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CRANA plus
improving remote health

magazine

the voice of remote health

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

from the editor

A virtual symposium celebrating new ideas in the health arena to bridge the geographical distances that separate our members: that's our creative response at CRANAplus to defy the communication obstacles presented by the COVID-19 pandemic.

For decades CRANAplus has delivered its annual national conference, each time in a different corner of Australia. COVID forced the cancellation of our 2020 national conference. The first time ever. We're making sure that doesn't happen this year, with a new and accessible format for all health professionals across the country.

This year CRANAplus is inviting you to participate in our virtual symposium *Connect Across an Isolated Landscape* on 17 September. This one-day symposium continues our 37-year-strong annual conference tradition in an online environment, as we bridge the distances that separate our geographically dispersed workforce. We hope you can join us for this exciting event. See the full program on our website.

Looking at how to keep us all connected in this changing environment, we have enhanced our digital presence with a new user-friendly website and refreshed weekly eNewsletter. We have also been exploring opportunities to be more efficient and reduce our carbon footprint, and as a result we will be moving the magazine to a periodic format of three editions per year. Don't worry, we will continue to provide you with the same engaging content and will also feature and share many of these stories via of our digital platforms too!

In this edition, we are delighted to welcome two new members to the Mental Health and Wellbeing team, Executive Director Pam Edwards and Senior Psychologist Nicole Jeffery-Dawes, and our featured facilitator is Keppel Schafer, a registered nurse and midwife who has always had a burning desire to help in rural and remote and isolated locations.

In our feature article we meet Australia's second Deputy National Rural Health Commissioner, Adjunct Professor Shelley Nowlan, who will play a key role in the Federal Government's agenda to increase access to rural health services and address rural workforce shortages.

I hope you enjoy this edition of our magazine, wherever you may be around the continent, and we look forward to seeing you online for some exciting sessions in September at the symposium.

Happy reading!

Denise Wiltshire
Marketing and Communications Manager
CRANAplus

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CRANA plus improving remote health

About the Cover: Deputy National Rural Health Commissioner, Adjunct Professor Shelley Nowlan. Read full article on page 22.

from the ceo

Dear CRANAplus Members and Stakeholders

Welcome to the latest edition of the CRANAplus magazine. This issue is full of engaging articles – so grab a cuppa and settle in for a great read.

At the time of writing this, the CRANAplus team are busily planning for our inaugural Virtual Symposium which will be brought to you on 17 September. Whilst we all miss the opportunity to meet face to face, this one-day event will provide an opportunity for us to connect across the country.

We are delighted to bring you an inspiring line-up of keynote speakers and presenters, who will engage and inform. The symposium is free for CRANAplus members and only $50 for non-members. Registration is easy – just head to our website.

Another exciting initiative is the commencement of the CRANAplus Nursing and Midwifery Representative Roundtable. This group has been established to assist with lifting the voice of our members to inform CRANAplus on activities and priorities. It is also a forum to facilitate communication for rural and remote health professionals.

We received lots of interest from members to participate and the inaugural meeting was a great success. What we heard loud and clear was that border closures, quarantine requirements for agency and locum nurses, and lack of international nurses were just some of the problems contributing to fatigue of the workforce. There was also strong feeling that part of the solution was for nurses to 'grow our own' – an issue that we will continue to explore as a group. The feedback from this roundtable is used as part of our ongoing advocacy at the jurisdictional and national level. I thank all those involved and you can read more about it on page 64.

As we continue to battle through the pandemic, please don't forget about our CRANAplus Bush Support Line. There is a psychologist available to talk to 24/7. No problem or worry is too small. Don't hesitate to pick up the phone and dial 1800 805 391 if you need someone to chat to.

Hopefully I will see you virtually at our symposium.

Warm regards

Katherine Isbister
Chief Executive Officer
CRANAplus

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CRANAplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and we pay our respects to their Elders both past and present.

in focus

from the chair of the board

Well over 12 months since the onset of the COVID-19 pandemic we continue to wrestle with the evolution of the virus, and the changes it brings to our lives. In the remote and isolated context, the challenges are quite unique. This is particularly evident in the rollout of the vaccination program.

On behalf of the CRANAplus Board, I extend my gratitude and admiration to all of you working tirelessly towards achieving vaccine coverage of our remote and isolated communities. The vital contribution you are making is among the most important work you can be doing at this time.
I take this opportunity to thank the Commonwealth Government for their continued support of CRANAplus through the provision of a 2021–2024 Funding Agreement. It is only through the Government's commitment to longer-term funding grants that CRANAplus can maintain teams, systems and resources to respond to the needs of the remote and isolated health sector with agility and expertise. We look forward to continuing our delivery of quality education, support and representation for and on behalf of you all for another three years.

The CRANAplus Annual General Meeting will be held in October 2021 (online) and I encourage all members to participate.

This is your opportunity to influence the governance and direction of your professional organisation. Some Board positions will be open for nomination and vote. Please keep an eye out for communications that will be sent directly to you regarding this.

We look forward to engaging with many of you at the CRANAplus Virtual Symposium, *Connecting Across an Isolated Landscape*, on 17 September 2021.

As per a decision taken by the Board, the symposium is offered free to all CRANAplus members. This is in recognition of the challenges of the past 12 months, especially the ongoing limitations in your ability to connect with colleagues, family and friends in your service to the remote and isolated health sector. Please join us.

Sincerely

Fiona Wake
Chair, CRANAplus Board of Directors

following in family footsteps

"Some girls follow in their mother's footsteps. I'm a grandson who followed in my grandmothers' footsteps." So says registered nurse and midwife Keppel Schafer who has always wanted to work in healthcare. "One grandmother was a nurse and midwife, and the other worked as an assistant nurse in a maternity hospital. It's in the blood I guess."

Keppel, who currently works out of Fortitude Valley in Brisbane for Queensland Health in a state-wide role for its e-Health department, has been a facilitator for CRANAplus since 2011, having conducted scores of courses in every state and territory in Australia apart from the ACT.

"One of the reasons I remain so engaged is because I absolutely value the contribution remote health workers make to some of the most vulnerable communities in the country from a health perspective," Keppel says.

"What I love most is that facilitating keeps me grounded and connected. When I am back in the urban setting, with all the machines that go ping and extensive resources are available, I think of the people who are delivering healthcare in some of the most trying conditions."

When he's not facilitating CRANAplus courses, Keppel is heavily involved in supporting programs replacing paper-based clinical charts with digital records.

"More and more healthcare is being enabled and influenced by digital contact," says Keppel who sees this development as a major plus for populations that are quite mobile and First Nations people are a prime example.

"Twenty years ago the GP would write your details on an index card and it would stay there. Now, using digital records, the information can be shared more widely," he says.

In Queensland, there are 17 hospitals connected on one platform, with GPs also able to access certain information on a read-only basis. Keppel is currently working on the integration of primary healthcare information, which will particularly benefit patients and GPs in isolated areas.

"I've always had a burning desire to help rural and remote and isolated locations, and, at the moment, I feel my contribution is by being a volunteer facilitator for CRANAplus."

Keppel is involved with the Maternity Emergency Care (MEC) course and Midwifery Upskilling (MIDUS) course.

"With the MEC course, we work with remote area nurses with little or no experience in maternity care, giving them foundational knowledge in the care of women and babies and providing some skills for their tool box that alleviates their anxiety about being involved in childbirth and maternal and neonatal emergencies.

"The upskilling course reconnects midwives working in remote locations with the latest evidence and information. In addition, these midwives are practising in isolated conditions, both geographically and professionally, and this course also helps them reconnect with the profession.

"Across both courses, we, as facilitators, always learn something from the participants. This two-way knowledge-sharing never fails to reaffirm why I love facilitating.

"While home births are increasingly popular in cities and big towns, there's more and more emphasis today on encouraging women in rural and regional areas to go where there's a big hospital," he says.

"I think it is a really significant piece of policy work that the government shies away from. It is complex and laden with cultural and social overtones. I come from a very small town and I, along with all my siblings, was born in that country town. None of my mother's grandchildren have been born there, they had to be born in the nearest big hospital. That was a struggle for my mother to deal with."

Keppel says he undertook midwifery initially because he wanted to be an RFDS flight nurse.

"I consider myself very fortunate to have the career that I have had while still only in my 30s," he says. "For various reasons, I haven't yet done flight nursing, but it's still a thought that's there." ●

support to be the best they can be

Nicole Jeffery-Dawes, recently appointed Senior Psychologist with CRANAplus along with Stephanie Cooper, is well aware of the unique challenges facing remote health workers: complications due to remoteness, issues around isolation and the hard ethical decisions.

Nicole herself has been living and working remotely since 2012, having spent some time in Aurukun in Far North Queensland, but mostly in the Kimberley region, which is twice the size of Victoria. She and her husband Paul met in Balgo, a remote community in Western Australia, and now live in Kununurra.

Before joining CRANAplus on a permanent full-time basis in June, Nicole had worked under contract with the organisation's Mental Health and Wellbeing for Health Professionals in drought and bushfire affected areas project, developing valuable resources to help support the health workforce.

"As a contractor, I quickly realised that my values really aligned with CRANAplus," says Nicole.

"The importance of advocacy for remote health workers and for First Nations people and caring and respect: I saw that in action as a contractor, for our clients, for our colleagues, so when this job came up, I immediately applied.

"I love that CRANAplus is respected in the advocacy space. It is difficult for politicians and bureaucrats to understand the breadth of knowledge our remote health professionals provide, and how isolating remote work can be for them."

"They fly in, look around, and fly out – and that's it. After that, we are not front and centre of their attention. I've sat on numerous committees, hearings, coronial inquiries etc., and it's good to know that CRANAplus is a respected voice, that it is listened to in these arenas, and its submissions are highly regarded."

Since joining CRANAplus, Nicole has already written some new online resources including those about managing personal and professional boundaries in remote locations, and how to facilitate healthy work environments. She is also involved in planning workshops and support visits, as well as answering the phone as part of the 24/7 CRANAplus Bush Support Line.

"Helping people debrief – that's where the CRANAplus Bush Support Line comes into its own," says Nicole, who said the reasons people ring the support line are varied.

"We aren't set up as a crisis line: but it's there if that's what's needed. More importantly, it's there to help people deal with issues before it gets to crisis point. An opportunity for people to say 'This has just happened, and I want to bounce things off you'. We can then listen and work together on strategies.

"The hard ethical issues that health workers face are more immediate in remote areas, not as clear-cut as in urban settings. It could be being pressured to undertake work outside the scope of the job. For example: the dilemma of giving medication when you are not allowed – against the consequences of not giving medication."

"At the same time, it can be more tricky to discuss dilemmas with your colleagues because of the close community situation and the danger of breaching client confidentiality. That's where we come in."

Apart from ethical issues, Nicole pointed to the issues of working remotely without family and routines that promote self care, such as difficulties with exercising because of the environment, and the inability to ring up your best friend and meet for a coffee and a yarn. ▸▸

"Culture shock going into Indigenous communities is another issue," says Nicole, "I totally empathise with Indigenous clients when they have to go into town or a city. As a non-Indigenous health worker, you go out to a remote area and it's you who is the outsider. You are on someone else's country. If you have culture shock, you might be afraid to say anything, afraid to go places so you stay indoors, and suffer anxiety.

"Thankfully, cultural inductions are much better than years ago. They're done with local Indigenous people and that kind of discussion is fabulous. People have an idea of what to expect.

"For me, when I go into a new community, I say 'If I stuff up tell me'. Local people, on the whole, are aware that you are trying your best. I've been 'growled' at a few times, I can tell you but it's a great way to learn.

"I see my role in the team as being able to provide remote health workers with support, so they are in a good place to provide the best service to their communities and to be the best they can be."

learning how to listen

Cross-cultural nursing, and certainly Remote Area Nursing (RAN), were basically unheard of in Australia when Registered Nurse, Toni Dowd, who features as this edition's Fellow in Focus, began practising in the late 1970s.

"Even though I had completed a five-year pilot Combined University and General Nursing Program in NSW (I was in one of the early University-trained cohort) there was very little focus on nursing people from a culture different to your own."

After graduating Toni did several months of relief emergency nursing in Sydney before going west to Cobar.

"That was before the days of CRANA and a time when Cobar hospital was in crisis. It was my first experience of working remote without much support."

Early in her career Toni went into quarantine at North Heads to nurse children who were evacuated from Vietnam.

"This experience brought home to me how people's basic needs of food, shelter and sleep can be neglected if their preferred ways of meeting these needs are not clearly understood."

Alice Springs in the 1970s is where Toni met Aboriginal people from remote areas and listened to some of their experiences at the hospital and the heartache of leaving their home communities.

"I was fairly young and looking to do things differently. I went bush – little did I know how unprepared I was – naively popping in and out of various remote communities as a relief nurse," she says.

And it was in Papunya and later in Elliott up the Stuart Highway where she relieved Barb Lowen, "a very experienced and highly-respected RAN, who was in need of a well overdue break".

In Elliott, Toni began to see firsthand the complexities of Aboriginal health and the impact that various government policies and practices had on Aboriginal people's everyday lives.

She reflects, "It was quite confronting – all I can tell you is, thank goodness for the Aboriginal Health Workers – they had the least power in the system but they knew it and their community like the back of their hand. Besides the fact that for a long time they were not allowed to use the radio or phone, they were more than capable of running the clinic. Without their guidance and support I don't think I would have survived".

In those days, Toni explains, most communication with colleagues and medical services was by radio.

"...more than once in a crisis I was relieved to hear the voice of another RAN – like Pat Kemp at Docker Creek or Wendy Dow at Uluru or closer at Ali Curung. They were life savers!"

Whilst living in Elliott Toni undertook a Graduate Diploma in Education (Aboriginal Studies) by distance from Armidale. At the time there was little on offer in the tertiary sector relevant to remote health or Remote Area Nursing.

"It was at residential schools that I first heard the true history of Australia. I met and became good friends with Aboriginal students who were undertaking the same program. They would yarn into the early hours of the morning sharing personal and family stories that made me realise how the past wasn't just something that we could ignore."

Toni undertook a Kellogg Nursing Scholarship (1983–1985) in the US, achieving a Masters in Nursing – Cross Cultural & International Health, successfully negotiating to do her field work with Aboriginal families involved in the health system on the Central Coast in NSW.

In 1988, Toni received an NHMRC Fellowship to evaluate the Queensland Aboriginal Health Program, becoming one of the first RANs to complete a PhD.

Toni served on the Executive (what we now call the Board) of CRANA from 1985 to 2005, and was invited to join the elite group of foundation Fellows of CRANAplus in 2010.

Her expertise has been sought after by the Royal College of Nursing Australia, the Australian Nurses' Federation and CRANAplus to review research submissions, position statements and policy direction.

She has made numerous submissions to state and federal governments that have informed strategic direction in relation to many areas, including Indigenous health, human rights and rural/remote area health.

She co-ordinated, through CRANA, the Australian Health Ministers Advisory Council Working Party on the roles, responsibilities, and inter-relationships of RANs, Aboriginal and Torres Strait Islander Health Workers and doctors which laid the foundation for national Aboriginal and Torres Strait Islander Health Worker accreditation and registration.

In the late 1990s Toni worked closely with RANs throughout Australia to develop the first National RAN Competencies presented at the CRANA Conference in Broome in 1998 and to the Commonwealth in 2001.

"That was a major CRANA milestone and a ground-breaking piece of work that many RANs working in the highly dispersed and diverse remote locations throughout Australia made happen."

In the early 1990s, Toni also collaborated with Aboriginal and non-Aboriginal colleagues Ena Chong, Roy Gray and Lynette Nixon, Mary Martin along with CRANAplus Life Member Sally Johnson (AM) and UNE academic Anne Eckermann, to develop the seminal cross-cultural education model called *Binang Goonj*.

It started out as a distance education package to familiarise non-Aboriginal health workers, including doctors and nurses, with the distinctive needs and aspirations of Aboriginal people living in rural/urban Australia.

This package which was published as a book in 1992 was endorsed by CRANA and the National Aboriginal Community Controlled Health Organisation. After requests, particularly from Aboriginal health and other community workers, the concepts and principles of *Binang Goonj* were workshopped to support local communities and organisations to develop their own cultural awareness and orientation programs and delivered at CRANA conferences for many years.

The book was updated in 1994 and reprinted in 2006 and 2010. It has been adopted and adapted by diverse cultural groups throughout the country and benefited a variety of community organisations and professions beyond nursing, including doctors, ambulance officers, police, and teachers.

Further teaching materials, including videos, were developed in 1993 to train cross-cultural facilitators by working in partnership with Aboriginal people from rural and remote Australia and CRANA. Many CRANA leaders became facilitators along the way. It was used and adapted by people in Central and Northern Australia, as well as the Torres Strait during the mid 1990s and has influenced cultural awareness training across Australia.

"The phrase *Binang Goonj* – from the Bidjara Aboriginal language in South West Queensland meaning 'you hear but don't listen' – is as relevant today as ever. First Nations People in the Uluru Statement from the Heart state that *in 1967 we were counted, in 2017 we seek to be heard*."

Toni, who has notched up 40 years as a professional in the health and community education arena, reflects that "before too much more time escapes us, we all, especially those in power who make decisions on our behalf, still need to learn to listen with our hearts and our minds if we are to be involved in constructive, open dialogue and truth-telling about our history.

"*Binang Goonj* provided a lens to examine, with Aboriginal people, structural and systemic factors that impact on their lives and wellbeing. It invited an open, honest two-way exchange and challenged all of us, whether we were Aboriginal or non-Aboriginal, to reflect on our own individual biases and prejudices.

"The workshops also provided a forum to highlight the patience, resilience, and cultural vitality of many Aboriginal communities throughout Australia.

"We still have to come to grips with our true history i.e., Australia's colonial history."

"We have to face the fact that, along with that history, there is also a mindset that we need to overcome," says Toni. "This is the basis of truth telling. It will begin the process of healing for all of us and, rather than dividing us, will serve as a measure of the maturity of our nation.

"No doubt, there will always be people who believe that Australia was peacefully settled and that today's Indigenous socio/economic and political problems, all of which impact on health, have nothing to do with 'us'.

"Any analysis of the opportunities we have in life, our position in our society, our level of economic security and access to education and services, demonstrates the influences of the historic, socio/economic and political processes in our country. That's where we find the roots of discrimination and disregard.

"A big lesson I've learnt over the years is that building understanding between cultures is part of an on-going journey. It's more about understanding our own culture from the point of view of someone else."

"Change is inevitable. We don't know what is and will be needed in the future and there are different and alternative ways to get the answers. However, we do know that the process must be inclusive and that the foundation for change must be truth telling, honesty and empathy". ●

a welcome change of pace

Maigan Marrocco headed to Lake Grace in south-west WA to undertake her stage three nursing placement, with the financial assistance of a CRANAplus sponsored Undergraduate Remote Placement Scholarship. In contrast to the experiences of some students, her experience saw her stress levels decrease, as she found time to consolidate her skills, reflect on healthcare delivery, and learn from senior staff.

My stage three nursing placement was at Lake Grace Health Service in the Accident and Emergency (A&E) and aged care facility. It was my second clinical placement and it was a fantastic experience.

To be completely honest, it was very quiet but the staff there were incredibly welcoming and went above and beyond for me. Additionally, the slower pace allowed time to consolidate skills and build confidence in myself, which I would later need in advancing placements.

If the day was quiet and there were not many patients, the staff would bring out dummies to practise skills on and answer any questions I may have. There was also enough time to debrief after a patient was brought in.

The town itself is small and is made up of two cafés, one IGA, one pub, a post office and a sports club. However, on my time off I took a drive down Tin Horse Highway, visited Wave Rock and also popped into a local winery.

As many nursing students understand, the middle of semester can be quite intense. Lake Grace was my saving grace during this time, as it allowed me to tackle my assignments and placements simultaneously whilst never feeling stressed – a novelty for me.

By the end of the three weeks I felt like a part of the team and would love to return one day! ●

health at great heights

Third-year nursing student Sarah Horn took to the air during her clinical placement at RFDS' Meekatharra base. Despite the challenges of working at altitude and in intense heat, learning cultural and clinical lessons and supporting airborne patients through their highly stressful ordeal made it "one of the greatest experiences" of her life.

I am a third-year nursing student studying at Edith Cowan University in Perth. Since heading down the nursing pathway I always imagined myself working in remote communities as I have a passion for Aboriginal health as well as critical care and mental health.

When my university put out an expression of interest to complete a four-week placement with the Royal Flying Doctors Service (RFDS) based out of Meekatharra, a small town in the middle of Western Australia with a population of 700 people, of course, I jumped at it.

On the long eight-hour drive there, as the soil got redder and trees turned into shrubs, I was wondering what I had gotten myself into.

However, those feelings quickly disappeared when I was welcomed with open arms into the Meekatharra community and RFDS family.

My first few days of flying were physically exhausting, and I was concerned I would not be able to cope with the rest of the placement.

I hadn't fully appreciated the effect working at altitude and in extremely high temperatures would have on me.

However, after some pointers from the crew, acclimatising myself and increasing my water intake the shifts got easier. ▸▸

A usual day involved my preceptor and I being on call from 6am until 10am. If we weren't tasked by then we would go into the base and do checks, or training until a job came in. The Meekatharra base only has two PC-12 aircraft which are single-engine turboprop aeroplanes. In the back, there are two stretchers, three seats, and not much room to move! Most morning flights were nurse only which meant occasionally we took three patients if one could sit, but most flights were either one or two stretchered patients.

I thoroughly enjoyed the variety of patients I saw and not knowing what each day would bring. My favourite jobs were to very remote communities including Warburton and Giles.

We were always greeted with such warmth and excitement and I loved hearing the stories and experiences of the people living there. I learnt so much about Aboriginal culture and the importance of practising in a culturally-safe way.

I also gained a huge appreciation for the Remote Area Nurses, who often care for very sick people with limited resources and may have to wait hours for the patient to be transferred.

It was very different from what I had experienced so far in metropolitan hospitals, and a huge eye-opener.

I feel incredibly lucky to have been able to work with such passionate and highly skilled nurses, doctors and pilots. Given the complexities of flying in a small aircraft I quickly learnt from the crew how important it was to be prepared for a patient to deteriorate, even when they are hemodynamically stable and look well, such as having medications ready, equipment checked, and a clear plan to ensure the best outcomes.

I also learnt the significance of communicating with the patients about what was happening, where they were being transferred to, and providing reassurance. For many of our patients, this was already one of the worst days of their life, and now they were being flown hundreds of kilometres away from their home in a tiny plane with total strangers and were understandably

scared. When you can alleviate a bit of that fear and provide them with the care they need, it's a really good feeling.

This placement, assisted by a CRANAplus sponsored Undergraduate Remote Placement Scholarship, has been one of the greatest experiences of my life and I wish it didn't have to end. Not only have I gained invaluable nursing skills, but I've also made friends for life, seen places I never could have imagined and confirmed that rural nursing is where I belong.

Plane and ambulance in Exmouth.

Rainbow from out the back of the nursing quarters.

from Cairns with love

Developing skills in the general medical ward and during home visits and experiencing Cairns by pushbike made this clinical placement away from her kids worthwhile for Nicola Dolan – and allowed her to visualise whether regional health had a place in her future.

I was placed at Cairns Regional Hospital for my Regional Rural Remote third year placement in 2020, financially assisted by a CRANAplus sponsored Undergraduate Remote Placement Scholarship. As a student from the Gold Coast, I considered myself pretty lucky to be going to Cairns, especially after COVID had cancelled my previous placement in Darwin. Travelling alone, spending six weeks away from my family and undertaking my first hospital placement was daunting at first. The team at Cairns were very supportive, and I had the opportunity to meet many other OT students from different universities around the state.

I was based in the general medical ward and had the opportunity to practise a range of clinical skills from personal care assessments to neurological assessments and home visits. The multidisciplinary team was very supportive and welcoming and by the end of my placement, I truly felt part of the team and could see myself working in that environment.

As part of my undergraduate degree, I am completing an Indigenous Health Major through Gnibi College at SCU. This is a relatively new opportunity for occupational therapy students and one I encourage all health students to undertake if they have the opportunity. The Gimuy-Walubarra Yidi People are the traditional custodians of the Cairns region. I felt very privileged to put into practice some of the important skills I have learnt through my studies with Gnibi College at SCU. The learning from Gnibi assisted in my ability to have culturally appropriate interactions with staff, patients and

the wider community, which was immensely helpful to building rapport.

Although there was shared student accommodation available in Cairns, I chose to stay in private accommodation I found through Airbnb, which was walking-distance to the hospital. The best thing I did while in Cairns was buying a second-hand pushbike off Gumtree! Not having a car, this allowed so much more freedom. I loved riding the esplanade in the afternoon, exploring the residential streets and getting beautiful fresh produce from Rusty's Market on the weekends. I often caught up with other students on weekends for swims in the lagoon, dinner and sunset drinks by the marina.

As a mother, being away from my kids for six weeks was challenging at times. However, in hindsight, completing a placement away from family was helpful, as I could put 100 percent focus on my placement and myself.

I found self care was extremely important while away from home, and doing familiar activities like riding my bike, hiking and being in nature was extremely helpful in keeping a clear and focused mind. I didn't consider, however, that swims in the ocean are not the everyday occurrence in Cairns as they are on the Gold Coast! I made it a priority midway through my placement to take a boat trip out to the islands for a swim – much-needed beach and saltwater therapy!

I would recommend Cairns and the hospital for anyone considering a regional placement. The staff and locals are extremely welcoming and there is so much to do and explore. I grew so much in my personal and professional life while being away from home and family.

Even if you're a mature student and have family commitments, I encourage you to use your supports at home and take the opportunity – regional placements are not out of the question! ●

vaccination – speak up loudly, reasonably and often

The awards just keep coming for Professor Sabina Knight, a key player in the creation of the Council of Remote Area Nurses of Australia (CRANA) back in 1983, the organisation that led to CRANAplus in 2008. She is currently Director and Professor at the Murtupuni Centre of Rural and Remote Health, James Cook University headquartered in Mount Isa. The latest award is becoming a Member of the Order of Australia in the 2021 Queen's Birthday Honours for her work in regional and remote healthcare, education and nursing. She was also selected for the Queen's Birthday 2021 COVID-19 honour roll.

No stranger to lobbying and advocacy over the past 40 years, Professor Sabina Knight has taken the opportunity with this latest award to urge the nursing community to purposely use their position in one of the most trusted professions throughout Australia to speak "regularly, reasonably and often" in support of vaccination for COVID-19.

"Never has there been a time more important for nurses to speak up as advocates," says Sabina, who is one of three CRANAplus representative on the National COVID-19 Clinical Evidence Taskforce.

"We as nurses are a trusted voice in the community. We really have got to activate that position of trust with this issue. Every nurse has got to do it. We have to honour our profession and code of ethics – which requires us to use evidence-based science in clinical decision making and our work; to talk to our colleagues, our neighbours, family, friends and the community. Keep talking. Be available to community organisations, media, work groups and talk."

Sabina would like to see a strategic, strong nurse-led campaign to improve the uptake of the vaccination.

"We have been a bit slow as advocates," Sabina says. "It's time now to be strategic and proactive to deal with the uncertainty and hesitancy in the general community. We know how to live and work with uncertainty but the general population is not used to changing advice with emerging evidence.

"We are already active and engaged in adult and child immunisation and have some of the best coverage in Australia so should use this confidence to promote vaccination against COVID-19 and remind people that they may still get the infection but will not get seriously ill or potentially die from it.

"In these times, we definitely want people to be vaccinated against COVID-19, and we have to deal with conflicting information, changing advice and conspiracy theories to reassure people and help them to understand the risks and benefits in accurate and understandable terms.

"I am eminently proud of what we have done within CRANAplus, but I am also very proud of my fellow RANs who have and continue to get involved in rural development, capacity building, leadership and leadership programmes, regional development boards and so forth. Remote Area Nurses and health professionals and nurses in general are well aware of the social determinants of health – the close relationship between health and people's living and working conditions – and that's why many are involved in action and activities outside the purely clinical environment," says Sabina.

"Health is political, isn't it? Health care resources are finite and the remote voice is important to ensure appropriate access and distribution. We've got to speak up collectively and reasonably – well informed by evidence. And, in my opinion, at this particular moment, it's time we speak up, fully support and advocate for the COVID-19 vaccination roll-out."

Sabina's latest award follows a double achievement in 2020 – as the recipient of the prestigious Aurora Award, which CRANAplus awards each year to recognise an individual who has made an outstanding contribution to remote health, having previously been recognised in 2004.

She is a Centenary Medallist, and also is pleased that this is the year when a community campaign she initiated in 2012, in conjunction with other advocates, has finally reaped rewards with new federal government standards that will require all quad bikes be fitted with crush protection devices and other safety features at the point of sale. ●

shining a light on nursing in the bush

Primary healthcare, women's health, rural nursing, rural midwifery, and shining a light on nursing in the bush are key priorities set by the new Deputy National Rural Health Commissioner.

Queensland Chief Nursing and Midwifery Officer Adjunct Professor Shelley Nowlan is the second Deputy National Rural Health Commissioner appointed to assist the Office of the National Rural Health Commissioner, Professor Dr Ruth Stewart.

This follows the appointment of Associate Professor Dr Faye McMillan AM in May.

Adjunct Professor Shelley Nowlan has been charged with playing a key role in the federal government's agenda to increase access to rural health services and address rural workforce shortages.

"As the inaugural Deputy National Rural Health Commissioner representing nursing and midwifery, I want to make sure from the start we open up conversations more broadly with nursing and midwifery and other health professionals.

"I want to shine a light on rural and remote health, capturing the essence of rural generalism in nursing."

"What should it look like for nursing? What is the breadth of scope of practice, what are the qualifications, knowledge and skills required? Allied health has gone down that path and there has been a body of work been undertaken.

"I also want to explore the role of rural midwives in rural women's health. Healthy communities are prosperous communities."

"My role will involve a nursing and midwifery focus: on women's health network; attrition – the workforce understanding recruitment and retention of nurses in rural and primary healthcare interdisciplinary teams; and working with First Nations Health Care Workers which is essential for the ongoing care to communities."

Professor Nowlan has over 30 years' experience in healthcare, including emergency and aero-medical retrieval in south-east Queensland, before moving into perioperative services.

She gained experience in clinical governance and leadership and was Director of Nursing at Caloundra Hospital before she moved to Central Queensland where she was Executive Director of Nursing for regional, rural and remote services.

"I've done beach to bush, city to coast, ocean to outback."

She has also worked in children's health, assisting the commissioning of the Queensland Children's Hospital and rural domiciliary nursing.

As Queensland's Chief Nursing and Midwifery Officer, Professor Nowlan's role is to provide advice on all matters of nursing and midwifery across Queensland. This includes leading, advocating and supporting nurses and midwives to provide quality, safe care for Queensland communities through policy, direction and regulation.

National Rural Health Commissioner Ruth Stewart said Professor Nowlan had worked for decades to ensure nurses and midwives met the needs of people living in rural and regional Australia.

"Professor Nowlan's work in strategic health policy, health reform, innovation and program evaluation has supported the delivery of nurse and midwifery care in communities across Queensland."

Former Minister for Regional Health Mark Coulton MP acknowledged Professor Nowlan's longstanding interest in the health outcomes of rural and remote Australians. Minister Dr Gillespie will now head up this Ministerial portfolio.

"Professor Nowlan's professional qualifications and practical experience will provide real-world knowledge and insight to healthcare challenges in country Australia," Coulton said. ▸▸

The seventh in line of eight children, Professor Nowlan grew up in Tent Hill, a rural locality in the Lockyer Valley Region, one hour west of Brisbane. Her family were small crop, beef and dairy cattle farmers.

"There were eight of us children. Mum had six of us in seven years. I was number seven and followed by a younger sister. So, I know what it's like living in the country, in a big family and the challenge of access to healthcare."

She has experienced tragedy within her own family: one of her brothers died in a tragic car accident which inspired her to do emergency nursing; and she lost another brother to suicide.

These experiences have fuelled her passion for person-centred care and a people-oriented approach to leadership in health. She has spent 17 years in a range of metropolitan, regional and rural public sector executive clinical and health administrative leadership roles at a strategic and operational level.

This includes significant experience in the development and implementation of patient models of care and care innovations.

"I had the opportunity to open up Queensland's Rural Clinical Network Meeting held in association with the Rural Doctors Association of Queensland (RDAQ) conference on the Gold Coast last week and shine a light on inter-disciplinary models of care and nurses working to 'top of licence' to meet community needs."

The new appointment in the Office of Deputy National Rural Health Commissioner will initially involve widespread stakeholder engagement. Professor Nowlan had already met with Australian Government Chief Nursing and Midwifery Officer Alison McMillan, Australian College of Nursing (ACN) Chief Executive Kylie Ward and CRANAplus CEO Katherine Isbister in Canberra in May.

"Katherine and I leapt at the opportunity to connect, where I was able to hear directly what is CRANAplus' focus and strategies for rural and remote nurses. We will continue to meet and discuss key issues and strategies."

"As Deputy Commissioner, Professor Nowlan would provide expert advice and contribute to developing new and innovative ways to provide health services to people in rural and remote Australia," Ms Isbister said.

"CRANAplus has been advocating for a stronger nursing focus in the office of the National Rural Health Commissioner for several years and we are delighted to see this position finally realised."

"We look forward to working with Professor Nowlan over the coming months to identify key priority areas for rural and remote nursing, particularly in relation to workforce pipeline and retention." ●

corporate members and partners

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

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

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

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

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

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

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

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

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

Central Australian Aboriginal Congress was established in 1973 and has grown over 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, support education and professional development. We also contribute to the governance of the remote primary health care manuals suite.
www.carpa.com.au

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

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

Cornerstone are the medical matchmakers™. We are remote and rural nursing and midwifery recruitment specialists, with agency, contract and permanent roles in public and private sectors across Australia.

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

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

CQ Health provides public health services across Central Queensland, in hospitals and in the community. CQ Health is a statutory body governed by our Board. We serve a growing population of approximately 250,000 people and employ more than 3,700 staff, treating more than 700,000 patients each year. The health service has a diverse geographic footprint, ranging from regional cities to remote townships in the west and beachside communities along the coast. Destination 2030: Great Care for Central Queenslanders is our long-term strategy, will shape the future of hospital and health care across our region and support our aim for Central Queenslanders to be amongst the healthiest in the world. For more information about CQ Health visit www.health.qld.gov.au/cq or follow us on Facebook @cqhealth

Downs Nursing Agency (DNA) was established in 2000 and is 100% Australian-owned and operated. Our agency understands both the lifestyle needs of nurses and the health care provider requirements. We are a preferred supplier for governmental and private health care facilities in Queensland. Contact us on (07) 4617 8888 or register at www.downsnursing.com.au

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The **National 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. www.naatsihwp.org.au

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Tasmanian Government

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

Queensland Government
Torres and Cape
Hospital and Health Service

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

Government of Western Australia
WA Country Health Service

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

PURPLE HOUSE

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

Your fertility
www.yourfertility.org.au

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

Yna
Your Nursing Agency
Yna Oxley Nursing Agency
Yna Cairns Nursing Agency

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

support

CRANAplus teams unite to support self care in aged care sector

The CRANAplus After Hours Aged Care Project and CRANAplus Mental Health & Wellbeing Training Project recently collaborated to deliver self-care and resilience workshops to staff of Residential Aged Care Facilities in far north Queensland.

The aged care workforce has faced unprecedented stress during the pandemic and whilst many facilities did not experience a COVID-19 outbreak, they all endured restrictions and suffered isolation that go beyond those endured by the general community.

Events affect people differently, bringing a unique flood of thoughts, strong emotions, and uncertainty and whilst resilience involves 'bouncing back' from difficult experiences, it can also involve profound personal growth.

The Strategies to Enhance Self Care for Aged Care Workers presentation, delivered by Registered Nurse and Mental Health and Wellbeing Educator Sue Bedson, explored factors that impact the resilience of aged care staff and their capacity to adapt to the physical, mental and emotional demands of working in aged care facilities. ▸▸

Aged care workers include nurses, personal care workers, kitchen staff, laundry staff, maintenance, and administration staff, and they all work tirelessly around the clock to protect residents, often when short staffed or fatigued.

This presentation was the opportunity to share everyday strategies to assist in promoting resilience and improve mental health.

Wellbeing support for the aged care workforce can be key in the prevention of burnout or fatigue, and for workers to continue to provide quality care, particularly given the additional stress and pressures they have faced in providing care during the pandemic.

For example, less experienced workers may have undertaken additional roles and/or worked outside their normal scope of practice, and many staff will have worked excessive overtime due to staffing shortages.

It is well-documented that aged care staff are particularly prone to feeling stressed at work because of the demands placed on them, the lack of autonomy they have in their roles, working in isolation such as home-based care, night work or casual work in unfamiliar workplaces.

Prolonged stress on aged care workers can manifest from multiple sources, for example:

- Listening to stories repeatedly during frequent contact with residents that may be in high stress due to illness, pain, grief, challenging behaviours, or hopelessness.
- Providing empathy or connection with others, increasing vulnerability to personal distress.
- Living in the area that you work and being invested in the community with risk of breaking personal and professional boundaries.

- Compassion fatigue, when an aged care worker becomes extremely burned out after many months or years of being selfless and giving.
- Cumulative effect of vicarious trauma, which is a response to an accumulation of exposure to other people's trauma and their stories (secondary trauma). Secondary trauma can happen suddenly when exposed to the traumatic experience of others, causing PTSD-like symptoms such as insomnia, nightmares or feeling overwhelmed.

The workshops discussed three simple strategies that can assist with promoting resilience and improve mental health and wellbeing, referred to as the GEM principles.

Gratitude – an appreciation for the good things that happen in life.

Empathy – the ability to understand and share the feelings of another.

Mindfulness – being present in the here and now, without judgement.

Participants across four aged care facilities reported highly valuing this timely opportunity to discuss strategies to help improve their health and wellbeing, stating in evaluations:

"It's not just me who feels this way."

"...been suffering for years, would have been good years ago."

"The content is really important and valid."

When asked what their take home messages from the presentation were participants said:

"Being mindful of your limitations and address the issues early for a positive outcome and quicker recovery."

"Learn to say 'no' because you can't pour from an empty cup."

"Look after me more! Act on my feelings. Rest and talk to someone who will listen."

Staff who participated in the workshops were very grateful for the practical skills they learnt, particularly those who acknowledged their own experiences of compassion fatigue whilst working in the aged care sector. Participants also appreciated the CRANAplus Wellbeing Packs distributed at the training, providing them the opportunity for self reflection and commencement of their self care management plan.

This unique collaboration between the Aged Care and Mental Health CRANAplus teams was a great opportunity to combine our expertise to better support the aged care workforce. It highlighted that mental health issues are of particular concern for older people, as well as their carers. Wellbeing for the aged care workforce can be key in the prevention of burnout or fatigue, and for workers to continue to provide quality care for residents.

Research tells us that the pandemic has a significant mental health impact on those working at the front line in health and aged care. Wellbeing can be greatly affected when staff may have to deal with uncertainty and things they do not usually have to deal with. Delivering education that focuses on strategies to enhance resilience and wellbeing in aged care staff, colleagues, and their families is a wonderful way of saying "we care about you and value your efforts". ●

CRANAplus Bush Support Line provides a free, confidential telephone support service for rural and remote health workers and their families.

Call 1800 805 391

For further information please contact:

Lisa Crouch
Project Manager Aged Care CRANAplus
Email: lisa.crouch@crana.org.au or

Pamela Edwards
Executive Director, Mental Health and Wellbeing CRANAplus
Email: pam@crana.org.au

supporting health workers in the bush

I am so pleased to be undertaking the role of Executive Director of CRANAplus Mental Health and Wellbeing. Coming from the Project Manager role on the Mental Health Training for Health Professionals in Drought and Bushfire Affected Areas Project, I have seen firsthand the significant need for and benefits of health workers taking time out of their busy workday to check in with their own wellbeing.

During the relatively short time I have worked for CRANAplus I have seen it continue to grow in strength and evolve as an organisation. CRANAplus has retained its voice while advocating for remote and isolated health, while responding to emerging needs and the changing landscape experienced by health professionals in rural and remote communities.

This is evidenced in a revised Strategic Plan, renewed CRANAplus values and, more recently, the introduction of our First People's Strategy and a new-look website.

This responsive evolution also moves us from the long-respected title of 'Bush Support Services' to 'Mental Health and Wellbeing'. Our services and commitment are outlined in the Service Charter that can be found on the next spread. The CRANAplus Bush Support Line, our 24/7 confidential telephone support service, remains an essential component of Mental Health and Wellbeing Services. We continue to encourage all health workers and their families within rural and remote communities to access this incredible service.

The world has changed in recent times and our freedom has been impacted in myriad ways. Many health workers have experienced pandemic fatigue due to lockdowns, restricted opportunities to spend time with family and friends, separation from those they love and support, and the need to communicate over video instead of through personal and social contact with peers, colleagues, and educators.

It's an understatement to say that the last two years have had an impact on us all. I regularly hear stories of the impact the pandemic has had on health workers in rural and remote communities. Throughout this period, many have had limited relief, if any at all. They've had to cancel holiday plans and have gone through an often overwhelming period of sustained effort to prevent COVID-19 from reaching our most vulnerable and isolated communities.

Rural and remote health can at the same time be hugely rewarding. But I'm sure health workers have felt its significant and unique challenges acutely in recent times.

A crucial factor in the success of the Mental Health Training project was the ability to be flexible in delivery and to tailor workshops and education to the needs of the audience.

The Mental Health and Wellbeing service is committed to ensuring our services are responsive to the needs of our consumers. Whether the major stressor be drought, floods, fires, the pandemic, everyday personal and professional demands, or a combination of all the above, I'm committed to leading a service that adapts and supports the workforce, whatever challenges it faces.

I am privileged to work within an inspiring, innovative and energetic team within Mental Health and Wellbeing. We have a keen interest in listening, and our priority is to streamline the opportunities for you to provide feedback and have a voice in the services we offer.

You will hear more about Mental Health and Wellbeing as we promote engagement opportunities, workshops and the CRANAplus Bush Support Line to areas across the country that may not know who we are as an organisation and what we can offer.

We will continue to look for opportunities to develop strategies and actions that support and promote the mental health and wellbeing of First Peoples health professionals. We will also continue to build and maintain strong connections with the industry, peak bodies and the workforce on the ground, and to enhance a solid understanding and delivery of best practice for the services offered.

I have worked within the health sector, including the rural and remote sector, for many years. I bring a unique perspective and broad strategic and operational experience to this role.

I am passionate and optimistic about the work we do, and I am enjoying working alongside such passionate and committed individuals.

Most of all, I look forward to hearing from you.

Pamela Edwards
Executive Director
CRANAplus Mental Health and Wellbeing

Scan the QR code below on your smartphone to provide Mental Health & Wellbeing feedback. We would love to hear from you.

Mental Health and Wellbeing Services Charter

CRANA plus
improving remote health

WHO WE ARE?

The CRANAplus mission is to represent, support and educate the remote and isolated workforce to promote the development and delivery of safe, high-quality healthcare. We are a not-for-profit, membership-based organisation that has provided nearly 40 years of education, support, and professional services for the multi-disciplinary remote health workforce.

WHAT WE DO?

The personal and professional demands experienced by those working in the remote health sector are significant and unique. In acknowledgment of this, CRANAplus provides Mental Health and Wellbeing services to the rural and remote health workforce and their families. We offer free, 24/7 telephone counselling and psychological support, mental health and wellbeing workshops and resources. CRANAplus responds to emerging issues through representation and funded projects designed to address issues affecting the rural and remote workforce.

OUR VALUES

Integrity
We mean what we say, and we are what we do

Excellence
We stand for quality in all that we do

Respect
We value people and their contributions

Social Justice
Equality and Equity are equally essential

Inclusiveness
Everyone has a contribution to make

Accountability
Behaving in a manner that reflects positively on ourselves and CRANAplus

Safety
Safety is at the heart of everything we do

CONFIDENTIALITY AND PRIVACY

CRANAplus is committed to the confidentiality and privacy of information and complies with the provisions of the Privacy Act 1988 governing the collection, storage and sharing of personal information provided to CRANAplus by clients, staff, and stakeholders. The CRANAplus Privacy Policy is accessible from the CRANAplus website at www.crana.org.au

CRANAplus ensures the confidentiality of records collected as part of the Mental Health and Wellbeing services. CRANAplus may:

- Collect minimal personal information about you regarding participation at workshops, visits to health centres and services and when engaging with the Bush Support Line.
- Ask for your consent for any digital images of you whilst participating in an education event or workshop.
- Routinely gather service-level, deidentified data and information for Commonwealth and organisational reporting purposes.

FEEDBACK

One of the most important influences on the way CRANAplus conducts its business is the relationship with the wider CRANAplus community and industry in which we engage to serve our mission.

CRANAplus welcomes feedback in any form and you can access the Complaint, Feedback, or Compliment Policy via the CRANAplus website.

If you would like to provide feedback, lodge a complaint or compliment regarding the CRANAplus Mental Health & Wellbeing Service, we encourage you to contact Reception on (07) 4047 6400 or use this QR Code.

www.crana.org.au

OUR COMMITMENT

- Provide high quality services to the health workforce.
- Commit to quality improvement, responding to feedback to offer the best service available.
- Ensure qualified, experienced and competent professionals are engaged with CRANAplus Mental Health and Wellbeing Services.
- Through a strengths-based approach, contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander people who live in rural and remote Australia.
- Maintain currency and experience in the unique and often challenging conditions of working in isolated and remote locations.
- Ensure inclusivity in the services offered.

OUR SERVICES

Bush Support Line

We provide a high-quality, free, confidential, 24/7 telephone support line to the current and emerging rural and remote health workforce, and their families. The Bush Support Line is free, operates 24/7 and you can ring anytime to speak with an experienced psychologist.

The Bush Support Line is open to all health professionals and their families in rural, remote and isolated communities, including Aboriginal and Torres Strait Islander Health Workers/ Professionals, the Allied Health workforce and other staff involved in health service delivery.

Delivered as a brief intervention single service, you may be asked for limited personal information like your name, telephone number and current location or you may choose to remain anonymous.

Your information will be kept in the strictest confidence unless there is a risk of harm to someone or under other circumstances in accordance with relevant legislation and professional guidelines.

We will always attempt to gain your participation and consent before sharing information about you providing it is safe and practicable for us to do so, taking into account the circumstances.

We offer a non-judgemental, respectful, ethical and culturally safe service delivered by a psychologist experienced in the rural and remote health sector.

Education and Resources

We provide relevant support and assistance to the rural, isolated, and remote health workforce.

We promote mental health and wellbeing through education, information, and workshops.

Workshops and resources can be delivered to any health service including Aboriginal Community Controlled Health Organisations.

CRANAplus regularly provides sponsorship for health conferences and works closely with corporate partners to deliver wellbeing packs and workshops for delegates, students commencing remote clinical placements and health professionals in communities affected by natural disasters.

We develop innovative solutions to providing support for the health workforce in their own mental health, wellbeing and resilience.

Representation and Response

We respond to emerging issues that affect the rural, isolated, and remote workforce.

We provide advocacy on behalf of the workforce in relation to their safety, mental health and wellbeing.

We contribute to improving the health and wellbeing of Aboriginal and Torres Strait Islander people who live in rural and remote Australia by supporting the workforce that supports them through education, information and advocacy.

WHAT CAN YOU EXPECT FROM THE BUSH SUPPORT LINE?

- A free, non-judgemental, culturally safe 24 hour support service.
- To be treated with dignity and respect, sensitivity and understanding.
- To be offered unbiased support for your circumstance.
- Privacy and confidentiality.
- Calls will be terminated if aggressive, inappropriate, or threatening language or tone is used.
- For CRANAplus to adequately respond to your feedback or complaint.

WHAT WE ASK OF YOU?

- Call as often as you need, knowing that you will be answered by a qualified and experienced psychologist.
- Be respectful and use the service as it is intended, to support the current and emerging rural and remote health workforce and their families.
- Respect the privacy of the person answering the call, with limited information of their personal details being shared with you.
- Understand your call will be answered by one of the team of psychologists, and details you may have shared previously will not necessarily be available to the person that answers your call.
- Understand this service should not replace any care you receive from your GP, mental health professional or other allied health professionals for your personal circumstance.

are you suffering from pandemic fatigue?

The World Health Organisation has defined pandemic fatigue as "feeling demotivated about following recommended behaviours to protect ourselves and others from the virus". This, in turn, is leading to a general decline in compliance with public health advice and mitigation behaviours such as social distancing and hand washing.

Pandemic fatigue is real, and it can affect our health workforce as much as the general population. It doesn't stem from just one source but a combination and build-up of a number of, at the time, seemingly not insurmountable factors. It is our lack of sense of control over our everyday activities such as snap lockdowns, new infection control procedures, and leave being suddenly cancelled.

These changes slowly erode our sense of stability and balance within our lives. Plans all of a sudden must be changed; previous procedures are changing and doing so rapidly and continuously with new information; inconsistent messages are being given by our leaders and politicians; bombardment of COVID-19 information, particularly on social media and incorrect messaging from 'keyboard warriors', 'anti-vaxxers' and 'trolls'.

There are also the added pressures for our rural and remote workforce such as an inability to take approved leave as replacements may not be able to travel from interstate, and a greater sense of isolation given the seriousness of the infection and limited resources. Rural and remote communities are also often considered in the 'higher risk' categories given their demographics. ▸▸

All these factors can lead to a sense of exhaustion, negative thoughts, and behavioural changes. Given the pressures our rural and remote health workforce is under, it is understandable that these are being experienced by many and it's ok to feel that way.

However, we can't stay in that headspace and there are things we can do to support the mental health of ourselves, our workplaces, and our communities during this time:

- **Recognise the signs of pandemic fatigue.** Be aware that you are feeling tired even with adequate sleep.
- **Find ways to stay connected.** Ring friends and family or play one of the numerous computer/phone games that friends can do together.
- **Create a schedule.** Incorporate routine activities such as self-care behaviours for a sense of achievement and so that you feel more in control.
- **Limit time on social media.** This medium may include increasingly negative or inappropriate responses from 'keyboard warriors' that increase our anxiety or anger.
- **Maintain hope.** Understand that you are emotionally, psychologically, socially, and spiritually tired, and that's okay. Believe that things will get better in the future.
- **Seek mental health support.** The loss of social connection can have profound effects and these feelings are completely normal and common. Contact the CRANAplus Bush Support Line on 1800 805 391 for a free and confidential chat with one of our psychologists about how you are affected.

There are many trusted sources of information out there with helpful tips that you might also be interested in, which can be accessed from our website crana.org.au

- **Australian Psychological Society** *Managing Lockdown Fatigue*: https://www.psychology.org.au/getmedia/74e7a437-997c-4eea-a49c-30726ce94cf0/20APS-IS-COVID-19-Public-Lockdown-fatigue.pdf
- **Government of Western Australia** *COVID-19: Managing Modified Rosters and Fatigue*: http://www.dmp.wa.gov.au/Safety/COVID-19-Managing-modified-26937.aspx (although developed for the mining industry, this resource has some excellent generic information and tips)
- **Australian Government: National Mental Health Commission** *#GettingThroughThisTogether: Supporting our mental health during COVID-19*: https://www.mentalhealthcommission.gov.au/GettingThroughThisTogether
- **World Health Organisation** *Pandemic fatigue: Reinvigorating the public to prevent COVID-19*: https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf
- **Centre for Disease Control** *Employees: How to Cope with Job stress and Build Resilience During the COVID-19 Pandemic*: https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html

Our health workforce is doing an amazing job in such challenging and unprecedented circumstances!

Pandemic fatigue, however, is real and can affect us all differently as we have a unique set of challenges we are experiencing.

Reflect on what you are currently experiencing and acknowledge if you're having some difficulties with pandemic fatigue and please, get support if you feel you need a hand.

You and your family are always welcome to call the CRANAplus Bush Support Line 24/7 on 1800 805 391 for free and confidential support.

CRANAplus is here for you.

CRANA plus
improving remote health

Bush Support Line 1800 805 391

- A free, confidential 24/7 telephone support line
- Available every day of the year
- For people working in the current and emerging remote and rural health workforce and their families. (including nurses, midwives, aged care workers, health students, doctors, allied health etc.)
- Staffed by psychologists with remote and cross-cultural experience
- Available from anywhere in Australia

P: 07 4047 6400 W: www.crana.org.au E: wellbeing@crana.org.au

educate

education matters – keeping education going

In recent months we have all been influenced by the impact of COVID-19 state and territory border restrictions and lockdowns. As a result, we have had to make the difficult decision to postpone or cancel some scheduled courses this year. The Education Services team would like to take this opportunity to acknowledge everyone who has experienced our course cancellations and restrictions.

As the Clinical Education Manager, supporting the Education Services team, commitment to the delivery of courses scheduled for 2021 is a key priority. However, ensuring compliance with state government and territory guidelines throughout fluctuating COVID-19 exposures, has challenged our ability to do this.

In this edition of the magazine, I would like to reflect on the last six months and acknowledge the understanding and commitment of our readers.

Additionally, I would like to recognise the support of our volunteer facilitators and contract coordinators, who have demonstrated agility and patience during snap lockdowns whilst travelling to support courses.

Keeping education going throughout a pandemic is paramount.

The management of increasing waitlists and course requests has enabled us to review our approach. As a result, we are planning scheduling that will increase course numbers and frequency.

To support the additional course numbers, we are prioritising resources to ensure mobility of teams and equipment that will be able to accommodate the forever fluctuating restrictions and border closures.

Join me in recognising the resilience and achievements you all have demonstrated.

As often, during challenging and conflicting experiences, we find the confidence to discover positive new approaches.

I look forward to providing further updates, as we enhance our course schedules and resources to keep rural and remote education a priority.

Jodie Dillon
Clinical Education Manager
CRANAplus Education Services

Photo: Caleb Sweeting

working together towards reducing the tragedy of stillbirth

Firstly, we recognise that this is a sensitive and very sad topic, and probably not in the forefront of our clinical priorities on a daily basis, but we would like to bring this topic to the fore. We do so with the goal of working together to reduce the tragedy of stillbirth, which can have devastating and long-lasting effects on families and communities.

CRANAplus has been supporting the Centre of Research Excellence in Stillbirth (Stillbirth CRE) project for several years now and have more recently collaborated on the development of the Rural and Remote Advisory Group, to ensure that the needs of Australia's rural and remote women and their clinicians are considered and addressed.

The Rural and Remote Advisory Group comprises experienced rural and remote clinicians from both midwifery and medicine, with the goal to ensure suitability of all education programs and resources to rural and remote settings.

The group complements and works closely with other Stillbirth CRE Advisory Groups to support Aboriginal and Torres Strait Islander and migrant and refugee women, families, and communities.

The Stillbirth CRE was established to address the tragedy of stillbirth in Australia, through a cohesive national program of research and implementation. It is funded by the National Health and Medical Research Council and functions as a network of individuals and partner organisations. All involved share the common vision of reducing the devastating impact of stillbirth for women, families, and the wider community, through the improvement of care.

Some important data, to give context to the importance of this work:

- There has been little improvement in overall stillbirth rates in Australia for over 30 years
- In 2019 the overall stillbirth (preterm and term) rate in Australia was 7.2 per 1000 births, this means the loss of over 2,000 babies per year
- Some declines have been seen in stillbirth rates after 28 weeks' gestation, but there is still room for significant improvement
- The Safer Baby Bundle aims to reduce late gestation (particularly term/near term) stillbirths.
- Even though the risk of stillbirth at term is low at approximately 1 per 1,000 births or less, the losses by Aboriginal and Torres Strait islander families, many of whom live in remote Australia, are far greater:
  - overall stillbirth rate was 10.4 per 1000 births in 2019
  - these rates increase with increasing remoteness
  - higher smoking rates contribute to a further increase
  - perinatal death was twice as common for Indigenous women with pre-existing diabetes.

Other common risk factors for stillbirth are babies who are small for gestational age, previous stillbirth and hypertensive disease, all of which are more commonly found in remote Australia.

So, what does this mean for rural and remote clinicians?

The death of a baby is a truly devastating event for parents and families. Many bereaved parents describe feelings such as deep sadness, shock, anxiety, anger, guilt and fear.

These and many other feelings are normal for parents who are grieving the loss of a baby, but it is important to note, that these emotions can also be experienced by the maternity care providers who have cared for these families, especially in a small, rural, remote, or isolated community, where those we care for may be known to us. Many of us question how we can best reduce the risk of stillbirth.

One effective way is to ensure that we are as up to date with recent research and recommendations around stillbirth, which enables us to support the families in our care.

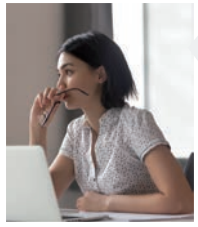
A good place to start is the Safer Baby Bundle (SBB) eLearning package. The SBB Module provides evidence-based information for maternity health care providers on the five elements of the bundle, which are:

1. Smoking Cessation
2. Improved detection of Fetal Growth Restriction (FGR)
3. Improved awareness and management of Decreased Fetal Movements (DFM)
4. The importance of Side Sleeping from 28 weeks
5. Improved shared decision making around Timing of Birth for those with risk factors.

Acknowledgement is also given to the importance of continuity of carer models, which have been clearly demonstrated to improve outcomes across many aspects of maternity care, in particular women with identified risk factors. Whilst there is reported reticence and even reluctance to discuss stillbirth with pregnant women, the information gathered from parents encourages us to include these discussions in our routine antenatal care.

What new mothers say

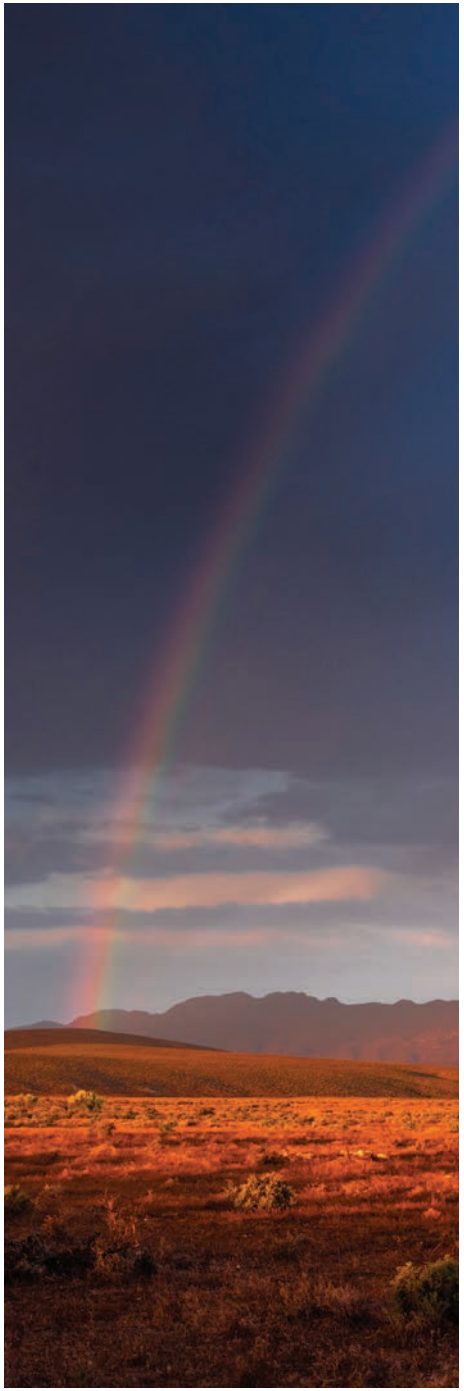
"The word stillbirth is incredibly important to include. Plenty of information is out there telling you to sleep on your side but none explain why.... no one expects their baby to die but we need a warning!"



"I think it is important to mention stillbirth as the risk because otherwise many women may not take the message as seriously as they should."

"We know it happens, we just think it won't happen to us. But we need to know what we can do to prevent it."

"Please just give pregnant women all the information there is about preventing stillbirth."



"No conversation is harder than experiencing the tragedy of stillbirth, please just have these difficult conversations so that we, as parents, understand how to minimise the chance of this happening to us."

Bereaved father

To support clinicians in the unfortunate circumstances that a stillbirth or neonatal death does occur, the Stillbirth CRE and PSANZ **IM**proving **P**erinatal mortality **R**eview and **O**utcomes **V**ia **E**ducation (IMPROVE) eLearning module provides education to clinicians to ensure they are equipped and able to ensure the highest level of care can be offered to parents who have suffered this loss.

These free eLearning modules can both be accessed via https://learn.stillbirthcre.org.au/ which gives an overview of the SBB and how it can be implemented by health care providers.

The Rural and Remote Advisory Group has also put together a Rural and Remote Masterclass in the form of a webinar. This rural and remote Masterclass Webinar summarises the key recommendations of the Safer Baby Bundle and discusses implementation of the recommendations of Safer Baby Bundle in rural and remote areas. To access and present this webinar in your service, please contact the Stillbirth CRE via stillbirthcre@mater.uq.edu.au and/or by contacting Leonie McLaughlin at CRANAplus, co-chair of the R&R Advisory Group via leonie@crana.org.au

More information

For those of you who may want more information please go to the Stillbirth CRE website, and more specifically for publications https://stillbirthcre.org.au/researchers-clinicians/key-publications/

We welcome your input and involvement so please feel free to get in touch via either email address above. ●

Partners and Collaborators

ANZPRA Australian and New Zealand Placental Research Association
mater research
international stillbirth alliance
Stillbirth CENTRE OF RESEARCH EXCELLENCE
Remembering Riley
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
The University Of Queensland AUSTRALIA
Griffith UNIVERSITY
Curtin University
WOMEN'S HEALTHCARE AUSTRALASIA
MONASH University
SAHMRI South Australian Health & Medical Research Institute
Government of Western Australia Department of Health
Australian College of Midwives
THE UNIVERSITY OF SYDNEY
Burnet Institute Medical Research. Practical Action.
Stillbirth Foundation AUSTRALIA
MULTICULTURAL CENTRE FOR WOMEN'S HEALTH
LA TROBE UNIVERSITY
UNSW AUSTRALIA
bears of hope Pregnancy & Infant Loss Support
PERINATAL SOCIETY of Australia & New Zealand PSANZ
SANDA Stillbirth And Neonatal Death Alliance
raisingchildren.net.au
murdoch children's research institute
VICTORIA State Government Health and Human Services
NSW GOVERNMENT Health Northern Sydney Local Health District
sands miscarriage, stillbirth & newborn death support
ACT Government
red nose

The image demonstrates the professional and parent partner organis ations who contribute to and support this project.

reviewing process for medicines in remote primary health care manuals

The Remote Primary Health Care Manuals (RPHCM) are widely used in primary health care settings across Australia to guide and support the provision of high quality, evidence-based care to people living in rural and remote communities.

The suite of manuals is currently being reviewed and updated in preparation for new editions planned for 2022.

Ensuring that medications featured in the protocols align with current evidence and research, is a crucial element in our review process.

A team of multi-disciplinary health professionals applies a multi-stage process to confirm that all medications recommended in the protocols are up to date, supported by evidence and appropriate for the remote, Indigenous health context.

The flow chart below outlines the medicines review process, including checkpoints that guarantee best practice advice.

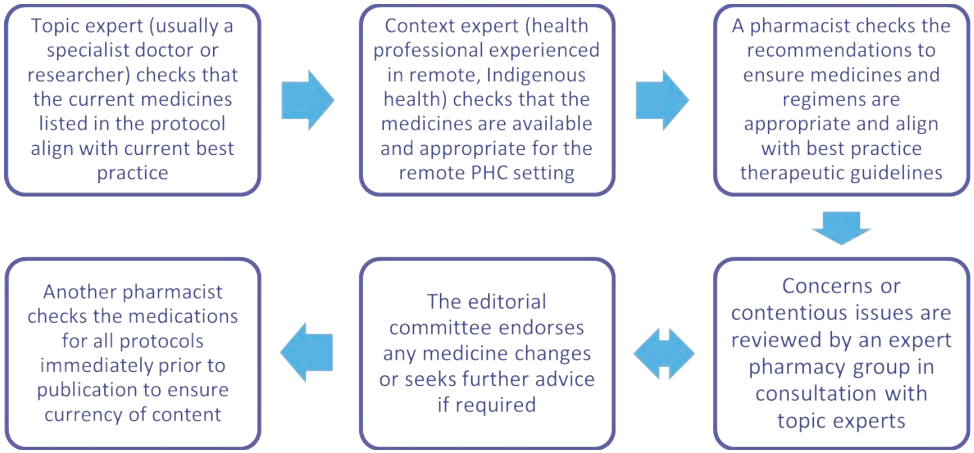
Our team of pharmacists also update the information in our Medicines Book. This manual provides pictorial information about what medicines are used for, how they work, side effects and other important information, and is an important communication tool for discussing the safe and effective use of medicines with patients.

The RPHCM project team is seeking expressions of interest from pharmacists to assist in the medicines review process.

Volunteer reviewers with experience in remote or Indigenous health can contribute to either, or both, the protocol or Medicines Book review.

We appreciate and value all our reviewers and acknowledge their contribution on our website, as well as providing a certificate of involvement for inclusion in their CV.

To register your interest or for more information contact remotephcmanuals@flinders.edu.au ●



Pharmacy Review Coordinators: Philippe Freidel, Danny Tsai, Tobias Speare (Fran Vaughan, Editorial Committee – absent).

Photo: Caleb Sweeting.

engage

listen, learn, take action – heal country

The theme for NAIDOC 2021 week was *Heal Country*. There is much we can learn from Australia's First Peoples about how we can all protect land, waters and country from exploitation, desecration, and destruction. As one of the world's oldest living cultures, Aboriginal and Torres Strait Islander people can guide our efforts to avert a climate and environmental crisis.

Many of us yearn for a life whereby we have a stronger connection with the natural environment; where we become part of, rather than an observer of, the environmental systems that surround us. NAIDOC week gave us an opportunity to do some deep thinking and listening on this.

Janine Mohammed and Nicole Bowman of the Lowitja Institute remind us that "...for countless generations, Aboriginal and Torres Strait Islander peoples have maintained cultural practices that are closely tied to ancestral lands, and these ancestral lands tie us to our identity. These practices included living sustainably, and not taking more than what was needed (for example, to feed the family) and using resources in their entirety, nothing was wasted or overused and that's how Country was maintained for so long"[1].

The level of excess, abundance and waste in many modern cultures is incongruent with attempts to live more sustainably.

Imagine what could be achieved if most of us commit to consuming only what we need?

CRANAplus' Executive Director of First Peoples' Strategies, Dallas McKeown, is a proud Aboriginal woman of the Yuwaalaraay nation (northwest NSW and south QLD). She has spoken to us of the misdeeds that have occurred to her Country:

"I think about the destruction of land with the growing of crops and the poisons that run into the waterways. I think about the migration of birdlife and how it is has changed. I think about the flora and fauna that is no longer around due to loss of habitat. It is my hope that we all listen to the land and hear and see what it needs to heal."[2]

Healing our environment will also help to heal ourselves. For those of us health professionals who have the privilege of working with Aboriginal and Torres Strait Islander people we understand the intricate link between the health of country and the health of people.

We know that damage and devastation to the environment impacts on the social and emotional wellbeing of individuals and whole communities. We see first-hand the disproportionate impact climate change has on rural and remote communities compared with metropolitan Australia. One needs to look no further than the recent crippling drought or devastating bushfire seasons to understand that.

We know that the sorrow and trauma that comes from such extreme events has a real and lasting impact on the health of the people who experience them.

CRANAplus is committed to doing what it can to lend its voice to all those calling for immediate action on climate change. Our 2020–2025 Strategic Plan commits us to respond to health impacts from social determinants and a changing climate.

We are a proud member of the Climate and Health Alliance (CAHA); a coalition of healthcare stakeholders who work together to see the threat to human health from climate change and ecological degradation addressed through policy action. While we await meaningful policy action let's do what we can. First Peoples' traditional knowledge, land management and conservation practices are valuable resources available to us right now.

What are we waiting for?

Amelia Druhan
Chief Operating Officer
CRANAplus

References

1. https://www.croakey.org/heal-country-a-timely-call-for-action-and-justice/
2. CRANApulse, 10/07/21.

self care during clinical placement: are you ready?

Going on clinical placement can conjure up both excitement and apprehension for health students, even more so when the placement is in a rural, remote or isolated setting.

Students experience a range of unexpected opportunities, a new community, culture, clinical scope, resources and broadening professional networks.

Some will experience a culture shock and find time away from home, typical day-to-day routines and everyday supports uncomfortable. These factors can increase stress and challenge resilience.

To support and enhance the student experience on rural, remote and isolated placements, the CRANAplus team has carefully developed a new short e-module called *Adapting Self-Care Practices During Clinical Placement*.

The resources within the module encourage students to check their expectations of remote and isolated clinical placements. From here, the module involves applying practical skills and using reflection and evaluation to develop well-being and resilience strategies.

Through participating, students will develop a flexible, whole-person self-care plan and become familiar with the options available to them should they need support during a rural, remote or isolated clinical placement.

The e-module *Adapting Self-Care Practices During Clinical Placement* may also help health professionals who support students on placement. It offers a framework of reflection, evaluation, and adaptation to refer students to before and during their placement experience.

The e-module *Adapting Self-Care Practices During Clinical Placement* is available now on the CRANAplus website.

Find out more at crana.org.au/selfcare

territorian nurses & midwives honoured

CRANAplus was delighted to be an official sponsor earlier this year of the Northern Territory Nursing and Midwifery Excellence Awards held in Darwin.

"We were thrilled to be involved in the ceremony to recognise the outstanding efforts of nurses and midwives from all over the Territory," said CEO Katherine Isbister.

This year the event acknowledged finalists and recipients for both 2020 and 2021, as last year's event was cancelled due to COVID-19.

"The awards attracted more than 140 nominations across nine categories, which I believe is a record number, and it was our great pleasure to specifically sponsor the Excellence in Nursing/ Midwifery Aboriginal Health award for both years," said Katherine.

Heather Andrews, Chronic Disease Coordinator, Julanimwu Health Centre was the recipient of the 2020 award and the 2021 award acknowledged the work of Christine Becker, Nurse Clinical Coordinator (Remote Child & Family Health), Remote Outreach Public and Primary Health Care, Central Australia Health Service.

"The pandemic has stretched everyone in the health sector and, with 2020 being the International Year of the Nurse/Midwife, these awards have been an opportunity to focus on the magnificent work of the Territory's nurses and midwives in this trying time," said Katherine

"It's been a way for Territorians to say thank you to the professionalism of its health workers."

All nurses and midwives who hold a current registration with the Nursing and Midwifery Board of Australia and are employed in the Northern Territory at the time of nomination or within 12 months of nomination are eligible for the annual awards.

CRANAplus member nursing & midwifery roundtable

In June, CRANAplus opened expressions of interest for representation on the Member Nursing and Midwifery Roundtable. We called for representation from each state and the NT as well as First Peoples. We were overwhelmed with interest, which is a testament to the passion and commitment of our member base. The selection panel had a tough job deciding on the final group.

The CRANAplus Member Nursing and Midwifery Roundtable will lift the voice of our membership to inform our work and priorities. It will also facilitate communication and critical message dissemination for rural and remote health professionals and stakeholders.

We are incredibly excited to see the roundtable planning come together and with the first meeting scheduled in August.

CRANAplus Member Nursing and Midwifery Roundtable members bring a wealth of knowledge and experience, accumulated through practice in many unique locations across Australia. However, they have something in common – a passion for supporting the nursing and midwifery workforce, and a desire to advocate for communities that rely on rural and remote services for their health and wellbeing.

The diverse members of the roundtable also have excellent connections to, and established relationships with, rural and remote stakeholders and clinicians within their state/NT.

An exciting component of this member roundtable is that this group has 'ears to the ground'.

All members are currently working in a rural or remote location or have recently done so in a clinical capacity. The roundtable will come together quarterly to discuss developments, research, policies, and perspectives on issues important for our workforce and the rural and remote communities they serve.

The CRANAplus Member Nursing and Midwifery Roundtable will help to ensure that our members remain the priority as CRANAplus moves forward with education, professional services, and support for our members.

Keep an eye out in the coming editions of this magazine as we introduce the members.

If you have any ideas, suggestions or comments in relation to our Roundtable initiative, please do not hesitate to contact us at CRANAplus (07) 4047 6400.

first nations

supporting the indigenous workforce

Throughout the last decade, government and non-government organisations have developed numerous strategies to better recruit, retain and support the career trajectories of talented and passionate Aboriginal and Torres Strait Islander individuals.

These strategies aim to identify the actions an employer can take to become a workplace of choice for Aboriginal and Torres Strait Islander peoples. They also outline the path to establishing an exemplary degree of cultural inclusivity in the workplace.

Employers who are walking this long path to reconciliation tend to focus on a few critical goals.

Firstly, they aim to attract and recruit First Nations people.

Secondly, to retain and develop the careers of First Nations people, including through training and development programs.

Thirdly, to establish a culturally inclusive environment that provides staff meaningful opportunities to contribute and engage.

The main purpose of the Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020–2024 is to improve First Peoples representation within the public sector.

It follows on from the previous 2015–2018 Strategy and draws on data gathered from this to identify key enablers of success. These 'success factors' should help to drive implementation and greater Indigenous representation at all classification levels.

The six key enablers of success identified were:

- Indigenous employee networks
- Face-to-face cultural competency training
- Inter-agency networks to allow sharing of knowledge and resources
- Partnerships with external organisations
- Embedding commitment and responsibility across all agency divisions
- Senior commitment, including Indigenous Champions.

Here at CRANAplus, we have been busy developing an inaugural First Peoples' Strategy of our own.

As Executive Director of First Peoples Strategies at CRANAplus, I have been proud to lead our organisation along this essential path forward. CRANAplus' Board of Directors endorsed the organisation's strategy, with one of the pillars for commitment being to grow, develop and upskill the workforce.

During the next four years of the strategy, it is envisaged that CRANAplus will develop and implement a robust plan that encourages and supports First Peoples to be employed in positions that progress the growth of the organisation and create opportunities for individuals to flourish in a clearly articulated career pathway. Within CRANAplus there is strong support for the provision of multi-disciplinary services that are culturally competent and safe to meet the needs of all Aboriginal and Torres Strait Islander people.

Cultural competence encompasses awareness, knowledge, understanding of and sensitivity to Aboriginal and Torres Strait Islander peoples and their cultures.

I look forward to bringing you further news about how we are putting the strategy into place in the nearby future.

Dallas McKeown
Executive Director of First Peoples Strategies
CRANAplus

CRANAplus First Peoples' Strategy 2021 - 2025

Our Vision

To be the leading experts supporting the remote and isolated health workforce

Through a strengths-based approach contribute to improving the health and well-being of Aboriginal and Torres Strait Islander people who live in rural and remote Australia

- Increase engagement and advancement across cultural knowledge, cultural safety and recognition.
- Establish relationships with Aboriginal and Torres Strait Islander organisations to access resources that enable the delivery of CRANAplus services.
- Develop a talent pool of Aboriginal and Torres Strait Islander Facilitators for delivery of relevant education courses.

Lift our voice to advocate for remote and isolated health

- Engage with peak bodies and key stakeholders on identified health issues.
- Develop and maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander peoples, communities, and organisations to support positive outcomes.
- Contribute to the Professional Learning sessions (webinars).

Respond to health impacts from social determinants and a changing climate

- Engage in research collaboratives and projects.
- Develop leadership to build cultural respect, reducing discrimination and racism.
- Increase meaningful representation of First People's presence in our workplace to stay well-informed with current issues.
- Value and support Aboriginal and Torres Strait Islander people's capacity to co design and deliver evidence-based programs and services with their communities.

Increase our competitiveness and strengthen our resources

- Be an organisation of choice for staff and volunteers and support a professional, flexible and mobile workforce.
- Review our services and applicability to First People's requirements.
- Promote CRANAplus to attract and retain more client business.

Grow, develop and up-skill the workforce

- Develop a proactive approach to identifying opportunities for First People's.
- Develop a Community of Practice forum for First People members.
- Promote and leverage CRANAplus's competitive edge in remote health training and provide advice on CRANAplus promotional and educational material relating to First People's.
- Build cultural safety capabilities and practices through learning programs to cultivate understanding and respect for Aboriginal and Torres Strait Islander cultures.

We respect the diversity and vibrancy of Aboriginal and Torres Strait Islander cultures and listen to worldviews from across the country. We recognise that First Peoples' traditions and knowledge systems are sources of strength, wisdom and guidance. We reflect First People's cultures in our workplace and in our work practices. This plan is a strategic roadmap that defines our future vision and how we will get there. It guides us in an organised, flexible and aligned manner for the delivery of our mandate. The vision and values will hold our organisation accountable in ensuring it efficiently and effectively supports First Peoples' on their path to self-determination. We look forward to continuing our journey together.

Our Mission

To represent, support and educate the remote and isolated health workforce to promote the development and delivery of safe, high-quality healthcare.

Our Values • Integrity • Social Justice • Excellence • Respect • Inclusiveness • Accountability • Safety

social determinants of health – how are we going?

The World Health Organisation explains that social determinants of health (SDH) are non-medical factors that influence health outcomes. How, where and in what conditions people are born, grow up, live, work and age are all examples of social determinants; but determinants also include overarching systems, such as economic policies, politics, and social norms.

It is well established that social determinants influence health and account for health inequalities, within countries and across borders. The science shows that a person's socioeconomic position is related to their health and the World Health Organisation has identified many factors that can influence health inequality. Those who work in the remote health sector, as many readers of this magazine do, see first-hand and daily the impact of all the following:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

What may come as a surprise is that SDH can exert a more significant influence on health than health care or lifestyle choices, with research suggesting social determinants are responsible for a third to a half of all health outcomes.

This is echoed by research that suggests sectors outside of health are even more influential on health than the health sector itself!

For this reason, it is essential to address these social determinants if we are to make meaningful change to health inequality. These findings demonstrate that we all have a shared duty to redress health inequality, with responsibility spreading across a range of sectors and, in fact, the entirety of society.

This year, at the 74th World Health Assembly in Geneva, members were called upon to affirm their political will to make health equality a goal, nationally, regionally and on a global level.

Some of the challenges identified included eradicating hunger, eliminating poverty, and ensuring food security, equitable education, access to health promotion, preventative and community health services, employment, medicine, drinking water, sanitation, and affordable housing.

So, we need to ask the question: "How are we going with that here in Australia?"

In their 2019 policy brief Social Determinants of Indigenous Health and Closing the Gap, Southgate Institute for Health, Society and Equity state the health of Aboriginal and Torres Strait Islander peoples is affected by SDH such as those previously mentioned.

Additionally, they identify the following social determinants:

- experiences of racism
- incarceration
- the processes of colonisation.

On a positive note, connectedness to culture and caring for country are positive determinants of Indigenous health.

The policy brief further supports six approaches that policy makers can act on to address SDH. These include:

- a partnership approach to policy
- a strengths-based approach; regional governance structures
- community-controlled services
- improved cultural safety and accountability in 'mainstream' services
- employment opportunities.

Making fundamental changes is incredibly difficult. Yet change is possible and when it does happen, it can happen swiftly and decisively. To give an example, Australia's first university was established in 1850. It took 116 years before the first Australian Aboriginal Charles Perkins graduated in 1966. Fast forward to the early 1990s, and over 3600 Indigenous Australians had graduated. By 2006, the figure was over 20,000.

The time to achieve health equity is now. The steps by which we will achieve it are multiple and varied, but it is essential that all levels of government and society take action to shape the social determinants that influence the health of disadvantaged peoples and populations.

It is the right thing to do and there has never been a better time.

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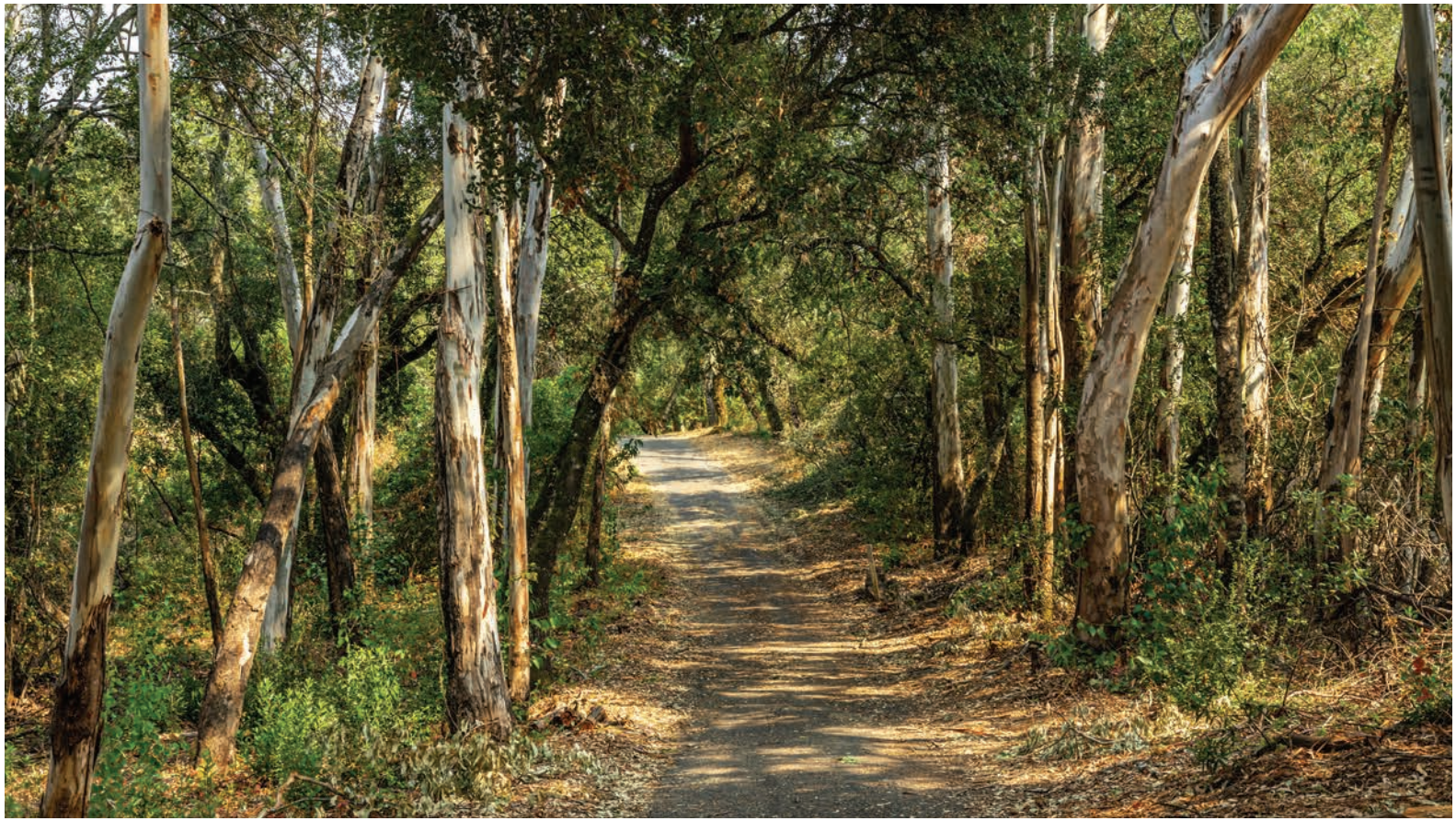

Photo: Caleb Sweeting

connect

caring for family at home

Many Aboriginal and Torres Strait Islander people say they would prefer to be cared for, and if possible, to finish up at home. However, many people do not achieve this, for a number of different reasons.

"Indigenous peoples always look after our elders, our sickly. We try to keep them at home as long as possible."

Carer, Queensland

Reports show that Aboriginal and Torres Strait Islander people may fear going to hospital. This may be because people dying in hospital can be alienated, as hospitals may not support their needs around family relationships and customary practices prior to and following death.

In addition, past experiences of racism, language barriers, lack of culturally responsive care, and lack of trust in the healthcare system may compound fear.

When an Aboriginal and Torres Strait Islander person is diagnosed with a life-limiting illness, they and their family may prefer to focus on living 'a good life' and for palliative care to be provided at home, which can help to connect family, culture, community, country and spiritual wellbeing.

"Care at home, in community, or on country can deliver self-transcendence, motivate connectedness, meaning, purpose and contribution, which is essential when providing palliative care for Aboriginal and Torres Strait Islanders."

Kathyrn Hooper, Aboriginal Palliative Care Nurse Practitioner and *caring@home* Project Team Member, Queensland

Managing symptoms at home

Careful assessment and management of symptoms is key to providing best-practice palliative care for as long as possible in the home and for enabling a home death. One of the most frequent reasons that community-based palliative patients must be transferred to in-patient units is because their symptoms cannot be adequately controlled at home.

Few Australian patients have access to 24-hour professional care in the community to provide fast and effective symptom relief, but family members can be trained to help manage breakthrough symptoms and administer subcutaneous medicines, if necessary.

The *caring@home* project, funded by the Australian Government, has developed best-practice resources for health professionals, clinical services and carers, to support carers to manage breakthrough symptoms safely using subcutaneous medicines at home.

These resources have been widely taken up across all Australian states and territories by specialist and generalist palliative care services. Evaluation data indicates a positive response to these resources from carers and health professionals.

New resources for Aboriginal and Torres Strait Islander families

caring@home is now developing tailored resources to assist clinical services to meet the needs of Aboriginal and Torres Strait Islander families who choose to support a family member at home for the final stage of their life-course, if that is their preference.

Indigenous families who have managed subcutaneous medicines value being able to keep their family member at home.

> "The nurse was lovely, she explained everything to me… Afterwards I could see that he was peaceful so there wasn't a worry about being anxious, restless or you know, (worrying) if he was in pain. I could just see that he was comfortable and that is all that I wanted."
>
> An Indigenous Carer, Queensland

Have your say

A nationwide consultation is now occurring about how existing *caring@home* resources can be tailored to meet the needs of Aboriginal and Torres Strait Islander families.

There are several ways to participate in consultation, including:

- Attending in-person events in your State or Territory.
- Completing an online survey.
- Taking part in online Microsoft Teams meetings.
- Arranging a one-on-one conversation with the Project Manager.

More details are available from www.caringathomeproject.com.au/consultation.

More information

The new resources will be released in 2022. If you would like to register for updates, please go to www.caringathomeproject.com.au, select newsroom and then newsletters in the drop-down menu, and enter your details.

For more information, head to www.caringathomeproject.com.au or email caringathome@health.qld.gov.au

An Indigenous Nurse Practitioner's perspective

"I recently did a trip throughout Queensland that provided insight into the journey towards dreaming (palliative care) from the philosophies of the oldest knowledge in the world. Our rituals for entering the dreaming should be prescribed, just like care provided by western medicine is, to nurture and connect us to our deepest essence, including being with family and on country.

"This connection, which constitutes so much of our identity and sense of wellbeing, is so important, especially at a time when we are dying. There is support and resources (like caring@home*) to allow us to finish up and be cared for in our preferred settings, such as on country surrounded by family and community.*

"One of our elders recently informed me that when we are due to finish up there is a need to find yourself and what is most important about living. With his further wisdom he informed me that finding yourself and answers for end-of-life planning is firstly achieved by becoming lost and immersed in the beauty of country and community. In our culture we reverse the saying 'you only live once' to 'you only die once, so make the most of your living and what brings you joy'. Often this includes family and community."

Kathyrn Hooper, Aboriginal Palliative Care Nurse Practitioner, Queensland

providing good preconception and antenatal care in rural and remote

Judy Burke (pictured right) has been working as the women's and maternal health coordinator at Katherine West Health Board for the past two years.

"My focus is on health promotion in maternal health and the key message is for good pre-conception and collaborative antenatal care," she said.

"My belief is that every woman is entitled to midwifery-led antenatal care but there's often not the capacity in regional, rural and remote to have that care due to national midwife shortages.

"It often falls to the clinicians on the ground including RANs, GPs, and AHPs to take ownership of the antenatal care portfolio with very few RANs with dual registration as nurse/midwife," said Judy, recognising that it's not in the registered nurse scope of practice to provide antenatal care and it's about capacity building with the aim to support RANs and GPs with education and training in women's health.

Situated on the Katherine River, 320km southeast of Darwin, the Katherine West Health Board provides health service delivery across eight community health centres spanning 160,000 square kilometres.

The four main centres are in Kalkarindji, Lajamanu, Timber Creek and Yarralin. Smaller health centres are in Bulla, Nitjpurru (Pigeon Hole), Lingara and Mialuni (Kildurk). Remote mobile teams service communities and pastoral outstations further afield.

"We have just employed two midwives so there are now three of us as a newly formed team to provide a more holistic approach from preconception, antenatal and postnatal care with an aim to improve overall health of our women in the Katherine West region, particularly preconception – in diabetes management, weight, and good nutrition to enable a good start to life," said Judy.

Katherine West typically has 30–50 pregnant women on their books.

"Initially when I first started as the only midwife in the region, I wanted to visit each site at least once a month, but then there was COVID and I realised every two months was more realistic.

"The antenatal record is a tool that can guide GPs and RANs with what they need to do, and it helps with clinical handover," said Judy. "This is particularly relevant for Katherine West which has a high percentage of high-risk pregnant women. A point of prevalence investigation in August last year found of the 47 antenatal women, 80% had a significant obstetric history, pre-existing co-morbidities including Type 2 diabetes, high BMIs and complex social issues, including victims of family and domestic violence and trauma.

"We have a lot of diabetes (30%) in pregnancy, and for the majority of these women, this means they need to travel and stay in Katherine or Darwin in the last four weeks, before they give birth. Complexity; it's not a one size fits all. It takes an individual and a collaborative approach for holistic care of high-risk women, making sure clinicians are on the same page. The midwives and RANs liaise regularly by case conferencing with Darwin Hospital Midwifery Group Practice, Katherine Hospital O&G team, and other vital health teams including endocrinology.

"RANs liaise with the medical doctor on call referral and work with Care Flight to organise transfer if needed."

Judy has been at the Katherine West Health Board since August 2019 but has been working in the Katherine region since 1997.

"I came up to the NT with no real expectations and I'm still here. I worked as a midwife in the maternity unit at Katherine Hospital and I loved it. I was a naïve young nurse/midwife keen to make a difference and help solve some of the problems in Indigenous health. In my first week, I asked my mentor: 'How can I learn more about Indigenous women and their culture? What can I do?' She said to me: 'Sit and spend time with women. Share your own stories with them'. ▶▶

Working with women is what I love to do, there are lots of challenges and rewards."

Judy worked as a midwifery educator for many years. Her then husband was a Ranger in the remote national parks around Timber Creek. She completed a Masters' in Public Health and gained experience in sexual health. However, she returned to her passion of midwifery.

"I missed being a midwife. Sometimes you must go away from something to realise how much you miss it. It's so humbling. I feel both honoured and rewarded having had the opportunity to work with women."

Judy is a strong advocate for antenatal care and preconception health.

"We are behind the ball in the health of these women. Data shows newborn birth weights have improved. However this could also be masked by a growth-restricted macrosomic baby of mothers with diabetes," she said.

About 15–45% of babies born to mothers can have macrosomia, which can tip the scales of an underweight baby to normal due to uncontrolled diabetes in pregnancy.

"Strong beginnings through building relationships with women in the community help improve health outcomes. Models of care, such as the KWHB Strong Beginnings for Strong Families program adapted from the MECSH (Maternal Early Childhood Sustained Home-visiting) program have been shown to strengthen the quality of holistic care for women," said Judy.

"It helps build rapport and relationships. I've really seen the benefit of this program, with nurses and women working together. It makes a huge difference.

"I use the advice given to me – spend time with women."

"In Katherine I suggest nurses and midwives venture out into the community, go to the footy games and develop those relationships."

It's also about delivering high quality and culturally secure primary healthcare to all people in the Katherine West region, says Judy.

"We have Indigenous drivers and liaison officers who ensure culturally safe care. If someone has missed a scan, they can find out why in a culturally appropriate way. They have shared knowledge with these women. I learn a lot more about the woman and where they sit in their community; where they are in the family." ●

cervical screening and self-collection in rural and remote communities

By Prof Marion Saville AM
Executive Director, VCS Foundation

It is estimated that more than 930 new cases of cervical cancer were diagnosed and almost 250 women died from the disease in Australia in 2020.[1] The majority of these could have been prevented through cervical screening.

Screening reduces the risk of death from cervical cancer by 87%.[2]

Australia is a world leader in cervical cancer prevention due to a long-running organised cervical screening program underpinned by screening registers to provide reminders and follow up. In 2008, Australia was the first country to implement a national HPV vaccination program and in 2017 it achieved another world first by replacing the two-yearly Pap test with the five-yearly HPV test.

Even though Australia has one of the lowest rates of cervical cancer in the world, a participation rate of 46.5%[3] in the National Cervical Screening Program means that over 3 million women and people with a cervix are not screening.

The biggest risk factor for cervical cancer is under-screening. Over 80% of cervical cancers in Australia occur in people who were overdue for screening or had never screened.[4]

Australia is on track to be the first country in the world to eliminate cervical cancer as a public health problem, as early as 2030. But this can only be achieved by addressing existing inequities in access to screening.

The evidence is clear that there are barriers to screening uptake in remote parts of Australia:

- Cervical cancer incidence in remote areas is 14.5 new cases per 100,000 women, compared with 10.1 per 100,000 in major cities
- 36.9% of eligible people participate in cervical screening in very remote areas, compared to 46.9% in major cities
- Women in very remote areas are three times more likely to die from cervical cancer compared to those living in major cities.[3]

Aboriginal and Torres Strait Islander women are twice as likely to be diagnosed with cervical cancer than other Australians, and almost four times more likely to die from it.[5]

HPV self-collection provides an accessible, culturally-safe and less invasive alternative to a speculum examination.

Under the guidance of their healthcare practitioner, screening participants can take their own vaginal sample using the FLOQSwab 552C.

Research by University of Melbourne and VCS Foundation recently published in the MJA found that self-collection is highly acceptable for participants and practitioners[6]:

"I guess it was that sense of having control over my own health and it being a choice I can make, it being something I can do myself, rather than it being done to me."

Screening participant (31 years), never screened

"I definitely think self-testing has helped me convince some women to participate, that would otherwise not participate in the standard Pap smear."

GP

Self-collection is the best tool in your kit to overcome screening barriers.

Based on strong evidence about the efficacy and acceptability of self-collection in cervical screening, in May 2021 the Medical Services and Advisory Committee recommended to the federal Minister for Health that self-collection be made available to all people eligible for the National Cervical Screening Program.[12]

This is a promising step that, if implemented, will bring Australia even closer to achieving elimination of this preventable cancer.

More information

VCS Foundation offers a free clinical advisory service and education for healthcare practitioners on cervical screening.

Visit: www.vcs.org.au

Phone: (03) 9250 0309

Email: LiaisonTeam@vcs.org.au

Facts about self-collection

Self-collection overcomes barriers to a speculum examination. Studies in Australia[6,7,8] and New Zealand show high levels of acceptability of self-collection amongst First Nations peoples and other underscreened groups.

Self-collected samples are as accurate as clinician-collected cervical specimens for the detection of CIN2+.[10,11]

Self-collection can be done at home. Practitioners can offer self-collection during a telehealth consultation. On request, VCS Pathology sends a kit to your patient with instructions and a reply-paid envelope.

Self-collection supports innovative models of care. A self-collection point-of-care test and treat model is being piloted with women in very remote communities. Women receive their HPV result in one hour, and women with positive results can have immediate follow up.

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VCS Foundation

a new telehealth service for remote kimberley aboriginal communities

Kimberley Aboriginal people live in some of the world's most isolated locations. Soon, they will be experiencing remote clinical examinations for the first time, with the roll out of a new Visionflex telehealth system by Kimberley Aboriginal Medical Services.

The Kimberley Aboriginal Medical Services (KAMS) is a peak body that oversees delivery of primary healthcare across the vast Kimberley region in the northwest corner of Western Australia. With financial assistance from the Woodside COVID-19 Community Fund, KAMS is currently deploying the Visionflex ProEX telehealth system across the region.

KAMS Medical Director, Dr Lorraine Anderson, expects the Visionflex telehealth system will transform the delivery of primary healthcare to Aboriginal communities in the region. This is because the ProEX system supports a suite of approved medical devices, revolutionising the way remote medical professionals examine, diagnose, monitor, and treat Aboriginal patients who, importantly, can now remain in community for healthcare.

"The ProEX system is going to mean that there's a better, more accurate service going into these communities," said Dr Anderson, who is based in Broome on the far north coast of Western Australia.

"It's going to be more timely so patients are not going to have to wait until the doctor comes and it's also going to mean that people don't have to leave the community as often to seek medical care outside.

"We will also be able to look after a significant proportion of people by using telehealth."

Many Kimberley communities do not have full-time doctors on-site and appointments for medical and specialist treatment as well as hospital care, typically requires patients to travel out of community, usually alone, to larger centres such as Kununurra, Broome, Perth (more than 2,000km from Broome), and Darwin (1,800km away).

Travelling out of community without any family support can be a stressful experience for a culture that traditionally practises informed, group decision making. Travel costs are also prohibitive, with specialist visits typically requiring at least three appointments, including a pre-op consultation and post-treatment check-ups.

Language and medical terminology are additional barriers. For many Kimberley Aboriginal people, English is their third or fourth language and they may require assistance at medical consultations to translate or explain treatment details.

For Kimberley Aboriginal communities, the ProEX telehealth system, plus medical devices:

- Allows remote doctors to see inside a patient's ear, nose, and throat, and to listen to and observe diagnostic-quality heart, chest, and body sounds in real-time
- Delivers remote medical specialists and allied health professionals anywhere, anytime
- Keeps health decision making in the community
- Helps patients remain in community for treatment
- Reduces the cost and stress of travel for unnecessary medical visits
- Facilitates training and mentorship of local healthcare workers.

The town of Balgo in The Kimberley, Western Australia.

KAMS is using Visionflex's desktop ProEX Telehealth Hub and the tablet-sized ProEX Mobile to conduct real-time telehealth video conferences, plus a range of Visionflex approved medical devices including Digital Stethoscope; Pulse Oximeter; Blood Pressure Monitor; Infrared Forehead Thermometer; and Video USB Otoscope with LED illumination. KAMS is already using a pair of Visionflex Video Examination Glasses HD.

According to the Australian Institute of Health and Welfare[1], in 2018/2019, Indigenous Australians experienced a burden of disease that was 2.3 times the rate of non-Indigenous Australians. This overall poorer health result creates a greater need for access to health services.

Dr Anderson says that until now, KAMS' existing telehealth system had no clinical capability, which meant Kimberley Aboriginal people often had to leave their communities and travel huge distances for medical treatment.

"We were unable to see into throats, or to listen to hearts and lungs. These were big issues and that is what we're looking to resolve with the Visionflex equipment that we have purchased," said Dr Anderson.

"We've got very good clinicians, nurses, and Aboriginal Health Practitioners on the ground in our clinics, but we don't necessarily have doctors in every clinic, every day and there are no doctors on call in the clinics at night; the on-call process has traditionally been by phone.

"What our Visionflex equipment means is the patient can be seen. The patient has got a clinician with them – either a nurse or an Aboriginal Health Practitioner – and they can dial up the doctor and the doctor can instruct them on what they need to do. ▸▸

▸▸ "They can see through the Video Examination Glasses and know exactly what the Health Worker is looking at. They can take photos and video, and it's all done in real-time across the technology.

"Most importantly, the technology is going to allow, for example, the nurse or health worker to look inside someone's throat, and for the doctor on the other end to be able to see what they are looking at so they can make a diagnosis and treat accordingly. The same applies to looking in ears.

"The other piece of equipment that we're very excited about is the Digital Stethoscope. We can listen to heart sounds, and we can listen to lung sounds and the doctor at the far end can get the health worker or the nurse to just pop the stethoscope in the right place, get the patient to breathe, and the doctor on the other end can see and hear what's going on.

"This will transform a lot of the work we do across telehealth."

Telehealth – helping to Close the Gap on access to primary healthcare

KAMS is a member-based, regional Aboriginal Community Controlled Health Organisation (ACCHO) that supports and represents the interests of seven independent Kimberley ACCHOs and oversees five very remote clinics.

The delivery of quality, timely primary healthcare to Kimberley Aboriginal communities is vitally important.

According to the WA Country Health Service 2018 *Kimberley Health Report*[2], when compared to the general population, Australia's Indigenous population has higher rates of cancer, heart disease, self-harm, and mental health issues; higher rates of alcohol and tobacco related mortality and motor-vehicle accidents; greater rates of acute and chronic health conditions, as well as preventable childhood disease including chronic ear problems.

Kimberley Aboriginal people also experience much greater rates of potentially preventable hospitalisations, including hospital admission rates for cellulitis and pneumonia, that are five times the WA average.

Dr Anderson is careful to point out that telehealth will never be a replacement for in-person medical visits; but she believes the Visionflex ProEX system will greatly improve health outcomes for Kimberley Aboriginal people, and support Closing the Gap on access to primary healthcare services.

"We know for sure that the health outcomes are better when people can be treated in community," said Dr Anderson.

"They feel comfortable in the community clinic with one of the clinicians... We've got people who can translate; we've got family who can support; and it makes a big difference. It's more acceptable and it's safer for people."

For more information about KAMS, visit: https://kams.org.au/

For more information about Visionflex, visit: www.visionflex.com.au

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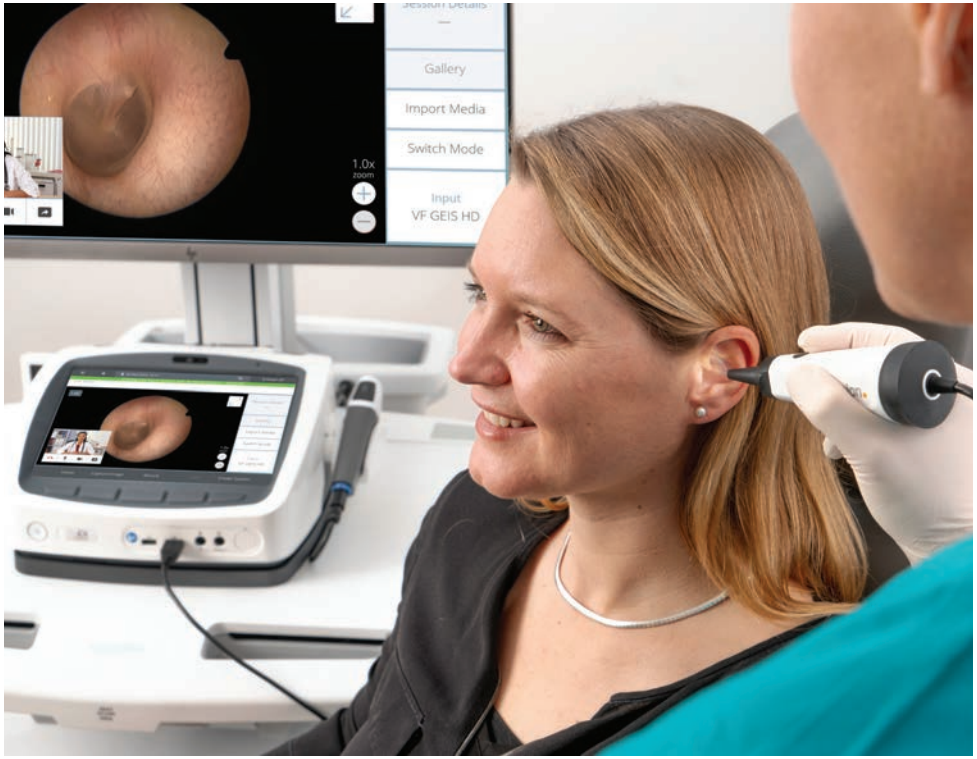
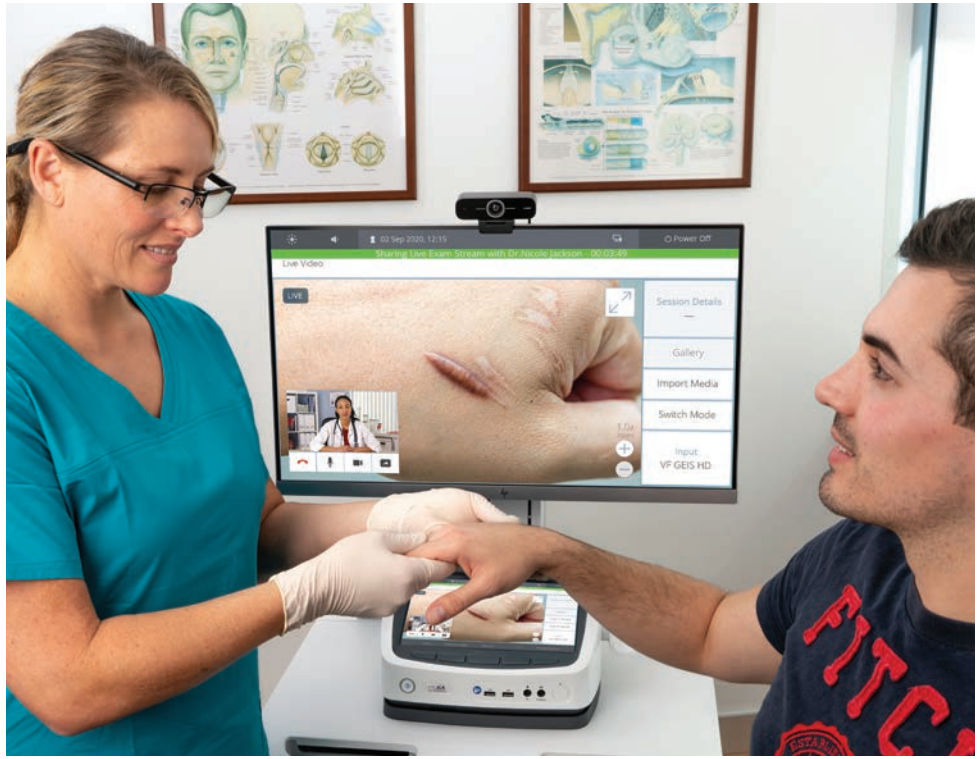




developing rural generalist nurses

Nurses in rural and remote locations in the Western NSW Local Health District (WNSWLHD) are benefiting from a new program designed to support them to refine and advance their clinical assessment skills.

Existing education did not adequately address the learning needs of rural and remote nurses including the development of skills required to support virtual health services.

Additional staffing to provide cover for release of staff for formal programs and the expense of travel and accommodation to regional and metropolitan centres, have been barriers to the upskilling of these nurses, who carry a high degree of responsibility for healthcare in their communities.

Ad hoc programs, often focussed on specialist rather than generalist roles, have not met the needs of this diverse workforce, including new graduates and overseas trained staff.

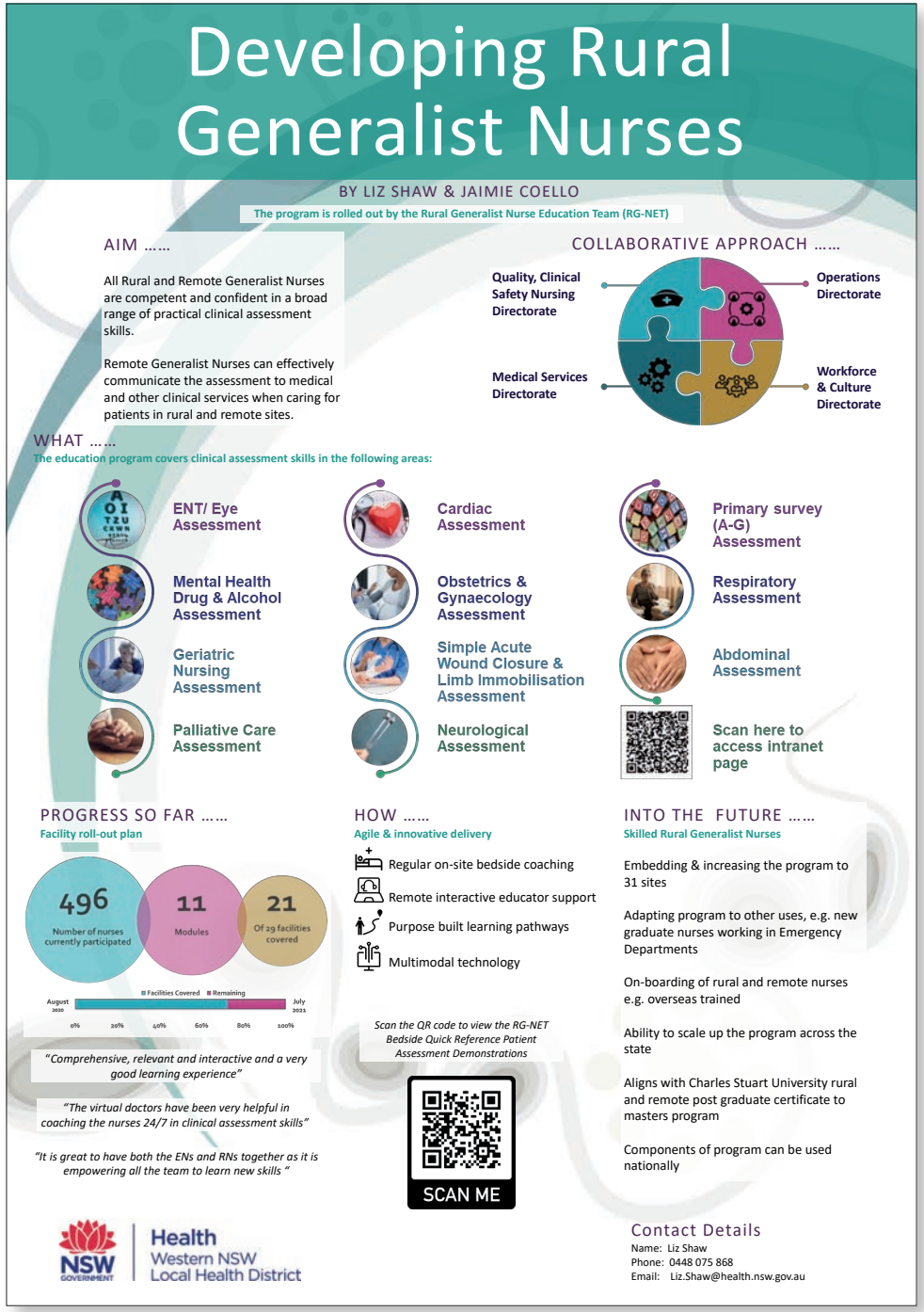
"Our rural and remote nurses are very skilled. They have a unique job to do and it's becoming more specialised as the health needs, expectations and general health landscape changes," said WNSWLHD Executive Director Quality, Clinical Safety and Nursing Adrian Fahy.

A new approach was essential. The development of a comprehensive yet flexible program was designed to address the content and delivery requirements for this key group.

"It is important that when our nurses are working with virtual services like the Virtual Rural Generalist Service (VRGS) and vCare, or the local GP, that they can perform practical clinical assessments in relation to a patient's condition and be able to communicate this effectively with the medical services to expedite the care of the patient," Mr Fahy said.

The Rural Generalist Nursing (RGN) program is an innovative education and support initiative designed to provide clinical assessment skills, supporting full scope of practice and effective collaboration with on site, virtual medical and clinical health services.

Collaboration with the workforce featured in the design, testing and finalisation of purpose-built resources, which meet HETI specifications and sit on My Health Learning as a learning pathway.



The innovative use of virtual technology, such as the development of units to address specific rural and remote learning needs, in modules which are readily accessible across the 24/7 working week through QR barcodes, has improved engagement and satisfaction with development opportunities.

Real time access to short video clips demonstrating required skills, remote live educator support and regular on-site bedside coaching focused on achieving key competencies, has completed this original approach to workforce development.

The education team delivering the RGN program works in collaboration with local rural educators to avoid duplication. A combination of face to face, virtual, on-site and mobile phone-compatible digital learning, including workbooks and practical assessments, supports learning to suit everyone.

This flexible approach provides both immediate support and an efficient way of delivering education services across all locations and shifts.

RG-NET works with both Enrolled and Registered Nurses to give them theory and practical experience to refine their clinical skills in a number of different assessment areas including: primary and secondary survey, respiratory, abdominal, neurological, cardiovascular, obstetric and gynaecological, ear nose and throat and eye, mental health, drug and alcohol, geriatric nursing, palliative care, and simple acute wound closure and limb immobilisation.

The 12-month RG-Net program for Enrolled and Registered staff was rolled out in August 2020, and will be completed in all 29 target sites by July 2021. It was designed in collaboration with nurses, virtual medical staff and facility management and has received overwhelmingly positive feedback to date.

Use of local capability to design and develop the virtual content will allow the program to evolve over time as required, be updated to reflect new research and practice, and to be adapted for specific workforce groups as needed.

Work has already begun to translate the approach to education for work in the Emergency Department, with modules currently undergoing testing and evaluation. Content for the local transition to rural and remote practice programs for new graduates is being developed to support the safe addition of new graduates to the skill mix in rural and remote sites.

Purpose-built learning modules, accessible at any time to all generalist rural and remote nurses, supports the efficient use of nurse educator time across the workforce and transition to business-as-usual professional development beyond the initial project.

A recent partnership between the WNSWLHD and Charles Sturt University has led to the development of a Post Graduate Certificate to Master's program to begin in 2022, to meet the specific needs of rural and remote nurses.

The RG-Net program provides foundational experiential learning that will support and align with this academic program. The framework and resources that have been developed at the WNSWLHD could easily be shared with other health services for the same benefits.

Productive patient engagement with medical services is enabled, building on the assessment already completed by the nurse. Their care is provided closer to home where possible, reducing the need for travel, with improved patient safety and quality outcomes.

The ability to readily develop and update learning resources supports future expansion of the resources library and the agility to respond to a changing environment, while the use of the QR barcodes for easy access to resources will allow efficient upskilling across rural and remote areas. The workforce agility that the RG-Net program has supported will position the WNSWLHD to respond to whatever challenges and opportunities lie ahead.

Please contact Liz Shaw Manager Rural Generalist Nurse Education program on mobile: 0448 075 868 or via email: liz.shaw@health.nsw.gov.au

first-of-its-kind specialisation for rural nurses

With more than 40 years' experience delivering nurse education, Charles Sturt University understands the vital role rural and remote nurses play in their communities – and aims to provide them with qualifications and career paths equivalent to their metropolitan counterparts.

That's why Charles Sturt's Master of Nursing includes a new rural and remote nursing specialisation. Developed in consultation with industry, this specialisation is the only one of its kind in NSW, and one of only two in Australia.

It allows nurses to develop their capacity for safe and effective advanced nursing practice that meets the complex healthcare needs of people living in rural and remote communities – and make a very real difference.

Louise Wells is the Course Director at Charles Sturt University's School of Nursing, Paramedicine and Healthcare Sciences. She said "...there's no doubt rural and remote nurses are uniquely skilled across both specialist and generalist contexts and perform to the full extent of their scope of practice".

> "Until now, there has been no recognised specialisation pathway for them to follow. When it was time to revitalise our Master of Nursing, this was one of our main priorities."

"The need for rural and remote nursing to be recognised as a specialisation also came across loud and clear in the feedback we received from our industry partners. The Master of Nursing review team worked closely with staff from the Western NSW Local Health District (WNSWLHD) to develop a course that would meet the needs of this unique workforce and the communities they live and work in."

Designed for registered nurses looking to upskill for advanced nursing practice, the Master of Nursing (with specialisations) enhances critical thinking, decision making and research-related skills.

Delivered 100 percent online and available to start in March or July, the course gives students the flexibility they need to complete the course in a timeframe that suits them, all with one-to-one support and direct access to subject coordinators.

There are exit points throughout the degree, so students can complete the level of qualification that suits them.

"Students have the option of exiting the course at the graduate certificate, graduate diploma or master's level. The Graduate Certificate builds on the Rural Generalist Nursing Program developed by the WNSWLHD but is a standalone course open to all applicants who meet the entry criteria. It is completed part-time over 12 months.

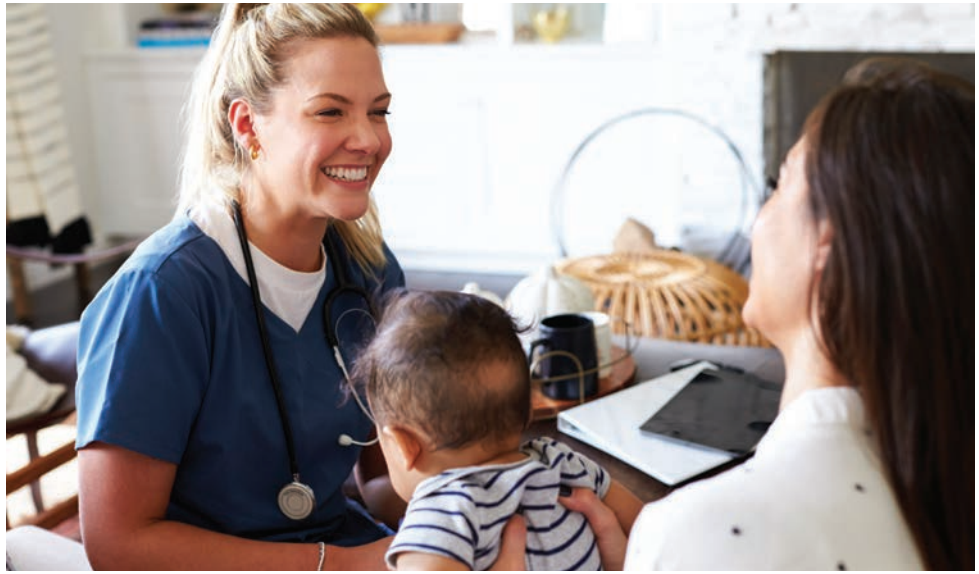
"Students can then choose to continue to the graduate diploma or masters, which include electives to further enhance their clinical skills or build capacity for education and leadership," Ms Wells said.

Along with the rural and remote nursing specialisation, the course includes other industry-aligned specialisations: aged care, clinical education, leadership and management, and research for clinical practice.

Ms Wells has the following advice for nurses considering further study.

> "If you want to advance your career and extend the real and lasting difference you make in your community, consider the Master of Nursing at Charles Sturt University."

For more information, visit study.csu.edu.au/master-nursing



gippsland bush nursing centres funded to support farmers

In East Gippsland, four hours from Melbourne, below the snowy peaks of the High Country, lies the Dargo Bush Nursing Centre.

"Our centre is probably one of the most remote in Victoria," said Sarah Carr, Nursing Manager, who oversees a team of three other RANs at the Department of Health funded centre.

"Our nurses all live in the Briagolong area, near Stratford, near Sale. It takes about an hour to get to work. There's a house linked to the centre. You can stay up here; it's almost like a mini-FIFO.

"We're trained as Remote Area Nurses. We respond by pager to any emergencies that happen in the Dargo area. We are the first responders. It's about an hour's wait for an ambulance by road and about 45 minutes for an emergency flight.

"In one shift, you could get an emergency call-out for an ambulance and be treating pneumothorax and decompressing the chest," Sarah continues. "You can then come back to the centre and be doing the admin, then in walks wound care. Then you might have a lady wanting a prenatal assessment, then a palliative care patient, then you've got a meeting. When you come back there's a kid with gastro or a mental health patient."

The centre has over 230 patients on its books and covers a wide geographical area. Due to resourcing, it has often only had one nurse rostered on per shift, making it a challenge for nurses to reach the outlying community.

"For a home visit to, say, Crooked River, it can take one and a half hours just to get there – making for a four to five hour round trip," Sarah said. "You can't close a centre for that long."

At the same time, farmers in outer Dargo have demonstrated low levels of engagement with health care providers. The distance presents an obstacle, particularly when considered in light of the stress caused by drought, bushfire and COVID-19.

In early June, Victorian Minister for Agriculture Mary-Anne Thomas announced $350,000 for the 'Bush Nursing pilot project', an initiative that aims to equip farming communities with the information, tools and resources to improve health outcomes and build resilience. The funds come out of the state government's $20-million Smarter, Safer Farms initiative.

The pilot focuses on supporting farmers who are geographically harder to reach, with funding going to six Bush Nursing Centres in Gippsland including the Dargo Bush Nursing Centre, plus similar centres in Ensay, Gelantipy, Swifts Creek, Buchan and Cann Valley.

> "The great news is that with the funding we have been able to employ a nurse to work one day a week alongside another nurse. That nurse will primarily run the project one day a week."

"For a long time we have done screening and health promotion... but we have usually had to focus on people coming to the centre to do that."

Above left: CFA Strike Team, January 2020. Above: AV Training Day, September 2020.

"Now, instead of having to close the centre to do home visits, and leave the centre unmanned, we're going to have another nurse here to do the home visits. It's a great resource to have!"

In July, Sarah explained that there had been a "really positive" initial community response.

She went on to say that the Dargo centre planned to approach 30 to 40 farmers who haven't accessed healthcare in the last 12 to 24 months.

Many of the candidates are to be within the vulnerable 65+ age group and male, because historically men have engaged less with healthcare than women in Dargo.

"We'll be doing home visits on the road, making a time that's convenient for participants. If it's hay season or it's busy on the farm, we'll work in with what they're doing."

"We'll initially ask how they're going and what's been happening. And we will do a lot of health screening during visits. We'll be looking at standard things like blood pressure, weight/height, and glucose levels; but also bowel screening with testing-at-home kits and cholesterol checks using a point-of-care cholesterol checking machine we are going to purchase."

"Basically it will be an all-systems check. And if anything is flagged, we'll be part of the referral process as well. We'll help organise GP specialist appointments, write letters, follow up with health professionals and liaise on behalf of the patient."

"We are hoping that if the pilot project is successful, we could look at getting additional funding through the next few years – which would be absolutely amazing." ●

More about Sarah

"I've worked for 15 years as a remote nurse, and been in this nurse managing role for three," Sarah tells CRANAplus. "For me, it was about getting out of the hospital system, where the politics and hierarchy can cause a lot of stress."

"I love being my own boss and working for myself; just as I love the community, the town and the diversity of the role. And now with nurse managing... I love quality. People would probably say 'oh my God' to that. But I do love it!"

Above top: Kim and Pauline. Above: Richard, Sarah, Christine, Kim and Alan at the Pfizer Outreach Clinic in July.

why you should ask your patients about their pregnancy plans

Do you want to help your patients avoid an unplanned pregnancy and conceive a healthy baby when the time is right for them?

The health of men and women at conception influences the health of their baby at birth and beyond. By asking your patients about their pregnancy plans, you can help them either:

- Book a well-timed preconception health assessment to discuss how they can improve their chance of a healthy baby; or
- Discuss contraception options to avoid sexually transmitted infections and unplanned pregnancy.

Research shows GPs want to be involved in shaping the health of the next generation and that most young Australians want to have at least one baby.

A recent study also found that most patients don't mind being asked about their pregnancy plans. In fact, many said they would appreciate it.

Your Fertility, a government-funded program, can help you deliver this potentially life changing intervention quickly and efficiently. Visit www.yourfertility.org.au/planting-seed for:

- Short videos demonstrating ways to ask the question: Do you want to try for a pregnancy in the next year?
- A flow chart for ways to respond to your patients' plans.
- CPD accredited learning modules about preconception health.

You can also tell your patients about our website for practical, evidence-based information to improve their chance of a healthy pregnancy and baby. ●

Your fertility

the paediatric palliative care national action plan

When we think of palliative care, we typically associate it with older adults, but the reality is that infants, children, and young people are also affected by life-limiting illness.

Paediatric palliative care provides care and support to patients and families through some of the most challenging moments and decisions of their lives in ways that often differ from adult palliative care services.

In 2019, the Australian Government acknowledged the need to align priorities in paediatric palliative care nationally by investing in a three-year project, 'The Paediatric Palliative Care National Action Plan Project' (the Project).

Palliative Care Australia (PCA) and Paediatric Palliative Care Australia and New Zealand (PaPCANZ) are leading the Project, with guidance from the Project Steering Committee and input from stakeholders and consumers.

The Project is a unique opportunity to raise community awareness of paediatric palliative care and help build the capacity of the Australian healthcare system to respond to the specific needs of children and young people with life-limiting conditions.

The Project work aims to help families access key information that will help them care for their child at home and provide families with the information they need to access specialist paediatric palliative care services if they need to.

The Project aims to elevate cross-sector relationships and collaboration, which will result in accessible resources, consistent information and messaging, and a tailored education framework for the specialist paediatric palliative care workforce.

A strong focus of the Project is consultation.

The Project team would like to hear from all health professionals, paediatric palliative care services, supporting services and consumers to inform the Project activities, such as:

- Developing the Paediatric Palliative Care National Action Plan
- Identifying gaps in services
- Ensuring resources and information are accessible when needed
- Providing opportunities for families to share the stories of their palliative care experiences.

The input we receive from stakeholders will contribute to achieving the Project's outcomes, which includes assisting in developing and improving existing resources and support for rural and remote families who cannot access specialist paediatric palliative care in their location.

To help facilitate cross-sector relationships and collaboration, the project team is establishing a stakeholder engagement group.

All professionals supporting children and young people with life-limiting conditions and their families are invited to complete the Stakeholder Engagement Survey and register their interest in contributing to the Project: https://www.surveymonkey.com/r/P5FH3KG

To learn more about the Project, please visit: https://palliativecare.org.au/paediatric-national-action-plan-project

If you have any questions or would like to meet with the Paediatric Palliative Care Project Team, you can contact them at paediatrics@palliativecare.org.au

We look forward to bringing you on the journey of the Project to enhance paediatric palliative care. ●

Paediatric Palliative care
NATIONAL ACTION PLAN PROJECT

occupational therapy in the red centre

Jordyn Iovino reflects on her clinical placement with Desert Therapy in Alice Springs and discusses how she has grown as a professional through increased cultural awareness.

Prior to beginning my Masters of Occupational Therapy degree, I researched the vast experiences that Flinders University offered through their placements. When I heard about the possibility of being able to perform a placement in the Northern Territory with Desert Therapy, I immediately signed my name up and consistently approached my topic coordinators to ask them to consider me for this placement.

Having grown up in the Riverland, I understood the ways of rural community life and the close relationships which tend to form in these smaller towns. After moving to Adelaide in my late teens, I knew that I wanted to return to a rural placement and be able to provide much-needed healthcare to rural and remote communities.

Fortunately enough, I was offered the placement with Desert Therapy in Alice Springs. This clinic works with those funded by the NDIS scheme or My Aged Care, from paediatric through to aged care clients. The well-equipped, highly knowledgeable and friendly team are made up of a range of occupational therapists, speech pathologists and physiotherapists.

The multidisciplinary team was highly supportive and encouraging towards furthering not only my professional knowledge, but my knowledge of Indigenous culture. A key learning experience throughout this placement came about when I attended the Introduction to Central Australian Aboriginal Culture and Context Day, run by the Centre for Remote Health. This was pivotal in developing my cultural awareness and my ability to practise cultural safety for the remainder of my placement.

I learnt about the dynamic historical structures that form Aboriginal cultures and gained an understanding of the factors in rural or remote communities that influence Aboriginal health. This day also allowed me to interact and socialise with many other students from other disciplines who were on placement in Alice Springs. Thankfully, due to this workshop, I was then able to attend events around Alice Springs, travel to the West MacDonnell Ranges and Uluru together with these students.

What drew me to this particular placement was the vast range of clients and opportunities to provide care, not only within Alice Springs but also in very remote communities.

This was something I had never experienced and would have never experienced without the opportunity provided at Desert Therapy.

During our 'bush block' the Desert Therapy team would split up to visit their allocated communities. I was fortunate enough to fly with my supervisors to Wingellina (WA Border), which meant flying over the top of Uluru and Kata Tjuta! Here I spent a week with the team living at a miner's camp and travelling to various communities around the WA/SA border.

Following this, we repacked the cars and drove through many dirt roads to Ampilatwaja, north of Alice Springs, where we spent the week visiting clients in the surrounding communities. I was also able to travel to the Desert Therapy's Tennant Creek clinic and provide occupational therapy services in a smaller remote town.

During the remote visits I worked with a range of clients, and in the process developed many

new skills, in particular my ability to recognise the importance of Indigenous culture and adapt my practice to be more culturally aware. Working in these remote communities was completely eye-opening and a pivotal learning experience which I would not have had if it weren't for the support of the Desert Therapy team.

After three weeks visiting remote communities, we returned to the town clinic, where I was able to extend on the skills I had learnt out bush. Returning to the town truly highlighted to me the significant demand and need for specialised health care services in remote communities.

This experience has helped me develop my culturally responsive communication skills and practice quite significantly. Due to the constantly changing environments and fast-paced sessions, I was able to utilise the knowledge of other multi-disciplinary team members to collaboratively develop reports and formalise clinical reasoning, quickly and for very remote clients.

Another key opportunity during placement was being able to connect with other OT students from Coffs Harbour. Together, we were able to have student-led debrief sessions after visiting some of these remote communities, and ask each other questions about how to word reports or perform certain assessments.

In long-winded summary, all these experiences have shaped who I am as an occupational therapist today, and given me skills which I may not have gained in Adelaide. The lifestyle in Alice Springs is flexible and more relaxed, which is something I was not used to and this put me out of my 'highly-organised' comfort zone.

However, being on placement at Desert Therapy allowed me to embrace the flexible work, especially as I found that when you visit remote communities you spend time trying to locate clients and have no set schedule.

So, for someone who is used to a very structured and organised schedule, I highly recommend undertaking this experience, at Desert Therapy or with a similar organisation.

It pushes you to not be so rigid in your OT practice and to involve yourself in the remote community lifestyle. I hope that upon finishing my degree this year, I can return to provide more healthcare to these remote communities, and return to Alice Springs! ●

red lily health emerging

The Directors of Red Lily Health Service in Jabiru within Kakadu National Park are very happy to announce that their Aboriginal Community Control Health Service (ACCHS) is now on track to take on the management of four community health centres and associated primary health care delivery in the West Arnhem region.

Minjilang (on Croker Island) became a Red Lily health service on the 1st July this year. The others, Warruwi (on South Goulburn Island), Jabiru and Gunbalanya (also known as Oenpelli), are scheduled to follow within the next two years.

It's been a long journey for The Directors of the Red Lily Health Board, most of whom have been involved since the start of the process almost 15 years ago.

Directors think of themselves as having been in a canoe together through the process, sometimes making great progress and other times, beached on a sandbank.

In 2019, after many negotiations and governance training sessions, funders agreed to test our capacity to manage a non-clinical program in Jabiru.

The Directors also liken the latest stage for the Board and the Service to the re-emergence of the red lily plant that was almost stamped out of the region by the high numbers of wild buffalo. The buffaloes have been controlled now and so red lilies can once more be seen flourishing around many billabongs across Kakadu and beyond.

It is widely agreed that the Aboriginal Community Control Health Service (ACCHS) model is the gold standard for effective and respectful primary health care delivery for First Nations peoples and is particularly important for those in remote and very remote regions.

Healthcare can be tailored for the local population with local priorities, involving whole families, and a preventative population health focus.

The Directors believe each community deserves the highest quality of health service and we intend to make sure everyone is included in the conversation about how we make that happen.

The population in the West Arnhem area is quite transient so regionalisation will provide a stable and safe environment for delivering the best possible care.

The Red Lily Health Service has developed a close working relationship with our neighbouring ACCHS, Mala'la, in Maningrida.

The Northern Territory Government (NT Health) is supporting the regionalisation process and is committed to transition of health services to Aboriginal community control.

As well as NT Health, we enjoy great support from Aboriginal Medical Services Alliance Northern Territory (AMSANT), Northern Territory Primary Health Network (NT PHN) and Australian Government Department of Health. Much assistance has been provided by many of the other ACCHS in the NT. Much work has been and will continue to be done in developing a transparent and robust governance structure to support the service and the Board Directors and members.

There are seven Board Directors representing a reflection of the geographic area including very remote outstations and homelands. All members are very keen to increase the employment and involvement of local people which will allow greater empowerment and inclusivity, not only in healthcare and outcomes, but also in addressing social determinants. Red Lily Health Service advocated for greater accessibility and improved services including the rebuilding of old infrastructure at Jabiru and Gunbalanya.

But one of our main objectives is to be seen widely as an employer of choice who values our staff and community whilst providing the best possible care and indeed, as described in one of our mottos, *Working Together for Better Health in West Arnhem.* ●

RED LILY HEALTH BOARD
WORKING TOGETHER FOR BETTER HEALTH IN WEST ARNHEM

Australian College of Nursing

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