

issue 110 | winter/dry season 2018

CRANA^{plus} magazine

the voice of remote health

RRP: \$10.00

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



support 52
educate 64
professional 74
connect 84

"I'd been with my husband for eight years. Everything was fine at first, and I felt loved. Then life got hard. He became very jealous and controlling. I wasn't allowed to have friends. He even made me quit my job because my manager was a man. His drinking made things worse. He attacked me verbally, then physically. As time went by, he became more violent. The last time, he came home drunk and in a rage. I was terrified. I grabbed our little boy and ran. We had nowhere to go, so we spent the night in my car. It was freezing, but home just wasn't safe anymore."

Over **116,000** people across Australia, like Heather, will be homeless tonight.

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MISSION AUSTRALIA

(ABS, 2018)

from the editor

The front cover features Remote Nurse/Midwife Vanessa Page who is known to many in CRANApus and throughout remote Western Australia. Earlier this year Vanessa spent time in Tanzania assisting in the up-skilling of Tanzanian midwives.

We also have some wonderful stories for you from members and students, and take the opportunity to acknowledge colleagues who have received awards for excellence in their chosen fields.

Other stories include an update on the Networks of Interest initiative, insightful articles from the Bush Support Team, information about the 'Stay Safe and Secure' course and updates from the Professional Services Team.

Conference is front and foremost with us and we are delighted and overwhelmed by interest in our event. We have reached capacity with trade booth sales but we still offer a range of other sponsorship opportunities for organisations to engage with this unique group of health professionals.

Welcome to new Corporate Members; Mediserve, Medical Staff and the Kimberley Rural Health Alliance and our new 'Mate of CRANApus' the National Rural Health Student Network (NRHSN). We value our members and their support of CRANApus.

Finally, it is with sadness we note the passing of Dr Luise Hercus who we featured in our December 2017 magazine. A linguist of world renown, she has left an indelible mark through 50 years dedicated to the recording of disappearing, or indeed believed lost, Indigenous languages.

Anne-Marie Borchers
Manager Communications and Marketing
CRANApus



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Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANApus.

Magazine circulation 15,000.

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CRANApus' Patron is The Hon. Michael Kirby AC CMG.

About the Cover: RAN/RM Vanessa Page assisting with midwifery upskilling in Tanzania. Read article on page 21.

from the ceo



Dear CRANaplus Members and Stakeholders,

In my role as CEO I'm very fortunate to represent CRANaplus and remote health at a variety of local and national events. It becomes clear pretty quickly that, to have a constructive conversation, I invariably need to start with building a shared understanding of what 'Remote' is! The Australian Institute of Health and Welfare estimate that there are more than one million people employed in the health and welfare sectors of Australia, with sadly very few understanding that service provision in remote and isolated areas is fundamentally different.

For a long time we have known that the further you move away from one of our capital cities, the worse your health becomes, the less you access services, the more expensive life is and the shorter your life will be. Given we are talking about a very small part of our overall population, the outback and the bush being

core to our Australian identity and us being a wealthy developed country, it makes no sense why we allow this injustice to continue.

For many city folk, healthcare in the bush starts and finishes with the high-profile aero-medical evacuation services that we have all across Australia. Providers like RFDs & CareFlight are an essential element of remote and isolated healthcare in the remote areas, along with being a very welcome sight at 2am! However, the Remote Area Nurse and Health Worker who have stabilised and cared for the patient, the Medical Officer who provides phone advice to multiple communities and the range of allied health and specialist visiting services are poorly understood outside of remote health.

Our remote health workforce is not an endless commodity. If we don't start to do things significantly better, then the churn will eventually dry up our supply! Given the burden of disease and relative isolation of our practice, we clearly need the best healthcare professionals. Professionals who are supported to overcome the challenges of living in remote areas and whose extensive educational preparation and skill maintenance is understood to be part of their role, not something they must self-direct so they can have the skills ready when the worst happens.

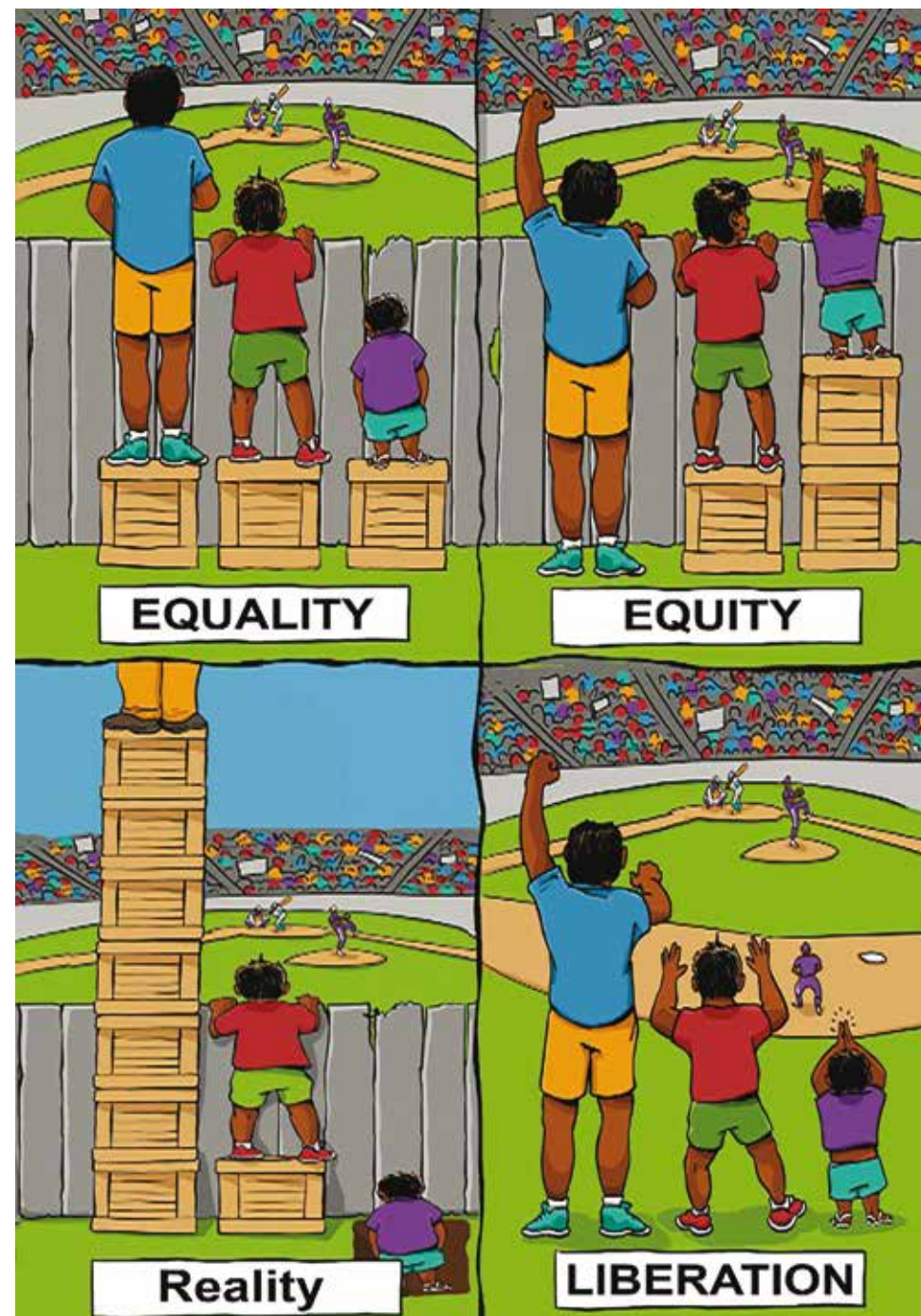
Ultimately, if we truly care about equity of healthcare in Australia, I think we must demand a healthcare system that recognises, funds and accepts the reality of the remote models of practice, not naive assumptions of what mainstream urban Australia thinks we need!

Cheers

Christopher Cliffe
CEO, CRANaplus



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





engage

from the chair

Our way forward in remote health and the correct approach for the future is to truly value evidence in practice. One such example is the Ngangk Yira ('rising sun' in Noongar language) Research Centre for Aboriginal Health and Social Equity at Murdoch University. The direction of research and evidence at this centre into understanding the social and cultural determinants of health will add great value to what we already know about the poor health equity between Aboriginal and non-Aboriginal Australians.

A focus on Northern Australia got legs in 2015 with a 'white paper' presenting a roadmap for achieving a vision for the north by 2035.

The white paper, primarily focussed on economic development opportunities, listed a commitment to investing \$15.3 million to position the north as a global leader in tropical health.

The paper makes reference to the epidemic of scabies infection in 50% of children and 25% of adults in some remote locations of northern Australia.

Many of us working in Indigenous Health advocate strongly on the impact of social determinants on health and remain vigilant on addressing the challenges from a whole of community approach rather than an individual health perspective.

We have had some successes, but limited ones, in Closing the Gap over these past 10 years, thus demonstrating that to truly address the Gap we must approach it differently.

Let's get behind these emerging research institutions to ensure our approach is through an evidence-based lens, and most importantly those children are truly set for a prosperous future.



On the subject of 10 years, many will recall the 2020 Summit of 1000 minds held in 2008 and the anticipation directed towards big change ideas in the making for the nation going forward.

I am wondering what happened to all that thinking, particularly for rural and remote Australia.



Remotely-located Australians suffer a much greater burden of disease than other Australians: that remains a given for CRANaplus.

We, the health community, have to ask for an evaluation against those ideas generated.

Remotely-located Australians suffer a much greater burden of disease than other Australians: that remains a given for CRANaplus.

This needs to measure not the usefulness of the summit exercise, but the value of opportunities missed or gained, what they achieved, or could have achieved, for our country's progress against some of our greatest health challenges and opportunities.

Our conference in September is shaping up to provide some truly inspiring international and national evidence to inform our approach. Look forward to seeing you there.

Warm regards

Paul Stephenson
Chair, CRANaplus Board of Directors ●



Think Global Act Local

Leading primary healthcare in a challenging world

CRANaplus 36th Conference

In conjunction with

International Conference for Rural & Remote Nurses & Midwives
Cairns, Queensland, Australia 20-22 September 2018

The 2018 CRANaplus Conference gives remote healthcare providers a unique opportunity to present and share ideas, experiences and personal challenges with colleagues and key industry leaders from across Australia and around the world.

This year, our conference will coincide with an International Rural & Remote Nurses and Midwives Conference in the beautiful Far North Queensland city of Cairns.



Pullman Cairns International

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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 pays its respect to their Elders both past and present.

2018 Conference Speakers include



Áslaug Arnoldsdóttir
Icelandic Nurse - ICRC



The Hon Michael Kirby
AC CMG



Michael Jenkins
*Senior Nursing Officer
 United Nations Medical
 Services Division*



Barbara Shellian
*President - Canadian
 Nurses Association*



Ian Hosegood
*Director of Medical
 Services - Qantas*



Adj Professor Debra Thoms
*Commonwealth Chief
 Nursing Officer*



**Emeritus Professor
 Paul Worley**
Rural Health Commissioner



**Adj Associate
 Professor Kim Ryan**
*CEO, Australian College of
 Mental Health Nurses*



**Associate Professor
 James Ward**
*Head Infectious Diseases
 Research - SA HMRI*



**Professor
 Ian Wronski AO**
Prof. Tropical Medicine



Professor Jill White AM
*Prof. Nursing & Midwifery
 University of Sydney*



Sarah Brown
CEO, WDNWPT

**REMOTE
 DOESN'T MEAN
 ALONE**

vale dr luise hercus



Dr Luise Anna Hercus AM FAHA, and longtime member of AIATSIS, passed away in Canberra on Sunday 15 April. A former Reader in Sanskrit and Deputy Dean of Asian Studies at the Australian National University, Luise was a longtime Visiting Fellow in Linguistics in the School of Literature, Languages and Linguistics. She was an active member of the board of Aboriginal History and served for many years as the journal's reviews editor.

Few researchers can begin to match the commitment, dedication and respect Dr Hercus demonstrated towards languages and songs of Australia. Up until a few weeks before passing, she continued documenting Australian languages, songs and traditions.

As one of the first AIATSIS grantees, and later as a member of AIATSIS Linguistics Advisory Committee, Dr Hercus has shaped the directions of research into Australian languages that are in danger of being lost.

Her work on Australian languages began when she found there were still people who had knowledge of languages in Victoria.

She looked for speakers and started making recordings in 1962. Between 1962 and 2003, she made over 1,000 hours of recordings, which cover over 56 languages and dialects from Victoria, South Australia, Northern Territory, Queensland, Western Australia and New South Wales. Some of these languages are no longer spoken (or have been 'sleeping') and her recordings are indispensable to the people these languages belong to.

Dr Hercus deposited and later gifted these recordings to AIATSIS. AIATSIS staff have worked closely with her to disseminate her recordings through the years. Copies of her recordings have been requested for many purposes, including academic study and land claims. In recognition of the significance of her recordings, AIATSIS nominated her sound collection for inclusion in the Sounds of Australia (formerly known as the National Registry of Recorded Sound) and in 2012, it was accepted for inclusion.

What distinguished Dr Hercus from other linguists was her holistic approach.

What distinguished Dr Hercus from other linguists was her holistic approach. Her recordings were not bound by research needs and capture the language and culture as a whole. Her recordings also represented the whole life of the speaker.

Above left: Dr Luise Hercus AM FAHA. Photo: AIATSIS.

Top right: Dr Luise Hercus recording Mick Lclean. Photo: Isobel White.

Below right: Dr Luise Hercus.



This made her recordings precious to descendants of the people she recorded, and some regarded her as an 'honorary ancestor' with whom they could share memories of people she worked with.

Dr Hercus was enormously generous and encouraging to researchers and younger colleagues working on Australian languages. She wanted her recordings used widely by descendants who wished to learn their languages, and by researchers to bring about a wider appreciation of Aboriginal culture. To this end she spent a great deal of time assisting people to access and understand the recordings she made.

Dr Hercus held a deep respect for the people with whom she recorded and considered the opportunity she had to be a great privilege. She maintained close ties with many Aboriginal people, both those she worked with and their descendants. She was always respectful to people whose languages she recorded and always gave credit to the knowledge holders, never showing off what she learnt from them. Indeed, she was a most modest person.

Those who were fortunate enough to know Dr Hercus were touched and inspired by her dedication, wisdom, and heart. She was and is still known and loved by many AIATSIS staff, scholars, and, especially, the Aboriginal people with whom she worked, and she will be sorely missed. She left an invaluable gift to Aboriginal people, and her legacy will continue far into the future.

'I am sorry to bother you': a unique partnership between Luise Hercus and the Australian Institute of Aboriginal and Torres Strait Islander Studies' describes AIATSIS' long-term relationship with Luise Hercus. The paper was published in the second festschrift Language, land & song: Studies in honour of Luise Hercus (Peter K. Austin, Harold Koch & Jane Simpson, eds. 2017). ●

nurses in the loop

The Central Australia Academic Health Science Centre (AHSC) in Alice Springs plans to forge stronger links with CRANaplus in its cutting edge research into health delivery in the Northern Territory.

CRANaplus is an increasingly valuable partner of AHSC, says Executive Director Chips Mackinolty.

This is an exciting time for AHSC, he said, with the emphasis moving away from traditional white-coat research to an approach that focuses on community needs and community initiatives.

AHSC, launched in 2017, is a partnership of 13 organisations with long involvement in health research in central Australia, and who share a strong commitment to community-directed

research and getting the results of research into the field to directly benefit our communities.

At its heart is the membership of Aboriginal organisations: the Central Australian Aboriginal Congress; the Aboriginal Medical Services Alliance Northern Territory; Ngaanyatjarra Health, Nganampa Health and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council.

It is the only Academic Health Science Centre in Australia with a primary focus on Aboriginal and remote health.

The Centre is currently assessing and ranking potential research projects to benefit from federal funding of \$6million over the next three years. One criteria is that each project must include partnership with at least one Aboriginal body.

"Nurses too often get left out of the loop of research and academia," says Chips.

"Having CRANaplus as a Centre partner is just one way of involving nurses more."

"CRANaplus will be a natural, and important, contributor in a project..."

"CRANaplus will be a natural, and important, contributor in a project looking at the huge turnover of health staff in the NT.

"There's a range of reasons, but I think one of them is that clinicians are not generally in the loop.

"A researcher from Sydney lands in a community unannounced, for example, and then nurses don't get to see the results."

CRANaplus is currently involved in developing a fact sheet and guide for the region on the HTLV-1 virus, a distant relative of HIV which is prevalent in some Central Australian communities.

"My intention is that over time groups like CRANaplus will be increasingly engaged as partners in particular research projects," says Chips.

NB: Look out for a new name, to include Aboriginal language, and logo, designed by a local Aboriginal artist, says Chips – to better reflect the work undertaken at the research centre. ●



Photo: Eugene Blom.

You're invited to join the CRANaplus Networks of Interest community

Networks of Interest groups are a collective of CRANaplus members with common professional areas of interest. They serve as an avenue for the sharing of resources and support within the group and discussing topical issues, raising questions or asking for advice.

Networks of interest also form a dedicated communication pathway when CRANaplus is seeking or disseminating information that is of sole relevance to that area of practice and professional interest.

You're invited to join our Networks of Interest community on Facebook. Each group is 'closed' so that only CRANaplus members that have been approved by an Administrator can join the conversation.

To join, 'like' CRANaplus on Facebook and send us a message or post on our page to request to be added.

www.facebook.com/cranaplus

For more information, please contact Marcia Hakendorf
marcia@crana.org.au or 08 8408 8213

www.crana.org.au



networks of interest communities ARE live

Networks of Interest Community groups are a collective of CRANaplus members with common professional areas of interest. They serve as an avenue for the sharing of resources and support within the group and discussing topical issues, raising or asking questions.

Our very own Students and End-of-Life NOIs went live on Facebook during late April and early May. Amy Wenham is not only the champion and driver of the Student NOI community group is also the Secretary of National Rural Health Students Network.

Our very own Students and End-of-Life NOIs went live on Facebook during late April and early May.

Amy is currently studying nursing at the University of Sydney, where she is the President for MIRAGE Rural Health Club and has held a number of leadership positions throughout her degree. Having grown up in rural areas across the globe, Amy has a strong passion for rural and remote health. This passion is something that she strives to employ with her nursing degree in the future.

Over the past few weeks Amy has successfully generated conversations around preparing to go remote, clinical placements, International Nurses Day – 12 May, to name a few topics. If you are a Student member of CRANaplus please let us know so we can invite you to participate in this vibrant student network.

The End-of-Life NOI went live during National Palliative Care Week, 20–26 May 2018. Dr Ann Aitken is our champion and driver of this important group and sees end-of-life, active ageing being core business for every health professional.

Ann, is a Registered Nurse who was originally hospital trained at the Royal Brisbane Hospital back in the 1980s. Ann's clinical passion is oncology and palliative care and she work in these specialist settings for more than 10 years before moving to remote North Queensland. Ann has worked in rural and remote areas for the past 20 years and more recently has been working as the Director of Nursing, Midwifery and Facility Manager at Atherton Hospital. Ann is a strong advocate for rural and remote nursing and health care in these areas, and has particular interests in palliative care and promoting resilience in team members.



If you are a Student member of CRANaplus please let us know so we can invite you to participate in this vibrant student network.

Amongst other things Ann has a Masters Degree in Rural and Remote Health and completed her PhD in 2016. Ann is currently completing a Masters degree in Conflict Management and Resolution.

It is anticipated more NOIs communities will be established throughout the later part of the year. Stay tuned.

Amy Wenham and Dr Ann Aitken ●

innovation will better serve rural communities – GippSIM truck

By Debra Cerasa RN RM

Rural Paramedics are being exposed to an exciting innovative approach to maintaining their skills. The pilot project aims to, “provide all Paramedics, MICA Paramedics and AV First Responders across Gippsland with guaranteed and equitable access to relevant and appropriate training equipment to enable excellence in patient care through simulation exposure”.

Through a grant for funding from the Helimed 1 Ambulance Auxiliary, state-of-the-art training has now been rolled out in Gippsland, Victoria. The pilot project will give the opportunity to paramedics to practise high risk procedures in a simulation environment that will monitor, evaluate and provide debrief dialogue. By providing such realistic situational scenarios, paramedics can maintain ‘high-risk: low-frequency’ skill sets.

The new simulation training tool and program is called ‘The Gippsland Mobile Simulation Ambulance’, or GippSIM. A converted ambulance vehicle, along with all the necessary equipment replicating a fully equipped on the road Ambulance, ensures as close to reality environment as possible.

This first of its kind project for Ambulance Victoria (AV), is now moving across the Gippsland region and GippSIM is being welcomed by paramedics to refresh and maintain their advanced life support and intensive care skills.

Gippsland Clinical Support Officer (CSO), Ross Salathiel (pictured right), a significant stakeholder in this pilot project said, “GippSIM will help paramedics maintain their skills and continue to provide high level care to the community.

“GippSIM will allow us to bring a consistent level of simulation training to our workforce regardless of their geography,” Mr Salathiel said.

“It will mean that paramedics across the region will have access to the same training equipment as if they were working in a busy location.”

Some of the skills that will be practised will include:

- Drug assisted intubations
- Paediatric intubation
- Pre-hospital thrombolysis
- Management of cardiac arrest, to name a few

The purchase of the technology was made possible through the tireless work of the Helimed 1 Ambulance Auxiliary and the generous donations of local organisations and the public.

By following the pilot project for 12 months, the GippSIM pilot project will be evaluated. A qualitative review of the paramedics and their the attitudes toward the skill maintenance will be determined.

In anticipation of registration for paramedics in Australia in the near future, this modelling of skill maintenance will be viewed as a positive attribute for the community to have confidence that their rural and remote paramedics are maintaining their specialised skills for the best possible outcomes of patients.

If the pilot project is deemed successful it will be recommended that Sim Trucks be rolled out across other regions and states of Australia.

The simulation ambulance will be used by AV’s Gippsland-based clinical support officers, team managers and paramedic educators to refresh the skills of Mobile Intensive Care Ambulance and Advanced Life Support paramedics, as well as our first responders.

The simulation technology is controlled by a tablet device operated by the training facilitator, who can alter the scenario in real time with the touch of a button, making “the simulator scenarios as realistic as possible,” Mr Salathiel said.



“When we do an intubation scenario I can make the oxygen levels fall, an alarm to sound, and the paramedics will have to respond accordingly, like they would if it happened in real life.”

For more information watch this video:
<https://vimeo.com/243206942>
or contact Mr Ross Salathiel:
ross.salathiel@ambulance.vic.gov.au ●

finger on the pulse

For more than 9000 subscribers, keeping up-to-date with industry news is easy through our weekly e-newsletter CRANApulse.

CRANApulse arrives like clockwork mid-afternoon each Friday, 50 weeks of the year.

Started in the early 2000s as the Outback Flyer, our e-newsletter continues to keep members, past and present, and stakeholders in touch with our organisation and the rural and remote sector.

These days it boasts a large international readership going to New Zealand, Europe, Africa, Asia, North America – and one reader in Iceland.

Many organisations choose to promote their industry events, conferences and education courses through The Pulse. This is a free service.

Many organisations choose to promote their industry events, conferences and education courses through The Pulse. This is a free service.

Due to our extensive reach, employers who choose to advertise vacancies on the CRANApulse website do so knowing they will also be listed in the newsletter.

The CEO's letter to members is the first point of call for our readers and then the employment section which receives the greatest traffic.



Due to our extensive reach, employers who choose to advertise vacancies on the CRANApulse website do so knowing they will also be listed in the newsletter. This combination ensures them cost-effective, maximum coverage directed at the niche group of health professionals we count among our readership.

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We enjoy a high rate of repeat advertising and good feedback about the effectiveness...

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It's easy to subscribe via our website <https://crana.org.au/>



remote – not isolated

If you trace Ann Sanotti's tracks over the past couple of decades, you'll follow a path that has led this dedicated nurse and midwife further and further into remote Australia.

But 'isolated' is the last word Ann would use to describe her life in some of the country's most remote communities.

Hectic. Yes. A pressure cooker at times. Yes. But never a dull moment.

It's a five-hour 400-kilometre drive north-west of Alice Springs to Nyirripi, a community of around 250 people, where Ann has been the Primary Health Care manager at the local clinic for 13 years.

"I am 60 – but have no thoughts of retiring," she says. "Not while I find the work interesting, everyday a new challenge."

The difference that Ann makes in this community ranges from her mothercraft sessions that involve teenagers, young mums and grandmothers learning and sharing their skills, through to helping with the palliative care needs of elders who choose to stay 'on country.' Then there are the community's footballers and softball players who take advantage of the gym facilities that Ann helped establish.

"Changes have evolved over the years," says Ann. "We as a health team have worked on basic hygiene and the rate of skin sores and boils has fallen; we have worked on nutrition, and the local Outback Store provides a greater range of fresh food and vegetables, helping anaemia rates to fall; and we are working on programmes to help people understand their medication and improve their health. We are hoping very soon to train local community members to work in the gym and encourage people to exercise."

Ann's route to remote nursing began in the 90s when she headed to the NT's capital city, Darwin, at the Top End to do her midwifery training. After some years in Darwin Ann was asked to go to Tennant Creek as they needed midwives, where she worked for four years.

"If nurses are thinking of going out bush to remote settings then they should consider getting experience and confidence by working in Tennant Creek first," says Ann. "This was where I also heard of CRANaplus and I started doing some of their courses, which gave me the confidence to leave the hospital setting and go into Remote Nursing."

"My passion is nursing and I love the work, the diversity that can change your work day in an instant."

Next stop was Yuendumu, population nearing 1000, where Ann worked for two years. It's 300 kilometres from Alice Springs along the Tanami Highway, which is mostly sealed except for the last 20 kilometres or so. Then in 2006 it was on to Nyirripi, originally an outstation of Yuendumu, now a community in its own right with a population of around 250. Nyirripi is another 150 kilometres past Yuendumu, the track passable except in wet conditions when the roads are closed to all traffic.

Ann is currently the only permanent staff member at the Nyirripi clinic. It is a small clinic in comparison to Yuendumu but it is busy, providing acute care and emergency services, antenatal/postnatal care, paediatric, chronic conditions to name a few as well as



providing clinics for visiting specialists and Allied Health Services. There is a monthly visit by a regular and supportive GP and Ann is assisted by a relieving Registered Nurse working in Nyirripi.

In 2016, Ann received the Excellence in Remote Health Nursing/Midwifery Award in the NT Government's Nursing and Midwifery Awards, recognising her work at Nyirripi.

"That was a wonderful surprise but there are many, many nurses who are working hard in the bush to try and make a difference," she says, "I was privileged to have someone take the time to nominate me."

In her spare time, Ann likes to walk with her two dogs. "The work load can be huge so it's lovely to get away, to be away from the phones and get one's thoughts together. It can be very rewarding getting out into it – but not too close: I avoid the snakes."

Avoiding the snakes is not always an option, as they do slither occasionally into the clinic.

Our phone conversation is over as Ann is called away. There's always something happening at the clinic. "My passion is nursing and I love the work, the diversity that can change your work day in an instant," Ann says just before hanging up. ●

vanessa's venture

WA midwife Vanessa Page flew more than 10,000 kilometres to Dar Es Salaam in Tanzania earlier this year after putting up her hand to work as a midwife in the East African country's most populous city. Her experiences assisting in the upskilling of Tanzanian midwives over the next month was an even bigger journey.

First stop: Amana Hospital in the city centre. Working in the heat and humidity without air-conditioning, the noise of women calling out in pain and seeing the labour ward walls ingrained with bodily fluids was certainly an eye-opener.

As were the birthing 'benches', which were only a metre apart and without privacy, and always full with labouring women and an audience of random onlookers.

The nursery at the time had an occupancy of 82, with up to five babies to a cot all 'rooting' around all over each other looking for their mother's breasts.

It is the survival of the fittest, says Vanessa. They have about 10-14 neonatal deaths every month just at Amana and up to one maternal death a month. ►►



SAVE THE DATE

17 – 20 JUNE 2019

THINKING, SPEAKING, BEING:
FIRST NATIONS SOLUTIONS FOR GLOBAL CHANGE

The Lowitja Institute International
Indigenous Health and Wellbeing
Conference is coming to **Darwin**

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Join Indigenous leaders, researchers, health professionals, decision makers, community representatives, and our non-Indigenous colleagues in this important conversation.

For more information contact
conference@lowitja.org.au

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CONFERENCE 2019
17-20 JUNE, DARWIN, AUSTRALIA

THINKING
SPEAKING
BEING
FIRST NATIONS SOLUTIONS
FOR GLOBAL CHANGE



► “It was chaos,” says Vanessa. “You are totally working blind and trusting your midwifery instinct. On one occasion I was supporting a woman when another called out with her baby’s head on view. I moved across to her without any time to change my gloves. I was involved with at least 20 births over four clinical days.”

“I assisted with a breech birth, managed a true shoulder dystocia, monitored twins, looked after premature labours, managed many women with pre-eclampsia (very common), witnessed the birth of a very deformed FDIU and another neonatal death, and saved the life of a baby who I happened to walk past and notice was blue and not breathing.”

Second stop: Kisarawe District Hospital, situated in a more rural area on the outskirts of Dar Es Salaam. Much quieter and more relaxed, but



with few resources including no running water, soap or hand sanitizer. Women go to the toilet in buckets and wash beside their beds using water brought in by family.

“I caught my one and only Kisarawe baby, surrounded by a sudden audience of coaches including who I thought was the cleaning lady,” Vanessa says. On returning to work the next day I discovered the baby had been named after me!”

They tried to influence two ingrained practices, says Vanessa. “The women birth flat on their backs, so it was a challenge encouraging more upright positions.” says Vanessa. “I won’t go into details, but I have never seen a baby being born uphill before.”

“Also, although our participants showed some warmth to the women, it still shocked us to see how rough and unkind Tanzanian health professionals can be to their patients. We tried to teach our midwife participants to be gentle and kind, and not so intrusive as it is just not necessary.”

Extract from Vanessa’s email to family on her last day: “My month in Tanzania has been a very rich and humbling experience both personally and professionally that I will carry with me through life for ever more. Australia is such a lucky country with so much taken for granted. It amazes me that Tanzanians can still go about their day with big smiles on their faces when on the whole they have so little. What they do have is a rich culture and very friendly approach to life.” ●



seven new graduates to join the torres and cape hospital & health service

The Torres and Cape Hospital and Health Service will welcome five new nursing and two new midwifery graduates to the region this year.

Acting Torres and Cape HHS Executive Director of Nursing and Midwifery Sam Scheffe said two of the nurses and one of the midwives started in March.

The remaining four nurses and one midwife will join the health service in early August. Nurses Jennifer Turner and Sally Meyer, along with midwife Vivien Nance, commenced their careers at Thursday Island Hospital.

Mr Scheffe said Ms Turner was an indigenous community member from Brisbane with family ties to Torres Strait.



"Sally Meyer is a Cairns local who graduated from James Cook University and Vivien Nance is coming to us from Everton Hills in Brisbane and has a passion for remote Indigenous midwifery practice," he said.

Mr Scheffe said the seven new graduate nurses and midwives would work in a variety of different clinical areas throughout the region.

"The five new graduate nurses will start their practices at Thursday Island, Cooktown and Weipa and will work in the clinical areas of acute medical, surgical, emergency and community and primary health," Mr Scheffe said.

"We will also have the two midwifery graduates who will rotate between the inpatient maternity ward and the Midwifery Group Practice at Thursday Island Hospital."

Mr Scheffe said the seven new nursing and midwifery graduates were from a variety of universities including James Cook.

"We are very excited to welcome these new nurses and midwives as they begin their careers with the Torres and Cape HHS," he said.

"They are an important part of our team, and we value the contribution they will make."

Mr Scheffe said the new nurses and midwives would undertake a 12 month graduate program that involved theoretical and practical assessments.

"Graduate nurses and midwives are provided support and mentorship by experienced staff to help make the transition from studying at university to life in the workforce," he said.

Left: Graduate nurses: From left: Sam Scheffe (Acting Executive Director of Nursing and Midwifery), Bronwen Burr (Nurse Educator), Jenny Turner (Graduate Nurse), Vivien Nance (Graduate Midwife), Sally Meyer (Graduate Nurse) and Sarah Worth (Director of Nursing Clinical Education). Each of the graduates will be working from Thursday Island Hospital.

"They have chosen a rewarding and fulfilling vocation that provides many pathways for career development, and is a fabulous way of serving the community in which we live.

"We hope their first year of practice in our diverse health service will open their eyes to the opportunities and diverse range of professional experiences in our region and opt to continue their career with us in the future."

"We hope their first year of practice in our diverse health service will open their eyes to the opportunities and diverse range of professional experiences in our region and opt to continue their career with us in the future."

Mr Scheffe said the 2018 nursing and midwifery graduates would join the existing four registered nurses and one midwife graduates who were entering the last rotations of their programs from 2017.

"We will be congratulating our 2017 beginning year graduate nurses – Shari Wilcox, Clare Candler, Courtney Pert, Voleak La and Amy Browne – on the completion of their program," he said.

"Whilst Shari and Courtney have chosen to return to metropolitan areas to follow their speciality interests, Voleak has been successful in securing a further nine-month contract on Thursday Island and Amy is also interested in staying within the Torres and Cape HHS." ●

rural maternity ward not possible without federal government-funded program

Imagine not having a maternity service available in your local area, forcing you to travel to the next town to receive adequate maternity care?

This was a very real possibility for Moruya Hospital had they not engaged the Rural Locum Assistance Program (Rural LAP). Moruya Hospital is part of the Eurobodalla Health Service located on the South Coast of New South Wales. Lynette Munro, Acting Unit Manager for the Maternity Ward at Moruya Hospital, said "our maternity unit has been very short-staffed with several midwives going on long term sick leave and others from our team having already booked leave in advance. So without the Rural LAP coming and saving the day the maternity unit would not have been able to run safely".

Rural and remote health services often face difficulty in backfilling permanent staff that go on leave. It puts a strain on healthcare providers both financially and physically as they are either forced to pay additional fees and charges for agency locums or their remaining staff have to work the extra hours to cover these shifts.

...the greatest benefit of the Australian Government-funded program is that it relieves the financial burden of hiring agency locums to cover leave.

Leanne Ovington, the Director of Nursing for the Eurobodalla Health Service which encompasses Batemans Bay and Moruya Hospitals, says the greatest benefit of the Australian Government-funded program is that it relieves the financial burden of hiring agency locums to cover leave.

"It is more economically viable. We don't pay all of the extra fees that agencies charge.

We pay a Rural LAP nurse exactly the same as what we would pay one of our own staff. That creates a bit of equity in the workforce."

The program has helped Moruya Hospital considerably reduce excess leave and use their casual pool of staff to cover unanticipated leave. This gives their permanent staff more freedom to go on mandatory training or annual leave without worrying that it will be cancelled.

Moruya Hospital has also been successful in facilitating multiple leave requests during

the same roster period where previously this could not be guaranteed. "The program has allowed us to continue our normal hospital business but in a financially affordable way," Ms Ovington concluded.

Rural LAP is a component of the Australian Government's rural workforce capacity agenda managed by healthcare solutions provider, Aspen Medical. The program aims to provide targeted rural and remote support services to general practitioners (obstetricians and

anaesthetists), specialists (obstetricians and anaesthetists), nurses, midwives and allied health professionals in rural and remote Australia.

For more information visit www.rurallap.com.au



rewarding regional health champions

The life-changing impact of taking health care to regional communities is clear in many of the nominations we receive for the HESTA Australian Nursing and Midwifery Awards.

In both 2017 and 2018 our Nurse of the Year was chosen for the difference they're making to people who face barriers in accessing quality care. Here's a brief look at their stories.

Nurse of the Year 2017: Sarah Brown, Western Desert Dialysis

Sarah Brown (pictured below) knows being on-country together is central to Western Desert people's wellbeing.

A devoted partner of the region's Aboriginal communities, Sarah learnt this truth early in her career. And she has made sure it informs

every part of the innovative, life-saving Western Desert Dialysis service (known as the 'Purple House') she leads in Alice Springs.

An Aboriginal community controlled health organisation, Western Desert Nganampa Walytja Palyantjaku Tjutaku is the product of Sarah's close collaboration with Pintupi Luritja community leaders in Central Australia.

Sarah was nominated for bringing holistic, culturally appropriate social support, allied health and dialysis to Aboriginal people in remote areas. "The services we provide mean that people experiencing kidney disease can live in their remote communities and receive dialysis treatment on-country," Sarah explains. "They live longer, have a better quality of life and an opportunity to pass on their heritage and cultural knowledge to their children and grandchildren.



Nurse of the Year 2018: Gail Yarran, Derbarl Yerrigan Health Service Aboriginal Corporation

Gail Yarran (pictured below) was awarded for her work in improving and advocating for better delivery of health care services to Aboriginal and Torres Strait Islander peoples living across Western Australia.

With a nursing career spanning more than 50 years, Gail has established herself as a prominent Aboriginal health care leader and nurse ambassador. Her extensive breadth of work includes holding multiple advisory roles, as well as developing clinical research projects and pilot programs designed to meet the specific needs of Aboriginal and Torres Strait Islander patients.

Gail's tireless work has contributed to substantial improvements in the way Aboriginal people are

treated when accessing health care and through her work she continues to help Aboriginal people living across Western Australia reach health parity.

"I've been a nurse for 50 years and I know I can't close the gap, but I can do my little part to make a difference," Gail says. "Currently I work in maternal child health doing screening, child health checks and immunisations. By doing this I would like to see better health outcomes for Aboriginal and Torres Strait Islander women and their babies."

With the \$10,000 prize money from proud award sponsors ME Bank – the bank for you – Gail says she would like to find out more about how to improve antenatal health services and make them more accessible for women. ●



cape york calling

Cape York keeps calling Remote Area Nurse Paul Reeves. "Many people may not understand why I love the Cape," he says. "But it is there where I can truly relate with isolated communities who can be cut off from floods and cyclones. It amazes me how resilient these people are, and how little the rest of Australia understands their lifestyle."

Originally from Brisbane and living with his family in South Australia for 25 years, Paul is satisfied with short stints up North. A Clinical Nurse, he has been employed as a casual relief pool staff member by the Queensland Health for several years.

"I love the isolation, I love to challenge myself," he says, "and my true love is the people living in the Cape."

"I feel my origins belong in northern Queensland and I enjoy working with Indigenous people. Thankfully my wife and daughters are understanding."

Paul, third-generation nurse in his family, began his career in 1984, and says it has offered him a life of travel and study ever since.

"I'm on my fourth university degree," says Paul who has qualifications in mental health and anaesthetics as well as being a Master of Nursing Practitioner.

Kowanyama, a small isolated community on the Gulf of Carpentaria side of Cape York, and approximately 605km north-west from Cairns, is where Paul has worked recently. It's a town of approximately 1200 people, mostly Indigenous.

When Paul is at Kowanyama, he works at the Primary Health Care Centre, only one of 10 primary health care facilities on Cape York that delivers acute, non-acute, primary health care, disease prevention, health education, pharmacological, emergency care and radiology.



"Like all Primary Health Care Centres on the Cape we work in collaboration with Apunipima Cape York Council, The Royal Flying Doctors Service (Queensland), and the Cairns & Hinterland Hospital and Health Services," says Paul.

Allied and visiting health practitioners along with specialists in renal, dental, ophthalmology, podiatry, Indigenous Health Care Services periodically visit the clinic.

"My job offers the adventure and clinical challenges not usually found in city hospitals," says Paul. "It ranges across all ages, dealing with both acute and chronic diseases, trauma, from paediatrics to palliative care, and times where immediate assistance or resources are not always available."

"Nurses working on the Cape have to be creative, resourceful, intuitive, and in some cases independent. The option for emergency evacuation of critically ill people to Cairns for more definitive treatment is not always available immediately."

"The greatest reward for me is providing a service to the Indigenous people who appreciate our services in keeping their community healthy and well," says Paul

"There is a mutual respect between nurses working on the Cape and the community. This is especially apparent when we work alongside Aboriginal Health Workers. We share the same goal, to provide the best service and use the best standards of care we can."

Tourists in Cairns have no idea of living standards and lifestyles of Indigenous people in remote communities, says Paul. "The children are beautiful. They live in poverty-stricken conditions, they haven't grown up with material wealth, but it doesn't mean they aren't happy."

"Working in these remote communities offers many challenges to health professionals. When looking at the bigger picture, health care is interlinked with community resources."

Above: Paul (back left in the orange shirt) and the Kowanyama Primary Health Care Team of Nurses, RFDS Doctors and Aboriginal Health Care Workers.

And these are so often lacking or missing: access to employment and educational options, availability to both traditional foods and fresh produce, and adequate housing and community infrastructures are just as important as providing specially trained emergency and primary health care workers.

In addition, people in these communities struggle to achieve social and environmental resilience and maintain spiritual and traditional cultures and identity, and connection to the land. As a result, mental health issues and drug and alcohol abuse is also a challenge for health workers in remote communities.

"We have to use a whole variety of management and health strategies." ●

really awesome nursing

Registered Nurse Hannah Welleman was thrilled with the opportunity earlier this year to return to the Torres to help develop her skills as a future Remote Area Nurse.

Hannah, who has been working at St Paul's Clinic on Moa Island since March, was a Graduate Nurse with the Torres & Cape Hospital & Health Service (TCHHS) in 2016, working in Thursday Island Hospital and Community Wellness Centre and in Cooktown.

In between, she returned home to Melbourne to work in ICU.

"I love working at St Paul's as I love working in Primary Health Care and have always seen myself becoming a RAN," says Hannah.

"This program, developed by the Torres & Cape Hospital & Health Service (TCHHS) Nursing & Midwifery Education team and funded by the Office of the Chief Nursing and Midwifery Office, has helped to cement that career goal with support and firsthand experience of day-to-day life on the Outer Islands."

On Moa Island, Hannah is working in a preceptorship position with Clinical Nurse Consultant Christine Perrett. "Christine has been so welcoming, and so willing to share so much of her knowledge and wisdom, not only in nursing, but in midwifery, community outreach, and as a RAN," says Hannah.

"I am proud of our achievements as a clinic..."

"Together with Tomi Newie, our health centre manager, Indigenous Health worker Vicki Newie, and Maretha Johnson in Administration, I have thoroughly benefited from all their expertise and they have all been integral to my holistic experience within the clinic."

"I have enjoyed my experience as an Early Career RAN and definitely believe RAN also stands for Really Awesome Nursing."

"I am proud of our achievements as a clinic. While I've been here, I've been given the Primary Health School Promotion role to present, our 'Healthy Habits' health campaign to the St Paul's Tagai School Campus.

"Along with the TSIRC Environmental Health Officer for St Paul's, Rowena Johnson, we have interacted with the children, teaching them healthy eating, hand hygiene, teeth brushing and ear hygiene through the Blow, Breathe, Cough, Wash and Chew (BBCWC) program.

"I have enjoyed my experience as an Early Career RAN and definitely believe RAN also stands for Really Awesome Nursing." ●



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community, culture and crocodiles

Rebecca Watson and Luca Georgiou are in their final year of a Bachelor of Nutrition and Dietetics Degree with QUT and recently spent six weeks in Far North Queensland on placement with Apunipima Cape York Health Council's Population Health Team based in Cairns. They worked directly with the project team managing the social marketing campaign "Sugary Drinks Proper No Good – Drink More Water Youfla."

The idea of balmy tropical nights, weekends swimming on the reef and rainforest walks makes Cairns a desirable location when choosing a placement for your final year at uni.

Who doesn't want to combine a holiday destination with an essential part of coursework on the way to graduation?

The opportunity to work with Apunipima Cape York Health Council, an Aboriginal Community Controlled Health Organisation that services eleven communities of the seventeen in Cape York, coupled with the stunning location attracts a high number of applications each year.

The students selected this year were Rebecca Watson, originally from Bundaberg and Luca Georgiou from Ballina.

Rebecca and Luca settled into their roles quickly with the support of Kani Thomson, Apunipima's Community Nutritionist.

They were set the task of developing resources to support the social marketing campaign to reduce sugary drink consumption in Cape York Communities and promote water as the healthier option.

"The resources that we developed were a collaboration with community members. The community was fantastic and was keen to be involved. A key part of the brief we were given was that we created a suite of resources that were culturally appropriate," said, Rebecca.

Who doesn't want to combine a holiday destination with an essential part of coursework on the way to graduation?

Luca added that she was impressed with how Apunipima develops resources overall. "All of the tools and resources for the Sugary Drinks Proper No Good – Drink More Water Youfla has been through several rounds of community consultation, collaboration and review before it goes into circulation. This means that the material is a true representation of Aboriginal Health in Aboriginal hands."

The students spent a week in the remote Aboriginal Community of Wujal Wujal, located four hours north of Cairns on the Bloomfield River. Wujal Wujal is the traditional land of the Kuku Yalanji, Kuku Nyungul and Jalunji clans – the 'rainforest people.' It was during this week that the students had an opportunity to meet with community members and stakeholders and further develop the resources for the project.

"The work has been rewarding, the team have been amazing to work with and Cairns certainly doesn't disappoint." Said Luca.

Rebecca said that she has adapted really quickly to a tropical lifestyle and all that Cairns has to offer. "We have been to Rusty's markets every



weekend, visited the reef, been on rainforest walks and spent time on the tablelands, this is a beautiful part of the world. If there is one thing I would like to do before we leave, it's to see a crocodile. Sadly, or perhaps, fortunately, we haven't seen one yet."

"The resources that we developed were a collaboration with community members. The community was fantastic and was keen to be involved. A key part of the brief we were given was that we created a suite of resources that were culturally appropriate."

So, what's next for Rebecca and Luca? They have one more placement before they settle into their final semester and then, it's onto graduation. ●



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Photo: Courtesy of NRSHN.

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who's your token modern rural woman?

The Grazier, the Mother Hen, the Indigenous Australian and the Outsider: just four in the diverse range of women in rural Australia featured in "Who's Your Token Modern Rural Woman?", an interactive poster created by fourth-year medical student Emily Neville and graphic designer Joy Li.

Emily, based at the University of Notre Dame rural clinical school in Wagga Wagga, developed the poster to illustrate the diversity of modern rural women, highlight their common barriers to healthcare and challenge traditional stereotypes.

Emily says access to quality mental health services and modern technology are crucial to engage with rural Australians and to target barriers to healthcare.

Emily also believes that in response to the growing number of refugees being settled in regional areas, doctors and allied health services need support, access to quality interpreter services and awareness of their complex health requirements.

...access to quality mental health services and modern technology are crucial to engage with rural Australians and to target barriers to healthcare.

Advocacy on behalf of rural women is a passion for Emily. She is a member of the NSW Rural Doctors Network Early Rural Medical Career Advisory Group and has a cadetship with the Network. She is the former co-chair of her university's rural health organisation, former vice-chair of the Australian Medical Student's Association rural health committee and member of their national advocacy team.



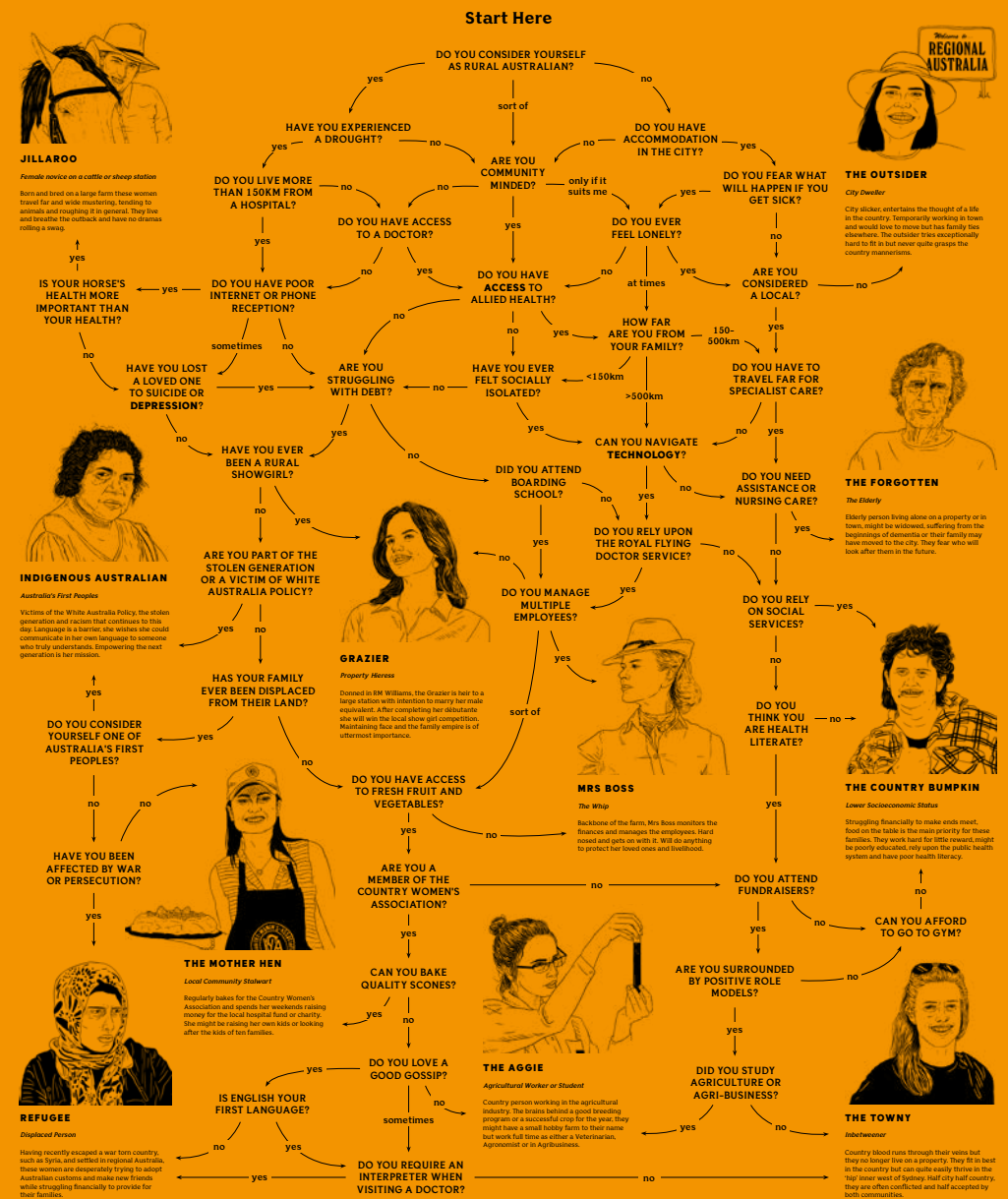
Emily recently had the chance to present her poster at the United Nations 62nd Commission on the Status of Women in New York. The priority theme of the conference was challenges and opportunities in achieving gender equality and the empowerment of rural women and girls.

...in response to the growing number of refugees being settled in regional areas, doctors and allied health services need support...

"It was fantastic, the best experience in my medical degree so far, to be on the international stage, inspired by awesome women from around the world," she says. ●

WHO'S YOUR TOKEN MODERN RURAL WOMAN?

BARRIERS TO HEALTH CARE



THE MODERN RURAL WOMAN

Health care barriers that rural women and girls face

The Modern Rural Woman faces any number and combination of barriers to health care. She may be Indigenous, non-Indigenous, a refugee, live in the local community or on a farm. No matter her circumstances she cares about the future of healthcare for her community, family and herself.

This poster is a collaboration between Emily Neville and Joy Li, supported by the University of Notre Dame Australia. Printed by Darkstar Digital.

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our response to the federal budget

Media Statement : 9 May 2018

The National Rural Health Student Network (NRHSN) has welcomed the Australian Government's Budget that supports rural communities with funding to improve rural health.

The 2018/2019 Budget addresses all three of the NRHSN's 2018 key advocacy areas – Rural Pathways, Aboriginal and Torres Strait Islander Health and Mental Health – with the \$550 million Stronger Rural Health Strategy. This is a multifaceted model that aims to improve health care for those living and working in rural and remote Australia and reflects recommendations that the NRHSN and many of our stakeholders have put forward.

The NRHSN is pleased to see that 3,000 primary health care nurses and hundreds of allied

health workers are planned for rural Australia. This initiative aligns with the NRHSN Nurse Practitioner Position paper, which advocates for strengthening the role of nursing and allied health professionals to create a stronger rural health workforce.

The Government has announced it will establish a Murray Darling Medical School Network to retain doctors in rural locations.

The NRHSN supports this approach to providing end-to-end rural training for medical students, and encourages a more national approach to rural training places located outside of New South Wales and Victoria. The additional 100 Rural Generalist training positions to be created by 2021 demonstrates the Government's commitment to the National Rural Generalist Pathway currently being developed.

The NRHSN has been a long-time advocate for improvements to the Bonded Medical Places Scheme (BMPS) and supports the positive changes to BMPS announced in the Budget. The Government's changes will allow for a more standardised approach and increased support for those students who hold a BMPS contract. The BMPS will evolve to provide better support to students and doctors to improve retention and encourage doctors to remain practicing in rural Australia.

The NRHSN welcomes the Government's promise to support Aboriginal and Torres Strait Islander Health Professional Organisations through priorities around mentoring, strengthening cultural safety and supporting students. This Budget commitment strongly aligns with the NRHSN Indigenous Health Position Paper published in 2017.



The NRHSN believes that the Stronger Rural Health Strategy to be delivered as part of the Government's 2018/2019 Budget is a positive step in supporting the next generation of health professionals and improving the health of rural Australians. ●

The **National Rural Health Student Network (NRHSN)** is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers. With more than 9,000 members who belong to 28 Rural Health Clubs at universities throughout the nation, the NRHSN provides a voice for students who are passionate about improving health outcomes for rural and remote Australians.



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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. www.amrric.org Ph: 08 8948 1768



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 <https://www.achsm.org.au/>



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



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. <http://www.carpa.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.



The **Country Women's Association of Australia (CWA)** 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 <https://www.cwaa.org.au/>



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



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 multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers. <https://www.nrhsn.org.au/>



The **Nurses' Memorial Foundation of SA Inc** has its beginnings in one of the world's first official Registration bodies for Nurses; The British Nurses' Association established in London in 1887. <http://www.nmfsa.net/>

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



The **Australasian Foundation for Plastic Surgery** (the Foundation) is a not-for-profit organisation that supports quality health outcomes for those involved with Plastic Surgery, with a particular focus on rural and remote communities. The Foundation's activities are focused on Innovation, Education and Research to support its Outreach programs. One of the Foundation's cornerstone Outreach programs is to relieve the needs of persons suffering from burns, wounds, trauma, disfigurement, sickness, disease or other medical conditions. This is done by harnessing the philanthropic nature of Specialist Plastic Surgeons to deliver medical care in remote communities. The Foundation also educates workers in remote communities to identify and/or appropriately triage persons in need of specialist medical assistance. Email: info@plasticsurgeryfoundation.org.au PH: 02 9437 9200 <http://www.plasticsurgeryfoundation.org.au/>



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Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



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The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.



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.



Kimberley Rural Health Alliance is a major new rural training hubs at The University of Notre Dame Australia are set to transform regional health care by increasing training opportunities for nursing, midwifery, medical, and allied health students and professionals in Broome (WA) and Wagga Wagga (NSW). Notre Dame will lead a consortium of universities to establish the Kimberley University Department of Rural Health (KUDRH). 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 km² in remote East Arnhem Land. 08 8970 5571
<http://www.marthakal.org.au/homelands-health-service>



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The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, 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 kilometres (9 days).



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



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



Northern Territory PHN (NTPHN) leads the development and coordination of an equitable, comprehensive primary health care system and an engaged health workforce driven by community need.



On Island Health Service Accreditation and Nursing provides recruitment and accreditation services to assist remote, usually island-based, health services. The experienced and qualified Remote Area Nurses working with On Island can hit the ground running in any remote setting. Ph: 0459 518 280/ (08) 86261807 Email: rebecca@onisland.com.au <https://www.facebook.com/On-Island-Health-Service-Accreditation-and-Nursing-Pty-Ltd-368633760011342/>



Otway Health is one of seven Multi-Purpose Services (MPS) in Victoria, providing health care and community care programs to a diverse coastal and rural community of approximately 3500 people, with a focus on providing quality care that enables the well being of all clients to be enhanced. Email: otwayhealth@swarh.vic.gov.au Ph: (03) 5237 8500 <http://www.otwayhealth.org.au/>



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



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



The **Royal Flying Doctor Service Central Operation** provides 24-hour emergency aeromedical and essential primary healthcare services to those who live, work and travel in rural and remote South Australia and the Northern Territory.



The **Royal Flying Doctor Service** has been ensuring equitable access to quality comprehensive primary health care for 80+ years to remote, rural and regional Queensland.



The **Royal Flying Doctor Service South Eastern Section** delivers essential healthcare services that save the lives of people living, working and travelling in remote, rural and regional areas. We conduct emergency evacuations and patient transfers, run primary healthcare clinics, deliver oral healthcare and provide mental health services, to ensure healthcare needs are met. Email: enquiries@rfdse.org.au Ph: 08 8080 3761 <https://www.flyingdoctor.org.au/nswact/>



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. Email: info@ruralhealthwest.com.au Ph: (08) 6389 4500 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 <http://www.rurallap.com.au/>



Silver Chain is a provider of Primary Health and Emergency Services to many Remote Communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to *build community capacity to optimise health and wellbeing*.



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



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.



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.



'Making our families well' 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**. Their aim was to support renal patients and their families and return them to their country and families where they belong.

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support

keeping it on the radar: mental health in the remote health workplace

It goes without saying that everyone copes with workplace stress differently. Some people seem to thrive on it and it seems to act as motivation. Other people appear to experience it as a negative and inexplicably crumble.

The truth of the matter is that how we cope at any given time is variable for all of us and depends on so many factors that involve not only what is going on in the workplace but in private life as well. How we experience stress from day to day is worth keeping on the radar through regular monitoring and reflection. Being aware of stress, what may be triggering it and how it is impacting on our life is an important part of being prepared and can be enormously helpful when life becomes challenging.

One of the things about tracking stress in our daily lives is that it seems that there are warning signs that we are approaching burn-out that are often ignored by busy people.



Managing stress, even positive stress, in inappropriate ways or even pretending the signs and symptoms are not there can lead to an even more pronounced stress reaction. In fact, if you engage in regular self-reflection you are actually taking an important first step in reducing the risk of mental health problems.



Managing stress, even positive stress, in inappropriate ways or even pretending the signs and symptoms are not there can lead to an even more pronounced stress reaction.

There are a number of key issues to consider when you decide to track your stress on a regular basis. One of the most obvious ways to do this is to keep a daily journal or diary.

The most obvious place to start is to look at events during a working day and to consider exactly what it was that might have triggered stress. Becoming aware of individuals or situations that are high-risk stressors for you does not mean you avoid those things.

Rather it is about being forewarned and taking steps to actually prepare for them. The sorts of strategies that may come out of looking for triggers may include different ways of time management, dealing with relationships differently, getting more sleep or eating better. ►►

» When you start reflecting on the triggers of stress, one of the things that you will bring more into focus are the physical symptoms that go hand in hand with feeling stressed. Many people report feeling tired and fatigued when they are stressed. Others report stomach upset, insomnia and headaches increase when life is challenging them. Other symptoms may be ruminations, obsessive behavior, teeth grinding and muscle ache. Busy people often ignore these symptoms but they are signs and symptoms of potential burn-out if they are not addressed.

Reflecting on stress also provides an understanding of what it is in our lives that alleviates it. Clearly regular routines of exercise, meals and socialising are important anti-stress behaviours. When stress is active these routines are more difficult to maintain. However, active reflection encourages us to prioritise self-care and to turn some good things into habits. Habits are hard to break and if the habit is a positive one it promotes resilience in the face of difficulties.



Reflecting on stress also provides an understanding of what it is in our lives that alleviates it.

It is also important to remember that you don't have to deal with workplace stress on your own. Raise the mental health of staff as a priority in your place. If you have got into the practice of regular self-reflection, talking to someone you trust about how you are feeling is so much easier.

It is possible to take control over how we respond to stress but it takes a commitment to on-going self-awareness and identifying the strategies that are helpful for you to meet the challenges of a remote health workplace.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANapLus Bush Support Services ●



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our bullying app

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- Understand the process in preventing and responding to bullying.
- Learn to identify symptoms associated with bullying and when to seek help.
- Find out whom to contact and utilise readily-available resources.

Download our App FREE from the App Store.

For more information visit
www.crana.org.au/support



what else do we do?

CRANapLus Bush Support Services can also provide rural and remote area health professionals with professional mentoring and support. We outreach to remote area workers by running fun activities such as stress buster and well-being competitions. We offer self care workshops tailored to meet the client's needs. We also offer online courses such as Workplace Conflict and Self Esteem.

CONTACT DETAILS

Telephone counselling: 1800 805 391

Website: www.crana.org.au/support

Email/SKYPE counselling: scp@crana.org.au

Sign up for our weekly newsletter on our website: www.crana.org.au

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**CRANapLus
Bush Support
Services**

1800 805 391
toll free 'every day of the year'

attending as a basic communication tool

By Amanda Akers

"Even the silence, if you listened, meant something."

Patrick Phillips

At a recent psychology conference I found myself sitting down for morning tea and being approached by a fellow conference delegate. She had recognised me from a previous conference and sat with me as I was sitting alone. Before long we were engaged in talk that was a bit more than small talk, and then I noticed that my fellow conversationalist was telling me a rather personal story about her life and a recent trauma.

I was already in listening mode and I kept listening, and listening... The morning tea break was half an hour and she spent most of that time telling me her story. Then she turned to me and said "Gee you're good at your job!" and she went off to her workshop with a smile on her face.

I reminded myself that I wasn't at work providing therapy, I was at a conference, she was also attending the conference, and she was not a client, therefore I was not 'working in my job'. I resigned myself to accept that I was in fact 'doing my job', the job of attending and listening as a friend and colleague. This can be a typical scenario for many of us, maybe not at a conference, but during the course of our work day, or in our personal life.

We engage in what we assume will be a brief chat and soon find that the person we're talking with is disclosing a significant piece of information. We may ask ourselves later what it was that made them disclose that information to us? Why do people do this? You may be a person that finds this happening to you on a regular basis.

One of the reasons people disclose information to us is because they trust us. They may have already observed our behaviours, or work ethic and may have seen that we don't gossip or that we seem to listen to others, and that we refrain from talking over others when they talk. Or it may just be that when the person started to talk with us on this particular occasion that we attended to them, and they just needed to talk.

Attending is one of the skills we learn, sometimes unknowingly, and sometimes we are taught how to attend to conversations as part of our skillset required for effective communication in the course of our work.

Attending is also known as the act of directing and sustaining attention to a person, and keeping the information gained prominent in our minds. Another more psychological term for attending is 'attentional control of consciousness' which is the concept that selective attention towards an event or conversation can assist with maintaining the event in our consciousness.

Attending can also involve developing a space in which a person feels they have our attention and our respect. With this, the person may also feel a sense of trust and safety. We show the person we are interested in what is being said. The person may feel we are 'with them' in a physical and a psychological sense.

Attending is both an expressive and a receptive language skill. From an expressive point of view, we show the other person that we're interested and that we're trying to understand what they're saying. From a receptive point of view, we show the person that we're focused, we're thinking of them and that we're not distracted.

Behaviourally, we're likely to be using a certain body language. If there's no eye contact we may be sitting or walking beside the person, or looking towards the space or place the other person is looking.

The person can sense we're with them. Some people do this automatically, but on some occasions, for example, if we're tired, we may have to force ourselves to attend, as our concentration can be limited.

There are times; however, when we've been attending to the person and, without expecting it, they disclose something that requires more attention, that may or may not be within our scope of practice. In the course of working in a health and caring profession, this is likely to happen to all of us at some time in our career. For some, it happens more than they'd like. Such occurrences require action, attention, a strategy, problem-solving skills and sometimes referral or notification to other health workers or health professionals, especially if the case relates to safety issues, such as harm to self or others, or depressive or suicidal thoughts.

Attending is one of the skills we learn, sometimes unknowingly, and sometimes we are taught how to attend to conversations as part of our skillset required for effective communication in the course of our work.

Working in the health setting there is training such as mental health first aid, suicide risk assessment, accidental or incidental counselling, domestic violence programs, and so on. If you get the chance to complete any of these training programs you're likely to be in a good position to manage the disclosure of information that is unexpected and requires attention. If not, and this occurs to you, you may need to get creative with referral suggestions while keeping yourself calm, try to engage the person in the process of choosing referral options which may or may not be medical options, and access

supervision or guidance from your supervisor or person in charge. If it's a very personal issue and you're not sure how to manage it you can call Bush Support Services, with or without the person present, and the Bush Support Services psychologist on call is likely to have some valuable suggestions.

Last month, Bush Support Services provided culturally-focused training to a group of Aboriginal Health Workers in NSW. Cathy Faulkner, a Senior Aboriginal Health Worker from the New England region in NSW assisted with the development of the program and was Co-Facilitator of the one-day program delivered in Tamworth, NSW.

This program focused on the self-awareness skills required for attending and listening and moving through conversations with patients and clients. It also focused on the skills required to stay with the patient/client and continue with a helpful conversation to meet the needs of the person, through listening respectfully, empowering, and supporting the choices and decision-making of the person they're assisting.

Participants in this group were shown scenarios that were demonstrated by Cathy in the role of the Aboriginal Health Worker that show-cased the skills being taught for helpful conversations. The program was well-received and will be offered again to Aboriginal Health Workers seeking this type of training. Cathy Faulkner was engaged as a Cultural Consultant to ensure the content of the program was culturally friendly and appropriate. Cathy herself is a Senior Aboriginal Health Worker who has a natural style of attending to others and was able to role-model her style with the group.

For further information about the Helpful Conversations Workshop for Aboriginal & Torres Strait Islander Health Workers please contact Annmaree Wilson on 0458 635 888. For support or information from Bush Support Services call 1800 805 391. ●

do I stay or go? the best career decision

By Christine Martins
Psychologist
CRANaplus Bush Support Services

So often the decision to remain in a tough placement or leave for better pastures is a challenge which faces many remote area practitioners. What questions do we need to ask to help us make better informed decisions?

** The name used in this article is fictitious and is not a real person although the scenario is real.*

Jane woke up one morning in her remote community placement and said to herself "I cannot get out of this bed. I cannot go to work. I cannot keep doing this any longer". She was tired and dispirited and felt unable to continue in a work role which she felt depleted her so completely.

Does this sound familiar? It is certainly a story we hear time and again from remote area practitioners who are stretched beyond their capacity to cope and are exhausted. Often, the very decision to get out of bed and keep performing in a demanding and stressful role is one which is just too hard to contemplate.

A combination of factors come into play here, from demanding workloads, exacting standards, difficult work dynamics and certainly not least, from the setting of unrealistic goals.

Those most at risk of burnout are those with high standards and expectations of their work performance.

Friends and family may advise leaving the community as a solution. And it can be a viable, sensible solution. But how do we know when leaving is the best solution, the course of action which is right and appropriate for us?

No one can advise a course of action which is appropriate for another, and so only we can make this decision for ourselves, perhaps guided and supported by others. This article considers the questions we can ask ourselves at these times which may shed enough light on the decision to make the path forward clearer.

A caveat applies here: it is best not to make life-changing decisions at times of stress and turmoil. If it is possible to defer such a decision until the path forward is clearer, then wait until there is time to fully consider the issues.



It must be recognised that there will be times when a situation requires an immediate departure from a community for safety and wellbeing issues. Such decisions are not within the scope of this article.

Living and working in a remote community is demanding but is also very satisfying, and there can be a feeling of great job satisfaction. The work can be deeply satisfying and there can be a sense that we make a difference with this work. So, when feelings of overwhelm are experienced, it can be confusing and distressing. "I am doing good work here but feel unable to continue in this place and with this task" we may tell ourselves, feeling confused and torn in different directions. This confusion can lead to feeling stuck, and unable to see a way forward. It is highly likely to affect work performance. The very stressing, wondering and worrying about whether you should stay or leave your job and move on, can be paralysing.

The very stressing, wondering and worrying about whether you should stay or leave your job and move on, can be paralysing.

The big question is whether changes can be made within the work environment and community to improve the situation, or is a relocation the best decision to make? Is it possible to change those aspects of the job which are causing distress? Alternatively, is it an option to change the way you view the situation and learn how to accept what cannot be changed?

Staying

There is only one central question to ask to determine if staying is a viable option; is it possible to make changes to the distressing environment? If so, what steps do you need to take to implement that change?

You do not have to leave your job or community to introduce significant changes. There can be real and effective changes made right where you are. Ask what are the issues which cause the most distress (and you will know what they are!) and whether they can be modified or minimised. You can initiate changes and take control. Colleagues, friends and managers can often provide advice and help with this process.

It is not weak to admit you are exhausted and need rest.

Workloads can be modified. Rosters can be tweaked. Extra support can be provided. Faced with the alternative of a manager losing a valued team member, there can be a willingness by managers and colleagues to provide the support needed to ensure a return to productive work is possible. Frequently, what holds a remote practitioner back from asking for this support is a sense that it is a weakness to need help.

It is normal to feel overwhelmed in the face of day to day demanding challenges, from interruptions to sleep on a night roster or from the volume of work in a remote community.

The unpredictability of the job takes a toll. It is not weak to admit you are exhausted and need rest.

If conflict with others at work is the problem, this can often be addressed in a meaningful way. Most of us will tend to avoid conflict and sidestep the issues. It can be hard to tackle poor behaviour in others and it does take a concerted effort to do it well. The good news is that there are effective techniques to address interpersonal conflict and with practice these techniques have a powerful effect.

The Bush Support Team of psychologists can provide support and advice about ways to handle these tough areas. The team can be accessed 24 hours a day on 1800 805 391, and this is a free, confidential service. ➤

► A period of time-out from the community can provide much needed time to refresh and re-energise. Consider that taking some much-needed time out may allow you to return refreshed and re-energised and able to take up the reins again.

The strong possibility is that by remaining in a workplace and feeling exhausted or overwhelmed, can lead to errors of judgement at work and mistakes. Stress has an impact on our ability to focus, make good judgements and to concentrate. Sleep deprivation has a similar effect.

So, clearly, it is vital that first, a period of rest is obtained, and then a clear-sighted decision is made about the future. Remember, good decisions are rarely made at times of stress or pressure.

Leaving the community or the role

If you do not believe any change is able to be made, and you realise you cannot remain in that environment as well as function effectively, then the situation subtly changes. If you feel your well-being is compromised and the situation is toxic, then leaving is the most viable option at this time.

The strong possibility is that by remaining in a workplace and feeling exhausted or overwhelmed, can lead to errors of judgement at work and mistakes.

This can be hard to recognise or accept. However, your emotional and physical health dictate that staying in a toxic workplace is not an option.

Again, I emphasise that making such a decision requires courage and is not a sign of weakness. Indeed, deciding to leave can be a sign of real strength.

It is best that once such a decision is made, it be implemented smoothly and with minimal disruption to you and the workplace.

It is often not a simple matter to pack up and leave a community, especially where accommodation is provided, and a range of other responsibilities may be involved.

...staying in a toxic workplace is not an option.

Negotiate the time to leave in an unhurried and organised manner where possible.

Remember Jane, back at the start of this article? She rang the CRANaplus Bush Support Line and confessed that she felt unable to remain in the community or the workplace. After talking through all the options with the counsellor, she agreed that her upline Manager was a caring and supportive colleague who could be approached for assistance. A period of time away from the community was organised with the manager's help and Jane had a chance to refresh and regain her old resilience.

After a break she was able to return to the workplace. On her return, she was wise enough to place some boundaries around what she was able to cope with and made some important changes to her work schedule. She was also firm about what she could and could not do in her work role.

What made the difference for Jane was her accepting that she needed a break, and when she was able to return to her community and work, sensible and sound changes were made around her work role.

When faced with tough decisions or situations, there is support and help available for all health practitioners and their families in remote. Remember that the CRANaplus Bush Support Team of psychologists is there 24 hours a day, every day of the year to help you navigate through these turbulent waters. The team is available on 1800 805391. ●

developing the compassionate self



**By Therese Forbes
Psychologist
CRANaplus Bush Support Services**

Recently I attended some training in Compassion Therapy by Paul Gilbert and what a treat! Most participants in the room were therapists and they were ultimately there for the benefits the training could bring to their clients. The core theme of the training was clear – be able to show compassion to others we firstly need to practice developing the Compassionate self in ourselves.

Becoming closer to a compassionate version of ourselves, it so happens, is about becoming not being. It requires Wisdom, Strength and Commitment. I was reminded of the quote by the Dalai Lama "If you want others to be happy – focus on compassion. If you want to be happy yourself – focus on compassion".

To be able to descend into suffering when it occurs and not try and move away from it requires a sensitivity to suffering and the ability to do something about it. Compassion is about supporting yourself through this struggle. In difficult times we often look to our self-esteem to back us up. However, self-esteem is usually more helpful when things are going well – self-compassion is there for us when there is suffering and things are not going well e.g. when we are feeling strong emotions such as shame or self-criticism.

This is the bit that becomes tricky! We want to be able to notice, recognise and understand our struggle but not let it run the show! We also need to focus on what will take us forward. It is simply not helpful to go head to head with self-criticism. It will win! All we achieve is being critical about our self-criticism!

Compassion is about recognising that through our own actions or inactions we can be contributors to our own and other people's suffering.

Mindful breathing is really helpful in developing Compassion within yourself. Another strategy is to bring to mind your safe place, to sounds, to feelings and sights. Imagine yourself being able to think, act and feel compassionately. Focus on qualities of warmth, friendliness and being kind. Creating a compassionate facial expression is ideal and hearing the tone of your voice as being warm.

Now imagine you have lost interest in condemning or blaming and are now wanting to do the best you can for yourself and others to move forward in what is often a difficult situation. Hold on to the commitment to a compassionate path and self-development. The rewards are truly worthwhile – regular practice will help.

If you are interested in learning more about developing a Compassionate mind visit <http://www.compassionatemind.co.uk> This website has lots of information and resources and remember that the Psychologists at Bush Support Services are available for support and assistance whilst you are developing this new skill. ●

Announcing the CRANApplus Bush Support Services Mindful Photography Competition

Mindfulness: the art of being 'fully present'

Calling all remote health practitioners, including Aboriginal and Allied Health Workers – whether you are still working out bush or have already returned home

Mindful photography is about capturing ordinary moments in everyday life that encourage you the viewer to be 'in the moment'.

No special equipment is required. Mobile phone cameras are great because you carry them around and are therefore able to be employed when your eye is caught by the 'extra-ordinary'.

This competition is not about photos of people or intrusion into others lives. Its about fostering calmness and self awareness – noticing the light, different nuances of colour and it can also be about seeing the world differently.

The most ordinary and mundane e.g. windblown dried plants can be beautiful if focused in on in a different way.

Photos will be compiled in an electronic display and will be on show at the CRANApplus Conference in Cairns in September. They will be judged by an independent person and the overall winner will be awarded a prize.

Remember that it is eye for detail that we are looking for – evidence that the photographer is fully aware and noticing and engaging with their environment.

If you have a photo that encapsulates these factors email it in to us!



Australian Government
Department of Health and Ageing

To enter email
your photos to:
therese@crana.org.au
by 20 August 2018

You will be sent an email
confirming that your entry has been received.

bullying and conflict in remote health

CRANApplus is tackling the consistently high levels of bullying and conflict in remote health workplaces with education and support initiatives.

A couple of one-day workshops has so far resulted from a symposium held last year by CRANApplus Bush Support Services (BSS) in Darwin. That event highlighted the need for on-going education and support to address this problem of bullying and conflict at both an organisational and an interpersonal level.

Focusing on issues repeatedly raised by callers to the Bush Support Services line, the aim of the *Collaborative Engaged Connected Workplace Symposium (CECW)*, was to enhance existing interventions by exploring the core idea that respectful behaviours are central to healthy workplace culture. Importantly, callers had stated that the existence of policy and procedures in regard to workplace conflict was not enough to deal with the complexities of

workplace conflict. The consensus was that effective relationships are equally an individual and organizational responsibility. In short, these callers informed BSS that the source of workplace conflict is interpersonal and therefore the solution lies there as well.

BSS has produced content for a one-day workshop from the symposium material, an initiative funded by the Board of CRANApplus. The first workshop was conducted in Katherine in the NT earlier this year and the second in Armidale, NSW, facilitated by Therese Forbes and hosted by the New England Branch of the Australian Psychological Society.

Bush Support Services is delighted to have the Australian Psychological Society on board for this initiative, pointing out that psychologists play a central role in supporting rural and remote health staff and are also prominent in decision-making and policy in terms of workplace violence. ●



educate

best job in the world

The 2018 ACT Midwife of the Year is CRANaplus Facilitator Amelia Druhan, who has been recognised for her dedication to what she calls 'the best job in the world'.

And to think that Amelia was nearly lost to the medical profession.

As a secondary science teacher, Amelia had many great opportunities over the years – but there was always the thought 'if I had my time over'. As Amelia approached her 40s, she took that thought and enrolled in a Bachelor of Midwifery.

"I was an expert in one field – and became a complete novice in another," she said.

Not a novice any more. The ACT award is evidence. Whenever a nurse or midwife is singled out for an award, his or her thoughts "automatically go to all the colleagues who do equally good work," says Amelia.

"This kind of work is team based, it's multidisciplinary. One person can't make a difference – it's the cohesive team."

"I am very interested in keeping an eye out for those women who need continuity of care... migrants and Indigenous women, people with language issues or socio-economic disadvantage..."

Amelia is a Registered Midwife at Calvary public hospital in Canberra, where she has established a parent education and pregnancy clinic for women who are disadvantaged and marginalised.

"I am very interested in keeping an eye out for those women who need continuity of care," she says, "migrants and Indigenous women, people with language issues or socio-economic disadvantage."

"We provide pregnancy care, education, multi-lingual resources: ongoing and regular assistance to improve their experiences in giving birth and moving into parenthood."

Amelia has plans to work in rural and remote areas in the future. In the meantime, she contributes as a facilitator in CRANaplus Maternity Emergency Care (MEC) and Midwifery Upskilling (MIDUS) courses. ●



empowering yourself

The new CRANaplus Stay Safe and Secure Course, is our organisation's latest resource to address the devastating effect of violence towards healthcare workers in rural and remote Australia.

How to become less of a target is a key objective of the course, thanks to the expert services of National Consultant Trainer Fiona Skene who uses an empowerment approach to evasive self-defence.

Fiona, trained in five forms of martial arts, with extensive experience working with both victims and perpetrators of violent behaviours, has 33 years' teaching and training in this field.

"People will find the workshop quite exciting: we have taken it to a really interactive level," says National Remote Safety and Security Educator with CRANaplus, Brenda Birch, principal facilitator of the course.

"The workshop is geared for everyone in the workplace, administrative staff, clinical staff, management. I find that integrated workshops provide the richest learning."

It is not clear whether workplace violence is more prevalent in rural and remote locations as opposed to urban locations. What is clear, however, is that isolation and lack of nearby support services can exacerbate the potential danger of a violent incident.

Brenda will deliver what she calls the 'environment/system/people' component of the workshop, 'what makes up the safety culture of an organisation'. Areas include an unpredictable work environment, community expectations, the presence of drugs and statutory obligations.

The course was launched at the end of May at BOAB Health Services in Broome, followed by a second at their Kununurra centre in June. ►►



Brenda (front row green shirt) with staff of Boab Health Services.

Some testimonials from the Broome workshop:

"Fantastic! Very informative. Identified problems and also (importantly) strategies to handle the problems."

Bernadette O'Brien Diabetes Educator,
BOAB Health Services, Broome

"One of the best and most engaging training events I've attended"

Janet West, Administration Officer

"Loved the facilitators - great delivery."

Allied Health Manager

"The presenters created a very enjoyable work and learning environment."

Mental Health Worker

► When Martin Cutter took over as BOAB CEO late last year, he said CRANaplus was an obvious place to go when he was planning safety training for his staff.

The course is offered throughout Australia for the rest of the year. With a pre-workshop survey, each workshop is tailored to the participants with relevant scenarios.

Being prepared is paramount, says Fiona.

"If you ever wanted to know how to handle adverse and even aggressive situations here are some of the topics that will be covered in the course:

- learning about resources and equipment that can help in a situation
- knowing what to say
- recognising non-verbal communication
- learning simple techniques to break away that use your ability to be physically powerful.

"I will be talking about how to recognise the red flags, the things that happen in people's lives,"



Hand grab breakaway.

says Fiona. "I'll talk about what they can do if a situation starts to escalate. And I'll talk about survival, lock-down, in the worst case scenarios.

"People will find the workshop quite exciting: we have taken it to a really interactive level..."

"When someone's health is compromised they can feel powerless," says Fiona. "Or if they are in immense pain - people can get angry and very quickly. They lash out.

"It's important to talk not to the behaviour - talk to their mind, their heart, their soul."

For more information on this topic, here are a couple of resources:

<https://crana.org.au/resources/safety-security-in-remote-healthcare/>

<http://workingsafe.com.au/workplace-violence/>

Honour Empower Grow

2018 CATSINAM PROFESSIONAL DEVELOPMENT CONFERENCE



JOIN US TO CELEBRATE THE 20TH ANNIVERSARY OF CATSIN / CATSINAM AT OUR NATIONAL PROFESSIONAL DEVELOPMENT CONFERENCE

17 - 19 SEPTEMBER 2018

HILTON, ADELAIDE

We will share information while working towards an integrated approach to improving the health outcomes for Aboriginal and Torres Strait Islander Australians. Our theme "Honouring our past, empowering our present, growing our future" provides an opportunity to highlight the very real difference being made in Aboriginal and Torres Strait Islander health by our Members.

To this end, we are offering a mixed mode experience with plenary speaker sessions, panels, and presentations as well as professional development workshops. The CATSINaM Gala Dinner and Awards evening, held on the 18th of September, purpose is to honour the contributions of distinguished Members to the field.



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recent publications



Welcome to Country

By Marcia Langton

RRP \$39.99

Publication date: 1 May 2018

“Marcia tells us that kinship matters; culture matters; stories matter. She tells us too that law matters; Indigenous law and the fight to have our place recognised in a country that denied us for too long.”

Stan Grant

About the book

Marcia Langton's *Welcome to Country* is a curated guidebook to Indigenous Australia and the Torres Strait Islands. Divided into two parts, the book introduces you to Indigenous cultures and then shows you how to explore Indigenous Australia.

In the first section Professor Marcia Langton offers fascinating insights into Indigenous

languages and customs, history, native title, art and dance, storytelling, as well as cultural awareness and etiquette for visitors. Marcia takes us on a journey through this continent. We meet the keepers of sacred places; those who carry the traditions of care for country. They who have held it for time immemorial just for us, all of us, no matter where our ancestral journeys may have begun they have brought us here.

The second part of the book includes a directory of almost 200 Indigenous tourism experiences, organised by state or territory, covering galleries and festivals, national parks and museums, communities that are open to visitors, as well as tours and performances.

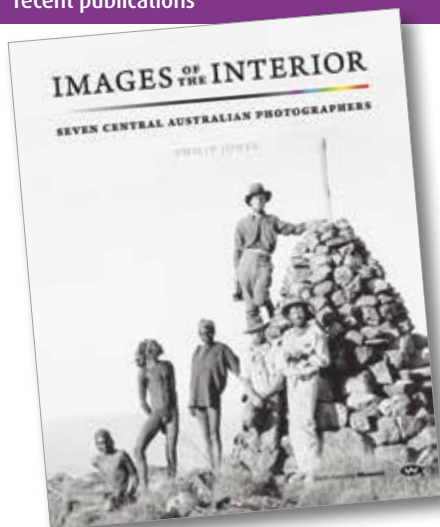
With a foreword by Stan Grant, Marcia Langton's *Welcome to Country* is essential for anyone travelling around Australia who wants to learn more about the culture that has thrived here for over 50,000 years. It also offers the chance to enjoy tourism opportunities that will show you a different side of this fascinating country – one that remains dynamic, and is filled with openness and diversity.

About the author

Professor Marcia Langton is one of Australia's most important voices for Indigenous Australia. She first became an Indigenous rights activist at Queensland University in the 1960s, and since then has worked with the Central Land Council, the 1989 Royal Commission into Aboriginal deaths in custody, and the Cape York Land Council. She joined the former Northern Territory University in the 1990s, and has since 2000, worked at The University of Melbourne.

Professor Langton has received many accolades, including an Order of Australia, and has authored several books. In 1999 Professor Langton was one of five Indigenous leaders who were granted an audience with the Queen when Australians were debating the then imminent referendum on whether Australia should be a republic.

www.hardiegranttravel.com



Images of the Interior

Seven Central Australian photographers

By Philip Jones

RRP \$49.95

ISBN 978 1 86254 584 7

About the book

During the half-century from the 1890s to the 1940s, the theme of the 'bush' emerged as a formative element in a new Australian identity.

Assumptions about the Central Australian frontier and its people – black and white –

then hardened into stereotypes that still affect our perceptions of this country.

The photographs in this book, from the rich collections of the South Australian Museum, take us behind those stereotypes, to the reality of the frontier itself.

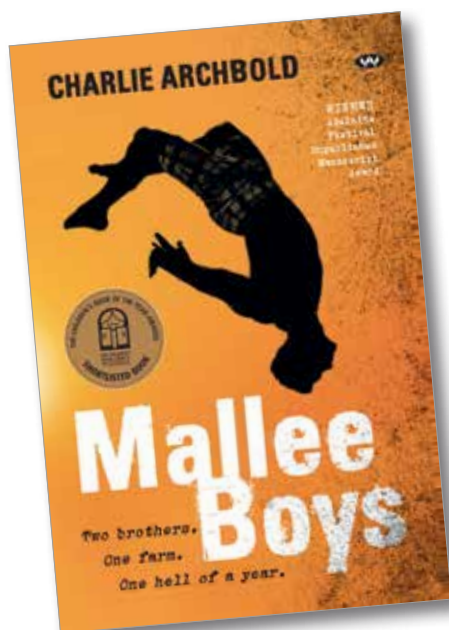
The photographers were seven remarkable men whose vocations took them into the heart of Central Australia, long before tourism and colour photography transformed our view of the outback.

The photographers are: Francis J. Gillen, Captain Samuel Albert White, George Aiston, Ernest Eugene Kramer, Cecil John Hackett, William Delano Walker, and Rex Battarbee.

About the author

Philip Jones is an author and historian based at the South Australian Museum, where he undertakes research on Aboriginal art, history and material culture, and on anthropological, photographic and expeditionary history. He has undertaken fieldwork with Aboriginal people in the Simpson Desert region and, more recently, with Warlpiri people of Yuendumu. His landmark book, *Ochre and Rust: Artefacts and encounters on Australian frontiers*, won the 2008 Prime Minister's Literary Award for Non-fiction. He has an abiding interest in unlocking the histories of objects and their collectors.

www.wakefieldpress.com.au



Mallee Boys

Two brothers.
One farm.
One hell of a year.

By Charlie Archbold

RRP \$24.95

ISBN 978 1 74305 500 7

About the book

Sometimes I feel like I'm neither one thing nor another. I live in the Mallee but I don't like the desert. I live on a farm but I get hay fever and I'm scared of goats. I like school but my best mates don't. I'm stuck between stuff. It's like I'm not meant to be here but I am.

Sandy Douglas knows that life at fifteen is hard, but it's even harder when your mother died a year ago and nothing's gone right since. His brother Red, on the other hand, is eighteen now and working the farm. He's amped up on rage and always looking for a fight. And then there's their dad Tom. He does his best, but – really – he doesn't have a clue.

As Sandy and Red deal with girls, dirt biking, footy and friendship, both boys have to work out who they want to be, without their mum around. The Mallee, where they live, may seem like the middle of nowhere, but it turns out this is going to be one hell of a year.

About the author

Charlie Archbold was born in London. She completed a degree in drama before training as a teacher and has worked as an educator for twenty-five years. After travelling extensively she settled in Australia and lives with her family in Adelaide. The inspiration for *Mallee Boys* came from her experiences working and living in the unique Murray Mallee region of Australia. *Mallee Boys* is her first novel.

www.wakefieldpress.com.au





professional

professional services overview

Midwife Standards for practice: A woman-centred approach

The *Midwife standards for practice* will replace the existing *National competency standards for the midwife* on 1 October 2018. The standards for practice provide a framework for midwifery practice in all contexts. The seven interrelated standards are framed within a woman-centred approach and contain criteria that specify how the standard can be demonstrated.

The *Midwife standards for practice* reflect the midwife's continuous woman-centred professional relationship that may extend from preconception to the postnatal period acknowledging the role midwives play across the health system. The new standards align with existing NMBA standards, codes and guidelines. They provide guidance to ensure midwifery services are provided without discrimination and are provided in a culturally safe way for Aboriginal and Torres Strait Islander Peoples.

The standards can be viewed on the professional Standards section of the NMBA website: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

National Strategic Approach to Maternity Services

The 2010–2015 National Maternity Services Plan developed under Commonwealth leadership and endorsed by State, Territory and Commonwealth governments, concluded on 30 June 2016. In September 2017 the Australian Health Ministers Advisory Council (AHMAC) agreed to start a new process to develop a National Strategic Approach to Maternity Services (NSAMS), the expected outcome for which is a document to guide national maternity services policy. NSAMS will reflect the available evidence to support best practice care in maternity services and the delivery of quality and safe care to the Australian community.

There are a wide range of interested stakeholders and views on maternity services in Australia. So a broad consultation process is being undertaken through online submissions to a consultation paper and a series of workshops to be held in a variety of locations across Australia. The outcomes of the workshops and the feedback from the online consultation will be used to inform the development of the new strategic approach.

The closing date for submission is 18 June. This will then be subject to further consultation prior to finalisation. Development of the NSAMS has an anticipated completion date of no later than July 2019.

Updates on the NSAMS project can be found at <http://www.health.gov.au/maternity>

Mental Health in Rural and Remote Australia Inquiry

The Senate Standing Committee of Community Affairs are conducting an Inquiry in to the *Accessibility and quality of mental health services in rural and remote Australia*.

The terms of reference covered are:

- the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate;
- the higher rate of suicide in rural and remote Australia;
- the nature of the mental health workforce;
- the challenges of delivering mental health services in the regions;
- attitudes towards mental health services;
- opportunities that technology presents for improved service delivery; and
- any other related matters.

The date for submission closed at end of May and the scheduled reporting date is 18 October 2018.



As submissions are reviewed and approved for publication you will be able to access them from the website: [>>](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/)

» Birthing on Country Update

The National Birthing on Country (BoC) Strategic committee is formed from a partnership with a number of organisations working to implement and support Birthing on Country across various sites in regional, rural and remote areas of Australia.

All members have diverse experience and knowledge in midwifery, Aboriginal Health and Research and Policy, with the majority of members being Aboriginal women.

The main focus of discussion at a recent face-to-face meeting was the two identified sites for BoC in Nowra and Brisbane, along with key issues around legislation of licensing for private health facilities in NSW and Queensland, and insurance for midwives. Additionally there was a lot of discussion around cultural safety with the BoC project to deliver a Cultural Safety training package for non-Aboriginal and Torres Strait Islander health professionals working within the two sites mentioned.



The Nowra site is Waminda South Coast Women's Health and Welfare Aboriginal Corporation, which has been a strong force in the push to incorporate the Birthing on Country initiative in Nowra, having integrated strong support for Birthing on Country in their Strategic Plan since its establishment. The Birthing and Community Centre is a purpose-built facility that will incorporate Waminda's maternity care services through an established Midwifery Group Practice.

In Brisbane the Birthing in Our Community (BiOC) preceded Nowra as an urban Birthing on Country site within the Birthing on Country Project. Through a \$1.4 million National Health and Medical Research Council (NHMRC) Partnership for Better Health Grant, BiOC was a joint initiative between University of Queensland, Institute for Indigenous Urban Health, Aboriginal and Torres Strait Islander Community Health Services Brisbane (ATSICHS) and the Mater Mother's Hospital

It is very exciting to see the developments occurring under this initiative.

For more on this topic, check out this article: <https://www.sbs.com.au/nitv/nitv-news/article/2018/05/07/student-midwives-hoping-improve-birthing-country-options>

Gayle Woodford Scholarship

Closing date for the third round of this scholarship, run in collaboration with the Centre for Remote Health, is 30 June.

The award scholarship recipient for the winner of the second round, Emma Bugden, will be acknowledged and presented at the event on Friday evening of the Annual CRANaplus Conference along with the announcement of 2018 scholarship recipient.

This will align with the inaugural Gayle Woodford Oration delivered by Commonwealth Chief Nurse & Midwifery Officer, Debra Thoms. ●

Left: Mel Briggs (left) and Cherisse Buzzacott, Co-Chairs, BoC Strategic Committee.

Below: Yarning Circle held in Nowra.



fundamentals of rural nursing practice



A recent series of CRANaplus workshops met the professional development needs for the rural nurses in attendances.

The theme of the workshop was derived after consultation with rural leaders, and in consideration of the

feedback received through the consultation with rural nurses held last year. The topics covered were encompassing of all aspects

related to the 'deteriorating patient' as the failure to not only recognise but appropriately respond to deteriorating patients is a significant source of Critical Incidents and subsequent investigations. The workshop acknowledges and references the Australian Quality Commission – 2nd Edition National Safety and Quality Health Service Standards (NSQHS) of 'Communicating for Safety' and 'Recognising and Responding to Acute Deterioration'.

It is acknowledged that many jurisdictions may have mandatory online packages around Clinical Deterioration and also have their own policies and documentation requirements which were incorporated in to the workshops where possible.

The four workshops held this year were in Scottsdale, Tasmania; Yarrowonga, Victoria; Port Augusta, South Australia and Longreach, Queensland.

A very good cross section of nurses attended the course, with individual variations in experience ranging from experienced rural nurses in small hospital sites including community based roles, new graduate Registered Nurses and Enrolled Nurses with a range of experiences in generalist rural hospital settings as well as in Aged Care. It's recognised that aged care nurses, who regularly deal with this situation, often feel left out of educational opportunities.

The mix of participants from hospital, community, private practice and aged care, public and private employment and Agency, Registered and Enrolled

Nurses provided a great opportunity for all of the different sectors to adapt the content to their settings and roles and contributes to the understanding of the different work settings.

The face-to-face workshop involved five case studies, developed from actual presentations, representative of the range that can be seen at any rural facility.

The workshop was held over one day, with participants also required to complete two eRemote modules, Patient Assessment and Clinical deterioration.

A final report will be completed at the end of June which will include recommendations on where to next.

Judy Whitehead ●

A selection of Comments from participations:

"Well thought out, extremely relevant, useful information. Well presented, will definitely encourage others to participate."

"Relevant to our rural setting."

"Very interesting, resourceful and well organised presenter. Interesting case studies – scenario work useful. Good refresher. Nice to have a small group/friendly and no pressure course (allows you to focus on the content)."

"The design of the course (five different case presentations) worked well. As an inexperienced Enrolled Nurse it gave me a really broad perspective on how these different aspects of assessment can work and how to manage them, there is so much information gathered in an assessment both verbal and non verbal. Repetition of this work is so useful for me as I am not exposed to this level of care regularly. I will build them into my practice and into my daily nursing care as an EN to improve my skill level into the future."

"Very much enjoyed the workshop – putting the online learning into clinical situations reinforces the importance of being meticulous and methodical. As always an excellent CRANaplus education session, respectful discussions with learnings from facilitators and participants."

"The course fills a gap in education as most courses did not spend the time going through case studies with such great steps."

RAN certification – myth busters

There has been a number of queries echoing misinformation around RAN Certification from nurses in the remote sector. The Professional Standards are the cornerstone of RAN Certification, which provides a nurse with the requisite skills, knowledge and experience to be responsive to the health needs of their remote and isolated community employer and clients.

CRANaplus believes that RAN Certification is the minimum standard requirement for remote and isolated nursing practice. The intention of the Myth Busters is to dispel those growing misbeliefs around the purpose, requirements and processes of RAN Certification.

Myth #1: You have to pay if you are member of CRANaplus

Answer: No. Payment is not required if you are already a member or if you seek out membership, prior to commencing RAN Certification program.

However non-membership requires a fee of \$200.00. RAN Application can be accessed on the CRANaplus website under MENU; Certification: RAN Certification, click on Certification Overview. This will provide you with a comprehensive understanding of the Professional Standards and RAN Certification brochure describes the process. To start RAN Application, this can be accessed through 'My Dashboard' on the CRANaplus website.

Myth #2: RAN Certification is an education program?

Answer: No. It is not an education program. RAN Certification is a voluntary self and peer assessment to evidence that nurses meet the minimum essential requirements to be a safe provider of nursing care in remote and isolated areas. ►►



►► Professional Standards 6 & 7 requires evidence (certificates) of relevant education, training and qualifications gained either prior or whilst undertaking the RAN Certification assessment to meet this Standard.

You will need to provide evidence of:

- Emergency care
- Advanced Life Support
- Medication Management
- Maternity Upskilling for Midwives
- Maternity Emergency for non-Midwives
- Assessment Skills

Myth #3: Have to do CRANaplus courses to gain RAN Certification

Answer: No. The education requirements that shape and guide your practice, for safe, competent nursing practises in the remote sector form the criteria requirements of Standard 6 & 7 (as above).

Other equivalent courses, in content and topics, are acceptable. However, CRANaplus does offer specific courses for remote nurses.

Myth #4: Need to have gained RAN Certification prior to going remote

Answer: No. it is preferable for Nurses who are wanting to, or those who are working in remote and isolated areas health clinics to undertake the Certification process.

RAN Certification is valid for three years, a reminder will be sent to you for renewal and re-certification (from the date of approval).

Myth #5 CRANaplus RAN Certification is mandatory

Answer: No. RAN Certification is not mandatory, but a voluntary decision made by an individual nurse who chooses to undertake RAN Certification for the purpose of gaining the expertise required to work competently, and confidently in the remote sector.

Myth #6: Requirement of employment by health services

Answer: The responsibility lies with the employing health service to consider whether to specify RAN Certification criteria as part of the recruitment process and position description. However, this should not deter an employee from showing evidence of gaining RAN Certification or 'Pending RAN Certification' Certificate to a potential employer as professional achievement.

Myth #7: Little benefit in ascertaining RAN Certification

Answer: No. There is a lot to gain, both personally and professionally from achieving RAN Certification. It provides you with professional recognition, it is driven by the nursing profession, offers aspirational career development and provides clarity around education preparation and study as well as confidence and competence in knowing your scope of practice.

Myths Busted! The number of nurses gaining RAN Certification is gaining momentum. Why don't you become one of them!

Marcia Hakendorf ●



unique program meeting the needs of remote managers

The CRANaplus Remote Management Program (Essentials for Remote Managers) is designed to enhance and broaden the manager's existing expertise regarding leadership and management, clinical governance, and project management.

Whilst there is a gamut of leadership and management programs, there are none that address the contextualisation of remoteness and the associated challenges managers experience in remote health services.

CRANaplus understands the challenges remote managers experience on a daily basis dealing with staff at a distance, leading change and being responsible for the delivery of safe, quality care.

The CRANaplus Remote Management Program is a 14-week program that consists of three components: four online modules, a two-day workshop and participation in the ACHSM Mentorship Program. Managers will be mentored by an Australian College of Health Service Management (ACHSM) registered member from rural and remote areas.

Workshop Date

Tuesday 18 September, Cairns, QLD – 2 days: Tuesday 8:00–17:30, Wednesday 8:00–17:30

Registrations close 30 July

Testimonials

"I have found the modules useful and they have given me the big picture about managing a clinic... I only wish they were around 10 years ago when I was struggling to understand what I was supposed to do in the role of manager... Meeting with the others in the program made me feel that I wasn't the only one with the issues about managing. I gained some good ideas and appreciated the situations others were in." Course Attendee, Alice Springs, July 2016

The question asked:

How will you use the skills developed through the remote management program?

Participant's response:

"In all facets of management. Self reflection both personally and professionally, recognising when staff and myself need extra support and strategies to manage these times. I feel the course has given me a better understanding of leadership skills, and how to apply these on a day to day basis... I will use all the skills taught to me." Course Attendee, Broome, October 2017

For more information and to register go to: <https://crana.org.au/professional/>

having 'the conversation'

CRANaplus launched its "End of Life" Networks of Interest group on Facebook during Palliative Care Week in May.

"I urge you all to take a few minutes to think about death, dying and palliative care," says Ann Aitken (Dr).

"And perhaps check out the Facebook group. I look forward to talking with our members on the page."

Networks of Interest groups are a collective of CRANaplus members with common professional areas of interest.

This closed Facebook group is available to members and provides a great opportunity to share resources and support within the group, pose a tricky question or comment on something that is of interest to you, and enjoy a great conversation with colleagues.

Palliative care in rural and remote areas can be challenging, says Ann.

"In remote areas the RAN is the constant factor in the care of palliative patients and their families.

"We have a Palliative Care Working Group at our hospital and each year we plan a special event to celebrate Palliative Care Week..."

"This situation can inevitably cause stress and distress for that nurse as care needs ebb and flow. When coupled with the fact that the patient may be an acquaintance, a family member or a friend, the pressure is compounded.

"It's paramount that individually and collectively we develop strategies to support

our nurses and to help them develop resilience and resourcefulness to get through those tough times," she says.

Ann, who is the Director of Nursing, Midwifery and Facility Manager at Atherton Hospital in far north Queensland) says she was recently privileged to be part of a Death Café held in Atherton.

"We have a Palliative Care Working Group at our hospital and each year we plan a special

event to celebrate Palliative Care Week," she says. "Our Death Café was held at a local café and was attended by 24 nurses, other health professionals (including members of the CRANaplus team from Cairns) and some interested community members.

"The Death Café was all about 'the conversation' and we used the opportunity to explore three questions: If you knew that you only had two months to live, what would you do differently; what does death look like – how does the media

portray death; and finally, has there ever really been a time when you have been able to discuss death and dying with your friends and family?

"The Death Café was all about 'the conversation'..."

"The afternoon was all about cake, coffee and conversation, and despite the subject matter there was much laughter and a great time had by all." ●



connect

access to online aboriginal and torres strait islander health information just got easier

The Australian Indigenous HealthInfoNet today launched a new responsive design website. The HealthInfoNet has been bringing together the latest information, evidence, research and knowledge about Aboriginal and Torres Strait Islander health in one place and making it freely accessible for over 20 years.

A comprehensive custom built database and re design of the front of the web resource means that the new responsive design will support the workforce more than ever before, on any platform in any location.

HealthInfoNet Director, Professor Neil Drew, says "Now more than ever those working in Aboriginal and Torres Strait Islander health need prompt access to relevant, reliable information as well as quick, easy search options. Our new evidence-

based responsive design has been the result of in depth review of site mapping and analytics, a national user survey of what users want and access most and extensive collaboration with users and other stakeholders across the country. This has resulted in the design of a cleaner, visual and more accessible site which can now be accessed on any platform be it a tablet or mobile phone."

"Now more than ever those working in Aboriginal and Torres Strait Islander health need prompt access to relevant, reliable information as well as quick, easy search options..."



Australian Indigenous HealthInfoNet

"We have structured the new site to be intuitive so our users don't have to think too much about navigation. The new platform allows us to custom design the information to our users' needs and quickly display information."

"...Updating the site and utilising the latest technology to meet users' needs is an ongoing focus."

"The real dividend," says Professor Drew "is that for a site of this size and a national user base with diverse needs, is the ease of getting directly to the information you need when you need it. This supports the time poor health workforce and ensures the relevant information gets to where it's needed most. Updating the site and utilising the latest technology to meet users' needs is an ongoing focus."

Both the HealthInfoNet and the Alcohol and Other Drugs Knowledge Centre are now available in this new format.

www.Aodknowledgecentre.ecu.edu.au
(note new location).

Professor Neil Drew
HealthInfoNet Director ●

Renae Bastholm, HealthInfoNet IT Manager who developed the responsive site said "The content you know and trust is still there, but a simpler and easier navigation will mean a shorter search time to get to what you need and a quicker loading time.

"...a simpler and easier navigation will mean a shorter search time to get to what you need..."

Visit our
new art gallery

Our Aboriginal and Torres Strait Islander art gallery is back reflecting the diversity of our users we aim to represent art on our site from across the country

easy search tools and new information portals on redesigned knowledge centre

The Australian Indigenous HealthInfoNet Alcohol and other Drugs Knowledge Centre (the Knowledge Centre) has recently redesigned its website to make it easier for health workers and others to find the information they need. The web resource provides free access to health practice and health promotion content for people who are working to reduce harms from alcohol and other drugs in Aboriginal and Torres Strait Islander communities.

The new design provides the same comprehensive information but is now more streamlined, more intuitive and provides more options for accessing information.

A universal search function allows users to search by title or key word across the whole website.

The new design provides the same comprehensive information but is now more streamlined, more intuitive and provides more options for accessing information.

In addition, filters provide a choice to narrow down results to find the most relevant content. For example, program filters allow you to choose remote, rural or city based programs.

New features of the website also include dedicated portals on; harm reduction (such as

injecting drug use and sobering-up shelters), health impacts, and social impacts of alcohol and other drug use.

The Health Impacts portal has specific sections on Fetal alcohol spectrum disorder (FASD), chronic disease, blood borne viruses and social, emotional and cultural wellbeing.

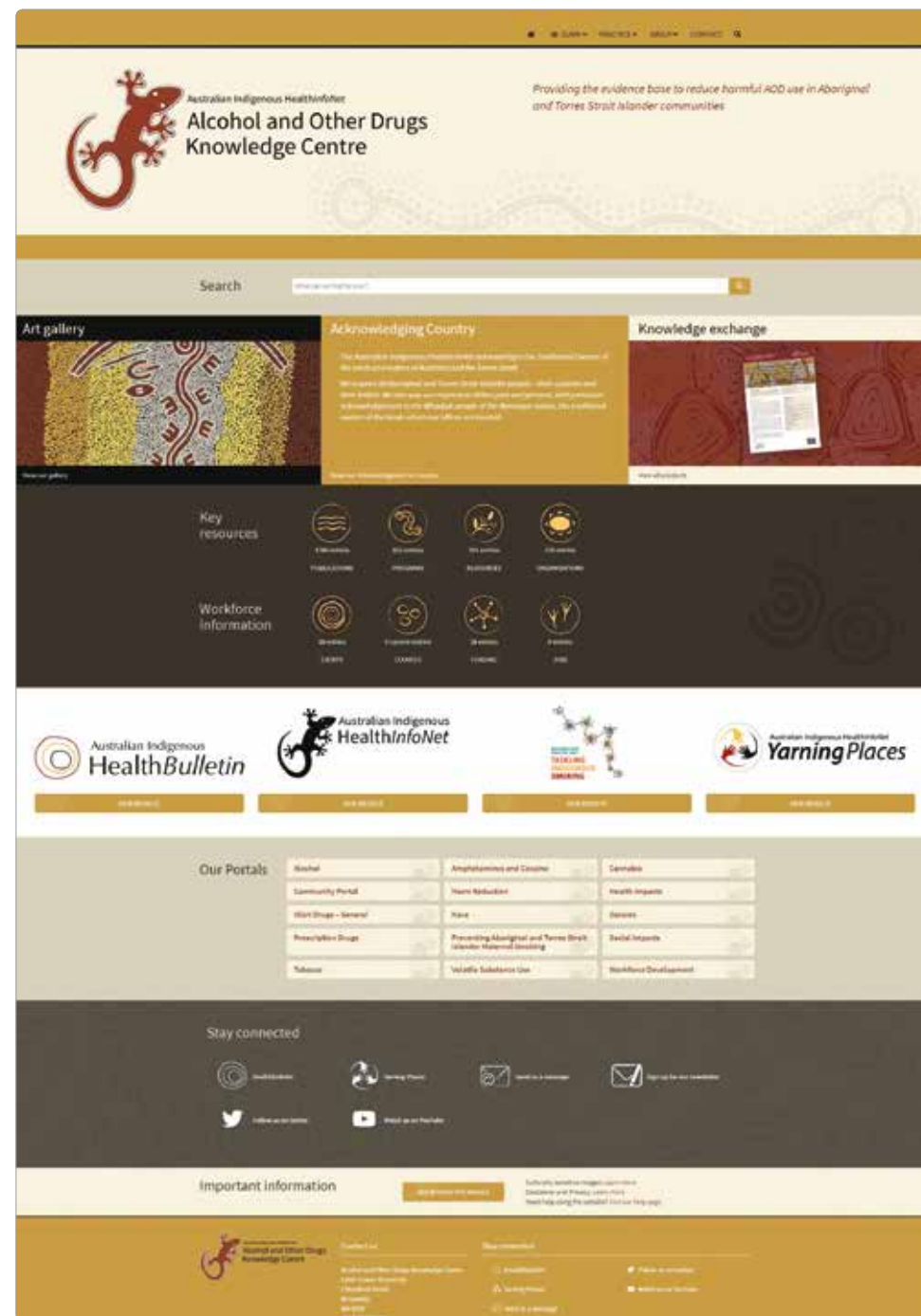
The Health Impacts portal also incorporates a section on Preventing Aboriginal and Torres Strait Islander Maternal Smoking which aims to provide information on supporting Aboriginal and Torres Strait Islander women to reduce and quit smoking during pregnancy.

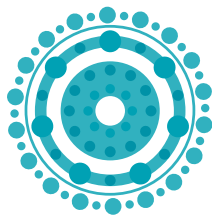
Alcohol and drug use not only affects the physical and mental health of individuals but also affects the care of children, family safety and community wellbeing.

Alcohol and drug use not only affects the physical and mental health of individuals but also affects the care of children, family safety and community wellbeing.

The Social Impacts portal was developed in recognition that the harms from alcohol and drug use have wide ranging impacts and in order to address these harms we need to invest in the health of the whole community.

Find out more by visiting the Knowledge Centre at www.aodknowledgecentre.ecu.edu.au ●





AIDA

CONFERENCE 2018

Vision into Action

26–28 September, Crown Perth, WA



REGISTER NOW

Registrations close: 31 August 2018.

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AIDA Indigenous Medical Student of the Year
AIDA Associate Member of the Year

Nominate AIDA members in the above categories
before 31 July 2018.

conference@aida.org.au
www.aida.org.au/conference

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membership@aida.org.au
www.aida.org.au/membership

HEART HEALTH

IN REMOTE AND RURAL COMMUNITIES



Royal Flying Doctor Service

Startling facts regarding CARDIOVASCULAR HEALTH

AN AVERAGE OF 112
PATIENTS PER WEEK OR
16 PATIENTS
PER DAY
ARE
TRANSPORTED BY THE RFDs FOR
CARDIOVASCULAR DISEASE (CVD).



IN 2015-16
556,638

AUSTRALIANS WERE
HOSPITALISED
FOR CVD.



A SA program established for remote and rural primary
care services to manage heart attacks, demonstrated a
22% IMPROVEMENT
IN 30 DAY
SURVIVAL RATES
FOR REMOTE AND RURAL PATIENTS,
closing the mortality disparity previously existing
between city and country hospitals.

INDIGENOUS AUSTRALIANS ARE
1.7x
MORE LIKELY TO
DIE FROM CHD
THAN NON-INDIGENOUS
AUSTRALIANS.



PEOPLE IN REMOTE & VERY REMOTE
AREAS ARE
1.3x
MORE LIKELY TO DIE
FROM CORONARY
HEART DISEASE
than people in major cities.



CVD is largely preventable.
Increased investment in, and
access to, culturally appropriate
prevention and treatment
services will save lives.

Data from multiple sources



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pain free golden staph treatment cleared for use in remote communities

A northern Australian research team has provided reassuring support for the continued use of an oral treatment option for patients with skin infections, finding that there has been inaccurate reporting of resistance to the recommended antibiotic.

Led by Menzies School of Health Research (Menzies), the findings that isolates previously reported as resistant are in fact still susceptible to the oral antibiotic have recently been published in the journal, *Clinical Microbiology and Infection*.

In northern Australia, especially in remote communities, *Staphylococcus aureus*, otherwise known as golden staph, carries a high burden of disease. Eight out of 10 children living in remote Indigenous communities acquire skin sores, as a result of staph and strep infections, at least once before their first birthday.

...recent reports that strains of *Staphylococcus aureus* may have been resistant to Bactrim, has led to a concern about ongoing prescribing of the oral antibiotic.

The ground-breaking study, the Skin Sore Trial, led by Menzies and released in 2014, discovered a pain-free oral treatment option for patients which was more conducive to uptake than the previous intramuscular injection. The oral antibiotic, called trimethoprim- sulfamethoxazole (Bactrim), has been recommended for treatment of skin sores since.

However, recent reports that strains of *Staphylococcus aureus* may have been resistant to Bactrim, has led to a concern about ongoing prescribing of the oral antibiotic.

...the investigation into the possible resistance to Bactrim was critical to ensure appropriate treatment was being offered to children.

According to Menzies' and Peter Doherty Institute for Infection and Immunity infectious diseases specialist, Associate Professor Steven Tong and Menzies researcher Dr Tegan Harris, the investigation into the possible resistance to Bactrim was critical to ensure appropriate treatment was being offered to children.



"We consistently found in two laboratories and by several different techniques that the staph was actually susceptible and not resistant to Bactrim..."

"During the Skin Sore Trial, we detected that some of the golden staph from skin sores were

reported as resistant to Bactrim with standard laboratory testing. When we tried to confirm this resistance with additional testing, we were surprised to find that the staph could be easily killed with Bactrim," Dr Harris said.

"We consistently found in two laboratories and by several different techniques that the staph was actually susceptible and not resistant to Bactrim.

"The implications are that current recommendations to treat skin infections with Bactrim continue to be appropriate," Assoc Prof Tong said. ►►



The study was a collaboration between:

- Menzies School of Health Research
- Princess Margaret Hospital for Children
- Wesfarmers Centre for Vaccines and Infectious Diseases
- Telethon Kids Institute
- Charles Darwin University
- University of the Sunshine Coast
- The Peter Doherty Institute for Infection and Immunity (Doherty Institute)

► "There continues to be a significant burden of skin infections across all age groups in remote communities. These findings support the ongoing recommendations to treat impetigo with either intramuscular benzathine penicillin or oral cotrimoxazole (Bactrim).

Future work includes a clinical trial in the Kimberley called SToP that will incorporate treatment of skin sores with cotrimoxazole within the broader context of recognition and treatment of scabies and crusted scabies, health promotion, training and environmental health activities.

The first edition of the **National Healthy Guideline: for the Prevention, Treatment and Public Health Control of Impetigo, Scabies, Crusted Scabies and Tinea for Indigenous Populations and Communities in Australia** is now available online download a copy at <https://www.menzies.edu.au/NationalHealthySkinGuideline> ●

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remote health

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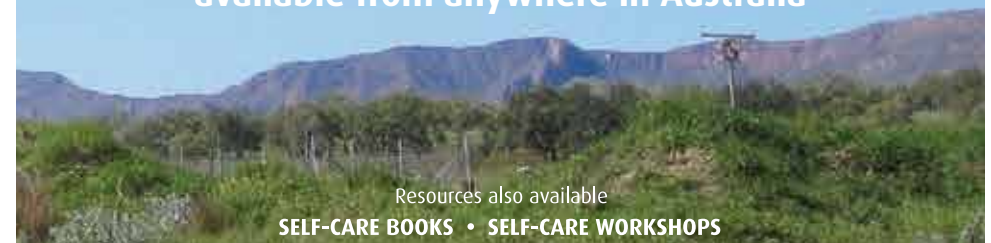
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REMOTE DOESN'T MEAN ALONE

For those working in the field of Remote Healthcare, it has never been so important to stay connected.

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The annual Conference offers a unique opportunity to present and share important ideas and experiences with colleagues and industry leaders from across Australia and around the world.

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www.cranaconference.com

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