







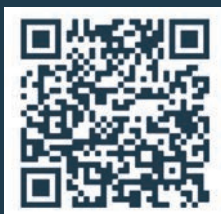
Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.

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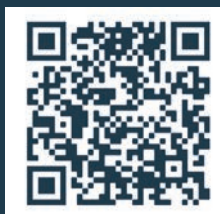


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**About the Cover:** The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care and Assistant Minister for Indigenous Health alongside Amelia Druhan, Executive Director Education, CRANApplus, at the Parliamentary Friends of Nurses event at Parliament House November 2024. (Image: ACN.)

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# From the Acting CEO and Board Chair



Dear colleagues,

Welcome to the first edition of the CRANaplus Magazine for 2025.

In this election year, CRANaplus continues its commitment to driving positive change in the remote and isolated healthcare sector. We are thrilled to unveil our groundbreaking Pre-Budget Submission, submitted to the Australian Government in January. Developed through extensive collaboration across the sector, our proposal advocates for a nationally standardised advanced generalist nursing and midwifery practice pathway. This initiative aims to introduce up to 1,000 new nurses and midwives to rural and remote Australia. A critical feature of this pathway is the integration of Clinical Reflective Supervision, fostering resilience and stability in the workforce pipeline. You can explore our visionary blueprint for transforming rural and remote nursing on pages 6–9.



In late February, the CRANaplus Board convened in Adelaide for its first face-to-face meeting of 2025. This gathering offered an excellent opportunity to welcome new Board Members Kate Welleman and Josh Stafford, who bring a wealth of industry wisdom and experience to CRANaplus. You can read more about them on pages 10 and 12. During the meeting, the Board also commenced development of the new CRANaplus Strategic Plan (2026–2028), a project that will continue through the first half of 2025.

Our 2025 learning opportunities are off to a terrific start! With over 90 courses scheduled nationwide, there's an impressive lineup to support the professional growth of our remote and isolated health workforce. You can access this year's courses at [crana.org.au/education](https://crana.org.au/education). Additionally, we've established a Community of Practice for CRANaplus Clinical Facilitators, which provides a forum for our facilitators to improve their practice through the sharing of skills, knowledge, and experience.

Our Mental Health and Wellbeing Services continue to evolve in response to workforce needs. This year, we're proud to introduce the Wellbeing Workshop Series – a set of free virtual sessions tailored specifically for rural and remote health services. Topics include *Preventing and Recovering from Burnout*, *Addressing Compassion Fatigue*, *Managing Workplace Pressure*, *Coping with Isolation in Remote Settings*, and *Supporting Yourself and Colleagues After Traumatic Events*. These interactive workshops offer practical strategies and evidence-based techniques to bolster mental health and team resilience. To bring this initiative to your workplace, contact us at [wellbeing@crana.org.au](mailto:wellbeing@crana.org.au).

We hope that you enjoy reading this edition of CRANaplus Magazine.

Warm regards,

Emma Barritt, Acting CEO, CRANaplus  
Dr Ann Aitken PhD, Board Chair, CRANaplus Board of Directors



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

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# First Peoples

## Lay the foundation for community awareness

**Naomi Zaro, descendant of the Meriam (Dauareb) people of the Torres Strait, uses her platform as a re-elected CRANaplus Board Member to be a voice for Aboriginal and Torres Strait Islander Health Practitioners (AHPs). AHPs play a valuable role in rural and remote health care, holding community knowledge that RANs may not. Naomi highlights how important it is that these roles work together to bridge this gap in awareness.**

"Nurses come out to us from the hospitals and, more often than not, they don't know what an AHP is, or what their role is in the clinics," Naomi says, having worked at Sunrise Health Service Aboriginal Corporation throughout the Katherine region as an AHP Clinical Educator for five years now, and many years before that within Aboriginal Community Controlled Health Services.

"When you do get new staff come, they'll sit down and have a yarn with me and I'll just explain what AHPs are and how we will work alongside each other out in communities."

The role of the AHP came about in the early 1950s, and Naomi explains how far it has come since then.

"It was more seen as a brokerage type role between the Indigenous clients and patients and the Non-Indigenous nursing staff and doctors," she says.

"Then, as with everything, it becomes something a little bit more. Clinical skills were taught in about the 1970s, and that includes the development of the Aboriginal Health Worker training. So the role changed from being sort of like the translator or interpreter to being a little bit more hands-on.

"And then it became more again, with clinical responsibility, doing patient observations, and working with the nurses and doctors when they went out to communities.

"The role now looks more holistically. Looking at the social and emotional wellbeing of

clients, health promotion and the mental health and wellbeing side of things. So the role has diversified again from being just clinical, broadening our scope of practice."

Naomi says it is an ongoing task to educate about the evolution of this role, and to get others in the workplace to see AHPs as equals.

"Don't get me wrong, there are lots of RANs that have worked with lots of AHPs and it's like a dream machine, things just work. But then you do get some that just have no idea, and you sort of feel faded into the background a little bit," she says.

"I think one of the biggest things is acknowledging that we're all out there for the same reasons. We're all on the same level."

One takeaway Naomi has for RANs as a starting point to broadening community awareness is the importance of respecting men's business and women's business.

"When I was working back in Kalgoorlie, there was a bloke on the list who needed to be seen and at the time we didn't have any male health workers or nursing staff on," she recalls.

"So I called the gentleman through, and when he came through, three of his wives came through as well. I spent the consultation speaking to them, and they were speaking for their husband. I found that interesting because it was the first time I'd ever experienced it.

"Even though not everywhere is the same, a lot of things are very much similar between communities. So the biggest thing that [female] RANs need to know is men won't talk to you. Some will engage with you, depending on how comfortable they are with you, but it's more so just the cultural practice. There's stuff you just do not speak about, at all. In a hospital setting you're like, 'Okay, we need to change your bedpan, we need to change your catheter,' whereas in community, you just wouldn't do that.

"It's just these little things that can help RANs to improve their practice, and improve the community engagement as well."

Naomi suggests that the best place for RANs to start building on knowledge is connecting with the people around them.

"If they've got AHPs in their communities, definitely speak to them. Also a lot of Indigenous staff are from the community, so speak to community staff, that would be their best bet to help lay that foundation, that community awareness."

"At the end of the day, it doesn't matter what your job title is out there, as long as the clients are getting what they need, and we all just work together." ●



Katherine Gorge.



# In Focus

## Advocacy in action

How can we ensure a sustainable and resilient healthcare workforce for rural and remote communities? CRANaplus Senior Policy Advisor Heather Keighley and Development and Innovation Manager Kristy Hill share how nurses and midwives are driving change, how your feedback is shaping the future, and the many ways you can get involved.

### Needs assessment

In 2024, nurses and midwives in rural and remote communities told us that they were experiencing:

- excessively high levels of agency nurse use
- high workforce turnover
- unsustainable health service costs
- absence of a national supported workforce pathway
- lack of supported clinical supervision
- limited support for remote health managers
- ongoing safety and security issues.



Photo: ACN.

We've outlined some of our key responses below. See what's next and how you can get involved!

### A bold new plan

We have undertaken sector consultation and developed a comprehensive submission to the Australian Government for a nationally standardised and recognised advanced generalist nursing and midwifery practice pathway to deliver up to 1,000 new nurses and midwives across rural and remote Australia. Clinical Reflective Supervision is embedded within the pathway to build resilience and stability into our workforce pipeline. Join us in advocating for change – read our full submission and help us push for a stronger, more sustainable rural and remote health workforce ([access via link at end of this article](#)). You can help by sharing the submission with colleagues and friends and advocating for its adoption throughout your networks and employing organisations. ►►





» We also prepared a separate submission that builds on the key Australian nursing and midwifery peak's calls for comprehensive, employer-funded clinical supervision for all nurses and midwives (*access via link at end of this article*).

This is an important tool for organisations to strengthen nursing and midwifery practice through supported reflection and clinical guidance from experienced, well-trained nursing and midwifery clinical supervisors. Anticipated outcomes include improved workforce satisfaction, interprofessional relationships, and workforce retention.

In addition, we have advocated for building remote nursing and midwifery leadership capability and system improvements in safety and security. This information was also used to determine priorities and opportunities to better support the rural and remote health workforce through our education programs, advocacy efforts, wellbeing support, and nursing and midwifery career pathways.



Photo: ACN.



## A unified voice for change

Recently we have joined partner nursing peaks to advocate for the Scope of Practice Review recommendations and other reforms, including the implementation of the National Rural and Remote Nursing Generalist Framework, which fully utilises nurses, nurse practitioners, and midwives to improve health outcomes for all Australians, regardless of their postcode.

Last November, as part of this united voice of nursing and midwifery peaks, we participated in an event in Parliament House titled Parliamentary Friends of Nurses.

This was an excellent opportunity to showcase the breadth of nursing practice and advocate for meaningful primary health care reform. The event launched a campaign to empower nurses, nurse practitioners, midwives, and allied health professionals to work to their full scope of practice.

Left: The Hon Ged Kearney MP. Above: Amelia Druhan, Executive Director Education CRANaplus, Helen Haynes MP, Helen White CEO College of Midwives. Opposite page, from top: Nurses are the solution; The Hon Mark Butler MP, The Hon Ged Kearney MP and nursing peaks; Shannan Lewis, Clinical Education Manager CRANaplus and Dr Mike Freeland MP at the parliamentary nursing showcase November 2024; Amelia and Shannan.



Photo: ACN.



Photo: ACN.

## What's next

Throughout 2025 we will continue to work together with nursing and midwifery peaks to advocate for the needs of the rural and remote health workforce. Please support us by sharing submissions, talking with your interprofessional colleagues and asking for their advocacy and support for these much-needed changes.

Finally, we thank those of you who continue to share your experiences and support us in our work. Your voices are instrumental in shaping our strategy, policy and advocacy.

You can read the media release and submission at [crana.org.au/CRANaplus-submission-25-26](https://crana.org.au/CRANaplus-submission-25-26) ●





# Embracing digital innovation



**New CRANaplus Board member Kate Welleman, a seasoned remote health professional, champions First Nations-led health care and digital health innovation – two pillars in closing the health care gap.**

“The empowerment of First

Peoples clinicians and the transformative potential of digital health are pivotal in shaping the future of health care in Australia, particularly in remote and underserved communities,” says Kate.

Kate is passionate about encouraging the uptake of digital health technology. Health care often suffers from a lack of access to up-to-date resources, training, and specialist support and Kate sees digital technology has the power to bridge these gaps.

“It’s not a fix-all,” she says. “But we have to embrace digital technology and be shown why it is so useful, how it can enhance the patient’s journey. At the moment, we are in this digital no-man’s land. New digital health solutions are being developed, but frontline workers often don’t have the training or time to integrate them effectively.”

Kate believes the disconnect between developers and frontline healthcare workers is a major issue. Too often, new digital tools are introduced without proper training or context, leading to frustration and underutilisation.

“Nurses and clinicians need to be actively involved in digital transformation – not just as end users, but as co-designers of solutions that improve patient care,” she says. This requires more education, hands-on training, and a collaborative approach where health care and tech industries work together.

Kate sees potential for partnerships between CRANaplus and other health organisations and companies in the health industry.

“We can share the load and have open discussions about digital enhancement, education, training, mentoring, and support of all health professionals.”

Kate’s belief in the potential of digital technology in health reform was reinforced when she completed the Australasian Digital Health Institute’s Women in Digital Leadership program.

“I’ve seen incredible digital solutions being developed – ranging from AI-driven diagnostics to advanced telehealth platforms – but the challenge is in implementation.

Many healthcare professionals struggle with digital adoption because they have not been adequately trained or shown how technology enhances patient care.”

But she disagrees that digital literacy is automatically a generational challenge. “I firmly believe that anyone can learn – if the process is made engaging and relevant.

“We need to ensure that digital training is practical, user-friendly, and directly linked to improving patient outcomes,” she says.

“It’s true that many nurses working in remote areas are older, and perhaps not of the digital generation. There are lots of gaps in digital education and I believe that’s a space where CRANaplus can be really useful.

“CRANaplus and other healthcare organisations have an opportunity to drive this change by developing courses that equip remote health practitioners with the digital skills they need.”

## First Peoples-led health care

“CRANaplus has long advocated for increasing First Peoples’ participation in health care,” says Kate.

“During my time on the organisation’s Roundtable, discussions consistently emphasised the need for targeted support to help First Peoples pursue nursing pathways. While progress has been made, much work remains.”

In her 40-year career, from hospital-based training in Melbourne to remote and tropical medicine in the Torres Strait, Kate has seen a real shift.

More First Peoples from remote communities are choosing to enter nursing, she says, “but we need stronger support systems to ensure their success.”

“I have always been a firm believer in the ‘grow your own’ model of health care, which invests in training and developing local healthcare workers within their own communities.

**“Many First Peoples health staff I have worked with have struggled with having to leave their communities to attend university due to factors such as home-sickness, weather and caring responsibilities. This is where digital technology can be very useful, offering a blended approach to learning of face-to-face and online options.”**

“First Peoples health workers are not just professionals; they are trusted figures who understand the cultural and social fabric of their communities. It has been incredibly rewarding to witness more First Peoples pursuing careers in nursing.



“Historically, healthcare services in remote First Peoples communities have been heavily reliant on visiting health professionals, who often provide short-term support without long-term community integration. This model lacks continuity and fails to foster locally driven healthcare leadership.”

“Over the past 15 years, I’ve mentored many aspiring health workers who possess a natural aptitude for learning and caregiving. I recall a moment of great pride for the community of Thursday Island when, for the first time, an entire ward was staffed by Torres Strait Islander nurses – a clear sign of progress in First Peoples healthcare leadership.

“The importance of culturally appropriate care is critical, as is the role that First Peoples leadership plays in achieving better health outcomes for these populations.

“Continued investment in scholarships, mentorship programs, and culturally appropriate education pathways is essential to achieve this.” ●

# Giving back to the profession that gives

**Recently appointed CRANApplus Board Member and newly inducted CRANApplus Fellow, Josh Stafford was 15 years old when his neighbour asked him if he could fill in for his paper round at the hospital.**

"I had access to all the wards in the hospital carrying my little trolley and selling papers to everyone. It just felt right. And it smelled right. People were sick but getting better. It really felt exciting for me," Josh recalls.

Working as an emergency department (ED) nurse, Josh thought he had found his career path, but a chain of events caused him to seek a circuit breaker.

"I put an application into a course and I was denied... and I thought 'I don't want to live my whole life in Wollongong...'"

Adventure beckoned. That adventure took Josh to the community of Aurukun on the Cape York Peninsula.

"I'd never heard of Aurukun, didn't know how to spell it, didn't know what I was getting into... The only First Peoples I probably ever saw were on the TV..."

By day three, Josh knew he had found his calling.

"I loved it. Every aspect of it... The fact that I could use all the skills that I had built up in emergency... The fact that I was dealing with people... who I felt I could get to know on a more personal level... I felt that I was actually doing something that was meaningful."

After two years, Josh became a Clinical Nurse Consultant (CNC) which gave him the power to further affect change, particularly through the power of words.

"Instead of saying, 'Oh my god, it's so busy in the clinic today,' you can say, 'Well actually, that's a good thing, because people feel comfortable in coming to the clinic and seeking health care.'"



It wasn't long after that, Josh was thrust into the Director of Nursing (DON) role.

"I wasn't very good at it in the beginning, if I'm honest. I was reactive... I wasn't strategic. I was very operational and I couldn't trust people to do things the way that I would do it, so I would go and do it instead."

But his support network helped him find his feet and do a good job.

"I had some really good mentors... a loyal team that helped me... I was able to learn by my mistakes... I had the support of the community."

Then turbulence hit. An incident outside of Josh's control caused him to be sidelined from his role for 10 weeks.

"I got a lot of time to assess my priorities and what I wanted."

Josh decided that what he wanted was to give back to the profession that had given him so much.

"I started becoming more involved in... matters within my organisation and started becoming more vocal in, how I could support managers..."

Eventually, Josh left Aurukun to work in an oversight and support role that he had advocated for. 12 months later, he jumped at the opportunity to go remote again and took up a role in Lockhart (River), where he has worked as the DON for the past eight years.

Josh's path to advocacy has continued. "I've become more involved in CRANApplus and... bringing to light the issues that we as remote area nurses face."

When asked, what's on the horizon, Josh reveals that perhaps his time in community might be coming to an end.

"I've got no desire to climb any higher in the management scale. I enjoy the mix of clinic and managerial here, I love it. And it's very important to me that I have that. I don't want to go into an office where I work on policies and procedures all day, that's not me."

It was time for a sign.

"It was to the point where every time I had a conversation with a fellow nurse, they spoke about nurse practitioners... A few things clicked and I looked into it and I thought, 'You know what, this is probably the next step for me, this is where I want to go.' So I enrolled in my Master of Nurse Practitioner."

His advice for mid-career nurses?

"I worked my way through by taking opportunities when they presented."

"When I felt that I was... at the end of a road, I listened to my colleagues and I listened to myself and I found something that sat well with me and resonated."

Learn more about other members of the CRANApplus Board at [crana.org.au/our-people](http://crana.org.au/our-people) ●





# It's not all big-picture



**Newly inducted CRANaplus Fellow and former CEO Katherine Neil admits that she "kind of fell into" nursing as a career.**

"I'd left school and tried a few different jobs... I thought well, maybe I'll just give nursing a crack..."

As it turns out, she "absolutely loved it" and never looked back.

Originally from the UK, where she trained as an RN, Katherine ended up working in intensive care.

A working holiday in Australia left a deep impression. "I just completely fell in love with the country, particularly the bush... I was absolutely amazed by Australia."

She was introduced to First Peoples' culture and a particular experience struck a chord.

"I was talking to a pregnant woman who had to leave her partner, her two young kids and her rural community, to go and birth in a regional setting.

"It was something I'd never had to consider before... that reality of... health care in rural and remote Australia..."

Katherine went back to the UK, with the goal to return to Australia, train as a midwife and work in the bush. This she achieved, completing her midwifery training in Far North Queensland. And then, an opportunity presented itself.

While on a course, Katherine met a colleague from the Royal Flying Doctor Service (RFDS), who said, 'If you're interested, it'd be great to have your resume...'"

Katherine spent the next nine years working in different roles for the RFDS based out of Cairns.

Initially, the role was aeromedical retrieval involving "a whole range of patient cohorts, from newborns to the elderly... I'd use my midwifery skills as well as my ICU skills and everything in-between."

Driven to understand more about the situation of those around her, Katherine undertook a Master of Public Health. This, in turn, caused her to step away from the aeromedical side of things, and turn towards Primary Health at RFDS.

"We saw some really positive health outcomes from the child and family health team... Some of the nurse midwives had been visiting communities and providing services for years. They'd seen... babies grow into children and... these children eventually having their own children.

"It was a wonderful opportunity at RFDS, to be involved in some great programs and work with families and communities."

Eventually, the opportunity arose to lead CRANaplus as the CEO in 2019.

And then just as Katherine was settling into the role, COVID struck.

"That was such a terrible time for everybody... I feel very privileged to have been able to lead the organisation and represent RANs during that time.

"I'd be talking to people... based in Canberra, or in a metropolitan area and actually being able to describe the context that people were working in... it was incredibly powerful. Because unless you explained these things, people really had no idea..."

Moving on from the pandemic era, Katherine reflects: "The team achieved so many wonderful things during my tenure, we were passionate about advocating for and supporting the workforce.

"It was great to hear from RANs who'd undertaken CRANaplus courses and they'd say, 'I was able to use that in my practice,' or, 'Thank goodness I did that course, because... I've had an emergency event and I was able to draw on all that knowledge.'

"And people saying that they'd used the Bush Support Line and... found it incredibly valuable."

But her favourite part about being a leader: "It's not all big-picture... What gives me a huge amount of joy and satisfaction is seeing people who have previously been in teams that I led or who I've worked with, who are absolutely kicking goals in their professional life now..."



Knowing that in some small way, you may have helped nurture and contribute to that... is so rewarding..."

And what lies ahead?

"I've just started with the Australian College of Midwives as Education Manager... I'm looking forward to supporting midwives in their practice."

And is there ever a quiet moment?

"I'm a sessional academic... I've been doing some work with CQU (Central Queensland University) and I'm going to be doing some work for JCU (James Cook University), and that's fun."

Not to mention, boards!

"I'm on The Queensland Board of The Nursing and Midwifery Board of Australia... I'm also on the board of the Nurse Midwife Health Program Australia as a CRANaplus representative."

Katherine was inducted as a CRANaplus Fellow in October at the 2024 Remote Nursing & Midwifery Conference in Naarm/Melbourne.

**If you would like to nominate someone as a CRANaplus Fellow for their exemplary work in remote health, you can learn more on page 80. ●**

Far right: RFDS Primary Health Care team enjoying morning tea in the bush (left to right) Katherine, Mel Dunstan, Cath Carroll and pilot Mick Jess. Right: Teaching kids about snake bite safety and management, RFDS Field Day; RFDS primary retrieval; RFDS Primary Health Care team (left to right) Katherine, Dr Donal Waters, Dr Liza Robertson and Child and Family Health Nurse Midwife Marita Box.





# A commitment to collaboration

**For Registered Nurse and Midwife Phill Harnas, joining the CRANaplus Nursing and Midwifery Roundtable is an opportunity to contribute to strengthening pathways to remote nursing in Australia. Here he outlines the success of the transition programme at Katherine West Health Board.**

Recognising the need to better prepare nurses heading into rural and remote posts, Phill, currently employed as Remote Area Educator/Mentor, developed a Transition to Remote Practice Program with Katherine West Health Board.

He says the organisation acknowledges that not everyone is suited to the RAN role and a three-month program allows participants to determine if they are interested in a longer-term career as a RAN. The program has proved very successful, with an overwhelming number of applicants and a high retention rate of nurses who have participated.

"Unlike traditional placements, which can last 12-24 months, we offer a three-month program," says Phill. "This flexibility allows nurses to experience remote work before committing long-term."

Phill has fine-tuned the programme over time to provide essential training to equip nurses with the skills and confidence they need and is keen to share his ideas with the Roundtable.

Phill's passion for preparing nurses for remote posting has its roots in his own first experience 30 years ago.

"My first remote post over 30 years ago was a shock," he says. "Transitioning from a metropolitan hospital to a single-nurse post was a steep learning curve, I was entirely unprepared and still not sure what I was thinking taking such a massive career leap."

"Thankfully, times have changed and there is much more support and resources for nurses who want to take the next step in becoming a RAN today."

"The two-week preparation period before nurses take up their remote postings with the Katherine West Health Board includes skills and practice that are relevant to the role, for example ear health, health assessment and chronic disease management, suturing, plastering, domestic violence, social determinants of health and ambulance operation. The programme also includes many aspects of primary health care and focuses on providing culturally appropriate care in our organisation.

"Remote nursing involves acute care, and the course recognises that nurses in remote areas can find themselves in situations beyond their normal scope of practice.



"The National Rural and Remote Generalist Framework (2023-2027) was a key document in putting the program together," says Phill.

Presentations for participants during the two-week course also cover services offered by Katherine West Health Board, such as Tackling Indigenous Smoking; Strong Beginnings for Strong Families which provides information and support around growing healthy babies; and Safe Families and Safe Communities, which raises awareness about respectful relationships, positive parenting and access to domestic and family violence services.

Phill's journey into nursing began with an interest in St John's Ambulance Service and first aid. "Initially, I intended to try nursing for a year or two," he says. "That was 35 years ago." ►►







A practising nurse and midwife, Phill has a keen interest in providing remote nurses with maternity skills that extend beyond dealing with emergency situations and unexpected births.

The PRAMS (Primary Remote Area Maternity Skills) section of the transition programme provides training for nurses in situations without direct access to a GP or midwife.

"We acknowledge that GP or Midwifery care is definitive care but unfortunately that is not always available," says Phill. "We show nurses how to translate their existing skills so they can provide basic screening and education and provide feedback to our GPs and midwives in the organisation. We are aiming to have early and regular antenatal care and ensure early detection of potential pregnancy-related complications."

Phill, whose diverse roles over the years have ranged from single-nurse posts to multi-RN teams spanning both public and private sectors, says his goal with the Roundtable is to contribute strategic insights and management to better prepare and maintain the RAN workforce.

"I am looking forward to the opportunity to network beyond the Northern Territory and contribute to professional development on a national scale," he says. "Having a representative from each state ensures a diverse range of perspectives, and I am eager to bring and take new, innovative ideas to the table."

"This Roundtable provides an ideal platform to address challenges in rural and remote health care and enhance our collective approach to nursing and midwifery in remote areas." ●





# A swift look into bush nursing centres

**Sue Carroll joined our CRANaplus Nursing and Midwifery Roundtable to be an advocate, make a difference and tell her story. Here, she shares what life is like at Swifts Creek Bush Nursing Centre.**

The first glimpse at Sue gives you an insight into the type of person she is. Her glasses, shirt and lippy all in a matching shade of bold, bright red feel like a physical manifestation of her passion, drive and energy.

Sue started relief nursing at Swifts Creek Bush Nursing Centre nearly 28 years ago, and it changed “absolutely everything” for her. Coming from working in a hospital ED where she had support from other staff, she quickly realised that at the bush centre, “you’re it”. After 15 years of relieving, she took over the role of Bush Nurse Manager.

Bush nursing centres are a unique model. They’re private not-for-profit organisations that aren’t affiliated with other health organisations. Each individual bush nursing centre is also unique, and the services it provides to the local community depend on the qualifications and skills of the nurses it employs.

“We also go out for ambulance callouts in our area, so we’re first responders until we can get an ambulance there to transfer them,” Sue says.

“Even though we’re not remote like the Northern Territory or other places like that, because we’re up in the mountains in Victoria there is a delay and we haven’t got an emergency department close by.”

Historically, bush nursing centres were set up with funds raised by local communities, and are still managed by community committees today. Sue explains that she receives partial funding from the Department of Health now, but works hard to secure additional funding elsewhere to ensure she’s providing the care her community needs.



Whether it’s to put a defibrillator down at the general store, to purchase medications, dressings and equipment for ambulance callouts, to run health information nights for women, men or new parents, or to refurbish the centre with a lick of paint and new flooring – if it needs doing, Sue will find a way to make it happen.

“I try to find whatever extra funding I can,” she says.

And as if this doesn’t keep her busy enough, Sue is also in the middle of planning an impressive capital project to benefit the older generations of Swifts Creek.



“There’s no housing for elderly people in this area. So many have sold up and moved and then said, ‘I wish I never left. I have left my community and all my connections,’” Sue explains.

“There was a block of land up here, and I said to our committee of management that we need to buy it and we need to build units for over 65s, like a retirement village. When they can’t manage their homes or farms anymore, they can move in there.

“So we had a community meeting and told the community what we wanted to achieve. I convinced the committee to purchase it, because we had enough money that we could buy it, but we have to try and get funding to build these units. We’re still working on it.”

No matter how much work it may be though, Sue loves serving her community.

“It’s all about the health and wellbeing of these people, and keeping them as safe as possible.”

“The thing I love most is knowing that I can make a difference in people’s lives, and that’s what it’s all about.”

Sue admits she has considered heading into retirement, but there’s one thought that pulls her back. “I’ve still got too much to do.” ●



# Raising the profile of rural and remote nursing

**Clinical Nurse Cally Meynell, who has spent many years working in rural and remote areas, has joined the CRANaplus Nursing and Midwifery Roundtable. Here, she explains the opportunity she sees to help elevate the voices of those working in some of Australia's most challenging healthcare environments.**

For the past four years, Cally has served on the WA Clinical Senate, a group of health professionals and consumer representatives who offer impartial advice on key healthcare challenges to the health Executive committee and the wider WA health system.

That experience, along with her deep commitment to rural nursing, made the Roundtable a natural next step.

She recognises the Roundtable as a way to continue influencing policy and advocating for nurses in remote areas.

"Remote nursing is very rewarding," she says. "You see the results of your labour. You don't always know in urban settings what happens to your patients. In remote areas, you see them in the community."

"But, nurses are often under-recognised outside of these settings for the skills and the work they do to protect their communities."

"We've seen more and more metropolitan nurses coming to relieve in small sites which has helped boost the profile of rural and remote nurses and, hopefully, if we are raising the profile, we are going to attract more nurses to go country," she says.

"But also, we can influence the skillset that is needed for nurses going rural and remote."

"If we promote ourselves, protect our scope, and make sure nurses are getting the right training and support, we can change things."

Cally knows firsthand how important it is to have nurses who are well-trained and confident in their skills. In rural and remote areas, nurses often work independently, with telehealth support.

The broad scope of practice is part of the reason why country nurses are so highly skilled compared to metropolitan areas – and it is a drawback for many healthcare professionals wanting to work in the bush.

"I think the common misconception is that nurses go to the country if they are not as good, not as clever. But when metro nurses come out, they are quite shocked at the level of skills required."

Cally always wanted to be a nurse and her passion for rural health care has been built over years of experience.

Originally from South Australia, Cally trained in Queensland as a mature-age student and has worked across different states.

Nursing since 2005, she first moved to Western Australia in 2006 but later returned to metro practice. However, the call of remote nursing never left her.

"I couldn't stop thinking about rural and remote. So we packed up the family and came back in 2012. And we've been in remote settings ever since, based in Kalbarri, a coastal town north of Geraldton, for the past eight years."

Cally, who works for WA Country Health Service Midwest, splits her time between clinical work and staff development.

As a clinical nurse in the emergency department, she sees the challenges and rewards of rural practice. Her other role focuses on education, travelling across WA's vast Midwest, where she sees the full value of primary health nursing.

"I deliver education – everything from simulation training to Advanced Life Support training and assessment. I roll out new equipment and policies. Sometimes, we drive to a site just to tell them they're amazing."

**"Rural and remote nurses go out of their way on the courses to support each other and build relationships."**

"The courses also give them the chance to meet people from sites across country WA. We need to prioritise education for these nurses," says Cally.

Recognising the contribution from regional hubs, as well as small rural hospitals and nurses in outback posts, Cally says that everyone has a role to play.

"Everyone has to contribute to health care in these settings, or none of it works."

And, through the Roundtable, Cally intends to help make sure all their voices are heard. ●



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# The gift of a Kulap

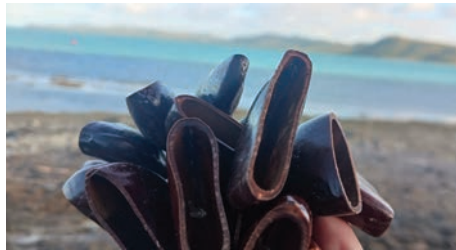
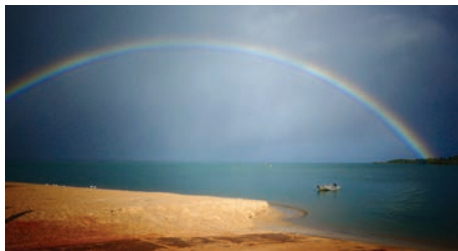
**Michelle Gorman (pictured right) was fortunate to undertake a mental health nursing placement on Thursday Island in the Torres Strait. The cultural lessons she learnt have helped shape her understanding of how to support people's wellbeing.**

Thursday Island (TI) is over 4,000km from my home. It takes more than 12 hours for me to get there, by car, big plane, small plane, bus, and ferry. However, despite the great distance, I felt called to pursue a nursing placement in a remote location.

On my first day there, I saw this quote from Pastor Charles Loban in an exhibition in the cultural centre: "We never had the opportunities young people have now. If you've got an ambition, pursue to the fullest. Grasp it with both hands and take it on board."

When I read that, I knew I had made the right decision to come.

However, my mental health placement was challenging in all the ways I didn't expect.



Although my formal exposure to people living with mental illness turned out to be very limited, by being flexible and open-minded, I was able to have many wonderful interactions with local people doing great work in their community to improve people's social and emotional wellbeing.

The most valuable lesson I learned while on TI was to be open-hearted, but stand back, be respectful and patiently wait to be accepted into someone else's space. This land always has been, and always will be, the land of Torres Strait Islander peoples. Although I was a visitor, I was keen to learn all I could about their culture. Another quote, this one from TI Elder, Robert Sagigi, sums it up nicely: "You can't buy respect. You earn respect, show respect to get respect. Respect your Elders."

Eddie Mabo's grandson, Garry, was the Community Support Worker in the mental health team. I'm grateful for the time he spent teaching me about his culture. One day, he mentioned that his mother, a wonderful cultural woman, was speaking at a language symposium at the cultural centre.

I arrived at the conference just as it finished and the many participants from all across the Torres Strait were sitting down to a leisurely lunch and impromptu sing-along in language.



Without Garry to introduce me, I needed to be patient so I sat back and waited to meet his mother.

When the time was appropriate, I was introduced to Auntie Betty (pictured above). She grasped hold of my hand with a strong, warm grip and spoke with me at length about her passion for her Torres Strait Island culture and the importance of preserving language and traditional songs.

It took me a few moments to realise that she was living with a vision impairment.

While we sat and yarned, she told me that she is a master weaver within her community but, due to her low vision, she can no longer weave as much as she used to.

As a result, she has decided to dedicate her life to teaching culture to her people and, indeed, anyone interested in learning.

On my last day on TI, I went and visited Auntie Betty at her home. While we yarned, I shared how the day before I had been to a contemporary dance rehearsal run by performance and community arts specialist Sonya Stephen.



She had been working with a small group of participants exploring the Kulap vine as a symbol of identity, life, community, growth and transformation.

Using the recordings on my phone, I was able to replay the music from the performance for Auntie Betty. I attempted to explain, in my own words, the way the dancers moved and my interpretation of the meaning.

After the performance, Uncle Pedro, the retired mayor, spoke in a heartfelt way about how all these young dancers contain great potential just like the Kulap seed pods. His belief in the strength of his people moved me to tears and I shared this with Auntie Betty, over a coffee and a biscuit.

A short while later, Auntie Betty very reverently presented me with her own Kulap shaker (pictured left), the traditional musical instrument integral to Torres Strait Islander dance and song. She demonstrated how it was used and explained that for her, the rattling noise produced by the shaker represents the loud voices of her people and their cry to the Government of Australia about their great need for assistance with housing, education and health care.

I am tremendously moved and grateful that Auntie Betty chose to entrust me with her precious instrument and the responsibility of sharing her story. ●

This CRANaplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.





# A warm welcome from Alice Springs

**Elsie Butuyuyu had the opportunity to complete an undergraduate mental health nursing placement in Alice Springs, where she felt right at home. From hiking to carolling, Elsie made the most of immersing herself in this diverse community.**

Before starting my placement, I was met with mixed reactions from family and friends. Some were concerned about the challenges of navigating the hot desert plains, while others worried about the distance from home. However, the hospital pools and local baths offered refreshing relief from the heat, and the community quickly became a home away from home.

My mental health placement at Alice Springs Hospital has been an incredibly memorable experience. With the support of an amazing nursing and medical team, I honed my skills and gained valuable insight into Northern Territory and rural health care.

The team fostered an environment of strong therapeutic and professional relationships with both clients and staff, making this placement a truly worthwhile introduction to rural health.

Beyond the clinical setting, the Alice Springs community was warm and welcoming. I had the privilege of learning about the Arrernte people, the original custodians of Mparntwe land.

The surrounding landscape, with its stunning hills and mountains, reflects the Yeperenye Dreaming story. This tale of resilience, where caterpillars created ridges that shelter the town despite defeat in battle, mirrors the enduring strength and vibrancy of the Arrernte people and their culture.

Below, from left: Hiking on the 8km Yeperenye/Emily and Jesse Gaps Trail; *Carols on the Green* at Traeger Park; Swimming in Ellery Creek Big Hole. Opposite page: Tjoritja/West MacDonell National Park.



Daily life in Alice Springs was equally enriching. Each morning, I rode my bicycle to the hospital, enjoying the convenience of the small city, where everything was just minutes away.

Scenic views of hills and trees, accompanied by the sounds of chirping birds, made the commute a pleasure. Within the hospital, skilled staff worked closely with hopeful patients and families. The smaller wards fostered a sense of connection and collaboration among the team, and I felt like an integral part of this dynamic group, even as a student.

Recreationally, Alice Springs offered a wealth of activities and events. Beyond the famous Uluru tours, buses provided access to beautiful local sites like Ellery Creek, which showcased even more breathtaking landscapes. Hiking trails around the town featured unique flora and fauna, while the city itself buzzed with energy during the festive season.

Events like the annual *Carols on the Green* brought families and friends together to celebrate with ice cream and fireworks. My

weekends were filled with exploration and relaxation, leaving me refreshed for the week ahead. Additionally, the town's multicultural community offered opportunities to explore diverse cuisines and cultures. Overall, my time in Alice Springs was transformative. It reshaped my approach to clinical care, deepening my understanding of rural health and the care of individuals from diverse cultural backgrounds.

The placement exposed me to various clinical environments, allowing me to gain confidence and experience in nursing care. Although Alice Springs may seem isolated due to its central location, it welcomed me with fellowship and community, providing a safe and inspiring environment to learn and grow as a student. This experience has left me eager to return to the rural workforce in the future. ●

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# Who will be taking the reins?

Are you proactively nurturing the next generation of leaders within your remote healthcare team, or is succession planning something you're aiming to prioritise soon? We spoke with a select group of CRANaplus Members and seasoned remote health leaders, who shared their valuable insights on the challenges and strategies for effective succession planning in the sector.

## What do you consider to be the key elements of effective succession planning for remote health teams?

Succession planning in remote can be tricky, mostly because the turnover of remote area staff in all positions can be high, so nurturing someone to follow you may take some time to become a reality. This can be complicated by the fact that the workload can be so overwhelming that it's difficult actually to bed down what the role entails.

Traditionally, managers and leaders, particularly in remote areas, fell into roles because they had been in the clinic for the longest period of time. Or they moved up the ladder because they were the best clinician, or alternatively, they took on the role because there was no one else.

Occasionally nurses have actually been groomed for the role ahead of them. The key elements to effective succession planning, as I see them, include but are not limited to:

- Knowing what the role is. Often, our work is so diverse and widespread or has grown to such an extent that it can be

difficult to actually understand what the role is or the type of person that is needed. This should be discussed with other managers or peers. Others often have a different view of the job that is to be done.

- Identifying talent. There are always people who seem to shine from the first day, they step up and assume responsibility, and while they may say they don't want to be a leader or manager, with the proper support, they will often step up.
- Providing support and development and giving opportunities and encouragement.

There are a lot of potential managers who have been disappointed by a lack of support and encouragement.

- Providing honest feedback and mentoring. Work side by side for a period of time, answer questions and be prepared to share information.
- Stepping back. When handing over the job, it's important actually to step back and let your successor do the job.

**Lesley Woolf**  
OAM, RN, RM, FCRANA+

## What are some strategies for effective succession planning in remote healthcare settings with a highly transient workforce?

Succession planning in poorly resourced remote settings with a highly transient health workforce is challenging but essential.

Effective succession planning involves identifying critical roles, cross-training staff, and fostering a culture of knowledge sharing. This ensures continuity of care, minimises disruption and enables unexpected changes to be accommodated. ►►



Photo: fizkes - stock.adobe.com



A core tenet of remote area nursing is knowledge sharing and collaboration. Every remote area nurse can share some knowledge to support incoming nurses or local Aboriginal Health Practitioners to grow and develop.

## Succession planning can be as simple as making sure the incoming nurse knows how to navigate the telehealth system so patients can still access virtual outpatient appointments.

Succession planning involves teaching colleagues how the ordering system works so pharmacy, general stores, and pathology supplies arrive in a timely manner and aren't reliant on the long-term staff member. These essential remote clinic tasks are often overlooked in the pressure to provide best practice clinical care for complex conditions and the stress of filling the daily on-call roster. Incoming staff can be proactive in offering to learn new roles and sharing knowledge.

**Lyn Byers**  
RN, RM, NP, FCRANA+

## What are the unique challenges you face in remote areas when it comes to passing on knowledge and expertise to newer staff members, and how can they be overcome?

There are lots of challenges, some related to the increasing preference for FIFO/DIDO and locum contracts, others related to the specialist generalist nature of our roles.

I would describe myself as a 'stayer'. I tend to work for long periods of time with one particular community or one organisation, which enables the development of a depth of knowledge and understanding about systems and processes, the local population health profile and key needs, but also the development of long-term therapeutic relationships with clients.

The strategies I use in terms of passing on this knowledge and expertise I put in two buckets: the joyful ones and the mundane ones.

Joyful strategies include thinking about the whole pipeline and where are the areas I can influence the growth and development of a remote and rural health workforce with specialist generalist skills – not just for nursing but all health professions, from school students through to the colleagues in my workplace.

I look for ways to open doors, connect others or support learning experiences for those around me or those I know are interested in rural and remote health. I think about the ways I can promote the benefits of longer-term commitment (years vs months) to a particular community or organisation.

Often it's the little things, nudging someone to follow an area of interest, giving others the opportunity to be involved in more decision-making, encouraging opportunities for team members to advocate internally or externally on issues that matter to them and supporting them when they do.

Those that fall into the mundane bucket include ensuring that systems and processes are appropriate, clearly documented, communicated and understood. It is mundane and slow but important work because strong systems and supports create the safe foundations that learning and sharing can grow from.

**Katie Pennington**  
RN, FCRANA+ ●



Photo: Jess Oakenfull.

# Don't forget your goggles, coral and a motorbike!



**CRANaplus Member, Dr Kirsten Due, strives to find treasure amongst the difficulties of remote work. With the wisdom of remote nurses and doctors she's met along her career, she's compiled a packing list to fill our cognitive suitcases with joy.**

I have a mental image of hundreds of remote nurses and doctors criss-crossing the deserts and rainforests of Australia in teeny Cessnas and on jets; in buses, trains and 4x4s.

And maybe on foot if you're unlucky and bust both those Bridgestones on your Land Cruiser or put petrol in the diesel. Ouch \$\$\$. But like 'ships in the night' we don't often meet up.

If you're like me and work in a number of different communities, then chance encounters with colleagues at airports and brief conversations over hurried lunch breaks might be all you get as far as conversation with like-minded people. Every time I bump into a nurse or doctor who does remote work, we end up talking about similar things. Top of the list would be:

1. Latest news about communities we've worked on (who has retired/retrained/remarried/adopted rescue cats).
2. What's going on in relation to safety in the town/community and how to avoid getting into trouble.
3. Nifty gadgets to pack and ways to make life more comfortable/interesting/fun.

Working in remote areas – where life may be anything but comfortable and fun – has taught me about the best and worst in myself and others. When I least expect it, the stress and isolation and unavoidable workplace frictions, as well as the lack of sleep and very real fears about safety, mean the side of me that is grumbly, ungrateful, teary and demanding can pop up at any time.

It's a side I keep under wraps even from myself. But our emotions and reactions, when they come out of the blue, are worth listening to.

Over the last 20 years, I've collected little gems of pocket wisdom shared by nurses and doctors. Ways of thinking and relating that are nuggets of gold which help me navigate the difficulties: the internal and external deserts.

I don't just want to survive difficulty – I want to find treasure in the midst of it – and have a whole lot of fun doing it.

**I like to think of these treasured gems and precious tips as things I can pack in my 'cognitive suitcase' to 'spark joy' while I'm away.**

Joy instead of cynicism. Joy instead of helplessness. Joy instead of burnout. No one has an empty suitcase of beliefs and habits. Everyone carries baggage – that's a good thing. But sometimes it's worth checking out what's weighing you down and replacing it with something lighter and more functional.

Even if you're living in a community full time and call The Red House at Lot 104 Desert Track Road your home, then taking the time to foster healing habits of mind is important. What is in our 'cognitive suitcase' has an impact on our health.



**Kirsten** is a SMO who works between various Aboriginal and Torres Strait Island communities across Australia. She was born in Africa and spent her early years in Somalia and Christmas Island. Her involvement with remote Indigenous communities started in her teenage years and has continued since then. Kirsten is especially passionate about the central place of rural and remote nurses who she says are the heartbeat of remote medicine. Her inspiration comes from her husband and from two extraordinary women ... Robyn Miller (The Sugarbird Lady) a flight nurse and a pioneering aviator and Ida Scudder, one of the first female doctors who was born in South India in 1870 and the founder of CMC Vellore.

Even if you're a traveller like I have been in the past, with a swag or a camper van, then making your inner (and, therefore, outer) environment a comfortable and joyful place can be a calming and centring practice. ►►



Here are a few memorable things – maybe even life-changing things – that nurses and doctors have told me they pack when they travel. I’ve adapted them to suit me – especially the first one because I’m a swimmer. The idea came from a nurse who lived right in the centre of Australia...

### Remember the tinted goggles

I pack a pair of blue goggles to remind me that how I see things habitually is just one way of viewing the world around me. It’s easy for me to develop an outlook that categorises people and situations based on my fears and past experiences. The goggles remind me that I can be *metacognitive* – that even if I can’t change my perspective on life right now, I can acknowledge it exists.

### Remember the monofilament

I don’t actually carry a Semmes-Weinstein monofilament, although I know a stack of people who do. Diabetic foot disease is skyrocketing. But when I use a monofilament, I remember the saying that unless you’ve walked a mile in someone else’s shoes you don’t really understand them. The saying came from a poem called *Judge Softly*, written in the 1890s by Mary Lathrap. Even though the writing is archaic, I suggest looking it up in full.

The first few verses go like this:

*Pray, don’t find fault with the man that limps,  
Or stumbles along the road.*

*Unless you have worn the moccasins he wears,  
Or stumbled beneath the same load.*

*There may be tears in his soles that hurt  
Though hidden away from view.*

*The burden he bears placed on your back  
May cause you to stumble and fall, too.*

*Don’t sneer at the man who is down today  
Unless you have felt the same blow*

*That caused his fall or felt the shame  
That only the fallen know.*

*You may be strong, but still the blows*

*That were his, unknown to you in the same way,  
May cause you to stagger and fall, too.*

Most patients I see don’t have shoes. Most staff I see do. I find it easy to judge both. Especially if I’m tired and there are pre-existing rifts and seemingly unfair dynamics. The imaginary monofilament helps me navigate tricky personalities with a bit more openness and empathy. ►►



Courage, the ragdoll, insisted – just as he always does – that he should be heading out remote with Kirsten!







### Pack a piece of coral

A few people I've met travel with a reminder of a favourite place. One nurse keeps a piece of coral in his pocket from his favourite beach at home. When stressed, he puts his hand in his pocket and is reminded that just a plane flight away is a place he loves. A place with soft breezes and palm trees. But he has – for important reasons – chosen to be elsewhere for a time. His special place will always be there.

Maybe it's a café with friends. Maybe it's in front of the telly with your partner and grandkids. Wherever it is, pack something to remind you that there are good things around the corner.

### An achievable goal

There are a stack of things I can't do when I work away.

On some of the remote islands and central desert places, I can't go for long walks by myself; I can't go to the shops in gym gear; I can't even go to the gym because there isn't one; I can't get in the car and go for a drive because despite having 'access to a vehicle' written in my contract, there aren't enough in working order to go round.

Pondering all the things I can't do doesn't get me anywhere good. So instead, I make a list of things I want to bring back. Not paintings and statues. But things that no one can take away.



Last time I took a skipping rope and a goal to complete 100 skips without ending up in the emergency department. Whenever I walked past it, I made myself increase the number I could skip. I went from 5 to 400 jumps (with just a few abrasions). Someone I know sets a goal to read a classic novel every eight weeks away and so far he has read everything from War and Peace (Tolstoy), Middlemarch (Eliot) and most of Shakespeare. So what? Well, this is a guy who grew up reading comics and failed English Literature at high school. Someone else I know taught themselves enough Japanese over a year of remote work to travel solo through Japan and be reasonably well understood. There are many things you can't do when you're away, but a heck of a lot you can do if you receive the potential isolation and 'limitations' as a gift.

### A motorbike (!?)

I wish I could really pack one. Instead, I have a few old photos on my phone and I suspect they're lost somewhere amongst pictures of our pets. I've had six motorbikes in the past. The one that scared the day-lights out of me was a big red shiny VFR 800. Next to the bike I was knee high to a grasshopper. As a novice rider years before, my bike instructor told me I had to learn to "lean into the discomfort". He understood that riding was a frightening experience. And that cornering didn't come naturally. I had to learn to lean into the discomfort of cornering while keeping my head fixed on my goal. It's a great way to think about life. Trying to make things perfect, trying to avoid our fears and losing sight of where we're going is a hazard. You only get where you want to go when: a) you have a vision for the future/know where you want to go; and b) when you learn to accept that with all worthwhile pursuits there will be discomfort. You master one corner and there will be another and another. Safe riding and wise living is about knowing limitations, having wise teachers, and sometimes about being comfortable with being uncomfortable. As long as that is in ways that will in time see us and those around us thriving.

Whether we realise it or not, well before we pack our old boots, fly spray, floppy hat and scrubs in our travelling bag, we have already taken up a huge amount of space with mental habits. It's worth spending time thinking about what they are and deciding whether swapping them out for something more useful might be a better idea. Pack things in your life that don't weigh you down. Fun/wise/creative ways of looking at and doing life.

**Dr Kirsten Due**  
FRACGP FACRRM Dip Pal Med  
BPsych Hons 1st Class ●



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**Anyinginyi Health Aboriginal Corporation (AHAC)** provides primary healthcare services to Aboriginal people of Tennant Creek and four small communities. Established in 1984 as Anyinginyi Congress Aboriginal Corporation, in 2003 we underwent a name change to become Anyinginyi Health Aboriginal Corporation. That year also saw an expansion of services outside of Tennant Creek. Anyinginyi remains focused on our central objective. That is to relieve the poverty, sickness, disempowerment, serious social and economic disadvantage, and dysfunction that affects the Aboriginal population of the Region. Ph: (08) 8962 2633 ext. 5 Email: [css\\_reception@anyinginyi.com.au](mailto:css_reception@anyinginyi.com.au) Website: [www.anyinginyi.org.au](http://www.anyinginyi.org.au)



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



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



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



The **Australian Indigenous HealthInfoNet** is an innovative Internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. In this way, we contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islander people and other Australians. Website: [www.healthinonet.ecu.edu.au](http://www.healthinonet.ecu.edu.au)



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



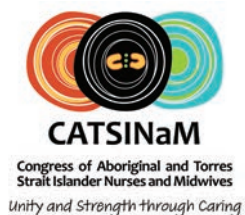
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**Central Australian Aboriginal Congress** was established in 1973 and has grown over 45+ years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



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



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



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



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**James Cook University – Murtupuni Centre for Rural & Remote Health** is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400km (nine days). Its vision of 'A Healthy, Vibrant Outback Queensland' shapes its values, partnerships and commitment to building a workforce in and for the region.



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



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





**The 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](mailto:marjalin@nd.edu.au)



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



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**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.  
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**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.



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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.



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**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](mailto:info@ruralhealthwest.com.au) Website: [www.ruralhealthwest.com.au](http://www.ruralhealthwest.com.au)



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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 Kalbarrie in the Great Victoria Desert region of Western Australia.



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Government of Western Australia  
WA Country Health Service

**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](mailto:wurli@wurli.org.au) Website: [www.wurli.org.au](http://www.wurli.org.au)



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# Support

## Bridging the distance: Navigating intimate relationships when working in rural and remote health care

**Even under ideal circumstances, navigating life with a significant other(s) can present challenges. However, working in rural and remote health care adds another layer of complexity, requiring extra effort and understanding to sustain connection with each other, writes Laura Berry, CRANaplus Mental Health and Wellbeing Educator.**

Throughout my years working in remote health care, I've met many rural and remote health workers who have shared their stories about struggles maintaining intimate relationships. Long hours, geographical isolation, on-call schedules, and physical distance from partners can strain even the strongest relationships.

### The impact of physical distance

People in intimate relationships often share everyday rituals to maintain connection.

These acts of connection may go unnoticed as they are usually so ingrained in daily life. Shared evening meals or morning walks with the dogs are examples of 'rituals' that help maintain and build connection with intimate partner(s).

Health workers in remote areas often face separation from their partners due to FIFO arrangements or temporary contracts. This physical distance can amplify feelings of loneliness and uncertainty in the relationship, as everyday rituals to maintain connection are disrupted and sometimes impossible.

Even simple, non-verbal communication, like a hug at the end of the day, cannot be replicated through phone or video calls, leaving partners reliant on verbal communication through screens or phones. However, we know this doesn't create the same feeling of connection that physical touch does. ►►

**Laura Berry** is a registered nurse with more than 13 years of experience in mental, sexual, and reproductive health. Laura is also studying to become a Nurse Practitioner and is a dedicated advocate for building and maintaining a sustainable rural and remote healthcare workforce. Laura has completed Gottman Therapy training and advanced education in psychosexual therapy. She brings an in-depth understanding of evidence-based strategies to help individuals and couples navigate relationship challenges, build resilience, strengthen communication, and foster a deeper appreciation for one another.



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## » Emotional exhaustion

For those living together in rural and remote areas, the challenges can be different but similarly impact connection. Working in high-pressure, resource-limited environments can leave people feeling emotionally drained after a day at work.

This exhaustion can lead to withdrawal from others, leaving little energy for meaningful connection. As a result, partners may feel neglected and even simple rituals, such as watching a film or cooking a meal together, can slowly fall away.

### Social isolation

Social isolation is a significant issue for those living in small, remote communities. Health workers and their partners may struggle to establish support networks, with opportunities for social interactions extremely limited.

Support and validation from social networks are crucial when experiencing relationship challenges. Without the opportunity to sit down and debrief with friends or family, issues in the relationship can compound, leading to feelings of resentment.

Partners who relocate with health workers may experience a loss of purpose if they are not employed, compounding their isolation.



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Moreover, the lack of opportunities to 'date' your partner can make it difficult to maintain and strengthen emotional connections.

### Strategies for connection

Dr John and Julie Gottman's 40 years of research into managing relationships offer valuable, user-friendly tools for maintaining connection with intimate partners. Their approach emphasises building an emotional 'bank account' of positive interactions and managing conflict in a healthy way.

#### 1. Building a strong emotional foundation

Maintaining a solid emotional foundation is essential for health workers in rural and remote areas, especially when physical distance separates partners. Small, consistent gestures, like sending thoughtful messages or sharing the highs and lows of the day, can significantly bridge the emotional gap. Simple texts like "I miss you" or "I'm proud of you" can reinforce emotional bonds during physical separation.

The free Gottman Card Decks app is a great tool for engaging in deeper conversations and maintaining emotional connection. Using prompts from the app during Facetime or phone calls can help partners stay emotionally engaged, even with significant geographical distance.



Photo: kustvideo - stock.adobe.com

#### 2. Turning towards instead of away

Gottman's concept of 'turning towards' a partner's 'bids' for connection is key to maintaining intimate relationships. Bids can take many forms, for example, sending a funny meme to your partner(s) or simply asking, "How was your day?"

The State of the Union meeting, a weekly check-in recommended by the Gottmans, provides a structured way for couples to reflect on the week, express appreciation, and address concerns. Dedicating just 15 minutes weekly to this can help partners stay emotionally connected and strengthen intimacy, even when physically apart. See below for details.

#### 3. Managing conflict with compassion

Conflict is natural and healthy in any relationship, but in the context of rural and remote health work, conflict in relationships can be exacerbated by isolation and stress. The Gottmans identify destructive behaviours, known as the Four Horsemen – criticism, contempt, defensiveness, and stonewalling – that predict relationship breakdowns.

In remote settings, where communication may already be strained, it's essential to be mindful of these behaviours. Instead of criticising, partners can use 'gentle start-ups' to address issues.

For example, saying, "I feel lonely when we don't talk at the start or end of the day," is more constructive than, "You never make time for me."

Regular check-ins help prevent unhealthy conflict from escalating and provide a space to express frustrations without letting them build into more significant issues. Acknowledging your partner's perspective and taking ownership of your role in the conflict can also help de-escalate actual or potential tension.

#### 4. Nurturing shared meaning

Gottman therapy stresses the importance of creating a shared sense of purpose. This might involve discussing long-term goals or rituals that reinforce the relationship. Setting mutual goals, such as planning trips during time off, helps keep the relationship future-focused.

Even small rituals, such as watching the same TV series or reading the same book and discussing it during a phone call, can maintain a sense of togetherness.

#### 5. Repairing ruptures

Prolonged separations or misunderstandings can lead to avoidance and emotional disconnection. The Gottmans highlight the importance of repair attempts – actions that re-establish connection after conflict. »



- These might include humour, an apology, or simply acknowledging the strain both partners are feeling.

For example, a partner might say, “I know things have been tough lately, though I’m committed to making this work. Let’s figure out how we can do better together.” Small gestures like these reinforce commitment to making the relationship work.

### Seeking support

External support may also be invaluable. Professional counselling can provide tools to navigate relationship challenges, whether in-person or via telehealth.

Also, the CRANaplus Bush Support Line is a free service available 24/7 to support healthcare workers, their families, and the emerging workforce with personal, as well as professional, challenges.

Remember, maintaining a relationship isn’t just about coping with challenges; it’s also about celebrating your strengths and how far you have come in your relationship(s).

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### Framework for your weekly ‘State of the Union’ meeting

- **Reflect together**  
Share what’s working well and what needs improvement.
- **Start with five appreciations**  
Take turns sharing five things you appreciated about your partner(s) in the past week.
- **Highlight what went right**  
Discuss improvements, teamwork, or successes in the relationship. Remember to stay strengths-focused.
- **Address concerns or regrettable incidents**  
Choose an issue to talk about using the ATTUNE framework:  
*Awareness*: Recognise your partner’s feelings.  
*Tolerance*: Accept valid differing perspectives.  
*Turning toward*: Respond to their needs (bids).  
*Understanding*: Seek their viewpoint.  
*Non-defensive listening*: Avoid blaming or self-victimisation.  
*Empathy*: Show sensitivity and understanding.
- **Use a softened start-up**  
Speak constructively:  
“I feel... about what... I need...”  
Example: “I feel overwhelmed cooking every night. I need us to share the cooking next week.”
- **End on a positive note**  
Ask: “What can I do next week to make you feel more loved?”  
Share simple gestures to strengthen your bond.
- **Check-in weekly**  
Prevent issues from building up and practise solving problems together.



Photo: Lina Vanessa Merchán Jimenez from diversiflens - canva.com



# Wellbeing strategies from a RAN



Senior Bush Support Line Psychologist, MC Mandile, recently caught up with remote area nurse and CRANaplus facilitator, Victoria (Vicki) Carr, to discuss wellbeing strategies while working remotely.

On a road trip around Australia in 2011 where she found herself checking into rural and remote clinics, Vicki's passion for remote living was sparked. After eight years at the Royal Darwin Hospital, she took her first agency contract in Port Headland, followed by many other contracts across Australia.

During these periods of contract work, Vicki faced challenges of loneliness.

"I was always starting somewhere new, where you're not just new to the workplace, but also new to the town, a new staff member and having that sense of not belonging yet," she says.

She often felt a lack of connection at each new contract but became better at managing it.

Her strategy for this was establishing a routine – always joining a gym, finding a coffee shop and especially going to the visitors centre where she would make a list of places to explore on her time off, no matter how small it was, to give her something to look forward to.

Engaging in the community while continuing to connect with friends and her partner via phone calls were also really important for Vicki during this time. She explained that although the feeling of loneliness can be significant, it is important to go slow, trust your gut with people in the workplace and community, and find like-minded people, rather than trying to befriend all.

"Be comfortable in your own uncomfortable," she advises.

Vicki then landed on Christmas Island two and a half years ago where she and her partner now reside, and love it.

Her typical day involves caring for aged care residents, attending hospital team meetings (and a coffee), and conducting chronic disease checks. She also focuses on health promotion and health prevention and managing a very low-key 24-hour emergency department.

Vicki prioritises not only her mental health, but also the mental health of her patients – creating a safe space for them to open up about their mental health challenges, leading to them receiving the help they need.

Maintaining a routine, along with making time for self-care, makes her shifts sustainable. ►►







"Going to the gym after a night shift and eating well can make such a huge difference," she says.

Vicki is one energiser bunny! She finds exercise extremely important and engages in it daily, with an added bonus of scuba diving and snorkelling.

She emphasised the importance of hobbies and community involvement, where she casually mentioned that she runs a boot camp (after the personal trainer running it left two years ago), organises a social netball competition (because she felt like playing netball), volunteers with St John Ambulance (as they only have first aid trained volunteers), assists in teaching first aid at TAFE, and has started hosting a radio show at the local radio station!

She does all this when she is not working, and is also currently studying for a Certificate IV in leadership and management.

"Upskilling and keeping your mind busy is so important, it gives you a sense of purpose and accomplishment," she says.

For nurses considering remote work, Vicki advises to prepare by gaining emergency and primary healthcare skills and experience in a metropolitan emergency department where there are more opportunities for exposure and upskilling, as well as clinical expertise and support. Doing this before transitioning to a regional or remote setting will aid in adjusting to the isolation and lack of support systems.

"You're it out there and you need to have confidence in your own ability with whatever comes in," she says.

It was an absolute honour to meet with Vicki. If we all had half of her energy and passion for life, what an amazing place our world would be. ●





# Educate

Photo: chris - stock.adobe.com

## July–December Education Schedule

Below, we have published the remainder of our 2025 course schedule, from July to December. If you are looking to register or see the courses scheduled earlier in the year, head to our website [crana.org.au/education](https://crana.org.au/education)

### July

MEC – Mon 7–Tues 8 – Longreach (QLD)

TEC Int – Thurs 10

REC – Sat 12–Sun 13 – Toowoomba (QLD)

PEC+PALS – Sat 19–Sun 20 – Cairns (QLD)

MEC – Tues 22–Wed 23 – Cairns (QLD)

REC – Sat 26–Sun 27 – Townsville (QLD)

### August

MIDUS – Fri 1–Sun 3 – Coffs Harbour (NSW)

MEC – Mon 4–Tues 5 – Adelaide (SA)

TECFTF – Wed 6 – Adelaide (SA)

REC – Thurs 7–Fri 8 – Adelaide (SA)

ALS – Sat 9 – Adelaide (SA)

MEC – Sat 9–Sun 10 Broken Hill (NSW)

### Clustered courses

Many of our courses will run back-to-back in the same location, allowing participants who want to undertake several courses to save on travel and just take one block of leave.

TEC Int – Tues 12

MEC – Sat 23–Sun 24 Ballarat (VIC)

PEC+PALS – Sat 23–Sun 24 – Alice Springs (NT)

ALS – Fri 29 – Ballarat (VIC)

REC – Sat 30–Sun 31 – Ballarat (VIC)

### September

TECFTF – Mon 1 – Alice Springs (NT)

REC – Tues 2–Wed 3 – Alice Springs (NT)

ALS – Thurs 4 – Alice Springs (NT)

MEC – Sat 6–Sun 7 – Alice Springs (NT)

PEC+PALS – Mon 8–Tues 9 – Darwin (NT)

AREC+ALS – Thurs 11–Sat 13 – Darwin (NT)

REC – Tues 23–Wed 24 – Nhulunbuy (NT)

MEC – Thurs 25–Fri 26 – Nhulunbuy (NT)

### October

MEC – Sat 11–Sun 12 – Katherine (NT)

REC – Sat 18–Sun 19 – Katherine (NT)

REC – Wed 15–Thurs 6 – Dubbo (NSW)

MEC – Sat 18–Sun 19 – Dubbo (NSW)

REC – Sat 25–Sun 26 – Broome (WA)

ALS – Mon 27 – Broome (WA)

MEC – Sat 25–Sun 26 – Perth (WA) ►►







## November

REC – Sat 1–Sun 2 – Perth (WA)

MEC – Sat 1–Sun 2 – Adelaide (SA)

AREC+ALS – Fri 7–Sun 9 – Adelaide (SA)

REC – Tues 11–Wed 12 – Adelaide (SA)

PEC+PALS – Sat 15–Sun 16 – Adelaide (SA)

REC – Mon 17–Tues 18 – Darwin (NT)

MEC – Wed 19–Thurs 20 – Darwin (NT)

MIDUS – Fri 21–Sun 23 – Adelaide (SA)

REC – Tues 25–Wed 26 – Moranbah (QLD)

REC – Sat 29–Sun 30 – Mt Gambier (SA)

### Can't find what you're looking for?

Check out the full 2025 schedule at [crana.org.au/education](https://crana.org.au/education), join the waitlist, or submit an expression of interest to let us know which locations would suit you so we can contact you first about future opportunities.

Information is correct as of March 2025. The schedule is subject to changes. For up-to-date course information, please visit [crana.org.au](https://crana.org.au) ●



## Course spotlight

### Midwifery Upskilling (MIDUS)

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

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

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

# Building paediatric assessment competence and confidence

Emergency paediatric care can be particularly challenging for rural and remote health workers due to limited resources and the need for swift, accurate assessments, writes CRANaplus Clinical Education Manager Shannan Lewis. Here, she highlights the Paediatric Assessment Triangle (PAT) as a helpful tool in primary assessment.

The high prevalence of paediatric emergencies in rural and remote Australia necessitates that health professionals prioritise expertise in both paediatrics and emergency management.

In Fitzroy Crossing, WA, a study by Dossetor et al<sup>1</sup> revealed that a staggering 82% of children in the community visited the emergency department (ED) at least once, with 32% experiencing more than 11 presentations over a five-year period.

The challenges inherent in delivering emergency care to children in low-resource settings are often compounded by the presence of chronic conditions, complex needs, barriers to service delivery, poor infrastructure, and cross-cultural considerations.

Interventions in these settings must also be tailored to the specific emergency context and align with the policies of the employing health service.

## Paediatric Assessment Triangle (PAT)

The Paediatric Assessment Triangle (PAT)<sup>2</sup>, used alongside the primary survey, provides a structured approach to quickly identify potentially life-threatening conditions in children, ensuring timely and appropriate interventions.

It is a visual and hands-off tool that helps health workers assess a child's condition within seconds.



PAT focuses on three critical components:

- 1. Appearance:** This includes the child's tone, interactivity, consolability, look/gaze, and speech/cry. A child who is alert, interactive, and has a normal cry or speech is generally stable. Conversely, a child who is lethargic, irritable, or has an abnormal cry may be in distress.
- 2. Work of breathing:** Observing the effort a child makes to breathe can reveal respiratory distress. Signs include nasal flaring, retractions, grunting, or abnormal breath sounds. Normal, effortless breathing indicates stability.
- 3. Circulation to skin:** This involves checking the child's skin colour and temperature. Normal skin colour and warmth suggest good circulation, while pallor, mottling, or cyanosis can indicate poor perfusion and potential shock.



From CRANaplus PEC + PALS course. Remember: The PAT is an adjunct to the primary survey. It does not replace the structure of systematically assessing DRSABCDE.

**Do you have a question about working in remote health that you'd like answered in the magazine?**

Email your questions to [communications@crana.org.au](mailto:communications@crana.org.au)

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

By combining the PAT with the primary survey, health professionals can rapidly and effectively assess paediatric patients.

This structured approach ensures that potentially life-threatening conditions are identified and managed promptly, improving outcomes for children in rural and remote settings.

What is your level of confidence in assessing and responding to ill or injured paediatric patients? If you have some gaps in your knowledge or could do with an update, a CRANaplus Paediatric Emergency Care & Paediatric Advanced Life Support (PEC+PALS) course could be for you!

Visit [crana.org.au/pec+pals](http://crana.org.au/pec+pals) for PEC+PALS course availability.

## References

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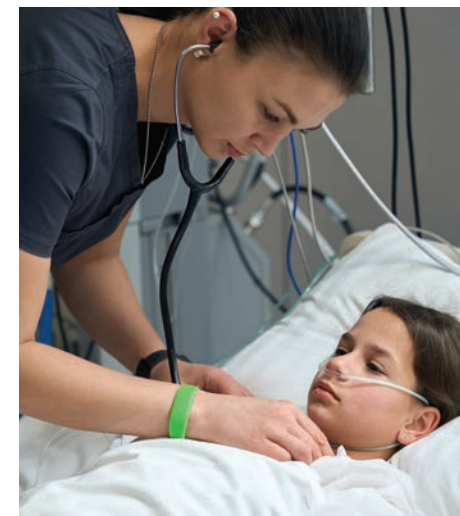


Photo: Svitlana - stock.adobe.com



# Scratching the remote itch



The highlight of Ange Cummins' career has been travelling Australia as a remote area nurse. While being away from it for now, facilitating CRANaplus courses is satisfying her cravings for the remote lifestyle.

Ange's face lights up as she swipes through photos from her time working remote. She's enamoured by snaps of squishy-cheeked bubs on her lap in Community to maps of Australia traced in red marker, following all the roads she's travelled.

"I did most of my travels, initially, in my Corolla and a swag," she laughs.

"Being footloose and fancy-free travelling solo to some of the most amazing places, and meeting some beautiful people, was the absolute highlight of my career, without a doubt.

"The significant smells, colours, people, moments, recipes, watering holes you can only get to if you know locals – I wish I'd journaled all of that."



Ange began her nursing career at tertiary hospitals in Perth, and then started to dabble in remote area nursing all across Australia, before doing her post-grad in Rural Critical Care and then travelling some more. She's now working in Albury and teaching at Charles Sturt University in the nursing division.

Ange says, "Who I am now as a person is largely influenced by those people that I've met on the road."



"There are some fairly unpleasant parts, as well as some significant traumas that you are exposed to, but I feel privileged to have been there to support and help those people in those tough moments.

"I've become very grateful for the exposure and experiences that I had."

Working contract to contract, Ange appreciated the opportunity to have control over what her work-life balance looked like.

"You literally plan your life around what your priorities are," she explains.



"My priorities throughout travelling were to be able to travel home and see my family at least a couple times a year. But apart from that, I didn't really have anything, or anyone, keeping me in any particular place."

That is, until Ange met her now husband and started their family.

"One of the first things I said to him is I'm very passionate about doing my nursing out in rural and remote areas, and he hadn't really experienced that so he was keen to have a go as well," she recalls. ►►



►► “We’ve been very fortunate to get to travel together. We went up to Palm Island in 2021 and he was teaching while I was nursing. It was really nice to share that experience with him.

“Then we were fortunate enough to become pregnant with our little one – he’s now three. Since I got pregnant, we moved back to the Victoria/New South Wales border. We’ve made that home for the time being, and I dabble whenever I can in remote nursing.”

Jumping into facilitating CRANaplus courses for the first time at the start of 2025, Ange found that she fell right back into the mindset of remote area nursing, and is glad to have this new outlet.

“I was concerned I didn’t have the knowledge base after being out of it clinically for three years, but sure enough, when you get teaching, it’s absolutely all still there.”

“Facilitating with CRANaplus is really handy for me to scratch the itch of my passion, and connect and network with those nurses that I miss a lot.”



Ange says she’s lived a lot of chapters in her life already, and feels excited to think that she’s only halfway through with so many still ahead – hopefully to be filled with more experiences out remote.

“I would absolutely love to go rural and remote again in the next couple years. I’m really keen to do that as a family. I think that would be a beautiful experience for my little one to live out in those areas and experience life very different to how we live now.” ●



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This program is funded by the Department of Social Services under the *National Plan to End Violence Against Women and Children 2022-2032*





# Engage

## “Nature itself had unburdened us”

In this snippet from CRANAcast episode 13, we delve into Wendy’s world of nursing deep in the Cairns Hinterland. Here, Wendy reveals the impact the natural landscape has on her and her colleagues’ wellness and the flow on it can have to the wider community. For the full episode, visit [crana.org.au/cranacast](http://crana.org.au/cranacast)

**Wendy:** A few months ago, the driver and I had to take the ambulance out to a tragedy about four hours north of the clinic. We had to travel after the rains; the roads were very corrugated. The police requested we come out, it was a sudden death, to do a life extinct form.

So off we went in our ambulance which is really cumbersome and top-heavy.

You can only do 80 kilometres an hour on the dirt road in that vehicle otherwise, you can blow a tyre or flip it.

Because we were going reasonably slowly and safely, we were able to discuss, between the driver and I, what sorts of things we’d expect to see when we got to the scene. It was a sudden death, so that person we wouldn’t have to worry about, but we’d have to worry about all of the bystanders, and who was there, and what shock was involved. We had time to discuss that.

As we were discussing it I was looking around at the scenery, and I’ve lived most of my life in North Queensland, but I saw the most absolutely beautiful country I’ve ever seen in my life. It was so green. It was just green everywhere.

We passed billabongs with lily pads, emus, galas, cockatoos, lizards, kangaroos – everything you could imagine...

We saw snakes and big sarus cranes as we were going along, and crossing all these causeways that should have been dry, that were still flooding with water.

We got to the scene, and because of what was around us we were calm, collected and centred on what we had to do.

We got out and did our business... then we went around to everybody who was there and gave them support.

We let them have their say about what happened, and let them talk it through. That took a couple of hours, to make sure everyone was okay.

We travelled home on that same journey. It made us ponder on how short life is, and think about our own families and communities.

As we were in this bit of depressive, self-reflection cycle, this blooming lizard – I’ve never seen anything so big; it was huge – just meandered across the road. And then it just stood in front of the vehicle and wouldn’t move. I’ve heard all these stories about lizards running up trees, would it run up our vehicle? But it just stood there and looked at us for a good three minutes and then it just meandered off.

We were in fits. We were laughing so much.

And I think, that whole camaraderie, that ability to be able to reflect on everything that happened and nature giving us a light moment.

By the time we got back to the clinic, we had done all of our debriefing, we didn’t need to ring anyone, we didn’t need to go to any other supports, we didn’t need to talk to a counsellor. Nature itself had unburdened us.

I think, out of all the stories I have got to tell, that’s just going to remain in my heart and soul forever because it was where I really went, “We’re only on this planet for a short time, and if you don’t open your eyes and look around you, you’ll miss everything.”

To listen to episode 13 in full, search for CRANAcast on Spotify or Apple Podcasts, or visit [crana.org.au/cranacast](http://crana.org.au/cranacast) ●

Photo: OzCam – stock.adobe.com

# 2024 CRANaplus Member Survey results

**Thank you to everyone who participated in the CRANaplus 2024 Annual Member Survey. Your insights are invaluable in helping us understand your experiences and strengthen our support for the remote health workforce. This feedback directly shapes our priorities in education, support, and advocacy initiatives. Each year, a number of key messages come through loud and clear. Some of these are similar to previous years, but there are always lots of interesting trends to unpack. Let's take a look.**

## Why you work in remote health

You told us that making a difference to communities (73%), professional extension and satisfaction (65%), and personal or lifestyle benefits (54%) remain the main motivations for working in a rural and remote setting. Financial benefits as a motivation has fallen significantly compared to previous years.

## Workforce experience

The survey results show that the number of early career remote area nurses is stable; however, the number of those with between 5 and 10 years of experience has fallen. Overall, the rural and remote professional expertise of the workforce has increased, with Members with more than 10 years of experience working in remote areas increasing.

## Workplace conditions

When considering the work conditions most important to Members, this year, the results show a strong focus on relationship-based factors over physical conditions and services available. Aside from safety and security, Members nominated effective professional and community relationships and effective staffing (number and skill mix) as increasingly important. Up to five conditions were identified by each respondent, the top most important included safety and security (72%); supportive

management (65%); positive workplace relationships (62%); positive relationships between the workplace and community (58%); and appropriate staffing and skill mix (56%).

## Advocacy and support priorities

You told us that of the issues CRANaplus advocates for, the following are most important: safety and security (69%); resourcing to meet PHC needs (68%); workforce wellbeing (67%); workforce sustainability (66%); and rural and remote career pathways (64%). We're actively responding to these priorities. CRANaplus continues to support career pathways, offers mental health and wellbeing support, including a 24/7 telephone support line and a range of mental health and wellbeing workshops, resources and education, and advocates for safety and security. We also meet regularly with key stakeholders at the national and state/territory level. Your feedback via the survey, combined with the input of the Member Roundtable, informs which issues we seek to address in our advocacy on your behalf.

## Workforce trends

16% of respondents reported being interested in, or planning to transition into, rural or remote practice. 25% are considering leaving within the next two years, with 41% of these citing retirement as the primary reason. 55% of survey respondents are 55 years of age or older. This data reinforces the importance of the Government investing in workforce pipelines that support our incredible, long-term, experienced nurses to have the resources to support those wanting to transition into remote practice. CRANaplus has recently submitted a comprehensive pre-budget submission to the Government advocating for funding a national Postgraduate Rural and Remote Generalist Pathway for Registered Nurses and Registered Nurse Midwives and a Clinical Reflective Supervision Program. You can read more about this on page 6.

## Safety and security

Safety concerns remain a concerning trend. Within the last 12 months, 8% of respondents have been expected to attend call-outs on their own. 31% have experienced a safety and security incident while carrying out their role (increased by 4%), while 16% have at times been concerned for their safety and did not feel able to voice their concerns.

Only 10% of new employees received a comprehensive orientation to their workplace, which included community introductions and safety and security policies and procedures (decreased by 6%).

More workplaces have safety and security policies and procedures that are followed (increased by 5%).

In response, CRANaplus will continue our advocacy for systematic changes to improve safety measures and support for remote health workers.

Thank you to the Members who participated in the 2024 Annual Member Survey. Congratulations to CRANaplus Member Bronwyn, who has won the draw for the \$200 gift voucher for her participation.

As we move through 2025, we remain deeply committed to supporting our Members and advocating for positive change in remote healthcare delivery.

For those who couldn't participate this year, remember that the survey is an annual opportunity, but we welcome your feedback year-round. Contribute your perspectives to CRANaplus directly by emailing [professionalservices@crana.org.au](mailto:professionalservices@crana.org.au) with feedback on your experiences and solutions. If you're interested in regularly participating, be sure to submit an Advocacy Expression of Interest on our website to be notified of targeted advocacy opportunities.

**We're grateful for your continued trust in CRANaplus and your dedication to remote health. Together, we are working to build a stronger, safer, and more sustainable remote healthcare workforce. ►►**

CRANaplus magazine continues to be a valued part of CRANaplus – it was the most utilised service over the past 12 months, with 74% of respondents having accessed the magazine. Additionally, 20% of survey participants indicated that receiving a copy of the magazine was a key reason for renewing their Membership. Thank you for reading – if you have a story idea you'd like to share in the magazine or wish to read about something specific, please don't hesitate to get in touch at [communications@crana.org.au](mailto:communications@crana.org.au)



Photo: Michael – stock.adobe.com



Why you work in rural & remote

- 73% to make a difference to communities
- 65% for professional extension & satisfaction
- 54% personal or lifestyle benefits



25% are thinking of leaving remote

Of these 25%, 41% of these respondents are considering leaving remote work due to 'retirement'.

Some other reasons include

- "staff shortages"
- "burnout"
- "to spend time with family"
- "other staff not experienced enough"
- "safety concerns"



What's important to you

of issues CRANaplus advocates for

69%

identified 'safety & security' as 'most important'

followed closely by 'resourcing to meet PHC needs' (68%), 'workforce wellbeing' (67%), 'workforce sustainability' (66%) and 'rural and remote career pathways' (64%).

Remote area working experience

- 30% Less than 5 years
- 24% 5-10 years
- 25% 10-20 years
- 14% More than 20 years

Experience of workforce slowly increasing.

57% encounter barriers for clinical upskilling and professional development

Some barriers include

- "lack of leave"
- "lack of management support"
- "difficulty finding a suitable replacement"
- "exhausted from being on call"
- "family demands"
- "limited roster flexibility"



Work as agency/contract in a variety of communities

29%

Employment patterns

Work in metro or regional but spend some time working as agency/contract in remote communities

30%

Live and work in the same community (long term)

16%

Work conditions most important to you

Up to 5 were selected or listed

Safety & security

72%

Supportive management

65%

Positive workplace relationships

62%

Positive relationships between health service & community

58%

Appropriate staffing & skill mix

56%

Relationship focused work conditions are becoming increasingly important.



Top reasons for being a CRANaplus Member

Up to 5 were selected or listed

To connect with the remote health community

65%

42%

To access early course bookings

44%

To access course discounts

To support CRANaplus

49%



Reflecting on the last 12 months

8%

have been expected to attend call-outs (at any time) on their own

31%

have experienced a safety and security incident while carrying out their role

16%

have been concerned at times for safety and did not feel able to voice their concerns

# Becoming a Fellow



**Are you ready to take your leadership to the next level? Becoming a CRANaplus Fellow could be the perfect opportunity to showcase your dedication and leadership.**

Melanie Avion, CRANaplus Professional Officer, offers advice on the CRANaplus Fellowship nominations

process and a range of opportunities for Members to demonstrate their ongoing leadership and commitment to rural and remote health practice.

## New CRANaplus Fellows announced every year

Every year, at the CRANaplus conference, new CRANaplus Fellows are presented to Members and delegates. This moment celebrates those who have shown exceptional leadership in remote and rural health practices. But how do they get there?

## What does it take to become a CRANaplus Fellow?

Becoming a CRANaplus Fellow is more than just a title – it is an honour that recognises Members who are leaders in their area of influence and show commitment to their own development and excellence.

They provide support and leadership within the sector and champion CRANaplus and its work in the sector. Could you be one of them?

## Pathways to becoming a CRANaplus Fellow

There are a range of pathways to becoming a CRANaplus Fellow. Essentially, potential Fellows can nominate themselves or be nominated by peers.

Evidence is presented to the CRANaplus Board for consideration to demonstrate the nominee's leadership, influence and commitment to two or more of the following areas of remote and isolated health practice: community, clinical, management, research, teaching, quality, cultural or professional contribution.

Others are offered an appointment as a CRANaplus Fellow by the CRANaplus Board in recognition of obtaining a PhD in a related field or receiving the prestigious Aurora Award.

## CRANaplus offers a range of opportunities for remote health professionals to develop and demonstrate their growing leadership to support becoming CRANaplus Fellows.

These include the LINKS Mentoring Program, becoming a CRANaplus course facilitator, engaging with CRANaplus advocacy, representing your state or territory on the CRANaplus Members Nursing and Midwifery Roundtable and more.

## Ready to nominate?

Consider nominating yourself or a colleague to become a CRANaplus Fellow. Nominations are open, and the process is simpler than you may think.

If you would like to make a nomination, or if you have any questions or need any help, reach out to us at [professionalservices@crana.org.au](mailto:professionalservices@crana.org.au)

We're here to support you as you continue your journey toward excellence in rural and remote health. ●

# Meet CRANaplus Member Regina Huang



## What do you love about working as a remote health professional?

I love the aspect of being able to provide services to regions that have fewer resources. Additionally, I enjoy understanding and immersing myself in the cultures of different regions.

Over the past year, I have travelled extensively to various areas as a registered nurse, experiencing the unique energy and culture of each town. This has been incredibly enriching, and it's something I truly love about my work.

## What career goals are you building towards?

I am currently pursuing my Master of Nurse Practitioner. My short-term goal is to become a passionate and capable nurse practitioner. In the long term, I aim to serve regional and rural communities, focusing on delivering palliative care services to those in need.

## Why did you become a CRANaplus Member?

I was honoured to receive a full scholarship from the Primary Care Nursing and Midwifery Scholarships. This opportunity allowed me to choose one free membership, and I selected CRANaplus because much of my work involves regional and rural settings. Being part of CRANaplus aligns with my passion for remote health care.

## What do you wish everyone knew about being a remote health professional?

I believe it's important for people to understand that we are here to serve the community. More investigation and resources are needed to ensure we can provide comprehensive services and improve access to health care for those living in remote areas.

**Are you a new CRANaplus Member keen to introduce yourself to the community?**  
[Emailcommunications@crana.org.au](mailto:Emailcommunications@crana.org.au) ●



# The first stop on the path to remote nursing

As an undergraduate student, Greg Johnston was looking for advice on how to enter the world of remote area nursing, and stumbled upon CRANaplus. Now, as he begins his graduate year in Tennant Creek, he shares how he is grateful for the support he received to set him on this path.

In 2022, with the Victorian Government announcing free nursing degrees shortly after the passing of my dad, who had struggled with the lack of male nurses and some of the aspects of personal care, I made an enquiry to La Trobe University Mildura Campus about what was involved with studying nursing.

There were a number of factors that influenced my decision for a career change from building surveying and environmental health, among these was an interest in working in remote areas of Australia. I had worked in outback communities before, and when I travelled out to those areas I liked the scenery, the big sky, the people – and working with those people.

Once I commenced study, I did a search of remote area nursing in Australia and one of the first results that came up was CRANaplus.

On phoning CRANaplus, I spoke with Melanie Avion, Professional Officer. Melanie advised me on steps to take and what experience I should look at to build a sustainable remote area nursing career.

This included experience in acute, emergency and community nursing, as well as looking at transition programs that the various states have.

Melanie also suggested that I contact the Centre for Remote Health in Alice Springs to discuss undergraduate scholarship opportunities for placement.



La Trobe University has a partnership with Flinders University for placement at Alice Springs and I was successful in obtaining a three-week placement there for my 'Nursing the Deteriorating Patient' subject.

Whilst there, I sought advice from the Centre for Remote Health about remote area nursing and also met with nurse educators from Central Australia Aboriginal Congress.

When it came time to apply for my graduate year, I was offered positions in Mildura, Northern Territory, and Cairns. After discussions with the various health services, the opportunity at Tennant Creek in the NT made the most sense for a view of looking at remote area nursing.

I made the two-and-a-half-day trip from Mildura to Tennant Creek and commenced work in the acute 20-bed main ward of the hospital, which offers a good scope of practice and learning opportunities. After this year, I will commence studying the Graduate Diploma in Remote Area Nursing, as well as do short courses through CRANaplus.

I suggest anybody interested in a graduate year in a remote area speak to the CRANaplus team, to the nurse educator where you apply for a grad year, and to the clinical learning/education team in the relevant state to get an understanding and assurance of training, orientation, supernumerary days and learning programs you will have.

Having that initial information from CRANaplus set me on the right pathway, it was fantastic. Knowing where to go, instead of looking around in circles, was really beneficial.

Being a CRANaplus Member gives you an idea that, if you go out remote, there are resources you can tap into. You get a feel for what people experience on the ground, and what support CRANaplus offers. It's very good from that aspect.

Visit [crana.org.au/membership](https://crana.org.au/membership) to learn if you are eligible to become a CRANaplus Undergraduate Student Member for free. ●



## Becoming a remote area nurse: essential knowledge

If you're considering transitioning to remote health practice, access CRANaplus' free online module Becoming a remote area nurse: essential knowledge. Developed for nurses and midwives at any study or career stage, this reflective module challenges common assumptions about remote area nursing, introduces helpful programs and pathways, and provides the essential knowledge required to thrive in remote health practice.

[crana.org.au/becoming-a-ran](https://crana.org.au/becoming-a-ran)



# Connect

## Enrolled nurses strengthen remote health care

**Melissa Allen manages the outback clinics for Royal Flying Doctor Service (RFDS) South Australia and Northern Territory. She explains the value of employing enrolled nurses (ENs) in these clinics, and how they are supporting remote area nurses (RANs) to work to their full scope of practice.**

There are four RFDS remote clinics across South Australia – Andamooka, Innamincka, Marla and Marree. This April marks two years since Melissa introduced a new model of enrolled nursing to these clinics, and she has found it to be a “resounding success”.

“After doing a bit of gap analysis across the teams in the clinics and hearing what their pain points were, we decided to implement the EN model,” Melissa explains.

“It was primarily to be a second position to meet the Gayle’s Law requirements, but it was also to support the remote area registered nurses

in their delivery of emergency care and out of hospital emergency transport, as well as the delivery of the primary health care and chronic disease management.”

The Rural and Remote Nursing Generalist Framework was an important tool in this process. Melissa has interpreted from it that to create a supportive environment for RANs to practice to their full scope, clinics need to provide a position that can assist them with the more task-oriented nursing roles, to encourage space for bigger-picture thinking.

“If we want to free up the RAN to do complex clinical decision-making and complex care planning, then the EN could be taking on roles and duties that are within their scope of practice to take that burden off,” Melissa says.

“It gives RANs the headspace to be thinking about all the other things they are wanting to do in a remote community that you can’t necessarily give the dedicated time to when you’re busy doing the core clinical care.

“Now with the ENs assisting, there is time to be thinking through those things and planning strategically, rather than always being in reactive mode.”

ENs are not widely sought after for remote area roles across Australia, but Melissa has seen that when they are, they bring many benefits to a clinic, and the wider community.



Above: Enrolled nurse, Gabi Murphy, with patient transport officer, Andy Newton, at the RFDS Andamooka clinic.

“We’re in a position now where nurses aren’t suffering as much cognitive fatigue burden as they were before, because when they’re in high-pressure situations of emergency response, there’s an immediate second brains trust who’s a clinician who they can talk through clinical reasoning with.”

“And of course with the shortage of RANs in the market currently, opening it up to ENs has really assisted us with ensuring that our communities and our clinics operate with a continuum of care, our patients are feeling more supported, and our staff are never working alone.”

The remote area clinics are a great place for first-hand learning for ENs too.

“In our clinics, most of our ENs are actually studying to be RNs,” Melissa says.

“In their traditional university clinical placement, they might not get the level of access to thinking through the clinical reasoning in an advanced, complex way. They’re seeing the RNs doing this, and they’re shadowing them and unpacking what they’re learning in their studies in the course of their work.

“From where I stand as an old nurse in the profession in Australia, I think that’s a great thing because the nurses that we will turn out into the future nursing generations of Australia will hopefully have had access to a whole lot more experience.”

To join an RFDS remote area clinic as an EN, at least two-and-a-half years of postgraduate experience is required, and that has to include at least six months of primary health care or correctional services nursing, and/or at least six months in an accident emergency type environment. Experience in multi-purpose health services where there has only been one RN and one EN is also looked upon favourably.

**For ENs thinking a transition to remote may be for them, monitor [flyingdoctor.org.au/careers](http://flyingdoctor.org.au/careers) and [crana.org.au/employment](http://crana.org.au/employment) for available positions.** ●

Photo: Sky Perth – stock.adobe.com



# Lessons from a life of service



**Registered Nurse David Innes finds many similarities between his nursing life as an Army Reserve Nursing Officer and the life of remote nurses in Australia. Here he talks about his life in the military as he lists those similarities.**

A phone call in November 1994, three days before his wedding, asking Army Reserve Nursing Officer David Innes to join a mission in Rwanda was a once-in-a-lifetime opportunity. Or so he and his wife-to-be thought.

So, six weeks after getting married, David left for a nine-month deployment with Australia's military contribution to the UN Assistance Mission on Operation TAMAR. It was the tail end of genocide and civil war in Rwanda and the country was in desperate need – its infrastructure destroyed, its people displaced, and thousands of orphans left in the wake of the genocide.

David, a Major in the Australian Army, has since served overseas in places like Timor Leste, Solomon Islands, Banda Aceh and Iraq. Within Australia, his deployments to remote communities in the Northern Territory have included Katherine and Tiwi Islands, and the Victorian bushfires.

Remote nursing, David observes, mirrors many aspects of his stints as a military nurse. Whether serving in Rwanda, Aceh after the tsunami, or remote Australia, he found himself in situations where resources were scarce, infrastructure was minimal, teamwork was essential and self-sufficiency was key.

"For remote nurses, I have seen how difficult their conditions are," he says. "It is hot, they are in the middle of nowhere, they face the unexpected and they deal with it," he says. "It attracts a particular type of person and I hold them in high regard."

David's nursing career began in 1984 in Melbourne before he moved to South Australia for postgraduate studies. There, a friend introduced him to the Army Reserve.

"I loved the Army Reserve, learning about field medicine," he says.

"As a nurse, you bring your medical skills and expertise to the situation, while the Defence experience teaches you about leadership, team work and resilience. Win – win."

David sees five key values shared between Defence and remote nursing: striving for excellence, service, respect, courage and integrity.

"Whether in a combat zone or an isolated clinic, nurses strive to deliver the highest level of care. In remote settings, they must be resourceful and adaptable, often acting as the sole clinician on-site," says David.

"Working alone in a remote community requires the same resilience as being deployed in an austere environment.

"Nurses must make critical time-sensitive decisions with limited backup, often relying on a single line of communication for support.

"And, in extreme situations, integrity is crucial. Whether treating a critically ill patient in an ambulance or managing a public health crisis in an isolated community, nurses must rely on their training, experience, and ethical judgment."

Since Rwanda, David has balanced his military career, nursing and his work with Ambulance Victoria, where he continues to work as a Mobile Intensive Care Ambulance (MICA) paramedic.

These people are highly trained medical professionals who can perform advanced medical procedures, working in ambulances to provide hospital-level care to patients in their homes, workplaces, and on the streets.

"I have seen firsthand the benefits of the Army Reserve to both Defence and civilian medicine," says David.

"Defence medical personnel, from ICU nurses to cardiothoracic surgeons, refine their skills in high-stakes environments," he says, "taking that expertise back to their civilian jobs. Likewise, the military benefits from the advanced clinical skills and innovation developed in hospitals. It's a mutually beneficial relationship that enhances the quality of care in both domains."

Self-sufficiency is a key attribute shared by military medical personnel and remote nurses, says David.

**"The ability to problem-solve under pressure, adapt quickly, and remain calm in adversity is what makes both military medical personnel and remote nurses highly capable professionals."**

David believes that nursing – whether in a warzone, an outback clinic, or a metropolitan hospital – demands a commitment to service. The Royal Australian Army Nursing Corps motto, *For Humanity*, encapsulates the selflessness required in both military and remote health care, he says.

Life continues to be full of action for David. This interview was the morning after a 16-hour shift treating a critically unwell patient who needed to be accompanied to hospital an hour away. "It happened at the end of my shift – but you can't just down tools," he says. "It's not that uncommon. It's the nature of the job."

His final comment: "You are always capable of so much more. You think you have reached the limit of what you are capable of. You always have more to give. Nurses are brilliant at that. They face challenges, learn lessons and apply them. You end up with this amazing ability to meet challenges and work your way through them." ●

# Unsung heroes in Tennant Creek Hospital

**When Olivia Ryder, a nurse with extensive experience in remote health, found herself on the other side of the healthcare system in Tennant Creek, she gained a new appreciation for the dedication and expertise of staff at the local hospital. Here's her story.**

Olivia's personal journey, from giving birth to her first child; emergency hospital visits with her sick son the following year; to then going into labour with twins, has opened her eyes to the often-overlooked value of remote hospitals and the unsung heroes who work there.

Like most expectant mothers living in a remote area, Olivia planned to travel to a larger centre for the birth of her first child. Tennant Creek Hospital does not have a maternity unit. However, her son had other plans.

Days before she was scheduled to leave for Alice Springs, Olivia found herself in advanced labour in the emergency department of Tennant Creek Hospital, with only a curtain around her bed separating her from other patients. Her son was born three weeks early.

A team including the midwife on call and several off-duty doctors had been called in to assist.

"They had to be prepared for anything," she explains. "And they handled everything so well. I even remember saying right after giving birth, 'I could do that again!'"

She was later told that a woman in the next bed, clearly experienced in giving birth, was an impromptu addition to the team, calling out to her to 'Push. Push. Push'.

A year later, Olivia's baby son experienced a severe seizure at home and she was back in the hospital emergency department. His condition quickly escalated.

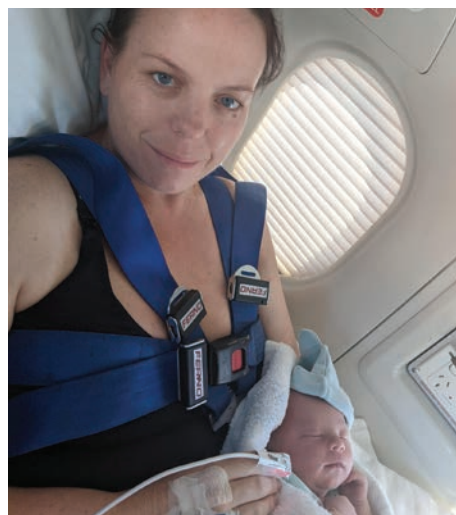
"The emergency alarms went off, and within moments, the room was filled with staff," Olivia recalls.

"Many didn't know I was a nurse and didn't realise that I understood what they were talking about. It was very different being on the other side and watching the doctors and nurses work on your own child," she says.



"But I couldn't fault them. They were fantastic. Despite receiving medication, the seizures continued and the team at Tennant Creek Hospital acted swiftly, treating it as a critical emergency. They intubated him, put him under anaesthesia, and inserted a breathing tube. Their response was immediate and well-coordinated." ▶▶

Opposite page: Birth of Keelan at Tennant Creek Hospital; RFDS transfer to Alice Springs Hospital with baby Keelan (March 2021). Left: Keelan ready for transport (August 2022); Keelan post seizure in ICU at Alice Springs Hospital (August 2022). Above: Keelan saying goodbye to mum before transfer to Flinders Medical Centre and three months away (May 2023). Below: Keelan's last day in Tennant Creek (June 2023).







Olivia's second pregnancy brought another unexpected turn – she was carrying twins. At around 27 weeks, Olivia started experiencing persistent back pain, so when she went into early labour two weeks later, it was some time before she realised the difference.

By the time she reached Tennant Creek Hospital, it was clear she was in preterm labour and, despite various medications, the labour continued to progress. Fortunately, the contractions stopped long enough to be flown to Alice Springs where she had a Cesarean section to give birth to her twins.

"On each occasion, my treatment from all these professionals was exceptional," says Olivia. "They have my full respect. It gave me a huge appreciation for what the hospital staff in Tennant Creek do."

Opposite page: Baby Evie in ICU at Alice Springs Hospital (May 2023); Asha and Evie ready for transfer to Flinders Medical Centre, Adelaide (May 2023). Above: First twin cuddle with Asha and Evie (June 2023).

"This experience has really highlighted for me how fortunate we are to have such dedicated health professionals in the remote setting. Both the clinical and non-clinical staff were so supportive. You're not always aware of what you need in those kinds of situations, so people coming by and ensuring I had somewhere to sit, or that I had been offered food and water but also providing emotional support was a blessing."

"Many people think of remote health care as just the remote health clinics," Olivia points out. "But hospitals like Tennant Creek are doing incredible work, with fewer resources, than in more populated settings."

But, in other ways, there are pluses in attending hospitals like Tennant Creek, she points out.

"The flexible working arrangements at Tennant Creek mean that they have very experienced clinical staff, whether its doctors moving between hospitals or being seconded on contract. When my son had to be intubated, I was so fortunate that one of the doctors was a very experienced anaesthetist and one of the nurses experienced in paediatrics emergency and ICU for example."

"Another point to remember is that remote hospital staff have to be adaptable and multi-skilled. In big hospitals, people specialise and often stick to their area. In rural and remote settings, you have to be a jack-of-all-trades," she says.

"Each team member brings different experiences, and together, they make it work."

The community aspect is also quite unique, says Olivia. "The orderly who drove me to the airstrip to meet the Royal Flying Doctor team wished me well and passed on some very kind words. That's the kind of connection you don't always find in larger hospitals."

Olivia's message is clear: "The doctors, nurses, midwives, and non-clinical staff in these remote hospitals are truly unsung heroes." ●



# Exploring the rewards of rural nursing: a Rural LAP locum's journey

**For many nurses, the opportunity to combine adventure with professional growth is a dream come true. For Narelle Hanckel, that dream became a reality when she joined the Rural Locum Assistance Program (Rural LAP) in 2022. Since then, she has embraced the challenges and rewards of rural locum work, providing vital relief to healthcare teams while experiencing the unique landscapes and communities of Australia.**

Narelle's journey with Rural LAP began in an unexpected place, a nurses conference in Cambodia. A chance bus ride conversation with a fellow nurse introduced her to the program and the exciting world of locum work.

"She was so enthusiastic about her experiences as a travel nurse and suggested I apply. That advice stuck with me, and once pandemic restrictions lifted, I applied," Narelle recalls. "Great advice from a random meeting on a bus!"

For Narelle, Rural LAP offers the perfect balance of structured opportunities and flexibility.

"I like that placements come out early, allowing plenty of time for future planning. I prefer the short placements of four weeks or less, and I particularly appreciate that I am covering a position that allows a regular staff member to take a well-earned break."

Coming into nursing as a mature-aged professional in 2010, Narelle had a long career in a different field before making the switch.

**"I wish I had become a nurse earlier!"**

One of Narelle's recent placements took her to Port Broughton District Hospital on South Australia's Yorke Peninsula. Supported by local General Practitioners and the South Australia Virtual Emergency Service (SAVES), the hospital provided her with a strong team environment and a welcoming community.

**"The hospital has a dedicated management team and lovely permanent staff who are always on hand to lend a hand. The town itself has plenty to offer, a beautiful old pub with great meals, a delicious bakery, bike tracks, picturesque walks, and a long pier for an evening stroll."**

On her days off, she explored nearby historical towns and even visited the famous Clare Valley for wine tasting.

No placement comes without its challenges, and for Narelle, learning the new SUNRISE system was a hurdle.

However, the hospital's management team supported her with online learning and a face-to-face session before she started, helping her adjust smoothly.

## The Rural LAP experience

Narelle speaks highly of the Rural LAP team, especially in terms of logistical support. "The process is efficient from start to finish. On one occasion, my flights were delayed on a weekend, but the after-hours team worked magic behind the scenes and found me a flight home. I've also stayed in some unique accommodations, including a cottage on an alpaca farm, which was a bit of fun!"

While each location has offered something special, Narelle has a particular fondness for the North Eastern Soldiers Memorial Hospital in Scottsdale, Tasmania. "I've been there twice now. The staff are very supportive, and the location is ideal for exploring the North East of Tasmania."



## Advice for aspiring locums

For nurses considering locum work with Rural LAP, Narelle offers simple but powerful advice: "If you're looking to work in a small community and want to experience nursing life outside of what you already know, go for it!"

She also shares a personal mantra:

**"Put the hours behind it, then you'll find out where your talent lies."**

Are you interested in becoming a Rural LAP locum? Apply now at <https://bit.ly/48QBQ2b> ●



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