as opposed to flying, it may be possible to bring more.

The location will also influence how much you need to bring – some places have more shops than others or are closer to rural centres.

Location will also determine how much you can bring. Airlines often have strict baggage allowances and sometimes due to payload restrictions in the wet season, additional checked baggage may be put on standby and transported on later flights.

It may be possible to send extra resources ahead of time, but this will depend on location.

When working remotely, it is not always possible to recreate the comforts that are customary in urban or even rural Australia. Being aware of this in advance can help you to prepare for your experiences and embrace the 'resourcefulness' that can allow you to thrive in a remote location.

Many people report that after some initial adjustment, they come to feel they need less than they ever thought. However, having limited access to resources does not miraculously get easier; it can be an ongoing challenge.

If you need support or strategies to navigate the significant demands you face as a remote health professional, remember that you can call the Bush Support Line at any time on 1800 805 391.

Nurse-led skin cancer detection pilot continues



In December 2022, we spoke with Marion Eckert, Director of the Rosemary Bryant Research Centre (RBRC) Uni SA and her team about their new pilot program Project Check Mate – a collaboration with Skin Smart Australia and health promotion charity Skin Check Champions, taking a unique and sustainable approach to early skin cancer detection, by mobilising and upskilling regional nurses to assist local GPs in provisional diagnoses of skin cancer.

The pilot program has recently received additional funding from Wellbeing SA, Department of Health and now invites nurses working in or near the Eyre Peninsula, and the Clare Valley district to be involved.

RBRC is planning to run two pop-up skin clinics at the following events, with the key initiative to engage GPs and train local nurses to perform skin checks:

- SALT Festival Eyre Peninsula, 19-28 April
- Clare Valley SGA Gourmet Week, 17-26 May

The program strategy focuses on the upskilling and education of primary care nurses working in collaboration with GPs and dermatologists to provide best practice, evidence-based, nurse-led skin checks to rural and regional South Australians.

The approach is focused on nursing clinicians receiving education (approximately seven weeks – 1.5 hours per week of interactive training) through Skin Smart Australia and the University of South Australia to expand their scope of practice to undertake skin checks.

This will allow nurses to provide the initial engagement and assessment of higher-risk populations who have never or rarely had a skin check by means of pop-up skin check clinics at large rural and regional events.

Nurses residing in regional South Australia, if you are interested in participating or would like further information, please contact Marion at Marion.Eckert@unisa.edu.au ●

Increasing male engagement



A/Prof Tim Moss from CRANaplus partner organisation Healthy Male provides advice on strategies health practitioners can use to increase male engagement in primary health care.

The Ten to Men Australian Longitudinal Study of Male Health shows that around one in five Australian men have at least some difficulty engaging with healthcare providers, and at least one in four do not feel supported or understood by health practitioners.

Understanding health beliefs and behaviours of males can help to overcome systemic, structural and personal barriers to their engagement with primary health care.

These are some of the things health practitioners can do to increase male engagement in primary care. Structural barriers to engaging with health services include a lack of male-friendly health settings, time, cost and location.

1. Create an inclusive space

Practices can create spaces in which men feel comfortable and welcome, with gender-neutral décor, reading and information materials for males, and promotion of services offered to men and boys.

2. Prioritise efficiency

Males appreciate efficiency when accessing health services, like clear information and instructions (e.g. about billing and making appointments), simple procedures, avoidance of redundancy, and mechanisms to inform patients of delays in consultation times if they occur.

3. Demonstrate specific expertise

When it comes to systemic barriers, males want to know that their health service providers have expertise in male health. Patient-centred communication that is direct and clear, strengths-based and without jargon is appreciated by males, as are thoughtful use of humour, empathy and understanding.

4. Take the lead on sexual health

Males are generally happy to be asked questions about potentially sensitive issues (such as sexual health and relationships), which provides an opportunity to explore health concerns other than their presenting complaints. Providing information and education verbally to male patients is effective, especially if they trust and respect the person providing the information.

Positive experiences with health practitioners can motivate future engagement of males with primary healthcare services. The ability of healthcare providers to deliver appropriate services to men and boys therefore provides long-term benefits.

For male health CPD activities, head to the Healthy Male profile on Medcast medcast.com.au/education/healthy-male

References

Australian Institute of Family Studies. Ten to Men Australian Longitudinal Study on Male Health: Chapter 4 Health literacy and health service use among Australian men. Published September 2020. https://aifs.gov.au/sites/default/files/2023-10/2020_ttm_insights_report_chapter_4.pdf ●



HEALTHY MALE
Generations of healthy Australian men



Photo: Jackson Photography – stock.adobe.com

Exploring the Rural Locum Assistance Program Journey



Meet Ricarda (Rikki) Jones, an Endorsed Enrolled Nurse (EEN) with nearly two decades of experience in MPS, mental health facilities and aged care. Rikki is also a dedicated locum with the Rural Locum Assistance Program (Rural LAP), joining the program in 2018 after being referred to Rural LAP by a colleague on a Rural LAP placement at the same facility. According to Rikki, joining Rural LAP as a locum has significantly improved her work-life balance.

Rural LAP is a Government-funded program providing support to various healthcare professionals, including aged care workers, obstetricians, anaesthetists, nurses, and allied health professionals in rural and remote areas of Australia.

The Rural LAP team understands the unique challenges faced by health and aged care services in these areas, and our mission is to ensure they receive the support they need.

This is where locums like Rikki play a crucial role in alleviating workforce shortages and burnout.

Rikki has recently returned from her latest placement at Mutkin, in the Aboriginal town of Yarrabah, Queensland. Yarrabah, with a population of approximately 2,505 people, is a dry community located 55km east of Cairns.

Placements with Rural LAP offer you more than work. They provide an opportunity to explore remote Australian locations that you might never experience otherwise, learn new skills, meet new people and support local communities to deliver continuation of care to their patients.

Rikki emphasised the value of meeting and interacting with the local communities, who are always grateful for the services provided by the locum and repeatedly extend a warm welcome.

During her two placements in Yarrabah, Rikki has had the chance to work alongside a retired professional boxer now working at Mutkin, sharing captivating stories of his boxing career and growing up in Yarrabah.

The local team also welcomed Rikki with open arms, treating her as one of their own and sharing their own experiences and knowledge with her.

She also enjoyed exploring the nearby town of Kuranda, going up in the cable cars, enjoying lunch and the markets before returning via the train.

Rikki also visited Hartley's crocodile farm and tried deep-fried turtle, which she claims she would "definitely try again" despite its very distinct flavour.

When asked about her time with Rural LAP, Rikki says, "The Rural LAP team are very professional and supportive and take into account your personal preferences.



Left: Rikki at Babinda Boulders which she visited while on placement. Above: View from locum accommodation in Yarrabah.

"My program officer is always available for me to voice any concerns or just to keep them up to date on how my placement is going".

Urban-based health and aged care workers seeking to experience rural or remote practice are encouraged to sign up to Rural LAP. By undertaking a locum placement, you can gain valuable insights and enjoy the incentives offered by working in rural and remote Australia.

To join our locum register, visit the Rural LAP website and complete the expression of interest form, <https://bit.ly/48QBQ2b>. Rikki enthusiastically recommends Rural LAP. "It is the best decision you will make in your working career." ●



If you don't go, you won't grow and you'll never know

Liam Felloni from SustainHealth writes about his experiences at the 2023 CRANApplus Conference in Cairns.

As I began composing this article 32,000 feet in the clouds, overlooking the vast barren land of Queensland, I reflected on my time at the 2023 CRANApplus Conference.

In my role as a representative of SustainHealth Recruitment, I had the honour of attending the CRANApplus Conference in Cairns 2023. I had the opportunity to engage in meaningful conversations with seasoned nursing professionals, who shared their invaluable insights and experiences into Australia's remote healthcare landscape. The in-person interactions uncovered the intricate and multifaceted challenges that nurses and midwives grapple with in remote areas across Australia.

As someone who arrived with second-hand knowledge of what nursing in the outback is truly like, I write this article feeling educated, enlightened and even more curious than when I first arrived.

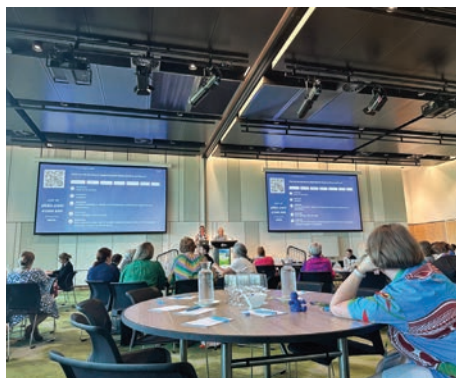
CRANApplus and everything that the NFP organisation stands for has never been so important. Australia is currently experiencing an unprecedented and critical reduction in the number of healthcare workers nationwide.

With Australia's sheer size, breadth and vastness, Australia not only brings with it an amazing picturesque landscape alongside its bucket list destinations; it also comes with demographical and logistical issues that have a knock-on effect when providing health care, especially health care to remote and isolated communities.

As someone who is from the UK, where a nursing world such as Australia's is non-existent, I find it fascinating the way in which the nursing model is set up. How is it possible to provide health care from each end of the country when aiming to cover approximately 2.94 million square miles (7.66 million square kilometres)? The way in which a country spanning 2.94 million square miles is able to service is through the deployment of Remote Area Nurses (RANs).

Nurses working in remote communities face significant challenges. In these underserved regions, healthcare professionals often work with limited access to essential resources and facilities. According to a 2020 report from the Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander people continue to experience a higher burden of chronic conditions, with approximately 35% having at least one chronic disease, including diabetes and cardiovascular issues.

This is compounded by a shortage of healthcare providers, with rural and remote areas in Australia experiencing a deficit of 43% compared to urban regions, as reported by the Australian Institute of Health and Welfare.



What I learned from my time at the 2023 CRANApplus Conference

The CRANApplus Conference was nothing short of exhilarating. I choose to encapsulate my time at the conference and in Cairns by three powerful words: engaging, enlightening, and exciting. From the initial meet-and-greet, where diverse professionals converged, to the exceptional roster of speakers – the CRANApplus Conference was eye-opening.

These discussions and talks throughout the week encompassed a wide array of topics, including innovative care models, ingenious techniques to enhance and improve health care, and the cutting-edge scientific advancements aimed at reducing issues such as rheumatic heart disease in Aboriginal and Torres Strait Islander communities.

While celebrating the significant strides that have been made in the field of remote health care, it is essential to acknowledge that the conference highlighted that more work needs to be done to bridge the existing gaps and unique difficulties that Aboriginal and Torres Strait Islander people face.

The CRANApplus Conference further confirmed my commitment to enhancing remote nursing, particularly from a healthcare recruitment perspective. It has illuminated fresh insights and underscored the paramount significance of educational pathways that are needed for healthcare professionals serving in rural and remote communities.

Throughout the week, a few central themes consistently emerged: the emphasis for structural improvements, the necessity to bolster educational pathways, and the demand for more robust support systems for RANs working in remote healthcare settings.

As a healthcare recruitment professional, I see a significant role in connecting skilled healthcare professionals with positions in

underserved areas, thereby bridging the healthcare workforce gap and addressing the pressing needs of Australia's Aboriginal and Torres Strait Islander communities.

Whilst being unable to provide support from a first-hand perspective, my goal is to support and contribute to a brighter future for health care in remote areas by actively participating in discussions, raising awareness, and sharing the stories and innovations encountered at the CRANA conference to nurses when I speak to them.

Closing comments

I respect, appreciate and acknowledge all of the amazing nurses working in Australia and the work they do. By speaking to nurses from a second-hand perspective and by sharing the lessons that I have learned from events such as CRANApplus, I hope to inspire them to take a leap into the remote area space.

By encouraging more nurses to work remotely, we will be able to significantly bridge the healthcare gap in remote and isolated regions ensuring that the continued focus is to provide equitable health care access to all; with great emphasis on Aboriginal and Torres Strait communities.

Anyone who would like to reach out to Liam Felloni, SustainHealth's Nursing and Midwifery Queensland Specialist Recruitment Consultant, to learn more about how SustainHealth can help them seek new opportunities in Queensland and Australia-wide, can contact Liam at QLDNursing@sustainhr.com.au or on 0424 105 072. ●

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Book reviews

Wandering with Intent

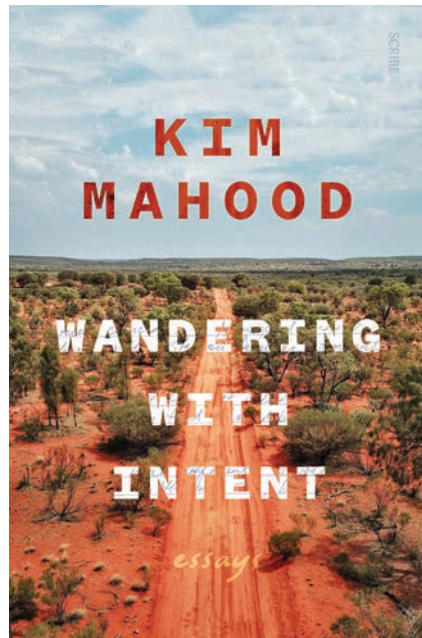
by Kim Mahood

Published by Scribe

Reviewed by Rosemary Cadden

Anyone who has worked in a remote Australian community will find this book full of stories that will have their mind overflowing with memories. You can almost smell the red dirt. At the same time, Kim Mahood's collection of essays will sift and slide into hidden, or forgotten, places you may not have explored before.

"A place can carry many truths, and it takes time and attention to discover even a few of them." This is in the essay *From position doubtful to ground truthing*.



In the same essay where she is writing about a map-making project at the northern end of the Great Sandy Desert, Kim writes:

"I'm sure I learned more in those weeks on the frontline than in the years I could have spent reading historical documents. I witnessed the damage, the courage, the resilience, the anger, the resourcefulness, the pride, the humour, and the whole complicated drama of how human actions resonate through the generations."

This book invites us to accompany Kim on the road into the outback. It will be a different journey for each of us. But oh so memorable.

A collection of essays is so handy for those working in the outback, a whole story in a tea break or as a nightcap.

Or perhaps you are back in the big smoke and looking for a good read that will find you 'wandering with intent'. ●



Life and Death Decisions

by Dr Lachlan McIver

Published by Ultimo Press

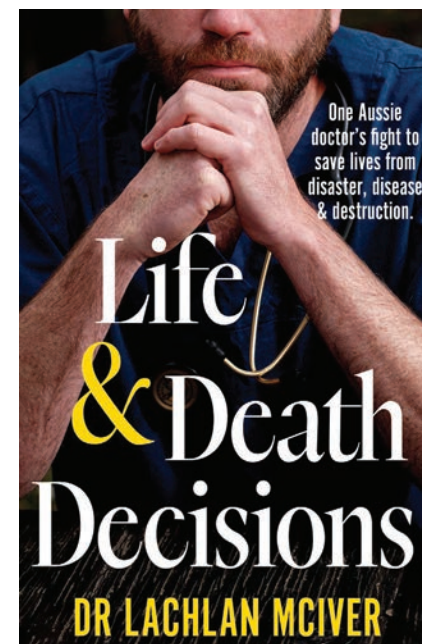
Reviewed by Kristy Hill

When Jody, our Marketing & Communications Officer asked if I would be interested in reviewing this book, I was quietly intrigued to learn more about the story of a doctor from Millaa Millaa in Far North Queensland, who specialises in rural and remote medicine, tropical medicine, and public health.

Life and Death Decisions is a medical memoir with a call to action. It is a courageous and captivating account of the heartbreaking challenges of global health inequality, set in the current landscape of climate crisis and drug-resistant bacteria.

The author, Lachie McIver takes us on a thrilling ride across the world, into the hospitals and homes of some of the most vulnerable communities and complex health issues.

The story is written with a strong sense of compassion, hope and honesty. Lachie's book provides insight into the realities of providing health care in rural and remote communities.



I loved reading this story and would recommend it to any remote health worker who's up for a dose of adventure, humour, and inspiration.

I'm sure many of you in rural and remote health will relate to this entertaining and courageous storytelling of the struggles of providing health care in rural and remote communities. ●





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