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improving remote health

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the voice of remote health

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Editorial
Editor: Jody Horne
Deputy Editor: Nick Ramage
Journalists: Rosemary Cadden, Sam Richards, Jody Horne

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

From the CEO and Board Chair

Dear Colleagues,

Welcome to the August 2024 edition of CRANAplus magazine. In this issue, John and I write jointly to express our gratitude for the hard work and dedication of our Board Directors, whose governance is helping our organisation to thrive and grow stronger.

We also take the opportunity to extend a heartfelt thank you to the many Members who contribute to the ongoing success of our organisation. From participation in surveys, consultations and roundtable discussions to volunteering on courses and sharing your perspectives and experiences via our publications – know that your contributions are truly valued and are helping to drive meaningful change to health policy and issues affecting isolated, rural and remote nurses and health professionals.

We also acknowledge that the next few months ahead will be a busy time for the CRANAplus team as we approach the 2024 Remote Nursing & Midwifery Conference, and prepare to transform CRANAplus' IT infrastructure, with a new website and learning management system. We look forward to sharing updates with you as they become available.

This edition of the magazine takes readers from the Cape York Peninsula to central Australia, and across to the east Kimberley region of WA. Elsewhere, it provides some considerations when four-wheel driving in remote areas (page 24), findings from our 2023 Undergraduate Student Survey (page 76), expert advice on eliminating trachoma together (page 30), considerations for psychological debriefing (page 50), Member insights for those interested in working with children in remote communities (page 84), an opportunity to quiz yourself on Triage Emergency Care (page 66), and a Q&A with Nurse Practitioner and CRANAplus Member Tom Rampal (page 82). If you have a story to share about CRANAplus or your experiences working in remote health, please email your ideas to our Communications team at communications@crana.org.au.

Pages 68–75 provide a preview of the exciting program of the CRANAplus 2024 Remote Nursing & Midwifery Conference in Naarm/Melbourne, happening from October 23–25. We are sure that delegates will value the opportunity to reconnect with and meet new colleagues, discuss what's working well, find inspiration, and also take some time out to have a bit of fun and enjoy each other's company. This year we are also hosting a free Remote Nursing & Midwifery Expo preceding the conference, so if you know a health professional or student interested in learning more about the remote health sector we encourage you to invite them to register.

Warm regards and we hope to see you in October,

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.

First Peoples

Photo: Andrew Deer – stock.adobe.com

Recognition for Lesley

Aboriginal community-controlled health services are the way of the future, says Registered Nurse and Midwife Lesley Woolf, Executive Health Manager – Health, Aged Care & Community Services – at Mala'la Health Service Aboriginal Corporation in Maningrida.

CRANAplus Member Lesley Woolf has been awarded the Medal of the Order of Australia (OAM) in the King's Birthday 2024 Honours list for her service to Indigenous health and to rural and remote nursing. She sees this award as a recognition for the nurses who work in Aboriginal health, and those who work in rural and remote areas around Australia.

Lesley has been a nurse for over 50 years, 40 of those involved with rural and remote nursing and specifically in Aboriginal communities and for Aboriginal patients, a career which has taken her across Australia and also to the Western Province of PNG.

She is passionate about advancing and transitioning health services to Aboriginal Community Controlled Organisations and applauds the Northern Territory government for its support in this area.

Her interest in Aboriginal health began shortly after her training when she was working in Mount Isa, which has a large Aboriginal population, and her focus increased not long afterwards, working with remote communities.

"You see the burden of disease and how sick people are and you want to do something," she says.

Lesley has always championed nurses and, years before Aboriginal community-controlled health services became a reality, Lesley was involved in a registered nurse training program which involved two cohorts of Aboriginal students. The program which was run by the Deakin University in Mt Isa, was an opportunity to address the registered nurse shortage and to give students the opportunity to train at home.

"The response was amazing. We were inundated with applications.

"To support the students, we offered free student accommodation, seconded staff to provide specific training and there was a lot of in-kind support.

"They all finished their training and there are a number of the graduates working in senior nursing positions across Australia. This is what happens when you take away barriers and introduce support."

While Lesley says she totally enjoyed all her roles in the mainstream public service, it is working with Aboriginal community-controlled health services that she feels she has landed in a place that suits her perfectly.

"When working in Katherine, I was approached by the then CEO of Sunrise Health Service to assist in the recruitment of a suitable person to facilitate their coordinated care trial to transition health services in the Katherine East region to community control."

"I found I could make decisions, work with people on the ground, identify the real priorities and work with the teams on preventative health."

"I knew this was an opportunity of a lifetime for me." After three years, the health services in the region were transitioned to community control."

Lesley has been at Mala'la Health Service Aboriginal Corporation, which services Maningrida and surrounding homelands in North East Arnhem Land, for the past nine years.

"Hospitals are great and there will always be a place for hospitals where really sick people go," says Lesley, "but there is certainly a greater movement to do more in the communities particularly in the area of telehealth.

"For example, a sick mum who is the matriarch, the one holding the family together, has the ability to stay at home, thanks to telehealth.

"There's a bit of a stereotype around health care, the suggestion that care is better in the bigger towns and cities. That is not always the case, perhaps particularly in times of quick access to that care."

Lesley acknowledges that, until there are more Aboriginal nurses, Aboriginal Health Practitioners and managers, there will be the need for non-Indigenous staff in Aboriginal controlled health centres.

"At the head of our management structure is a board of directors consisting of Elders and traditional owners. The chair of the board has been an Aboriginal Health Practitioner for many years. They are the governing body providing direction and support and advice and they make the final decisions.

"The board can make all the decisions, and the managers can put them in place, but it doesn't work without the right people. You need the best people and the most appropriate people for it to work well. We talk to every nurse and doctor prior to them coming to work for us, and make sure they know what they are coming to, and ensure their attitudes are appropriate.

"Our CEO has been here for 11 years, with a lot of experience and our managers are all very experienced and culturally sensitive.

"I think it is working because they are the right people, and we have a very strong workplace culture."

To illustrate the benefits of transitioning to Aboriginal community control, Lesley gives a summary of a program in Maningrida, during the time of transition, which was to address the very high incidence of rheumatic heart disease.

"We got additional funding in 2019 and we set up a programme and there was a lot community consultation," says Lesley. "There was reluctance by some at the time, but we bit the bullet, utilised those who were committed and put their hands up to be involved. The school kids were screened, with 28 new cases identified, showing there was more rheumatic heart disease than we were aware of.

"This was the start of a highly successful RHD program which has gone from strength to strength. The great work continues to this day, with a dedicated Rheumatic Heart Disease team with a focus on Healthy Homes."

Lesley, who is beyond retirement age, is not considering that path at the moment, although the organisation does talk about succession planning, she says.

"There is so much to do and I love what I do. To leave it would be very hard. I'm proud of the work that I've done over the years, always being a cheerleader for nurses, as well as seeing the benefits of transition to community control.

"I have plans for this place: to increase the number of aged-care beds and support in this community, really to deal with the waiting list which is quite long. And I also want to see improved renal services here." ●

A thought-out journey to remote area nursing

CRANAplus Nursing and Midwifery Roundtable member Michelle Appo shares insight into her recent experience in Halls Creek WA, and why she is carefully considering each step in her pathway to remote area nursing.

Tell us a bit about your role in Halls Creek. How was it different to your work on Mamu Country/Cassowary Coast? In terms of remoteness, geography, skills, workload, people, et cetera?

Whilst my background is in primary health care (PHC), specifically working in Aboriginal and Torres Strait Islander health in a rural setting and in two outreach towns, Babinda and Tully, as a new registered nurse to rural and remote nursing, my RAN career pathway needed ED exposure.

Fortunately, my extremely supportive agent listened and understood my career pathway to becoming a RAN. He supported this by acknowledging my background in Aboriginal and Torres Strait Islander PHC, predominantly working in a rural setting, and transitioned me into the very small rural community of Halls Creek, situated in the beautiful Kimberley region of Western Australia.

Michelle speaking at the CRANAplus 40th Annual Conference in Cairns last year.

The Halls Creek Hospital is a multipurpose centre with a three-bed emergency department, an eight-bed general ward, and a primary healthcare doctor and nurse available Monday to Friday. The Director of Nursing, Clinical Nurse Coordinator, doctors, nurses, and paramedics provided me with a positive, supportive learning environment to build on my skills as a new RAN, helping me gain essential emergency department skills to further my remote area nurse career.

Working in a hospital environment and dealing with shift work was a rewarding challenge. I was exposed to morning, afternoon, and night shifts, as well as on-call duties. My PHC eyes were opened to a new world of monitoring high-risk, deteriorating patients requiring Royal Flying Doctor Service transfers out to Broome, Kununurra, and Perth. I was actively involved in mental health emergencies and gained fundamental insight and hands-on experience in recognising and acting quickly on deteriorating adult and paediatric patients.

My scope of practice has widened in the most supportive environment, allowing me to progress in my journey as an upcoming RAN.

What was the most rewarding experience in Halls Creek?

Interacting and getting to know the First Nations people of the Halls Creek community. I have enjoyed sharing the laughing times, happy times, and sad times of those who walked through the hospital doors.

This experience has helped me feel alive in my own Aboriginality, pursuing my journey of understanding who I am and where I come from as a First Nations Noongar. ▸▸

You have built your primary healthcare skill set through experience and training. How did these benefit you in Halls Creek? Were there any 'a-ha' moments when you were able to draw on the skills you had learned?

I used to smile and laugh a lot when I had an 'a-ha' moment. The 'I get it', and high-five moments among myself and others' 'a-ha' moments were an everyday occurrence working with clinicians at all different levels of experience.

The greatness of being new on my journey to remote area nursing is you never stop learning on the job – it's an exciting adventure!

In life, it's so easy to ignore advice and only believe something after you've experienced it firsthand (i.e. 'learn through mistakes'). What convinced you to take your time with your transition to remote?

First Nations people's holistic health is extremely complex. The more remote my career becomes, the more complex holistic health issues will be present. As First Nations health professionals, we understand and have lived experience with the determinants of health and firsthand knowledge of how these directly and negatively influence our people's healthcare journeys. As a registered nurse, I need to be at my best for my people. I need to start from the beginning and work my way up so I can be there for them when they need me most.

What challenges have you encountered on your journey to getting remote and how have you overcome them?

Acknowledging and understanding that you don't just walk into remote area nursing, it is a work in progress for a reason – it is a specialty in its own right and a progressive one. Remote area nursing is not for everyone. Unfortunately, the ugliness due to the lack of knowledge and awareness regarding First Nations people is prevalent. The true hard facts need to be communicated about the issues that First Nations professionals and communities encounter in their professional and daily lives, both past and present.

I overcome this by advocating for myself and my people, as I have always done throughout my personal and professional life.

Do you have any advice for fellow nurses or students out there who might be considering remote health as a career option?

Get out there and do it, you will never look back!

First and foremost, it is essential to educate yourself on the history of First Nations people. Don't just read it, understand it!

I recommend having face-to-face cultural awareness training, as online training will never do you the same justice.

Access CRANAplus' *Becoming a remote area nurse: essential knowledge* free online module, and start with a transition-to-remote nursing program. On the CRANAplus website, you can also find helpful resources and information about pathway incentives.

If you are more experienced, get your PHC skills up, be proactive, and network, network, network!

Never make it about the money, take every opportunity to do it for the First Nations people in the communities that you work for because every single day is worth it and they will remember who helped them when they needed someone the most.

What's next for you?

To continue on my journey to a remote area nurse career – it is all one hundred per cent worth it. ●

In Focus

Spruiking Alice Springs

Registered Nurse, clinical educator and CRANAplus course facilitator Kylie Huxtable, admits she 'shamelessly promotes' her current hometown of Alice Springs to participants considering remote work in Central Australia.

Kylie has been facilitating Remote Emergency Care (REC), Advanced Remote Emergency Care (AREC), Advanced Life Support (ALS) and Triage Emergency Care (TEC) around the country since 2021, travelling to Adelaide, Darwin, Broome, Nhulunbuy and Hobart, as well as facilitating in Alice Springs. She says many course participants take advantage of the opportunity to network and get advice and information about interesting places to start remote nursing.

"When you think of remote nursing, you think of the isolation", says Kylie. "Alice Springs I believe provides the perfect balance for newcomers to the remote nursing experience: isolation with support. You are not alone.

"The style of nursing in Central Australia is vastly different to anything elsewhere in the country, considering the populations we have here and the vastness of the areas that we cover – down to the APY lands in the south and over to the border with Western Australia.

"We are a big town, with a hospital large enough to support a really big area, but it is still isolated enough to give nurses a really good foundation. It's a stepping stone.

"Alice Springs, in particular, is suited to those participants who want to get a really good feel for working in Central Australia," says Kylie, who has lived in Alice Springs for more than six years.

"I believe Alice Springs is a great place to get your foot in the door.

"After a few months in the Emergency Department, they will get confidence to branch out and go to more remote locations.

Kylie also recommends the lifestyle in Alice Springs, and is grateful that her children, six in all, are having this opportunity.

"The camping is terrific, the lifestyle is relaxing.

"It does have its social problems, absolutely, but it does not hinder the charm of living here. Alice Springs often gets a bad rap, but I intend to stay here for a few more years."

Kylie's nursing background is in critical care, starting in Canberra where she graduated. She spent two years in the Coronary Care Unit (CCU) and the rest of the decade in the Emergency Department, working her way up to a team-leading role within that department and then moved onto an education role.

"I worked on FIFO contracts in far west Queensland for a time and spent three months in Kandahar Air Base in Afghanistan running a clinic for Air traffic controllers," she says.

"I also spent a decade as an army reservist working as a combat medic. I have completed a paramedicine post grad course and an Emergency Nursing grad dip.

"When I moved out to Alice, I went back to the bottom of the pile, and worked in ED again, working myself up into a ward-based education role and then onto the hospital-wide Clinical education team.

"Whilst on this team I began developing education for RAN's in Central Australia and did the REC so I knew what was about and what the RANs were learning. My role now is an educator to the entire nursing staff at Alice Springs Hospital."

Facilitating with CRANAplus fits in perfectly with Kylie's career progression. "In the role as educator for RANs, it was suggested it would be good for me to do the courses, and then that moved to being a facilitator on the courses," she says.

"I love that shared experience you get on the courses. As a facilitator, you learn something every time, from the participants and also other facilitators.

"I love to get inspiration and ideas from others and model my nursing on things I learn from them.

"And the positive feedback from participants is always a welcome part of the role." ●

Remote Management Q&A

Josh Stafford sits on the CRANAplus Member Nursing & Midwifery Roundtable and is the Director of Nursing at Lockhart River Primary Health Care Centre with the Torres and Cape Hospital and Health Service. In this Q&A on remote health management, Josh discusses the importance of building up a good team, maintaining information flow, and leading from a values base.

Hi Josh, thanks for joining us. First of all, tell us a bit about how you became a manager.

I was working in an ED in Wollongong and needed a change. I joined an agency and ended up in Aurukun for a six-week contract in 2007. I realised quickly that remote work was exactly the type of work I wanted to do.

When the opportunity came up to backfill in the manager's position, I took on the role almost by default because I had been there for a while. A full-time opportunity followed. I thought I would give it a go and see how I went.

I never planned on being a manager, but once I got into it and hit a sweet spot, I found that I really enjoyed it – and that's why I have continued doing it for so long.

How did you find the transition from clinician to manager?

It was hard for me to sit in an office when I knew what was happening out in the clinic. It was difficult not to step in and do things. One of the big lessons I had to learn was how to delegate in an appropriate way and allow people to find their own solutions to problems without being too directive.

Overall though, I think my clinical background worked in my favour. All roads lead to the Director of Nursing (DON) in Cape York communities. I felt comfortable being in that role because I had first learned the ins and outs of how the clinic works, and I was also lucky to have established relationships. I knew where to go to find answers. I wasn't coming in blind.

All roads lead to the DON. How do you manage the pressure?

It just means I need to manage my fatigue better – to be more self-aware of the signs of fatigue in myself, making sure my own 'cup' doesn't become empty. I need to be disciplined with my self-care routine, get regular breaks and have in place localised policies and procedures about when to contact me afterhours. It is a lot of pressure, but I've got an excellent team around me and good relationships within the community, so that pressure is not all on my shoulders – it is spread.

What is the workload split in your role?

80% management and 20% clinical.

Obviously, clinical skills remain important.

Yes, for sure. When the really big stuff happens, the team looks to you for support and guidance, especially if a medical officer is not present.

It is really important I maintain clinical currency – that I am able to step up to the mark when needed and direct people, so that when there are major medical emergencies going on I know the skills mix in my staff and I can direct and appoint accordingly in those situations. ▸▸

Left: Karen, Senior Indigenous Health Worker and the crew. Below: Fire drill.

I am a manager but first and foremost, I am a clinician. That became so apparent during COVID, when my 80/20 workload swapped around the other way. I was 80% clinical and 20% management. That's the beauty of having a DON on site – we can fill in the gaps when needed.

What about the 80%? What new non-clinical skills have you developed?

The ability to effectively communicate my message. Everyone communicates in a different way, and you have to be able to understand other people's communications styles, as well as your own.

This involves communicating to my staff and also to people outside of the clinic, including upper management. Being remote, people in the corporate offices do not always have the same ease of oversight like they would in a hospital, where they can simply walk down to the ward.

Therefore, as a middle manager you have to maintain and control the flow of information – keeping upper management informed and sharing any concerns. In order to elicit the necessary response and ensure an appropriate reaction, it is on you to control the flow of that information.

On another note, one of the things people enjoy about working remotely is the camaraderie and the teamwork. As a manager you have to be part of that team, but also separate in order to hold people accountable when necessary. Trying to be a manager and people's colleague and friend, inside and outside of work, has been a big learning experience.

Have you found it creates a conflict between your personal and professional selves? How have you dealt with that?

That's right. One of the things I've had to really understand is my own boundaries, and where those boundaries start and end. Not just with staff, but with community as well.

I sometimes have to make decisions on contentious things, and I have to be transparent and also consistent in order to treat everyone fairly.

How do you achieve that consistency?

By being a values-based leader. If you understand what your values are you can defend them, not just to your team and community, but to upper management.

Tell us a bit more about the importance of values, in your experience.

Early on in my journey as a manager, I realised that I needed to have a clear idea of my professional values. I value easy access to healthcare and I value community-appropriate delivery of healthcare, among other things, but I felt these two were the most important to me. Once I felt I understood these in myself, I was able to go about articulating these to my team – not in words, but in the way I act, in the way I make decisions and the way I treat those people around me.

Having a clear beacon like this to guide you must be helpful when you are managing significant responsibilities?

Exactly. If your values align with the organisation's, then you will find that the decisions you make on the ground will be supported.

You've just outlined a range of essential skills and personal qualities that a manager needs to develop. How did you develop these – 'on the job' or via additional studies?

I did my Masters of Leadership & Management not at the beginning of my time, but in the middle. It consolidated a lot of things I had learned along the way. It was very difficult to juggle working and studying full time, but I've no regrets about it.

A lot of my learnings have also come from being reflective with my peers, the other DONs on the Cape – bouncing ideas off them and talking to them about their experiences, mistakes and learning.

Finally, I have to mention the professional relationship I have with the senior Indigenous health worker. Ours is a relationship based on the mutual respect and shared value system that I spoke about before. Karen has been an integral part of my journey over the last seven years, and I have learned an enormous amount about integrating the community's culture into the way we deliver health services. If all managers had a Karen beside them, I think we would be closing the Gap in no time at all. ●

A refreshing change of pace

Melbourne-based nursing student Grace recently undertook a placement in Alice Springs NT – an experience she describes as invaluable. Here, she talks about her cultural orientation, adventures in the red and ridged landscape, and connecting with other students from across the country.

Flying from Melbourne to Alice Springs was the first of many wonderful sights and experiences of this incredible opportunity to complete a three-week nursing placement at Alice Springs Hospital. The striking panorama of the extensive red terrain, with a singular road, served as a tangible testament to the remoteness of this community.

The prospect of undertaking a remote placement in Alice Springs was a compelling opportunity that I saw as indispensable. I was motivated by the belief that my passion can make a meaningful difference to vulnerable populations. Having a genuine interest in engaging in professional practice with Indigenous populations in a remote location fuelled my eagerness to gain an understanding of the lifestyle and challenges associated.

Driving through the outer part of Alice Springs to my accommodation was a refreshing change of pace from the bustling city of Melbourne.

On my first day, all students beginning their placement attended an Aboriginal Culture and Context short course at Flinders University. I got to engage with and learn from students from different healthcare professions and universities across Australia. This workshop was incredibly invaluable and eye-opening learning of Aboriginal history, current challenges, and the destructive nature of the spreading of misinformation particularly by media. It was astonishing to learn that the colonisation of Central Australia occurred 100 years after the south and east coast of Australia. This encouraged me to consider the impacts of this in terms of progress, knowledge, and expectations of the Alice Springs community.

The following day was my first day in the Orthopaedic Rehabilitation Ward. A bright and cheery ward was emersed in Aboriginal art created by previous patients and families. It was here I got to develop my ability to culturally connect with patients and families and understand the fundamentals of cultural safety – a pivotal and transferable skill in nursing. It was rewarding to recognise Aboriginal patients slowly gaining trust and open up more throughout my placement. They began to share not only more about their health but also about their culture and their connection to their land. It was touching to hear just how meaningful the land and their traditional practices were to them, impeding some patient's ability to remain in hospital.

Far left: Outside Alice Springs Hospital. Left, top: Sunset at Anzac Hill on the first night. Left: Hike in the West MacDonnell Ranges with Ashlee (left), Sylvie (middle) Above: Ellery Creek Big Hole.

The nurses, health professionals and education team here allowed me to broaden my knowledge and develop skills that would not have been possible in a metropolitan hospital. They highlighted to me what it means to be a phenomenal healthcare professional. I aspire to one day be as proficient, knowledgeable, and influential as they proved to be.

Each day before or after placement and on my rostered days off provided a new adventure. From riding around the town to discovering art galleries to attending trivia nights with new friends, I began to discover the true beauty of Alice Springs.

On one of my days off, my friend and I ventured into the West MacDonnell Ranges (Tjoritja) – breathtaking. Our tour guide shared Arrernte Aboriginal peoples' Dreamtime stories of how the ridges of the West MacDonnell Ranges were created by giant caterpillars.

From the beautiful red and ridged landscape of Serpentine Gorge to the refreshing water of Ellery Creek Big Hole, it was an insightful and captivating day.

I am immensely grateful for this incredible opportunity to experience a remote nursing placement and all that Alice Springs has to offer. The knowledge, skills, friendships, and memories I created are invaluable.

I thank CRANAplus for this scholarship and for supporting me to undertake this placement.

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

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.

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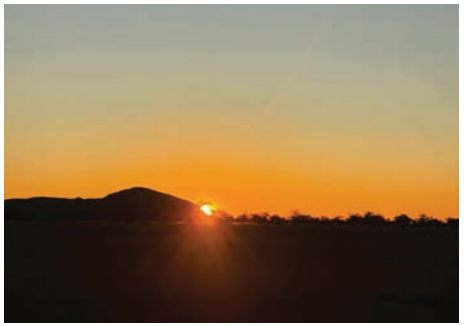
Beyond the pages

Second-year nursing student Brittanie says her very remote placement in Nyirripi, Central Australia imparted "lessons that no textbook could convey". Here the University of New England student writes of forming bonds and witnessing community resilience, stepping out of her comfort zone, and fostering creative problem-solving.

Going on a student placement in Central Australian communities was a big adventure. It was more than just completing mandatory clinical hours. It was about getting involved and helping in a place far from cities.

Cultural differences seemed daunting initially, but bonds began to form as the days unfolded. The warmth and resilience of the community welcomed me, erasing any feelings of estrangement. My placement involved working alongside the diabetes educator and child health nurse, addressing the pressing healthcare needs of the community. Each day presented unique encounters – from conducting health screenings to participating in community outreach programs.

One of the most memorable aspects of the placement was witnessing firsthand the impact of limited resources on healthcare accessibility. The nearest hospital was hours away, and many community members lacked transportation means; this illuminated the importance of innovative healthcare delivery models tailored to the community's unique needs.



Living in a remote community taught me invaluable lessons in adaptability and resilience. Challenges such as intermittent electricity and limited internet access pushed me out of my comfort zone, fostering creativity in problem-solving. The simplicity of life in the community offered a stark contrast to the fast-paced world I was accustomed to, prompting introspection and gratitude for life's essentials.

As my placement ended, I departed with a profound sense of gratitude and humility. The community had imparted lessons that no textbook could convey, shaping my professional aspirations and outlook on life. It was a humbling reminder of the privilege and responsibility that comes with knowledge and the importance of using it to serve communities in need.

In retrospect, my student placement in the remote community was not just an educational endeavour. It reaffirmed my commitment to a career path centred on improving healthcare access and addressing disparities in underserved communities. Above all, it instilled within me a deep appreciation for the resilience and strength inherent in every community, no matter how remote.

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This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.

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The opportunity that one-on-one nursing offers

Remote clinics can be the ideal environment for nurses to encourage patients to be involved in decisions about their health, says retired clinical nurse consultant Helen Walker.

"One-on-one nursing in these remote clinics can bring this quality to the fore, a crucial skill to help patients 'own their own health'," she says.

"When it happens, the results are brilliant," says Helen, a Registered Nurse and Midwife who has worked extensively in remote areas, particularly in the Torres Strait.

"But it requires the right attitude: one of respect for the patient; and teamwork with both the local health workers and the doctor on the end of the phone."

This one-on-one care is where Helen believes remote small clinics have a chance to give more personalised care than clinics and hospitals in the big towns and cities, where patients may see a whole stream of different health professionals.

"You want the best for each of your patients, you want them to follow through with your advice, care for their own health, and you are connected and committed to the outcomes."

Helen is keen to pass on knowledge from her working life "to talk about what has worked for me to allow others the opportunity to approach remote nursing in the same way".

Early in her nursing career, Helen undertook ophthalmic training in London, spent two years in Jamaica as an ophthalmic nurse, and later volunteered as one of two ophthalmic nurses doing pre and post surgery work aboard Mercy Ships in Benin, West Africa.

Helen has worked in outback hospitals in Queensland and in remote primary healthcare clinics throughout the country.

Her introduction to Torres Strait Island nursing began in 2008 when she was invited to work there by the Queensland Hospital hub for rural and isolated nursing relief.

Since 2013 until her retirement, Helen was an agency nurse, replacing staff on leave or filling in until a vacant position was filled, working on every inhabited Torres Island many times over.

"To be truly competent, attitude is the No.1 thing," Helen says. "One problem is if a nurse arrives and takes everything away from the local health workers, not liaising with the staff that is there. Another is coming just for the money.

"If you are in a clinic as the sole nurse or in a two-nurse clinic, you always have a doctor on the end of the phone and local Islander or Aboriginal health workers on hand.

"It's important you liaise with the doctor: they rely on us to do the best job we can and we rely on them. And you have to work as part of the team with the local health workers, helping facilitate their skills development, showing them perhaps how to do something, and listening to them. They taught me so much in return with their local expertise. They know the language, the culture and their own community and they are crucial in helping prevent health issues arising.

Helen gives a detailed example of the approach she uses, emphasising that she is just 'one small cog in the wheel'. Here's her story:

"A patient came to me at the clinic, complaining of sores that would not heal. I gave him a finger prick. He was diabetic Type 2, was not taking his medicine and his blood sugar levels were sky high.

"I sat alongside him, taking notes, at that stage not turning my back to type into the computer. I opened the Primary Clinical Care Manual, which is updated every two years, and showed him the page relating to his situation, so he knew I wasn't just talking off the top of my head, I was using a reputable source. I first used this manual for my specialist training back in 2005 when I trained as a Rural and Isolated Practice Endorsed Registered Nurse.

"I then told him I was going to type up my notes and asked him to check with me that I had put everything down that we had spoken about. This not only helped him maintain input and control of his situation, it was good for me too, to make sure I was covering every detail.

"I phoned the doctor at Thursday Island Hospital, giving him all the details and he was then able to access the patient's history and my notes from this visit. He told me to tell the patient that if he didn't get those levels down he was shortening his life expectancy.

Photo: Kim – stock.adobe.com

"That's what I did and the patient and I spoke about what he would have to do.

"He came back the next day and said – I'll do it. He had taken everything on board about looking after his own health, eating healthy food and exercise."

"Then we had a three-way phone call with the doctor. Once again, the patient was involved. It wasn't just a white nurse telling him what to do.

"I can say, every time, the consequences were brilliant. In this case, I was away from the island for a few days and when I returned, there he was, walking up and down the airstrip.

"I later met him carrying shopping bags filled with tinned fruit and vegetables – it's not easy to get fresh on the islands.

"I told him he was a great role model and, in the days that followed, a number of men came to see me, talking about their issues. It was like ripples in a pond. They saw he had a lot more energy, and they wanted that too"

"Of course I miss nursing, says Helen who retired last year. "But I recognised the time to call it quits at 74 years of age. I always enjoyed what I did and I guess my energy came from the enjoyment.

"It was a terrific job. Not always easy, I can say. There were many instances where I had to stabilise patients who were extremely ill waiting for medivac, for example. It is always one step at a time. But it is so fulfilling." ●

Photo: Natalie – stock.adobe.com

Four-wheel driving in remote areas

Many RANs report being 'handed the keys to the clinic' without prior experience. Just as many are 'handed the keys' to the four wheel drive, having only ever driven a small two wheel drive vehicle. We've invited several well-travelled remote Australians to define the challenges and share their advice on safe offroad driving. Please note, the advice is general and we encourage you to consider your own circumstances, competencies, and workplace policies.

In 2017, only one third of remote area nurses participating in a CRANAplus survey had been offered good four-wheel drive training and most had not been required to demonstrate competency in bush driving before commencing work.[1]

This is despite the challenging terrain RANs frequently encounter – including soft sand, bulldust, water crossings, flooded or flood-damaged roads, mud, corrugations, wild animals, and even snow and steep terrain in the high country.

These are circumstances that Larissa Lauder has frequently found herself in – and emerged safely from – since she started to live and work in the bush in 2003. Larissa is a Charles Darwin University (CDU) Lecturer in conservation studies and teaches CDU's *Travel safely in remote areas* course, as well as other 4WD courses.

Sound decision-making is the key to success, she says, and it requires situational awareness. On one level that means understanding the seasonal conditions, but on a deeper level, it's a question about your own skills.

"Are you actually fit to complete the task, at that point of time? Physically and mentally?" Larissa encourages drivers to ask themselves.

"You need to be confident in your own ability to perform tasks and make decisions."

This nugget of wisdom echoes the thoughts of many members we talked with for this article:

"Drive to your capabilities not anyone else's." – Kelly, NT

"Trust your gut, if you think the road will be impassable for any reason (recent weather, etc) it probably is." – Joshua, NSW

"Just take it slow, not worth risking yours or your patients' lives."

"Have a very low threshold for not travelling if weather or road conditions aren't good."

To stay or go

RANs report finding themselves in an 'ethical dilemma', not knowing what to do when faced with a retrieval in challenging conditions when help is far away, and when to pass the retrieval onto an outside party – such as RFDS, police or SES.

While it is difficult to draw the line in the sand about when to make the call, the responsibility to decide should not rest on the shoulders of the remote health professional. Their decision-making should and must be supported by health service policies and procedures (as well as guidance from management).

To be effective, policies must be supported in the field, says remote area nurse Rod Menere. Rod was involved in CRANAplus National Safety and Security Project in the late 2010s. He writes a blog called Remote Area Nurse Reflections and has kindly allowed us to quote his two recent blog articles on 4WDing.[2,3]

"New staff can be pressured to drive according to the behaviour or opinions of others," he writes.

"Driving safety can also be diminished in other ways, especially if an employer expects staff to work outside safe travel practices.

"Child health/school health nurses or managers may be expected to work Monday-Friday in one location, then drive 300 to 600 kilometres over the weekend to commence work at another location the following Monday.

RANs may be required to drive 2+ hours to a clinic without full-time staff, work all day, then drive home. That may be acceptable occasionally, but if it's a regular expectation, it wears staff down and becomes a safety issue." ▸▸

Photos: Larissa Lauder.

4WD training

Skills are best learned in a tactile environment, such as a 4WD course, Larissa says. There's a distinction in being familiar with policies on 4WD use and maintenance, and firsthand experience in using a vehicle safely and to its capabilities.

Nationally recognised 4WD courses include:

- FWPCOT3325 – Operate a four-wheel drive on unsealed roads
- RIIVEH305F – Operate and maintain a four-wheel drive vehicle
- TLIC2025 – Operate four-wheel drive vehicle

Many remote area nurses report finding the courses they have undertaken useful. Some have gained their qualifications through their employer, whereas others have self-funded their attendance, or gained it via other organisations they are associated with (e.g. SES).

Above: Lift Em Foot – a common message near communities. Right, top: Wear and tear leading to loss of a tyre in motion. Right: Leverage for stubborn wheel nuts.

Previous CRANAplus consultation has shown that many 4WD courses do not necessarily focus on managing fatigue or driving long distances on dirt roads in varying weather conditions. They are more likely to focus on more challenging aspects, such as vehicle recovery.

On top of formal training, informal training or practice in a low-risk context is also useful. Many remote ambulances are manual, for starters, which can leave many new users 'kangaroo-hopping' around communities for the first few weeks – or potentially putting petrol in a diesel engine.

If you're used to driving a small 2WD, a manual 4WD can be a big change, says Rod – and bigger doesn't always mean safer, unlike many people assume.

"4WD vehicles are less stable, they're higher and heavier," Rod says. "Heavy suspension and steering mean they respond slowly in emergency situations. They take a lot of getting used to."

Preparing pre-departure

4WD ambulances are typically equipped with various features and accessories to enhance safety. Some of these, like a bullbar, are simple 'set and forget' accessories that increase safety just by being there. Others require the driver to actively make use of them to increase safety. These include:

- **Recovery gear.** Even if you don't know how to use it, someone else might. But there are risks to using it incorrectly.
- **Spare tyres and jack.** Work vehicles may be equipped with a bottle, trolley or high-lift jack. Other accessories that may be useful, but not necessarily included, are tyre pressure monitors and puncture repair items/kits (e.g. 'green goo').
- **Four-wheel drive.** This may also include low-range, which is a high-torque, low-speed setting useful in more extreme, slow-paced offroad situations.
- **Auxiliary fuel tank.** Expanding range out where the bowsers are few and far between.

The vehicle should also be equipped with various communication devices, including a satellite phone, UHF/VHF radio, and a Personal Locator Beacon or In Vehicle Monitoring Systems (IVMS). You may wish to carry a list of UHF stations and what they are used for.

"It can be really difficult to describe your location to emergency services or even to a colleague if you don't know exactly where you are," Larissa adds.

"[You can] practise using your trip meter after major turn-offs or landmarks so you can say with relative confidence that you are 56km past the identified creek crossing."

> It's also essential to communicate with other staff or community members about your planned travel – as ought to be outlined in workplace policy. Once you've communicated a travel plan, stick to it.

As one Member told us, "I had a colleague fail to call in (as they had told me they would via a dodgy note), which sent me to drive around the bush in soft sandy creeks looking for them, only for them to return several hours later fine and [not realising] I would take their call-in note seriously."

Before departing, it's important to ensure all helpful emergency gear is present, secured and easily accessible. Items within 4WDs may be common targets for theft and therefore removed to prevent theft day by day. Check that they've been put back in. Needless to say, these checks, along with mandatory safety checks, are best carried out in advance of an emergency.

Photos: Rod Menere.

Photo: Charles Darwin University.

Driving techniques

A general rule of thumb Larissa drives by is "Choose your tyre pressure, choose your gear, choose your path and commit." Here are a few specific scenarios and how you might approach them.

Driving on dirt or gravel

Use 4WD gearing on loose dirt and gravel. Scan ahead and to the sides and if you need to slow down to go through or over a bump, brake prior to the obstacle and then release your brakes so that the vehicle can use its full range of suspension to handle the bump.

Roads of this kind may be corrugated, making for unpleasant driving. It can be tempting to up the speed and 'float' over corrugations but beware of the impact this can have on your steering.

Driving on soft sand or mud

Deflate your tyres before you hit a soft sand patch – provided you have a means to reinflate them (i.e. a compressor) to an acceptable level for general driving. This will reduce the chance of bogging.

Approaching sand or mud, keep up your momentum and stay off the clutch. If the wheels start to spin, stop to avoid digging yourself in deeper.

You can then try a few things: rock backwards and forwards in reverse and first gear, drop the tyres to a lower pressure (e.g. 15psi), or place something grippy under the wheels – such as sticks or MaxTrax.

Water crossings

Larissa encourages drivers to ask themselves these questions: "How deep is the water? How fast is it flowing? What is the road like underneath? Is it mud, sand, rock or concrete? Is it damaged or does it have obstructions? Are you confident crossing at this time? If you get washed off or stuck, what are the consequences – what is downstream and are there likely to be crocodiles?"

She also recommends windows down during the crossing and using low range four-wheel drive.

Take care before going 'around' a water crossing if that means going over untested or potentially soft, boggy ground.

Rachel's near miss

"Another RAN and I were driving the Troopy ambulance from Imanpa to Yulara and it started to feel strange," CRANAplus Member Rachel Quayle says.

"I said to my colleague 'I think we're going to get a blow out of one of the tyres'. He agreed and said he felt something weird with the vehicle. We pulled over at Foolaru lookout and the rear driver's side tyre had a bit of a bulge.

"He was driving, thank goodness, so he drove as slowly as possible back to Yulara. About 20 kilometres out, sure enough, BANG! The tyre blew. We nursed the Troopy back to the clinic about 10 kilometres an hour. I'm so pleased not to have been one of the accidents we attended on that highway!"

Animal strikes

If you see an animal, be it a kangaroo or a feral camel, it's generally advised that you should resist the temptation to swerve.

Swerving risks you losing control of the vehicle. Instead maintain a straight line and brake.

Collaborating with other road users

When approaching another vehicle on a dusty road, visibility will usually be drastically reduced, Larissa says.

If possible, contact them on a two-way radio and have them acknowledge your presence before overtaking – you don't want them to swerve to avoid a pothole just as you are going past.

"A general principle is might has right," Larissa adds. "If you are heading towards another vehicle and they are larger than you, give them more space. Also consider this for vehicles towing as the trailers/caravans can be difficult to control on unsealed roads."

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Tips from members

"Always ask the locals what road conditions and water crossings are like well before you leave. Always, always carry lots of spare water and some food. Never speed." – Deborah, WA

"Don't drive fast on roads you don't know. An unexpected corner or patch of bulldust on the road can undo you. When driving through sand make sure you tuck your thumbs in and hold the steering wheel loosely and let the car do the majority of the work." – Barb, NT

"Drive to conditions. Don't enter flood water if it's muddy. Maintain speed. Let people know where you're going and when you get there contact them." – David, NT

"Ensure you can genuinely drive a manual vehicle. Practice, practice, practice. I started driving in the paddocks at about 8." – Kelly, NT

"Pack personal or gear that can tolerate weather in dry bags and put it on the roof. Because, even if you're only traveling, you never know if you get called to a job or come across one and now you have to transport a patient." – Joshua, NSW

"Online maps don't cover very remote Australia. Look at a paper map and think about the contours and the water courses and which way water is likely to run or sit. Clay pans are deceptive, very easy to stay bogged in them."

"Always check the government road reports and the weather maps."

Let's eliminate trachoma together

We are on the road to eliminate trachoma in Australia, says environmental health expert Dr Melissa Stoneham.

But Melissa, who heads up the service-delivery Environmental Health Trachoma Project (#endingtrachoma) run by the Public Health Advocacy Institute (PHAI) based at Curtin University, would dearly love to see the process speed up.

"In a country like Australia, we should be doing more," she says. Trachoma, the leading cause of preventable blindness in the world, is completely preventable itself. "We are the only developed country where trachoma is endemic." Almost all cases occur in Aboriginal people in remote desert communities.

In Western Australia, the state with the poorest statistics in the country according to world-leading medical organisation the Kirby Institute, there are around 40 communities listed as at risk.

The four regions of the Goldfields, Pilbara, Central Desert and Midwest is the focus for the project and Melissa, who has devoted herself to the fields of public and environmental health for more than 30 years, is heartened that in the Pilbara, for example, cases are beginning to reduce.

The disease is strongly associated with non-functional health hardware and poor hygiene in people's homes.

That's where Melissa, research officer Scott MacKenzie, and the band of Environmental Health Workers (EHWs) steps in. Their aim is to reduce the risk factors in the home, providing on the ground assistance to make sure families have the means to be able to wash themselves and their clothes and follow the health promotion messages around stopping germs.

"It's all well and good to tell people to shower daily, wash their hands and wash their blankets regularly, but it's not easy to carry out if the showerhead is missing, the tap doesn't work, drains are blocked and the washing machine is too small to fit in a bulky blanket," says Melissa.

"We couldn't do what we do without the local Environmental Health Workers.

"They are critical to the success of the project." Their role in communities in the past was to carry out tasks such as mowing lawns.

No more, she says. After undergoing Certificate II basic training, the duties for the band of EHWs include undertaking home audits, carrying out emergency plumbing jobs and providing a key link to help families secure the practical help they need from other agencies.

A recent report shows that, in the past 12 months, the #endingtrachoma team together with EHWs identified 455 issues for families. This resulted in 213 plumbing fixes and 399 issues reported to housing. "Those statistics are only when we work together... so the numbers are much higher when you add what the EHWs do when we are not in community with them!" Melisa points out.

The team also hands out hygiene kits, including items such as soap and coloured towels and light bulbs, and promotional material with the key messages. "And we go back every 3–4 months," says Melissa, "as we all know that continuity is so important to get the messages across.

"When we visit, we do a whole community in one week, which cost-effectively bulks the repairs together and ensures there are no issues of blame or shame."

"I'm a doer," says Melissa, Senior Research Fellow with the Institute since its inception in 2008, who loves nothing better than driving into a community with the washer/drier combos on a trailer, complete with a BBQ and a jumping castle to turn the visit into a family community event.

In a recent visit, one of the environmental health teams in the Pilbara did 38 loads of blankets in one community alone.

These whitegoods are thanks to Rotary's Australia-wide EndTrachoma programme aimed at helping to eliminate trachoma in Australia. Rotary also funds the hygiene kits.

The PHAI which auspices the trachoma project has received funding recently to auspice another project to focus on the food security and kitchens in remote Aboriginal communities, asking families what equipment they want and need in their house to enable safe and healthy food storage and cooking, and Melissa is looking forward to working in tandem with that project.

Collaboration, whether it's support from organisations such as Rotary, working along with other research projects and professionals in other services such as education and health is the answer to speeding up that process of eliminating trachoma in Australia, says Melissa.

With funding for the Environmental Health Trachoma Project set to end in July 2025, Melissa said it was important to continue to focus on the home.

"This is critical to prevent trachoma so additional funding to keep the project running longer would be great," she said. "I would also like to see more connections with the development of a national Healthy Homes project.

"We would also like to encourage more collaboration with the teams that address other diseases related to the home such as rheumatic heart diseases and scabies so we can share expertise, ideas and funding."

There have been massive attitude changes in the five years since this project began, says Melissa, with government bodies accepting that a house is more than an asset, it's a place to feel comfortable, healthy and safe.

And in the spirit of holistic care, Melissa welcomes clinicians in the communities they visit to go with the #endingtrachoma team on visits to homes. There they see firsthand what is required to close the gap between the health and hygiene messages they give to patients and what's needed to make sure families can follow those guidelines. ●

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Website: www.anyinginyi.org.au

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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.
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Website: www.healthinfonet.ecu.edu.au

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Website: www.carpa.com.au

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The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.
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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 (Yolŋu) 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 Yolŋu. However, we also depend on health professionals from elsewhere who work together with Yolŋu 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

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 and 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

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 Parnngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parnngurr 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 healthcare delivery.

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

Wurli-Wurlinjang is an Aboriginal Community Controlled Organisation (ACCHO) providing a wide range of effective, quality-controlled, culturally appropriate and progressive healthcare services in Katherine. Established over 40 years ago, we are one of Australia's most mature and experienced ACCHOs. Over the years, Wurli has focused more on the underlying determinants of health, men's health, mental health and family wellbeing, alcohol and other drugs and several other related areas. Wurli delivers services from several locations across Katherine including delivering general and acute care at our main clinic. Ph: (08) 8972 9100 Email: wurli@wurli.org.au Website: www.wurli.org.au

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.

Support

Photo: Martin Valigursky – stock.adobe.com

Considerations for psychological debriefing in the workplace

When something traumatic happens, people often feel the need to 'do' something; to 'fix' people's hurt, shock, sadness, or any other feelings they are experiencing. This is a natural reaction, as we don't want to see our colleagues hurting, and we may fear that things will get worse if we don't do something right now.

Critical Incident Stress Debriefing (CISD)* was originally developed and delivered in the 1980s in the US for emergency services workers after witnessing a number of high-profile traumatic events involving the United States Postal Service.[1, 2]

The CISD component was part of a comprehensive, systematic, and integrated multi-component crisis intervention, titled Critical Incident Stress Management (CISM). These CISM programs encompass many elements, including pre-crisis education, assessment, defusing, CISD and specialist follow-up for ongoing psychological support if required. However, controversy arose when it was incorrectly perceived that the CISD part of the model would a) prevent post-traumatic stress disorder (PTSD), and b) be delivered as a stand-alone process.

Since around 1989, the terms Psychological Debriefing (PD) and CISD have become interchangeable, and represent one part of a structured, seven-step form of group crisis intervention that usually occurs within the first 24 to 72 hours after the incident. It would generally be delivered to a group of people who have experienced the same trauma, and it has very specific requirements for the group makeup of this structure,[3] which are often not achievable in a rural or remote context (e.g. homogeneity of the group, members having approximately the same amount of exposure to the trauma).

Neither PD nor CISD were ever intended to be a stand-alone psychological treatment nor a form of counselling or psychotherapy.[1]

Despite CISD being perceived as important after a traumatic event, there is evidence to suggest that it is not helpful and does not improve recovery from exposure to a critical incident. A meta-analysis of single-session debriefing after a psychological trauma found that those who received CISD did not have relief from PTSD symptoms, whilst those who had non-CISD interventions or no intervention had improved PTSD symptoms.[4]

Another study on CISD with first responders also found that there was no evidence that CISD was effective in the prevention of PTSD.[5]

In fact, the World Health Organisation recommends that:

> "psychological debriefing should not be used for people exposed recently to a traumatic event as an intervention to reduce the risk of post-traumatic stress, anxiety or depressive symptoms."[6]

Although continued research is needed in this area, the results of these studies and others suggest that reactions to traumatic events are normal reactions to abnormal events, and that if a person has good mental health literacy around this, stays connected to others, has a supportive workplace, and has a self-care regime, the majority of people will recover naturally.[7]

* CISD is related to psychological trauma recovery and does not relate to clinical debriefing, which are those medical learning conversations that are used to review events to improve patient care, processes and teamwork that occur soon after a clinical event.

Let's look at two scenarios* of workplace psychological support responses to critical incidents. Both Geoff and Jackie are RANs and work in different remote communities.

Scenario one:

Geoff responded to and assisted with a vehicle rollover near the community where he works, involving a well-loved community member and their grandchild. The child sustained serious injuries and had to be medevac'd out. Unfortunately, the well-loved community member died at the scene.

The incident deeply affected all staff members at the clinic, and management wanted to help them. They organised a CISD for all members of staff via their EAP; attendance was compulsory. Two days after the incident, an external consultant was flown in to conduct the CISD. Geoff did not wish to attend as he was still trying to process what had occurred, along with all the different emotions he was experiencing. He wasn't ready to share yet.

During the CISD, some members were ready to share and talked about observations and feelings that Geoff found confronting. This further confused him; he no longer felt safe to talk about what he was going through and was questioning if his feelings were 'normal'. Geoff withdrew into himself, no longer talked to his colleagues about anything other than his day-to-day work, nor did he socialise with them. He felt completely alone and was questioning his sanity and if he was wrong for feeling how he did.

Geoff's symptoms, such as hypervigilance, poor sleep (including nightmares), lack of appetite, poor concentration, and avoiding the place where the accident occurred, continued for weeks. His workplace had noticed these changes but told him the best thing to do would be to 'get back on the horse' and get stuck into work. His colleagues were unsure of what to say, so they said nothing. Geoff felt completely isolated; however, he believed he had to be stoic and keep going whilst continuing to feel like this.

Three months later, Geoff experiences a minor frustration at work and breaks down. Management terminates his contract, and he is required to leave the community to seek new employment.

* These scenarios are based on a combination of personal and indirect experiences, and any similarity to an actual incident is purely coincidental.

Scenario two:

Jackie had a patient present to the clinic with severe head injuries and bleeding. The patient's partner, who had inflicted the injuries, attempted to follow them in. Staff were able to lock the door and all other exits; however, the partner banged on doors and windows, yelling to be allowed inside. The police were called. However, they were attending another incident in a community one hour away. They stated they would attend as soon as possible. However, it would still probably be an hour and a half or more before they could attend. Jackie tried her best to assess the patient amongst the continuing noise the partner was making outside, and it was decided the patient needed to be medevac'd out. Throughout, the partner continued to bash on the clinic door and windows, throwing rocks at the building and windows, yelling, and attempting to gain access through windows and doors. Staff and the patient all feared for their lives should they gain access. The police arrived around two hours later, arrested the partner, and the patient was able to board the plane.

Once all staff were back at the clinic and safe, the team leader acknowledged what had happened and assured everyone that whatever they were experiencing were normal reactions to an abnormal event. The team leader then advised everyone they were free to speak with them or each other should they wish to debrief, but if they didn't want to talk about it, that was ok too. Jackie pulled them aside and asked if she could have an hour to go somewhere quiet and process what had happened. Her team leader suggested she go back to her accommodation and come back when she was ready. The team leader also advised that they would ring in an hour and check in on Jackie, which they did.

Over the next few days, the team leader checked in with each staff member to see how they were going and asked how they could support them. Jackie stated she needed a day off, as she hadn't been sleeping well, and they discussed different self-care options Jackie could try. She tried some mindfulness strategies, talked to friends back home on the phone, and caught up on lost sleep.

In the following weeks, Jackie felt strong enough to talk to others about the shared experience and was able to feel safe, heard and supported in her workplace. Her symptoms naturally resolved, and after a few weeks, she noticed that she was functioning as usual before the incident.

After a critical incident, staff want to feel supported and know that management and the organisation care about them. People react differently and individually to traumatic incidents, and these differences need to be respected and responded to with compassion. Don't push someone into a group debriefing if they don't want to. Instead, promote the availability of other supports and resources, such as the CRANAplus Bush Support Line, Employee Assistance Programs, or their GP.

Around four weeks after the incident, when people have had a chance to process the event, a reflective practice session for the team may provide an opportunity to share insights and learnings, and provide an emotionally supportive element. This must be done with everyone's agreement, including those who wish to be excused. If people agree with this option, make sure you follow through.

The CRANAplus Mental Health and Wellbeing team has developed a suite of resources to support individuals and workplaces after traumatic events. There are tip sheets, a booklet, and an online learning module available on our website. Individuals are also encouraged to contact one of our psychologists on the CRANAplus Bush Support Line at 1800 805 391, where they can be supported in a confidential, 1:1 environment at any time after the event, if they feel this may benefit their recovery.

At the end of the day, nurture a workplace culture that is compassionate, responsive and supportive of each other's mental health, even before a traumatic incident occurs. It's important to remember that what a person experienced after a traumatic event is not permanent, and recovery is likely with the proper support. Be your authentic self when having any conversations, and advocate for the needs of your team where possible.

We're all in this together.

Dr Nicole Jeffery-Dawes
Senior Psychologist
Bush Support Line

Access CRANAplus trauma tipsheets, booklet and online learning at crana.org.au/wellbeing

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Helping health workers with their self-care

"It's a privilege when people want to share their stories with you and you can help them," says Bush Support Line psychologist Maria-Christine Mandile.

Helping health workers feel settled in rural and remote locations with plans to stay long-term is a triple-win situation, according to Maria-Christine, also known as MC.

"We really should have the best professionals out there," she says. "And it's a real bonus if they want to stay for some time. If the health professionals are happy in the community and feel supported, the people in the community not only get top quality care but continuity of care."

And to be part of that process through the Bush Support Line, helping callers with their issues, big and small, is the third 'win' that MC feels personally. "The genuine people: you want them to hang around."

Above: MC with her dog, who is a retired therapy dog.
Right: MC loves fishing – here's her first barramundi catch!
Far right: MC with her son, Eoin.

The Line offers free 24/7, 365-day telephone support to Australia's current and emerging rural and remote health workforce and their families.

It's hard for people who have not experienced life in remote areas to appreciate how different it can be to big town and city life, which is why the Bush Support Line hires people who have rural, remote, and cross-cultural expertise.

MC lived in remote areas of WA for a number of years, specifically in Kununurra and Wiluna on the edge of the Western Desert, and also in Rockhampton in Queensland.

"One difference is uncertainty," says MC. "Let's say the uncertainty is caused by the weather, such as flooding roads, which then means a lack of fuel and food. For a first-timer in a remote community, uncertainties can be scary. They may panic. That's where the Bush Support Line can help them work through these situations, and know that life may be hard, but these problems are not permanent. It is going to pass and you have some control, maybe not of the weather, for example, but you know how to cope.

"Resilience is an important attribute in remote locations, and you don't know just how much until you are there."

Workplace issues, personal issues and community issues are the three matters that MC considers to be the most common situations that callers want to discuss.

"It's not always a dramatic incident," she points out. "It could be someone who is trying to make a decision and needs someone to talk to about it.

"Covid definitely opened up the use of telehealth, online and phone services, making the Bush Support Line clearly a viable and worthwhile service that is both accessible and inviting."

This job, for MC, who started at CRANAplus in February, taps into her love of studying, learning and teaching.

As well as being one of the professionals on the other end of the Bush Support Line, MC also enjoys being part of the education team: this includes writing for Mindful Monday, running online wellbeing workshops and reviewing the online resources available to health workers.

"I do like to be able to help provide people with stability within themselves," says MC.

"With the wellbeing workshops, self-care is the bread and butter of what we teach.

"You can't last if you don't look after yourself and recognise the signs of stress."

A good psychologist, she believes, is someone who is really grounded and down to earth, who works on themselves too, and recognises they are not the expert of other people's needs.

"I believe we are the experts of ourselves and a good psychologist is one who helps people access that information and explore the tools to help themselves."

MC grew up in Melbourne and realised early in life that she wanted to study psychology. Living overseas for a few years, mainly in Ireland, she worked with children in schools with special needs, young people at risk, and child protection.

"In Ireland, I was given the advice to get back into completing my studies with a postgraduate certificate. Since then I have continued the learning process and I'm particularly interested in exploring the benefits of therapies that tap into trauma in all its forms.

"Trauma memories don't get processed as much or as easily as other memories," says MC. "Those traumas can be carried through our life unless they are processed – for example, learning at an early age not to trust – and I am very interested in therapies that can assist with this."

For support visit crana.org.au/wellbeing

Functioning in a dysfunctional workplace

Many of us have worked in a dysfunctional workplace at some point. You know, the workplace that is full of hostility, negativity, cliques, mistrust, inefficiency and selfishness?

Along with these toxic traits come power struggles, poor communication and abusive leadership.

Common signs of a dysfunctional workplace include:

- absence of trust
- fear of conflict
- lack of commitment
- avoidance of accountability
- gossip
- poor communication
- high turnover
- inattention to results
- lack of empathy
- disrespect of boundaries
- inattention to team objectives
- unclear expectations
- confusion
- control
- excessive criticism
- fear and unpredictability
- lower morale
- work imbalance
- poor transparency
- yelling
- a tyrannical boss.

Just the thought of walking into a workplace such as this can make you feel guarded, hypervigilant, fearful, and emotionally drained at the start of the day, let alone at the end of it!

Sometimes we are in the position to fix things, or at least contribute to creating a workplace culture that is healthier and positive, and where employees feel safe, supported, engaged and motivated.

This can often be a challenging time, yet it is highly rewarding as you watch your colleagues transition from surviving to thriving.

At other times, this toxic culture is so embedded within the workplace, and we are powerless in our ability to change it; we just need to survive it until we decide to either leave or see out the contract.

This is a time when we need to dig deep within ourselves and implement the following strategies to keep you temporarily functioning in this workplace:

Stay focused

Focus on the tasks in front of you and how you perform your job. Rise above all else that is happening around you and mindfully perform each task. Take it one task at a time.

Keep your distance

Don't participate in gossip or negativity. If you see it happening, turn away and find another task to complete or find something else to do.

Find allies

This is not about finding someone to winge with. It's about finding someone you can talk to and consult with about your work or patients without the fear and negativity.

Tune it out

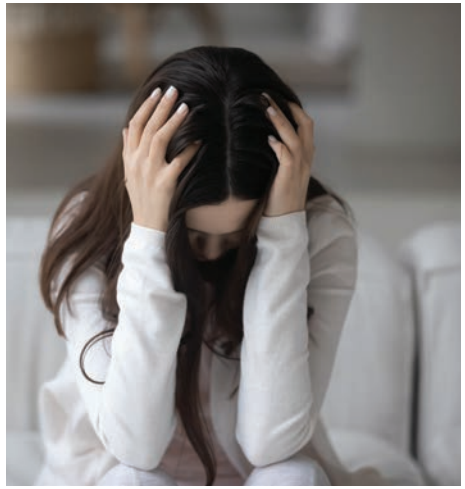
If you hear or see poor behaviour that you know you're not going to change, mindfully attend to what you are doing and tune out what you are hearing or seeing. However, if this involves a safety or discriminatory issue, don't be afraid to speak up, but be aware that you may become the focus of that person's poor behaviour, and that will have to be ok for now.

Look for triggers

Observe people's actions and what triggers their poor behaviours. Likewise, mindfully reflect on what behaviours or observations will likely trigger upset within you. Avoid these as much as possible by planning what you can do if you find yourself in this situation, for example, taking a quick break, going for a walk or ringing a friend.

Set an example

The old adage "don't sink to their level" applies here. Align your behaviour with your values and show people how you behave, and what behaviours you would like to see them display. If you expect respectful conversations, engage in respectful conversations and, if it starts to break down, tell the other person you'll leave it there and walk away.



Take your leave

To receive weekly expert psychological advice in your inbox every Monday morning, sign up at crana.org.au/mindful-monday

In a situation where change is futile, and when the first opportunity presents itself, leave. If you are being disrespected and your skills are going unappreciated, leave and find somewhere that is more aligned with your values and where you will be appreciated.

The above are only temporary strategies to help get you through and, whilst the decision to leave can often be extremely difficult due to such things as staff shortages and community connections, you also need to ask yourself what continuing to work in such a dysfunctional environment is costing you.

If you suspect you're working in such an environment, ask yourself questions about your wellbeing, such as, Are you sleeping ok? How are you feeling within yourself? Are you tired most of the time? Tearful? Are you eating as well as you could? When you start reflecting on all the little (or big) ways in which your workplace is affecting your health and wellbeing, it's often a catalyst for making those sometimes difficult decisions that need to be made.

Above all, value yourself and what you bring to a workplace. At the end of the day, we all want to have a healthy work environment in which we are valued, appreciated and can thrive in. You deserve that.

If you are working in a challenging workplace environment, don't forget you can call the Bush Support Line at any time on 1800 805 391.

Take care,

Dr Nicole Jeffery-Dawes
Senior Psychologist
Bush Support Line

Educate

Photo: Martin Capek – stock.adobe.com

Preventing preterm labour

In this article, Leonie McLaughlin, CRANAplus Remote Clinical Educator shares what remote practitioners can do to prevent preterm labour. For further information please enrol in a CRANAplus Maternity Emergency Care (MEC) or Midwifery Upskilling (MIDUS) course.

There is a great deal that the remote health practitioner can do to prevent preterm labour (PTL), we cover this in detail in both the MEC and MIDUS courses, but here is some information to inform practice.

First, let's clarify some facts about preterm labour. A pregnancy is classified as preterm when it is over 20 weeks gestation and before 37 weeks gestation, thus preterm labour is the onset of labour during this period. Around 9% of births in Australia are preterm, this figure is almost double for First Nations women, and it is much more common in rural and remote Australia, therefore early identification and management in rural and remote environments is imperative.

Photo: Syda Productions – stock.adobe.com

It is often difficult to predict who will go into preterm labour, as around half of preterm labours are spontaneous and unexplained.

There are, however, some potentially modifiable risk factors associated with preterm labour.

These include:

- Previous preterm birth (15–30% recurrence rate)
- Preterm premature rupture of membranes (PPROM)
- Multiple pregnancy
- Polyhydramnios/oligohydramnios (too much/too little amniotic fluid)
- Antepartum haemorrhage
- Systemic infection*
- Sexually transmitted infections (STIs)/urinary tract infections (UTIs)*
- Smoking*
- Maternal trauma
- Illicit drug use*
- Uterine abnormalities
- Assisted reproduction e.g. IVF
- Younger (<18) and older (>35) maternal age
- Ethnicity
- Maternal stress.

Good antenatal care, a trusting relationship between women and their carers, culturally safe and women-centred care all go a long way to preventing many complications of pregnancy, including preterm labour.

Many preterm births (15–20%) are also the result of a maternal complication (i.e. Hypertension or fetal growth restriction) which may lead to a decision to induce labour earlier than 37 weeks.

But: what happens if someone does present to your health clinic with PTL?

Women in preterm labour may present with varying symptoms, including:

- a general feeling of being unwell
- contractions
- lower back pain
- a 'sense' that all is not right.

A woman's presentation to the clinic for care may not be for *signs* of preterm labour but for symptoms of *the cause* of the preterm labour. For example, she may have been involved in a minor car accident and she now has some intermittent abdominal pain and consequent trauma or bleeding. Or, she may have a urinary tract infection (UTI) which has triggered labour. Therefore, an important part of the assessment and management of the woman is to determine the cause of the preterm labour, and appropriate treatment of the cause where possible. ▸▸

* As you can see, whilst many of the above risk factors cannot be prevented, many can be prevented, or at least risk managed.

The goals of management of preterm labour in a rural/remote setting are:

- Early recognition of preterm labour.
- Early consultation with the referring DMO/ retrieval team/local consultation & referral pathway for management and medications.
- Medications ordered may include:
  - steroids to assist the baby's lungs to mature
  - medications to stop the labour
  - antibiotics if there are clinical signs of infection (UTI/STI/other).
- Assessment of and treatment for the cause of preterm labour.
- Transfer to higher level care prior to birth (the safest way for a preterm baby to be transferred is in utero).

As soon as you have gathered a history from the woman and have done a thorough physical assessment, you will need to discuss the findings with the DMO or another referral pathway and decide on a plan for management and retrieval.

If the baby is born in your setting, the important key points are:

- Resus: utilising the ANZCOR guidelines section 13 https://www.anzcor.org/home/neonatal-resuscitation/ in particular 13.8 which contains the information relevant to preterm infants.
- Keep the infant warm (if less than 32 weeks can consider plastic bag/wrap). See ANZCOR Guideline 13.8 – The Resuscitation of the Newborn in Special Circumstances.
- Observation for and management of Respiratory Distress Syndrome.
- Checking for hypoglycaemia and managing blood glucose level according to local protocol. Try to gain some colostrum if the baby cannot go to the breast (prem babies may not be able to), or provide some calories via oral glucose or formula, once again follow your local protocol and medical orders.
- Prem babies can be quite vigorous initially but can tire quickly so require constant vigilance and monitoring.

If you are interested in learning more about maternity care in rural and remote settings, consider enrolling in our MEC or MIDUS courses.

Details at crana.org.au/courses

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Commitment to lifelong learning

Recruited this year as a Remote Clinical Educator at CRANAplus, Registered Nurse/Clinical Nurse Emma Davis hopes to inspire nurses thinking of moving into the rural and remote environment to make the leap.

"My goal is to share the knowledge and skills I have obtained over the years," says Emma, "and hopefully be a role model for other young nurses to realise that this lifestyle will forever change the way you nurse and care for others, in the best way possible!"

Emma has worked in several rural and remote regions including Far North and central Queensland, and the Barkly Region in the Northern Territory (NT). She has also spent many a long day flying in to some of the most remote communities of the NT as a Flight Nurse, where there is often just a dirt strip and a few houses nearby.

"Working in these areas has really opened my eyes to the health disparities that we are still trying to manage and reduce and the real resilience and strength of the people who live and work in these isolated communities," says Emma.

Employed at CRANAplus since February this year, Emma's role is specifically to coordinate the REC/AREC+ALS/TEC courses. Since she began with CRANAplus, she has also worked on content modification for the PEC+PALS course.

"I have always had a strong passion for education and have been continuously committed to delivering formal and informal education in my roles as an RN/CN so I am thrilled to be working with a company like CRANAplus that has such a strong vision and passion for providing education and upskilling the rural and remote workforce.

Above: Flying around the Top End, NT.

"I think when you commit to a nursing role, you commit to lifelong learning and study – every day is an opportunity to learn something new, to see something you haven't seen before."

Emma's passion for education began early in her career when she realised "the true privilege of being provided with quality ongoing education is not a given".

Working in rural and remote environments can make accessing educational services difficult as there is often limited time or ability to take days off to travel elsewhere to complete courses.

"That's what has drawn me to CRANAplus," she says. "We take our courses to the most remote corners of the country so healthcare workers don't miss out on these valuable opportunities."

Emma herself first completed a CRANAplus course in 2018 – the REC and MEC due to her real desire to jump into rural and remote nursing.

"I stayed on in a regional ED and consolidated my skills until 2020 when I did my first contract," she recalls.

"It was a surreal change from working in a busy, well-staffed department to working with only one other nurse and an on-call doctor, but I loved the rapid improvement in my clinical decision-making and scope of practice.

"I would recommend to anyone considering making the leap to R&R to embrace the uniqueness of the role, and embrace the challenges with an open heart and mind!"

Above: The colourful staff at Winton, QLD, 2023. Top right: Neonatal skills training and assessment. Right: Retrievals in the NT. Far right: The Tennant Creek ED team.

Quiz: Triage Emergency Care

We've adapted the questions below from the pre-course online learning component of our face-to-face Triage Emergency Care course. Test your knowledge and view the bottom of the following page for the correct answers.

Read the following scenarios and assign a triage category for each presentation. Helpful hint – utilise the new ETEK Version 2 as a reference guide.

1. A 24-year-old woman presents to ED with onset this afternoon of bright red PV loss with associated left lower abdominal pain described as cramping in sensation. She has soaked through two pads in the last hour. Pain is 8/10 and she feels nauseated. On further questioning, she is late for her menstrual period and has been actively trying with her partner for a baby. She is also complaining of shoulder tip pain. Observations are: HR 102, BP 100/70, Spo2 99% on RA, RR 24, Afebrile 36.8.

2. A three-year-old child presents to your clinic – he was playing in the garden this afternoon and had a fall. He has a penetrating eye injury with a 2cm stick lodged in the inner corner of the cornea and through the upper eyelid. He is crying and extremely distressed at triage. You are unable to complete a full set of observations due to distress but note that he is warm, well perfused and while crying his respiratory rate is 36.

3. A 37-year-old man presents with right upper quadrant pain, onset yesterday evening post eating a home-cooked meal of rice and fish. He is nauseated and has vomited twice in the waiting room. He states his pain is 6/10 after having some paracetamol two hours ago. He tells you this feels like his last "gallstone attack". His observations are: HR 89 regular, BP 143/70, Spo2 99% on RA, RR 20, Temp 37.3.

Photo: Aleksandr Rybalko – stock.adobe.com

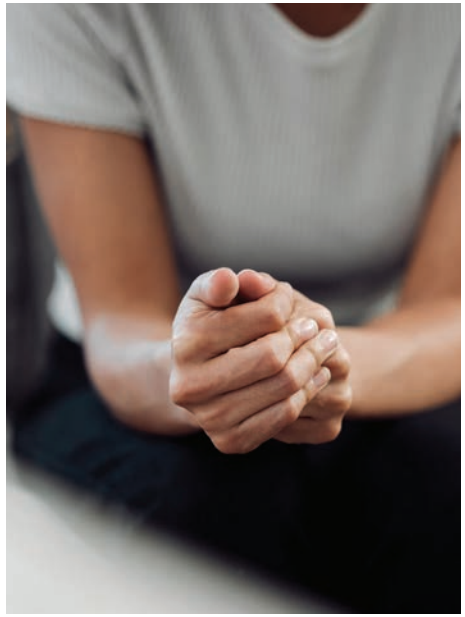


Photo: K.A.peopleimages – stock.adobe.com

4. A 32-year-old woman presents to your clinic with a close friend with a two-week history of increasingly bizarre behaviours at home – the friend states that the patient is responding to hallucinations and has mentioned hearing voices that are loud and angry. The patient denies any thoughts of self-harm or harm to others. The patient is mildly agitated but calms down when engaging with you. Her mood is slightly elevated but she states she wants help and wants to get back on her regular medications. On questioning, she has previously been on a psychiatric depot medication.

5. You are working at the clinic when a ute pulls up and a distressed family member urgently asks you for help outside. On arrival outside after checking for danger, you see an unconscious female in the back of the ute tray. The family member states that the patient was riding a horse this afternoon and was bucked off, landing on the ground.

   Initially, she was responsive and complaining of head and neck pain with an obvious fracture and deformity of her R) arm. On the ride into town the patient became more and more drowsy and is now unresponsive. During your primary survey of this patient you note – Airway: gurgling sounds (you consider cspine immobilisation to follow given the mechanism), Breathing – RR 8 shallow, Circulation – rapid, thready pulse, Disability – Unresponsive on the AVPU scale. You call for help to move her into the clinic. ●

To register for an upcoming online or face-to-face TEC course, head to crana.org.au/courses

Correct answers:

1. Cat 2 – shoulder tip pain is suggestive of intraabdominal free fluid with a query ectopic pregnancy. Confirm urine Beta HCG as soon as possible. Severe Pain score of 8 warrants timely management. **2.** Cat 2 – penetrating eye injuries are treated as per the ETEK as a Cat 2. The child is also distressed with pain and this warrants timely management. **3.** Cat 3 – moderate pain with a history of gallstones requires review within 30 mins. Consider analgesia and an antiemetic while in the WR if possible. **4.** Cat 3 – as per the ETEK guidelines this patient fits the descriptors for a category 3 Mental Health Triage – this includes: the presence of hallucinations/delusions, mild agitation, and mildly elevated mood. Think carefully about where in your clinic is safest for this patient to wait and have a low threshold for up-triaging this patient to a more urgent triage category if her behaviour becomes more elevated or there is a risk of harm to herself or others. **5.** Cat 1 – the patient has an altered level of consciousness with an inability to protect their own airway, and respiratory effort is altered with a low resp rate. You are concerned for head injury, and potential cervical spine injury and need to complete a more detailed secondary survey to assess for any further serious injury.

Engage

2024 Conference Preview

Catch up on the speakers, the preceding free Expo, and social opportunities that you can expect at the CRANAplus 2024 Remote Nursing and Midwifery Conference in Naarm/Melbourne this October.

The CRANAplus Remote Nursing & Midwifery Conference is Australia's signature annual event for the remote health workforce. Its rich history spans back to 1983, the date of the very first CRANAplus Conference. Now with a new name, but very much the event you know and love, this year's conference will be held in Naarm, on the traditional lands of the Kulin Nation, at Crown Melbourne, Victoria from 23–25 October 2024.

We're a diverse bunch, but whether you work in an Aboriginal community or a mining town, the Red Centre or an outlying island territory, as a nurse, midwife, doctor, Aboriginal or Torres Strait Islander health practitioner or in another field – we're all striving towards the same goal of improving remote health.

This is our chance to have a yarn about what's working well, find inspiration, and enjoy each other's company!

Whether you're experienced or new on the scene, a conference regular or looking to connect with peers you never knew you had, come along to the big smoke with us in 2024 for an action-packed three days.

The event this year is built around the theme 'Clinicians, changemakers – celebrating inspiring people & practice' and the program will be loaded with narratives, projects, and research, as told by the remote health professionals out there with dirt on their boots who make a difference every day.

The conference program

Visit crana.org.au/conference for the most up-to-date version of our program, which includes the following speakers.

Nurse Georgie Carroll

Comedian and nurse Georgie will bring some laughter to this year's event. With bluntness and charm, coupled with razor-sharp wit, Georgie draws on her 18 years of emergency and intensive care nursing experience, as well as her experiences as a mother and wife – to have the audience in stitches, the best kind!

Adam Spencer

Adam is an Australian comedian, maths geek, and media personality. Get ready for some energy-packed conversations on maths, tech, science, and sustainability, with a special focus on their relevance to healthcare.

Dr Amy-Louise Byrne

Framework Research

Amy is a passionate nurse researcher with CQUniversity, and Senior Lecturer and Postgraduate Research Coordinator. Amy has a background in emergency nursing, rural and remote health, management and workforce development. Amy's time in a remote community in Southwest Queensland drove home the disparity of health access, wellness and outcomes, leading to a profound interest in the challenges faced by those living in remote locations. Amy holds a Doctor of Philosophy, obtaining the degree in June 2022. Her PhD was on the concept of Person-centred care within the nurse-led nurse navigator service. Amy's research aim is to innovate models of care and health systems to reduce health inequity in rural/remote and regional populations. Amy's interests include Aboriginal and Torres Strait Islander people's health wellbeing and equity, workforce development, resilience, critical discourse analysis, nurse-led models of care and rural and remote nursing.

Melina Connors

First Nations Midwifery Director, Qld Health

Growing Deadly Families

Melina is a proud Gurindji woman. Melina's journey into midwifery was by identifying the need to create a maternity experience that was culturally safe and to make a difference in the maternity care that Aboriginal and Torres Strait Islander women and families were accessing. Melina is committed and passionate to the development of best practice when partnering with Aboriginal and Torres Strait Islander women and families, and of Aboriginal and Torres Strait Islander ways of Knowing, Being and Doing. In her current role as the First Nations Midwifery Director within Queensland Health's Office of Chief Midwife Officer, Melina will oversee the coordination and ongoing implementation, governance, and expansion of the Growing Deadly Families Strategy and continue to support the First Nations Midwifery workforce and drive health equity and support the cultural needs of First Nations families.

Adj. Prof. Alison McMillan PSM

Commonwealth Chief Nursing and Midwifery Officer

A registered nurse for over 40 years, and the Commonwealth Chief Nursing and Midwifery Officer Alison provides high-level strategic policy advice to the Australian Government and the within Department of Health and Aged Care on nursing, midwifery, health system reform, health workforce, regulation and education.

For more information scan the QR code or visit crana.org.au/conference

We hope to see you there!

Adj. Prof. Shelley Nowlan

Deputy Rural Health Commissioner

A registered nurse with more than 35 years' experience, Adj. Prof. Nowlan holds a longstanding interest in the health outcomes of rural and remote Australians. Adj. Prof. Nowlan had worked for decades to ensure nurses and midwives were supported to meet the needs of people living in rural and regional Australia. As Deputy Rural Health Commissioner, Adj. Prof. Nowlan plays a key role in the Federal Government's agenda to increase access to rural health services and address rural workforce shortages.

Tiyana Gostelow

Australasian Program & Implementation Manager for SafeSide Prevention

Safeside Suicide Prevention

Tiyana Gostelow's career spans over 26 years in primary and tertiary healthcare sector in Government, not for profit and the private sector. Tiyana has worked across the full spectrum of healthcare including in clinical, education and executive leadership roles.

SafeSide Prevention offers educational programs, implementation support, policy development and organisational consultation for quality improvement. Developed by Professor Pisani and his colleagues at the University of Rochester the SafeSide workforce education programs provide health and welfare practitioners with the skills to assess and manage suicide risk including evidence-based strategies for connecting with clients, assessing their needs, and implementing interventions to save lives.

'Feathers, Fedoras and Fascinators' Gala Dinner

Formally concluding the CRANAplus 2024 Remote Nursing & Midwifery Conference, this year's gala dinner is being held in the luxurious Crown Palladium, Naarm/Melbourne on Friday 25 October. The gala dinner provides a final opportunity to connect and enjoy together with interstate colleagues and friends, old and new.

This year's gala dinner will be crowned by a fancy headwear theme. Pop on a fedora or a fascinator as we 'doff our caps' to everyone's hard work in the year gone by. Topping off three days of fun, this formal farewell will commence at 6.30pm and will include a special performance by the RMH Scrub Choir, Award winner announcements, a three-course dinner and drinks, a photo booth, and live music from Saxophonist and DJ Henry.

This year's gala dinner is being held in the luxurious Crown Palladium, Naarm/Melbourne. Photo: Crown Melbourne.

This year's voluntary Gala Dinner theme is 'Feathers, Fedoras and Fascinators'.

Remote Nursing & Midwifery Expo

Can't make it to the full conference? Register for the free CRANAplus 2024 Remote Nursing & Midwifery Expo.

The Expo precedes the CRANAplus 2024 Remote Nursing & Midwifery Conference at Crown Melbourne on Wednesday, 23 October between 2–6pm. At this free event, attendees can:

- Learn about pathways and helpful resources
- Chat with experienced remote area nurses and midwives
- Meet with remote healthcare employers.

There's a whole new world of nursing and midwifery to be discovered. If you know a nurse, midwife or student who is interested in learning more about the remote health sector, invite them along.

The Expo can be attended by anyone, including current health professionals, adults interested in changing careers, university students, or school students. It is necessary to register for the event in advance.

All conference delegates can add the Expo to their paid conference registration for free.

Former CRANAplus Board Chair Fiona Wake (right) presents Katie Pennington (left) with the Aurora Award in Cairns, Queensland in 2023.

"I was so fortunate as a nursing student to receive financial assistance to attend a CRANAplus conference in Darwin. At the conference, I was inspired by the stories and presentations from RANs and those in the remote health sector. I remember seeing how passionate people were about their work, despite the challenges evident in their stories and feeling that one day I too wanted to be a RAN. It was some 20 years ago but that opportunity showed me the paths I could follow if I wanted to pursue nursing in remote Australia."

Katie Pennington, Remote Area Nurse and recipient of the 2023 Aurora Award for the Remote and Isolated Health Professional of the Year.

Scholarship opportunity for students

CRANAplus Undergraduate Student Members can also apply for an Undergraduate Student Volunteer Conference Scholarship to access 40% off their conference registration.

Applications are open until 6 September 2024. crana.org.au/scholarships

CRANAplus Undergraduate Nursing Student Survey

CRANAplus is committed to working with its Members to explore and clarify their experiences, to help guide and inform CRANAplus activities and advocacy. This includes the emerging workforce – CRANAplus Undergraduate Student Members. In November 2023, Professional Services Officer Melanie Avion distributed a survey to all CRANAplus Undergraduate Nursing Student Members. Here are a few of the survey findings.

In late 2023, the CRANAplus Nursing and Midwifery Roundtable Members asked questions about the placement experience of undergraduate nurses, particularly but not only in rural and remote areas. Some of the questions raised related to new graduates' preparedness for working in rural and, at times, remote areas.

Members noted that new graduates and early career nurses increasingly supervise, teach, and assess undergraduate students in geographically isolated health services with limited staff or preceptor support while also working to consolidate their clinical capability.

In response, CRANAplus surveyed our Undergraduate Nursing Student Members, and an interested student met with the CRANAplus Nursing and Midwifery Roundtable for a Q&A session to discuss both preparation for placement and the student learning experience when on placements in remote and rural areas.

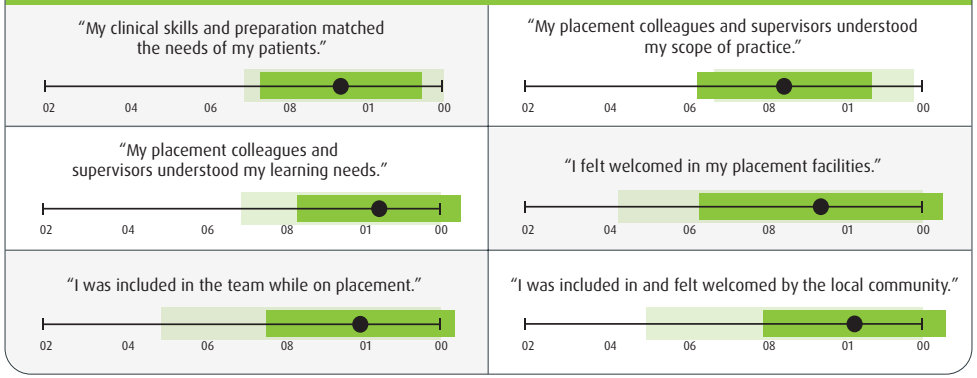
The CRANAplus Undergraduate Nursing Student Survey was conducted in November 2023.

The survey targeted the CRANAplus Nursing and Midwifery Roundtable Members' concerns and considered the students' diverse personal and professional contexts in rural and remote nursing services.

Of 129 targeted members, 15 responded. All but one had placements in MMM3-7.

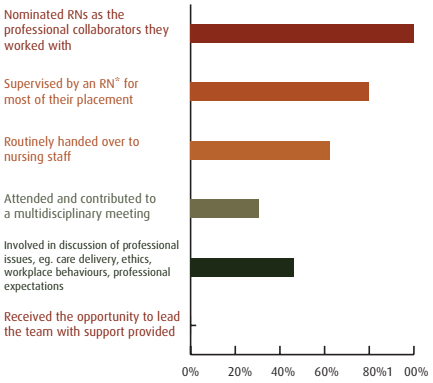
Placement Experiences

Using a scale, students indicated their agreement with the following statements from 0 to 100.



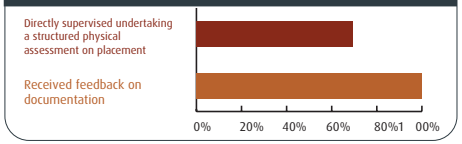
Multidisciplinary Team inclusion

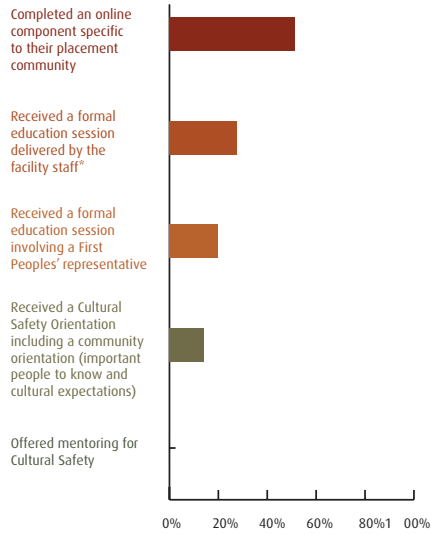
Opportunities to meaningfully engage with the multidisciplinary team and develop aspects of the professional nursing identity were limited across placements.



* However, one participant was entirely supervised by an EN on placement.

Supervision





*With 1 student attending a 3-day orientation prior to their placement commencement, which included comprehensive clinical and cultural preparation.

Cultural Safety orientation

Only 46.15% of students completed a locally focused Cultural Safety orientation often with combined delivery modes.

While a small sample of students' responses were consistent, they confirmed concerns regarding placement opportunities and support, particularly clinical supervision, collaboration and multi-disciplinary teamwork, preparation for culturally safe practice, and professional enculturation.

An anonymous comment from one student demonstrates the challenges facing students and inexperienced supervising nurses in rural and remote placements.

"I have been supervised... by a graduate nurse who barely spoke to me let alone taught me anything. Not their fault... no-one taught them how to do it. They are also holding it together and want to look competent."

The survey results and direct feedback from CRANAplus Undergraduate Student Members are actively informing and shaping CRANAplus activities, including CRANAplus Position Statements developments and updates, and advocacy for health professional students. CRANAplus is committed to working with our student Members to further explore and clarify their experiences on placements in rural and remote areas.

If you would like to share your experiences or be involved in advocacy opportunities, submit an expression of interest at crana.org.au/advocacy-EOI or talk to the CRANAplus staff at our upcoming free Remote Nursing & Midwifery Expo in Melbourne this October.

Connect

From student to trainer

Torres and Cape Hospital and Health Service (TCHHS) clinical facilitator Ivy Hodges has a keen insight into how the graduate students she is mentoring are feeling and what they are experiencing. Not so long ago, she was one of those students herself. Here Ivy talks about her transition from student to trainer.

RN Ivy Hodges (pictured right) can't remember a time when she didn't want to be a nurse. "Given that I come from big families, it was a foundation to want to look after one another," she says, "So I decided on a nursing career."

She also always wanted her nursing career to be in rural and remote areas. "When I was growing up, I didn't see many First Nation nurses. I wanted to be that nurse, to be that role model for others, for kids and people of all ages in the community," she says.

"I wanted my work to be part of Closing the Gap, to provide health care to my own people.

"My father's family are from the Torres Strait while my mother's family are from Yarrabah, I was born and raised in Cairns. After studying at James Cook University in Cairns, it was only natural for me to come to Thursday Island as a graduate student."

What Ivy didn't expect was this move into education. After becoming a permanent Registered Nurse at Thursday Island Hospital, mainly in the General ward and Emergency, Ivy was appointed as the first clinical facilitator for the student nurses and graduate students.

"It's wonderful to have this position created, giving the student nurses and grad students someone who can devote their time to them," says Ivy. "We are now a full education team, which also includes Kirstie Rushmore: Nurse Educator – Thursday Island Hospital and the Primary Health Care Centre, Gemma Bills: Nurse Educator – Outer Islands and Bamaga and Georgina Caldwell: Midwifery Educator for TI, Weipa and Cooktown.

"The opportunities that come from nursing is an open door," says Ivy. "You can go anywhere with nursing, but I know I will always want to have my work touching First Nations peoples. I pay my respects not only to the health service but to many First Nation clinicians like Uncle Sam and Aunty Yoko who have fought to have positions like mine created."

> "The education area is a great pathway to gain experience and a way to be exposed to new ideas."

"For example, I have learned more about myself in regards to accommodating learning processes of other people. With teaching, you must have patience and passion.

"What I like most is being able to help the graduate nurses, working beside my colleagues on the floor and providing a safe space for them to transition from a student mind frame and establishing the foundation of becoming a Registered Nurse. I have gone through the graduate programme, so I can relate how our graduate nurses feel and what they are experiencing.

"A massive area to consider is not only clinical practices but also cultural awareness and safety, making sure we culturally recognise each individual. Learning about culture and who we are as people, acknowledging Australia's true history, and living within the community to understand. At the end of the day, it's all about respecting each other and making changes to improve the health outcomes for First Nations people.

"The biggest achievement is seeing my graduates thrive, not only as nurses but within themselves, being good people, so that one day they can return the favour to others." ●

Timely termination access

Pregnant people in rural and remote areas seeking termination services commonly experience access delays and difficulties. Whilst several factors influence this, Laura Berry, Mental Health and Wellbeing Educator, CRANAplus, and Sexual and Reproductive Health Nurse, believes that a key driver to improvement lies with timely and appropriate responses from primary healthcare clinicians.

When I moved from the UK to Australia in 2013, working as a nurse in remote Australia was a dream job that soon became my reality. Over the last ten years, I have practised in various communities around Cape York and the East and West Kimberley. Five years ago, I found my calling when I transitioned into a sexual and reproductive health role. I felt as though this role was all I was ever supposed to do and working so closely with the community has been a privilege. I realised that remote work is not for the faint-hearted and I quickly had my eyes opened to the unique challenges that pregnant people face when accessing reproductive healthcare, specifically Medical Termination of Pregnancy (MToP).

Understanding Medical Termination of Pregnancy (MToP)

In Australia, the MS 2-Step regimen is used for early MToP. This involves two medications: mifepristone (Step 1), which halts the progression of pregnancy, and misoprostol (Step 2), which induces uterine contractions and cervical dilation to expel the pregnancy tissue (MS Health, 2023). The MS 2-Step is approved for use up to 63 days gestation, making early access to healthcare services crucial.

Due to these regulations, MToP is extremely time-sensitive, and missing the window leaves clients with no alternative but to continue with the pregnancy or opt for surgical termination of pregnancy (SToP). In remote communities SToP requires long-distance travel, meaning clients are required to spend time away from their friends, family, and community. I personally have witnessed clients' trauma associated with interstate hospital transfers and know that this acts as a significant deterrent to seeking care. Some pregnant individuals I've worked with have even become lost to follow-up when travel for a surgical termination was required.

Barriers to accessing termination services

Research and clinical practice show that pregnant people in rural and remote Australia face disproportionate challenges compared to their counterparts in metropolitan areas. The barriers to accessing reproductive healthcare in these regions are multifaceted and contribute to poorer health outcomes. In some cases, the lack of access to termination services means that clients have no other choice but to continue with unwanted pregnancies, which can have a profound and lasting impact on their mental health.

Chronic healthcare staff shortages result in extended wait times for clients. Often, they have family at home which they are required to care for, or they need to pick up their children from school meaning they have minimal time to wait at the health service to be seen.

I have also worked with clients where intimate partner violence and reproductive coercion are factors they need to navigate and negotiate when seeking health care. Understanding that this is a real part of people's lives offers us the chance as clinicians to work using an intersectional lens and understand that access to care is not always easy for clients and that we need to be flexible, empathetic and trauma-informed in our practice.

Photo: Australian Journal of Pharmacy.

The crucial role of primary healthcare

Primary healthcare is essential in providing timely and appropriate care to improve health outcomes for individuals seeking termination services. However, chronic staff shortages and a lack of clinician confidence in providing information often result in delays and difficulties accessing necessary care.

While workforce shortages may be beyond our immediate control, understanding our clients' unique needs through an intersectional lens is within our power.

By taking the time to understand the social, cultural, and physical factors that hamper access to care, we can work towards delivering compassionate, ethical care that meets the standards our clients deserve.

We as health workers can play a pivotal role in advocating for improved access to termination services. We work to forge close relationships with the community to build trust and support in addressing client-specific needs and barriers and solutions to these.

Moving forward

My journey as a sexual and reproductive health nurse has led me to undertake a Master of Sexual and Reproductive Health. Having now completed this, I have transitioned into training to become a nurse practitioner. I hope to contribute to improving reproductive health service delivery for individuals who live in rural and remote Australia and want to access MToP. Whilst increasing the number of clinicians who can deliver this care safely and competently is just one piece of the puzzle, it is a start.

For those of you who just want to learn more about ways to upskill in this area, there are many organisations dedicated to improving access. Children by Choice is an independent, not-for-profit, pro-choice organisation that offers support to clients (QLD only) and provides low-cost training for health professionals on reproductive coercion, abortion counselling and reproductive rights.

Laura Berry
Mental Health & Wellbeing Educator
CRANAplus

Q&A with Tom Rampal, Nurse Practitioner and CRANAplus Member

Your career has spanned both urban and remote locations. Did you start off in the city and move remote? What drew you to work in Australia's remote areas?

I lived and worked in Melbourne for many years, in a busy metropolitan hospital before transitioning into remote health. I've been lucky enough to travel and work in some amazing locations widespread across Northern Australia and internationally.

I think the work drew me in initially because it's unique, challenging and interesting. I also have loved getting out and seeing some stunning and remote parts of Australia.

How have you balanced your personal and professional lives while gaining your NP endorsement and in your years as a locum? From what I understand you completed your NP qualifications while on Groote Eylandt – any advice to people who are pursuing additional qualifications while working?

Becoming a Nurse Practitioner requires planning and commitment but the payoff is worth it, with many exciting career opportunities. I moved to Groote Eylandt for a few years to complete my Nurse Practitioner studies and meet the criteria for endorsement as a Nurse Practitioner.

Balancing personal life on Groote Eylandt was easy – I invested in a 4wd and a small boat so time outside of work (and study) included camping, boating and fishing. Groote Eylandt is the crème de la crème of living in remote locations – it's absolute paradise!

My years working as a locum required balancing personal and professional life. This can be tricky. I think it's important to find a healthy balance of time away on a contract versus time at home connecting with friends and family.

Was it always your goal to be an NP? When did you first set this goal and what inspired you to pursue it?

I became a Nurse Practitioner to expand my knowledge, skills and scope of practice with the aim of contributing to improved access to healthcare for patients, particularly in a remote setting. I first set the goal for myself about five years before I was accepted into the course. This gave me plenty of time to prepare, complete relevant studies, upskill and find a suitable workplace.

What does your current role entail? What does the 'average day' look like, if there is such a thing? Paint us a picture!

In my current role, I work for NT Health in the Big Rivers Region. I live in Katherine and service the Numbulwar Primary Health Care Centre which is situated in the Gulf of Carpentaria in the Northern Territory. An average day includes direct client care in chronic conditions management, completing comprehensive assessments, reviewing management plans, prescribing medications, ordering tests and undertaking investigations. I also refer on to specialists and provide patient health education.

My specialty is focused in primary health care and chronic and complex case management. I do however see clients for acute and emergency presentations and support the team in those situations as well. Whilst working independently, a big part of my role is to collaborate with the entire healthcare team including GPs, Remote Area Nurses, Aboriginal Health Practitioners, Specialists and Allied Health staff.

All health professionals can refer clients who are not meeting targets in care or management plans to the Nurse Practitioner. However, referrals aren't always required as I will also see any client who walks in on the day.

Day to day, my work can vary depending on the staff available, unforeseen events such as cultural ceremonies or emergencies – we have definitely had cyclones travelling towards the community. Things can change dramatically from one day to the next which keeps life interesting.

What aspects of your job bring you the most professional satisfaction?

I enjoy working in a diverse environment, building relationships with clients and seeing improvements in chronic disease management and in turn positive patient outcomes. Having a 'yarn' with clients can be special – hearing people's stories and learning about their rich cultures and traditions.

Can you elaborate on the chronic disease management aspect of your role? Do you work with specialists closely?

Chronic and complex case management involves direct client care in population groups with chronic or complex illness including diabetes, Chronic Kidney Disease, cardiac conditions and respiratory conditions. I feel strongly about creating a whole team approach to care, to achieve good holistic primary health care in the community.

I work closely with specialists – this can be both planned telehealth consults, case conferencing or ad hoc reviews. These reviews occur mostly with an Endocrinologist, General Physician and a Renal Physician based in Melbourne.

Photos: NT Health.

Many aspects of your role (e.g. outreach, chronic disease management) help people to receive care where they live and limit evacuation/ hospitalisations. The benefits are obvious, but we'd love to hear your perspective on the importance of these outcomes.

Nurse Practitioners (as well as the whole healthcare team) boost healthcare availability and service delivery in regional and remote areas, helping to improve access to health patient-centred care and chronic disease management as close to home as possible.

Good chronic disease management helps reduce some patient evacuations and hospitalisations as we are able to treat and care for our clients in community. Collaboration with the entire healthcare team is crucial for holistic patient care. I see Nurse Practitioners as part of the solution to improving health outcomes. There is plenty of work for all healthcare professionals and we need the right skilled people on the ground to provide evidence-based, culturally safe care. ●

Nursing in a rural or remote school setting

Do you work with children in a school setting, or hope to in the future? We've invited five CRANAplus Members to share their insights into working with children in rural and remote communities, advice for getting started in schools, and ideas for better engagement.

Can you share some of your favourite ways to engage primary school-aged children in health education?

Some years ago at Yalata, the clinic Health Worker and nursing teams worked with children at school to teach some anatomy and physiology and increase comfort with clinic staff/instruments.

We started by drawing and cutting out images of different organs and velcroing them on children – discussing the role of each organ and strategies for maintaining organ health.

We then made some organs to use different clinic tools. Using a kidney dish and Plaster of Paris we made an ear – toilet rolls were used as a canal, cellophane as a tympanic membrane and custard as pus. The class presented these to the ENT team when visiting.

Using a balloon and Plaster of Paris we made an eye – (using the plaster saw to split) we used a magnifying glass as a lens and plaited wool as an optic nerve – the cast was filled with jelly.

With support of the local butcher, we accessed sheep organs, and dissected hearts, kidneys, liver and lungs (after inflating the lungs with 02). We also tried an experiment with petrol and brains (sniffing was an issue at the time) but didn't really get any scary results!

Although no formal measures were used – there was an increased liaison between school and clinic as well as an improved comfort level with youngsters and the clinic.

Mark Goodman
RN and CRANAplus Facilitator

What tips do you have for new-to-rural/remote nurses preparing to work with children in a school setting?

Working with kids is better for both parties when you are viewed as both a health professional and also a peer. Forming relationships outside of the work setting and being seen out and about in community can be beneficial. When I first moved to Gunbalanya, I played basketball at the court and also in one of the competitions which was an awesome way to meet locals and not just be seen as a nurse.

Forming relationships with teachers, principals and other school workers is also essential to create a better understanding of the current issues amongst different age groups that could benefit from health promotion.

With such knowledge, you can find appropriate supports that are available to kids and adolescents. A wealth of programs exist and can be accessed and applied easily by remote area nurses – all it takes is a quick search online or reaching out to a colleague to see what's working for them!

Micah Haslam
RN and 2023 CRANAplus Early to Remote Practice Award recipient

Photo: 169169 – stock.adobe.com

Photo: Barry Skipsey.

What is the best part about working with children in rural and remote communities?

Children in rural and remote communities are incredibly resilient and robust and live their sometimes challenging little lives with such infectious happiness.

It certainly does not take too much effort to reveal some big and small teeth, amongst other things, that are exposed by the widest of grins. Every child out here has a grin from ear to ear.

These beautiful children are no different from their city counterparts, with their curious natures and natural innocence. They are children. They do, however, take a minute or two to take you in. Those deep, piercing eyes look back at you, with the maturity and knowledge of present Elders and Elders past. They are the future and we ought to dream with them and dream for them as we walk with them on Country.

Lucy Watson
RN

Drawing from your recent experience in oral health, what can nurses do to improve oral health awareness and engagement in school-aged children?

There needs to be an element of trust and mutual respect between the nurse and the kids. This can be achieved during school visits by implementing fun kinaesthetic learning activities where everyone gets involved in the learning process.

I always start with fun oral health science experiments where the kids can touch, feel, look and monitor the experiment. For example, involving the kids in making their own dental plaque, watching it grow over the week and drawing/documenting/measuring their findings is a successful hands-on approach to breaking the ice – and you only need two cups and a packet of yeast, sugar, and water.

I then discuss: what plaque is, why we have teeth and why we need to brush them.

I do not use big fancy dental words when engaging with kids, I break it down into a language that they understand. Kids love all things gross – farts, poo, wee, spitting, etc. – so I call dental plaque 'bug poo', and no one wants bug poo in their mouth!

The kids think this is gross and hilarious and are very happy to engage in activities that involve removing bug poo from their mouths.

I then move to the use of plaque (AKA bug poo) disclosing tablets where the nurse, kids and teachers chew the tablets together, spit out the excess dye (again, all things gross!) and then brush our teeth together.

This activity educates the kids on the correct tooth brushing techniques to remove plaque and it covers the different elements of our tooth structure: molars – back teeth chewing; canine – dog teeth ripping; anterior – cutting teeth biting foods.

Doing this activity together creates a trusted environment and empowers the kids through education and engagement. It also creates a safe environment where kids can seek help if they are experiencing oral health pain/problems where there is no shame. Aspects of hand and face hygiene can be incorporated into oral health awareness education. Not only will this address the prevalence of poor oral health, but it will also educate kids on the importance of good eye and heart health.

Oral health is often overlooked in the medical field, yet it is the gateway to our systemic system. All too often, poor oral health conditions become chronic and need urgent intervention, resulting in teeth removal. Yet, like most things, it can be prevented through education, awareness and early treatment. As I say to all my patients, only brush the teeth you want to keep!

Karleigh Barbour
RN

Can you paint a picture of what it is like to work with children in very remote settings? How do very remote nurses tend to approach school visits?

In very remote Australia many children have extremely transient lifestyles so do not attend one school consistently. School attendance is low and fragmented.

Remote nurse-led clinics are under-resourced and can't commit to regular school visits, acute care takes priority. Health care provided through the school is therefore opportunistic and generally targeting acute problems. The preliminary work of liaising with the relevant person in the school and/or education department may take weeks, especially factoring in service provider staff turnover.

Parents need to be consulted and a clear understanding of what the nurse will be doing at the school with children reached.

Once the nurses are visiting the school, they may identify acute problems, but they then must locate parents for consent to treat, manage or refer as appropriate. Often the designated carer for a particular child isn't in community and it takes time to work through the process with the current carer, who has no idea that this is happening.

The most successful visits were those where educational sessions were provided to groups of girls, accompanied by senior older women who help with interpreting. The content of the sessions was identified by the women and older girls. They usually focused on basic anatomy, and how the body works. The population groups I work with all hunt bush tucker, so children from a young age are used to seeing lizards and kangaroos gutted. They have a frame of reference to relate concepts of basic anatomy back to.

Lyn Byers
RN, RM, NP, FCRANA+

Photo: Barry Skipsey.

School nurse whirlwind

CRANAplus Member and RN Julie Bamford writes in to share her four-year experience working as a school nurse in a remote community.

Going into work as a school nurse in a remote community, my goal was to provide quality holistic care to the students and school staff. When I first went to work in the community, I did not know what to expect and felt unprepared for the potential challenges that lay ahead.

I had heard a lot about the term 'culture shock' and wondered what that even looked like.

Well, I can tell you 'culture shock' is real!

I had lived and worked in Darwin in the past so I thought "How different can working in a remote community be?" Nothing prepared me for the isolation, lack of resources and health challenges that I was presented with. I found it extremely confronting and at times, heartbreaking.

I knew very little about Rheumatic Heart Disease before this time. I questioned myself constantly, "What is it you want to achieve out here, Julie?"

The health issues that the community faced were huge. I found myself each day patching up wounds; treating infected scabies, strep throat, impetigo, burns, and otitis media; liaising with allied health professionals who visited monthly if we were lucky; organising Hearing Health visits; creating care plans for the children who had asthma, diabetes or who were growth faltering; administering Ritalin and administering LA bicillin to the RHD kids. These were just a few of the list of duties that I found myself doing.

One of the highlights (and there were many) was having the opportunity to go into the classrooms and educate students and local staff on the many health issues the community faced. I found this extremely rewarding and hoped that by educating the students and local staff that would have a 'ripple' effect in the community.

I was also very fortunate to have a good boss (principal) at the time who funded any professional development that I felt I needed further education on.

I was also extremely grateful to be chosen to participate in the Recardia Program that was run by Menzies and I spent a week in Darwin and then Maningrida learning how to do echocardiograms to look for mitral valve regurgitation in the detection of RHD.

Although, there were many highlights and adventures (such as having the privilege of going out on Country with wonderful families that I had formed connections with) I felt as if I was drowning in the never-ending sea of people that would come through my little clinic door.

It's easy to say 'delegate' but being the only school nurse with a school population of 600 and often you were nurse to the students' family members as well, not to mention the school staff who would visit during their school lunch or recess breaks which was also your break times. Then, there were the school staff who'd ring you after hours for medical advice or request you to come and see their dog.

You learnt very quickly to upskill and you became everything to everyone. You certainly learn to adapt to your environment and become inventive very quickly.

I certainly could not have done any of this successfully without the help of the Aboriginal Health Worker. ▸▸

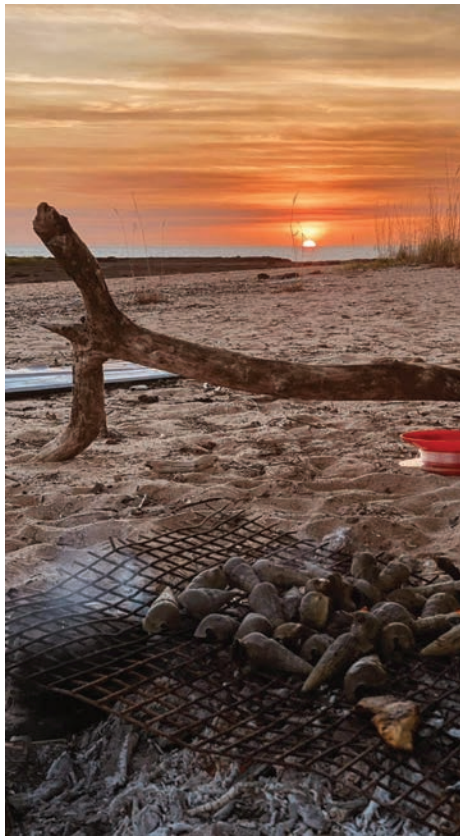
Aboriginal Health Workers are a wealth of local knowledge and often know where everybody lives, which child belonged to which family, and which houses to avoid if they have 'cheeky dogs', or if there is 'sorry business' going on.

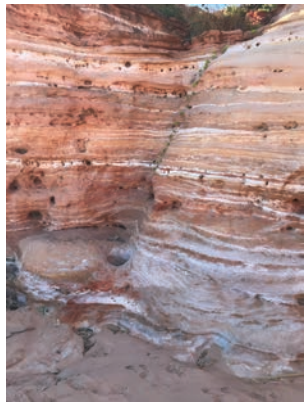
I found that you learned very quickly that to survive out here you needed to develop relationships and earn the trust of the local people: without that, you don't have a chance.

I learnt so much from the local people, resilience being one. I have so much respect for the grandmothers who without complaint often take on the role of looking after their grandchildren and keeping their families together and safe whilst often neglecting their own needs.

After four years in the remote community, I decided that I needed to be closer to family and in all honesty I was exhausted, mentally, emotionally and physically. I believe I had compassion fatigue and had become desensitised to living and working in challenging circumstances.

I can certainly say I have never experienced so much joy, sadness, despair, hopelessness and gratitude in the one place. I encourage anyone who has ever thought of doing remote nursing to go and do it. You won't regret it. It is life-changing!





The joy of locum work with Rural LAP featuring Greta Webb

After 60 hours of night shift, locum nurse Greta Webb spent time telling us how much she has loved being a part of Rural LAP. A veteran of the program, Greta joined Rural LAP 13 years ago and confidently tells us that she has "been everywhere".

Reflecting on her time with Rural LAP, Greta said, "When I look at my placement record, it's exhausting to read. But what a wonderful career I have had, I am forever grateful for this opportunity".

Having worked alongside thousands of nurses around Australia, Greta has provided locum relief and support for rural and remote communities who need it the most.

> "I am a much better nurse for all the education and knowledge I have received along the way, thanks to the different facilities and staff who have different ways of doing things."

Talking about some of her highlights Greta shared with us the time that she found a scorpion catching a lift in the cuff of her jeans after attending to a vehicle rollover in Kakadu or the time she had to stop the car to let a crocodile cross the road.

There was also the time her pilot vomited on her after braving a storm and running out of fuel just before coming to land in Broome. The experiences truly are once-in-a-lifetime with Rural LAP.

Greta also made special mention of the amazing Royal Flying Doctor Service doctors who have stepped in to help when she was on call in remote locations. And fondly remembers the Indigenous Elders and their families that she has had the opportunity to learn from, care for and assist throughout her time in the Northern Territory.

When asked what Greta likes most about being a Rural LAP locum she said, "Are you kidding me it has been the best ride of my life".

Funded by the Australian Government, the **Rural Locum Assistance Program (Rural LAP)** provides targeted locum support services to healthcare professionals and aged-care workers in rural and remote Australia.

We understand the importance of CPD and recreational leave and offer vital support to health professionals to ensure they don't hit burnout and alleviate the pressures of work-force shortages. Rural LAP goes above and beyond by supporting and recruiting suitable locums, plus we arrange and pay for the locums travel and accommodation, removing the administrative burden for the health service and locum.

Join us in our mission to enhance health and aged-care services in rural and remote Australia.

Contact Rural LAP today to explore how we can support your health and aged-care needs and contribute to the wellbeing of your community. https://bit.ly/3TcQbk0

If you want to experience the ride of a lifetime, explore Australia, and provide support and assistance to rural and remote communities then Rural LAP might just be the program for you. Find out more on our website – https://bit.ly/3TcQbk0

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