



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

support	52	
educate	58	
professional	64	
connect	70	

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from the editor

Avid readers of this magazine will know that this is our very first edition since the departure of long-time editor, Anne-Marie Borchers. Talk about big shoes to fill! During her time at CRANAplus Anne-Marie nurtured this 'little industry rag' to become the influential and widely-read resource that it is today. She leaves behind a legacy that we will honour by maintaining the quality and story-telling approach that is intrinsic to this magazine.

It is fitting that this happens to be the Spring edition; a time of new beginnings. I'd like to take this opportunity to introduce you to the team that will be bringing the magazine together from now on. Our Marketing Manager, Gretchen Martins, will have oversight and coordinate content and timelines. Gretch has taken to this like a 'duck to water' with this first edition and deserves to be congratulated.

We will continue to rely on exemplary contributions from freelance journalist Rosemary Cadden. Rosemary has been doing this work for CRANAplus for many years now and must take some credit for the fine standing the publication enjoys today. Some of you will have had the pleasure of being interviewed by Rosemary, as I have. How about that gorgeous accent! I could listen to her delightful Scottish lilt all day.

Bringing the magazine together in an eye-catching and visually appealing way is terrific freelance graphic designer, Alison Fort. Like Rosemary, Alison has been helping CRANAplus with this for many years. We love the unique look and feel she has cultivated with the magazine and look forward to that continuing.

So grab a cuppa, find a nice spot in the Spring sun and enjoy this edition.

Bye for now,

Amelia Druhan
Chief Operating Officer
CRANAplus



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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 CRANAplus.

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

About the Cover: Outgoing CEO Christopher Cliffe meeting with the Patron of CRANAplus, The Hon. Michael Kirby AC CMG. Read our feature article on page 20.

from the ceo



Dear CRANAplus Members and Stakeholders

Welcome to the latest edition of the CRANAplus magazine: I am very fortunate to write this to you as newly appointed CEO, as it is a privilege to have the opportunity to represent such an iconic and respected organisation. And as so much communication is now online, it is also refreshing to be able to share this hard-copy resource with you. The magazine has a wide circulation and it is a great means to connect with you and disseminate interesting and thought-provoking articles.

As you flick through the pages of this issue, you will find that it is full of inspirational stories and opinions featuring a varied range of topics from birth through to aged care. This diversity in content represents the uniqueness of the working environment across rural and remote Australia. I'm sure you will

especially enjoy the article featuring our outgoing CEO Christopher Cliffe being interviewed by our Patron Michael Kirby. The big smiles in the photograph capture the warm friendship which has developed between them through the shared commitment to improving remote health.

CRANAplus is well placed as the peak body for the remote and isolated health sector to represent the workforce through a number of national advisory groups, steering committees and working parties, as well as developing our own position statements. In this edition, we have provided you with an overview of our recent engagements. As part of our commitment to ongoing advocacy, over the coming months we will be inviting our members to join us to participate in various stakeholder groups to enable your voice to be heard and represented.

As the magazine goes to press, we are gearing up for our conference in the Hunter Valley. The program has a fabulous line up of presenters and I am looking forward to another outstanding event. For those of you who like to plan their professional development well in advance, mark the CRANAplus 2020 conference in your diary for 14-16 October next year.

Cheers

Katherine Isbister
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.



Photo: Courtesy of NRSHN.

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engage

gratitude and congratulations

My period on the Board of CRANApplus for eight years, most in Vice President capacity and the last three years as Chair, has seen much change and growth for the organisation. To the Members and fellow Directors, past and present, I thank you for the confidence in your vote and nominations over that time.

In my first year as Chair, we purchased our Cairns base office and this last year saw the purchase of our Adelaide base office. These acquisitions are a sure sign of future-proofing the organisation for sustainability.

The organisation's programs and services continue to expand on the three main principles of education, support and professional representation access for the remote health workforce and now includes an emerging approach for the rural health workforce.



Over the years we have met many challenges, sometimes at a delivery level and sometimes at a funding level, but with a firm direction and strategy in place CRANApplus has been a stand out.

The staff, a number being long-term, have demonstrated commitment to the membership by meeting the deadlines, making the subject of interest more interesting, getting behind an idea and making it real, and by remaining in-tune with the collective.

We have much to be grateful for and proud about with the very busy behind the scenes crew. Congratulations to Christopher Cliffe for leading such a great organisation and taking up the agendas that often set a challenging path, all done with conviction and determination. And congratulations to Katherine Isbister who has been appointed to the CEO role with Christopher's recent resignation.

To the volunteers who continue to give of their own time and their skill to educate and support others, they are truly a backbone in our organisation. With your contribution we truly are a recognised entity across the Australian health sector and recognised by opinion leaders both nationally and internationally.



I acknowledge and thank our Patron Justice Michael Kirby AC CMG who, like others, has also given his time, advice and expertise to support our organisation in its pursuits.

We have much to be grateful for and proud about with the very busy behind the scenes crew.

Fellow Directors, also volunteers, your commitment and your, at times, challenging debate demonstrates your passion over these years and made my experience rich and unrivalled. During my time on the Board, you have all been generous in sharing your knowledge and welcoming of many opinions and I remain grateful for that collegiality and constructive bond.

My heartfelt congratulations to all for an outstanding organisation that stands on solid ground. I look forward to participating as a fellow member going forward and wish the Board, staff and volunteers the very best now and into the future.

Best regards

Paul Stephenson
Chair, CRANApplus Board of Directors ●

the virtual reality of dementia

In collaboration with Dementia Australia, the CRANaplus After Hours Aged Care Project, funded by the Northern QLD Primary Health Network, successfully delivered seven Enabling Educational Dementia Immersive Experience (EDIE) workshops to four Residential Aged Care Facilities (RACF) in June.

Reaching 91 aged care workers, this unique and engaging presentation uses virtual reality technology to enhance participants' knowledge of the impact of dementia.

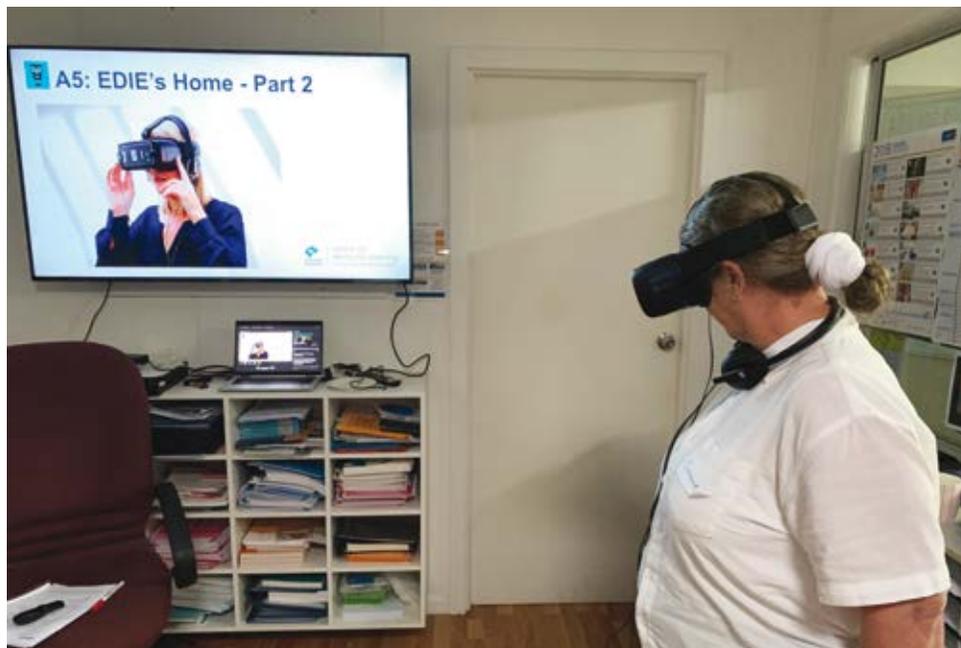
The aim of the workshop is to better understand dementia from the perspective of the consumer through an EDIE. This three-hour workshop introduces a 'reablement' approach, focusing positively on what people can do, given appropriate support, and on the possibilities for living well with dementia.

At the end of the workshop participants had a better understanding of:

- a consumer's perspective of dementia
- how to identify support needs in partnership with the client and their carer
- how to develop a dementia support plan that focuses on enabling a person living with dementia.

Feedback overall was incredibly positive, particularly from the smaller RACFs that rarely can engage in face-to-face learning opportunities.

For staff at Mt Kooyong Nursing Home in Julatten, the experience was profoundly touching as a high proportion of their residents are Aboriginal and Torres Strait Islanders, who are impacted by dementia at higher rates and at a younger age than the broader Australian population. ▶▶



►► Dementia prevalence is estimated to be two to five times higher among Aboriginal and Torres Strait Islander people than among non-Indigenous people, yet despite these higher rates, it still goes largely unrecognised in communities and by health workers and service providers (Dementia Australia, 2018).

Whilst in general people are aware of dementia, the Enabling EDIE workshop helps participants understand dementia and what it is, and what it is not.

Workshop participants recommended this training for all people working with dementia residents or clients, stating "...the more you know the better you can be as a worker"... "...it should be provided across the board in all areas, including when updating a dementia facility or home service"... "the virtual reality of seeing what it is like for a person living with dementia, actually demonstrates the concepts".

The most resounding feedback was that this training should be made available to all staff, no matter what role they may be in from the kitchen to the front desk, as it is relevant.



In 2019, people with dementia account for 52% of all residents in RACFs (Dementia Australia, 2019) therefore, education and training will clearly play an important role in raising awareness of dementia, focusing positively on what people can do, when appropriate support is made available, and on the possibilities for living well with dementia.

CRANaplus would like to thank Amanda Warman, the Education Facilitator from the Centre for Dementia Learning, for her dedicated and passionate effort in delivering these workshops to RACFs in Far North Queensland.

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Education Facilitator

Centre for Dementia Learning™

Dementia Australia

Email: Amanda.Warman@dementia.org.au ●



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For enquiries call (0011) 6723 22091

Only those successful for an interview will be contacted, applicants must have rights to live and work in Australia and successful applicants will be required to submit the results of a recent National Police Check.



advocacy and engagement

In preparing our annual report for 2018/2019 we reviewed all of the representations that CRANaplus made on behalf of its members and the broader remote health sector throughout the year. In total, we were present at over 50 sector events including workshops, symposia, consultations and working groups.

In addition to these one-off events CRANaplus has representation on 34 ongoing committees related to remote and rural health. For an organisation of its size we are punching well above our weight. This is really important for our sector as you know the saying... if you are not at the table then you are on the menu!

The opening of our small Canberra office has enhanced our capacity to engage with our political stakeholders. When Parliament is sitting there are plentiful informal opportunities to be in the same room as influential politicians.

With our permanent presence in Canberra we can, and do, take full advantage of this. In July we formally met with the new minister responsible for rural health The Hon. Mark Coulton, and the new Shadow Minister for Health The Hon. Chris Bowen.

One thing certain to amplify our ongoing efforts in Canberra is if CRANaplus members engage politicians in their own electorates. Advocacy at the grass roots level like this can be just as powerful as our efforts at getting remote health on the political agenda. All elected representatives, both state/territory and federal, are well aware that their future is decided by the voters in their electorates. Not everyone knows that, as a voter, they have a right to request meetings with elected representatives. Listening to you is actually part of their job.

Perhaps now more than ever it is easy for us to be cynical about politicians, but I caution this approach. It has been my experience that



Outgoing CEO Christopher Cliffe and newly appointed CEO Katherine Isbister meeting with the new minister responsible for Rural Health, The Hon. Mark Coulton.



Outgoing CEO Christopher Cliffe and newly appointed CEO Katherine Isbister meeting with the Shadow Health Minister, The Hon. Chris Bowen.

if you create an opportunity to sit down and have a calm and informed discussion then most politicians do try hard to understand the issues that are important to you.

If you haven't done it before and are looking for some advice on where to start then we'd like to help. CRANaplus has developed a step-by-step resource for remote health workers – *Getting Remote and Isolated Health on the Agenda in Your Electorate*. You will find it on our website at <https://crana.org.au/advocacy/what-matters-to-us/advocacy-guide>

As well as practical advice on the when, where, how and why of engaging your local politician,

the resource includes links to finding out who your elected representative is, how they have voted on matters in the past and how to address them. It even includes some email and letter templates to use.

I have always been inspired by the words of Arthur Ashe, "Start where you are; use what you have; do what you can". If you need help along the way please don't hesitate to give me a holler at amelia@crana.org.au

Good luck!

Amelia Druhan RM
Chief Operating Officer, CRANaplus ●

have a word with your local speech pathologists

Torres and Cape Hospital and Health Service speech pathologists are keen to get the word out about their services around the region.

"Following on from Speech Pathology Week in August, which had the theme 'Communicating with Confidence', we want to continue to reach out to Torres Strait, Cape York and Northern Peninsula Area residents to let them know about our services and what we can do for them," Senior Speech Pathologist Tanya Govey said.

"My colleagues and I are here to help adults and children with any swallowing and communication problems."

Ms Govey said the Torres and Cape HHS employed three speech pathologists who delivered services right across the region.

"There's myself here on Thursday Island for the Torres Strait and Northern Peninsula Area, along with Mia Hosking in Cooktown and Emily Witten in Weipa for the two sides of the Cape," she said.

"On Thursday Island, I also enjoy the support of my Education Queensland speech pathologist colleague Emma Trimble in providing services right across the Torres Strait region.

"We're all here to help adults and children with any communication and swallowing problems."

Ms Govey said more than 1.2 million Australians have a communication or swallowing disorder that impacts on their daily life and could affect their confidence in day-to-day activities and interactions.

"Only 38% of Australians with communication disability are participating in the workforce compared with 80% of people without communication disability," she said.

"People with communication disability are also less likely to have a non-school qualification (42%), than those without communication disability (61%)."

"Like mobility or wheelchair access, communication access allows people with communication disorders to get their message across by removing barriers to effective communication or providing extra support and strategies.

"That's what speech pathologists are trained to help people with.

"Our speech services begin with initial screening for communication and swallowing disorders.

"We then continue with assessment and diagnosis and then consultation to provide advice regarding management, intervention, and treatment."

Ms Govey said it was vital to tackle problems early.

"Early talking skills are important for success in school as we know that weak language skills in the preschool years will likely cause lower achievement in later years," she said.

"Early interventions to increase talking and understanding skills can significantly increase later success in school.

"As speech pathologists, we all try to encourage and show families how to play, read and yarn with their children to help prevent some communication problems from developing.

"In a hospital setting, where we also work, we can help people with eating, drinking and swallowing problems that might arise with certain conditions. We also provide counselling and follow-up services for whatever related problems clients are experiencing." ▶▶

"Like mobility or wheelchair access, communication access allows people with communication disorders to get their message across..."



Weipa Integrated Health Service speech pathologist Emily Witten – reading helps build speech and communication skills.



Cooktown Multipurpose Health Service speech pathologist Mia Hosking – there are many ways to communicate.



Education Queensland speech pathologist Emma Trimble (left) and Torres and Cape HHS senior speech pathologist Tanya Govey.

► Ms Govey said speech pathologists could help with the following:

- **Communication.** You need to be able to make sounds, words and then sentences. You need to know the rules of putting words together and also when to talk or not.
- **Saying sounds.** Some children take longer to learn to use the right sounds in words. Some adults have slurred speech or dysarthria as a result of neurological conditions.
- **Reading and talking.** It is important to identify difficulties early as these skills are essential at school and for life.
- **Listening.** When children have ear infections, they may develop hearing problems which can affect how they learn to talk.
- **Talking.** Some people have difficulties effectively using their voice and producing fluent speech (e.g. stuttering).
- **Alternative communication.** Some people are born with or acquire conditions that make it very difficult for them to talk. We can help these people find ways to communicate other than talking.

- **Eating and drinking.** Some people are born with conditions such as a cleft palate, autism, or cerebral palsy; have an accident or a condition like Parkinson's which affects their ability to safely eat, drink and swallow.
- **Babies and children feeding.** Some babies have difficulties feeding. A child may have trouble transitioning to solids or have sensory difficulties which make them avoid eating. We can provide strategies and support for helping these little ones to eat safely and enjoyably.

Ms Govey urged residents throughout the region to ask her or her colleagues for ideas to help with any of those issues.

"As you can see, we do a lot more than just help people get their words out and we are always happy to chat about any concerns you may have," she said.

Contact Tanya Govey on Thursday Island on 4030 6188, Mia Hosking at Cooktown on 4043 0170, Emily Witten at Weipa on 4082 3987 and Emma Trimble at Tagai Primary School on Thursday Island on 4030 6504. ●

community engagement is the reward

Good communication skills are paramount for new government service workers arriving in a remote Indigenous community. So says paramedic Mandy Barr, who has 21 years' experience under her belt.

"Newcomers have to learn to look around at their environment," says Mandy, currently Officer in Charge (Paramedic) of the Queensland Ambulance Service in Doomadgee, an Indigenous community in the Gulf of Carpentaria, near the NT border – her third spell in this community.

"They may notice Indigenous people who don't have good eye contact or verbal communication skills. But they need to be aware that, on the opposite side, the locals are incredibly astute about body language. Before they've even had one interaction with you, they generally will already have gathered some perceptions about you as a person."

"...the locals are incredibly astute about body language. Before they've even had one interaction with you, they generally will already have gathered some perceptions about you as a person."

Difficult as communication can be, Mandy says she loves the community engagement. "Most rewarding is when people feel comfortable enough to ask you to help them understand what the doctor is saying. Or family members outside the hospital look to you to explain what's happening inside to ease their anxiety. ▶▶



► "I am returning the favour of the locals helping me adapt my practices and understand their cultures.

"We can all do a general induction, ticking the boxes to pay someone's wages," says Mandy. "But you need local induction, local people giving you local information."

Mandy currently works with an Indigenous cadet undertaking a Certificate IV, who will move onto university studies. "That's the aim," she says, "for Indigenous people to take over these jobs."

"Everything is outside the square and you have to adapt to what you have available, whether it's equipment or people available to help..."

Mandy started her career on the Gold Coast, where it was 'exciting and a fast learning ground', but was soon arriving in her first remote posting at Cunnamulla in South West Queensland.

"I was very nervous but excited to be working on my own in a one-person station," says Mandy who has since worked all over the State,



including Townsville, Magnetic Island, Palm Island, Bowen and Charleville.

"Everything is outside the square and you have to adapt to what you have available, whether it's equipment or people available to help," she says. "It's unpredictable. The people who help can include the local SES, a local volunteer to drive the ambulance or someone on the cattle station where you've been called out to help carrying equipment and everything else. In remote areas, we always have the police as co-workers and can call on them to help, plus people from local government organisations.

"Every day has its challenges in a remote location. Even today. It's what I like about it." ●



managing STIs in remote communities

Sexually transmitted infections (STIs) are an important public health issue in remote Aboriginal and Torres Strait Islander communities. Rates of gonorrhoea, chlamydia and trichomonas are high (www.health.gov.au/sexual-health). A syphilis outbreak in Queensland 2011 has now spread across the Northern Territory, Western Australia and parts of South Australia (<https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm>).

Those who were able to attend the 2018 CRANaplus Conference in Cairns would have heard Professor James Ward's thoughtful and inspiring address providing suggestions for the way forward in addressing these challenges in remote Aboriginal and Torres Strait Islander communities (<http://www.cranaconference.com/2931>).

It is core business for Remote Area Nurses (RANs) to conduct sexual health screening, initiate treatment within their scope of practice and ensure adequate follow up is in place, says Remote Area Nurse/Midwife Lyn Byers, who is also one of our Board members. "Over the past few weeks I have been working with Nganampa Health Council (NHC) in the remote APY lands of South Australia." An Aboriginal Community Controlled Health Organisation, NHC has seen a significant reduction in the rates of STIs in the population it services. Management of STIs is built into core clinical workload (<http://www.nganampahealth.com.au/>).

In addition, every year NHC has a six week focus on screening all the population aged between 14-40 years for STIs. During the six weeks, all clinical staff put extra emphasis on sexual healthcare, extra community members are recruited to assist with interpreting and cultural brokerage, extra clinical staff are utilised to focus on STIs, and most importantly, community members are engaged and focused on supporting their young people in particular



to come for a check. Appropriate consents are sought and education provided about what STIs are, how they spread, how to stay safe and treatment provided, if needed, by RANs.

My role has been to support regular staff during the intense screening period. This has included educating young people about safe sex, conducting STI screening, explaining about contact tracing and treatment, reassuring patients about confidentiality, processing pathology specimens for either point of care testing or transport to the nearest laboratory, and liaising with the screen co-ordinator and other staff.

Untreated STIs have terrible long term consequences including infertility and systematic diseases. Most people do not experience symptoms and remain unaware they have an STI. NHC has had a high focus on STI management for many years and this has resulted in substantially reduced rates.

They are to be congratulated for this. I have had a great time working with communities, clinic staff and other support people during the weeks of intensive screening.

All RANs and midwives working with remote Aboriginal and Torres Strait Islander populations need to be aware of the high burden of STIs and ensure they have the skills to provide best care for those that present. This includes education about sexual health, offering opportunistic screening, knowing appropriate treatment regimes and ensuring adequate follow up is in place.

Lyn Byers, Remote Area Nurse/Midwife Board Member, CRANaplus ●

midwifery in the outback

ACT Midwife of the Year for 2019, Sally McRae, is an ideal facilitator for our MIDUS midwifery upskilling course. But Sally insists she benefits just as much as the participants.

"I am living vicariously through the amazing remote nurses and midwives by becoming involved in CRANaplus courses," says Sally, whose family is firmly entrenched in the ACT for the next few years.

"My interest in rural, remote and Indigenous health developed around the time my family went to Darwin for a six-month working holiday where I worked at Royal Darwin Hospital as a midwife. As a city dweller from down South, I had little connection with or understanding of the history of Indigenous Australia and it really hit me for the first time that I live in a truly ancient land with ancient cultures.

"Since then I've wanted to connect more with that."

Sally says her current experiences as a facilitator have once again been a huge eye opener to the complexities and challenges of remote health

– the inequities in resources, the challenges of distance, the socioeconomic challenges.

"I am left in awe of what rural and remote health workers do, the way they have to work autonomously and think on their feet, and get creative!" she says. "One of my favourite things is to hear the stories of the health professionals I meet.

"Occasionally a midwife will agree with the best practices being taught – theoretically. And then point out they don't have the necessary equipment," says Sally. "That makes you appreciate having everything on hand. Back in the city, I have to say I feel quite spoilt."

Conducting two MIDUS courses in her first year as a facilitator – at Yarrawonga and Alice Springs – Sally conceded it was "a bit daunting" standing in a room with really experienced rural and remote midwives. "They have a vast amount of experience, and it was important to encourage discussion, to share experience and wisdom."

Participants in the MIDUS courses appreciate the networking and peer support as well as the upskilling, particularly the hands-on stations, says Sally. "What I have to offer as a facilitator

is to provide information about latest research and midwifery skills and opening up discussion."

Sally's regular experience with birthing is particularly useful for upskilling rural and remote midwives. "Mothers generally go to a central hospital when it comes time to give birth, so many remote midwives have only occasional experience with birthing," says Sally. "Often when a baby decides to come along early, additional issues can crop up, such as neonatal resuscitation, pre-eclampsia or bleeding. Regular refreshing of the skills we need to manage these situations is invaluable for all of us."

"I am left in awe of what rural and remote health workers do, the way they have to work autonomously and think on their feet, and get creative!"

Sally says of winning the Midwife of the Year award: "To be honest, you question whether you deserve it, but also really appreciate it. It means a lot to me that my work place would go to the trouble of putting in a nomination."

Sally's inspiration, she says, comes from the midwives she works with. Her background also includes teaching, research and study. A current project, in conjunction with Professor Jeanine Young from University of the Sunshine Coast, involves the use of Pepi-pods, first introduced in Christchurch after the earthquakes for women needing a safe sleeping space for their newborn babies.

"They are useful for women who have had caesarean sections and are immobile and want to keep their baby close by, and they are beginning to be used in rural and remote settings," says Sally. "We know babies don't settle away from their mother and I am particularly interested in the lactation angle. It's hard to establish breastfeeding if you can't keep close to your baby."

"I am surrounded by midwives of the highest calibre, the type of people who see a need for change and then just get on and make it happen somehow," Sally says. "Midwives who are incredibly woman-centred, who always go in to bat for the women they work with, which can be challenging in our institutionalised, interventionist system.

"That is what inspires me." ●



a rare commodity

Christopher Cliffe reveals his views on remote healthcare professionals, the CRANaplus conferences and more when our Patron, renowned human rights expert Michael Kirby, interviews our outgoing CEO.

MK: Christopher, do you remember when you first heard of CRANaplus?

CC: I was working as a remote area nurse out bush as a clinician and was invited

to a conference. The conferences are the life blood of the organisation. They bring together all these wonderful people who share their skills and experiences, their gripes, and their love of rural and remote Australia. It's a really tough gig out there. And a lot of these people don't get a chance to see their friends and colleagues very often. The conferences provide education and support – but they also have a really good time.



MK: I want to know what made you decide to work for the organisation. Effectively you decided to give your working life to CRANaplus.

CC: I was working for the RFDS in a managerial role and this opportunity came up. So much that the organisation wanted to do, I also wanted to do. It seemed like such a good opportunity – why pass it by? I was so thrilled when I was offered the position.

That was 5–6 years ago, after I'd been involved with CRANA in different ways. In this sort of role, five years is a good term. When an organisation is doing well, it's often time to move on.

MK: What do you think has been the best thing about working for CRANaplus?

CC: Without doubt, the people you get to meet: the really wholesome, healthcare professionals doing it really tough, but doing a fantastic job in some of the most difficult areas; the stakeholders too, who, through innovation and hard work are really trying to do the right thing.

We know all about the health disparity, the further from the city you go, the worse your health outcomes are. And the majority of those people are Aboriginal and Torres Strait Islanders. CRANaplus is not an organisation that is shying away from that. We don't always know what's the right or the best thing to do but it hasn't stopped people from having a go and I think it is a rare commodity. It's still got the frontier feel – pull your boots on and have a go.

MK: Is there anything that disappointed you about the work?

CC: Good question. I think we achieved what we wanted. We have been really well supported by government. When we come up with a good idea, a sound, robust concept

that is going to have a good outcome, there was always a receptive ear politically and within departments. Maybe in retrospect, it would have been good to aim even higher?

I think the challenge has been that, despite all this work and effort and money to improve outcomes we haven't seen a big improvement in Aboriginal areas, the health and in some areas, the indications are that it's worse. The fact is: rural and remote health services are getting better – but the burden of disease is growing faster.

So much that the organisation wanted to do, I also wanted to do. It seemed like such a good opportunity – why pass it by?

As a healthcare professional, it is quite confronting. We spend our careers working in this domain – but we are not the ones who influence the changes in the big picture.

The solution to the problem of health care – not only in the bush – is how people live their lives. Employment, good education, women's rights, somewhere safe to live, good transport. If we can get those right that's what makes the big shifts in healthcare.

MK: Do you have the next step lined up?

CC: There are a few irons in the fire but nothing that's come to fruition yet. My backstop is to have some time off, time to regroup. It's important, every now and then, to take time to think about where you are personally as a human being in life's journey and where you would like to go and pursue that. ●

embracing cultural differences

CRANaplus Undergraduate Student Remote Placement Scholarship recipient Ellen Wynn recounts experiences of her time spent in Nhulunbuy and Darwin.

From April to July, 2019 I completed two Nutrition and Dietetics placements within Top End Health Service.

In Darwin I developed, piloted and evaluated story-based pictorial resources for Aboriginal patients suffering from diabetes and chronic kidney disease to increase understanding of the conditions and how they relate to the person reading the story. The resources were very successful and are now being used in various remote communities across the Northern Territory and some areas of Queensland by Nutritionists and Dietitians.

I learned a lot on this placement, particularly about cultural and linguistic barriers to health promotion for Aboriginal people. I shared some unforgettable experiences including bush tucker cook-ups and reciprocal learning as well as visiting people in their communities and learning about their culture and history.

I learned a lot on this placement, particularly about cultural and linguistic barriers to health promotion for Aboriginal people.

One of my favourite parts of this placement was being able to sit with an Aboriginal person and have a yarn. This was where I learned the biggest lessons and was able to understand and appreciate the differences between cultures.

Using this information, I was able to build rapport with patients and find solutions to

difficult problems that considered culture and history and were better received by patients.

I believe these skills will help me immensely in the future and honestly could not even begin to explain how grateful I am to have had this opportunity.

I believe these skills will help me immensely in the future and honestly could not even begin to explain how grateful I am to have had this opportunity.

In Nhulunbuy I conducted a Gap Analysis of the Gove District Hospital Foodservice. My project was challenging and I learned a lot, particularly around socio-economic barriers to health.

I learned how to communicate and work with stakeholders in culturally appropriate ways and was given the incredible opportunity to learn about traditional art, language, history and bush medicine in my spare time. The communities were very welcoming and really filled me with a sense of belonging.

Coming into this environment from an urban city however was quite overwhelming. I was suddenly surrounded by socio-economic determinants of health that I had only ever read about in textbooks. I was overwhelmed by the gaps in health outcomes between Aboriginal and Non-Aboriginal Australians and was shocked to see first-hand the effects of food insecurity on people living in remote areas.

I now have a great understanding of health outcomes in remote Australia and how to differ my practice to work around socio-economic barriers to health.



I also experienced social and professional isolation and was glad to have been provided with CRANaplus resources which gave me an understanding of how to manage these feelings and seek support where required.

I also experienced social and professional isolation and was glad to have been provided with CRANaplus resources...

I am grateful for the opportunity to learn and understand why the health gap between

Aboriginal and non-Aboriginal Australia is so great. I feel inspired and motivated to continue my remote health journey and hope to gain employment in remote health and health promotion.

I hope in the future that I am able to work collaboratively with Aboriginal people and other health workers to improve cultural competency of health professionals and find ways to address the socio-economic barriers to health that I've now seen first-hand.

Ellen's Scholarship was sponsored by Zeitz Enterprises and CRANaplus thanks them for their continued support of the health professionals of the future. ●

exceeding expectations

Laura Ladhams, CRANaplus Undergraduate Student Remote Placement Scholarship recipient, writes about her placement at Gove District Hospital.

To summarise my placement in a limited word count is quite difficult.

When I found out that I was successful in a remote placement my excitement went through the roof.

I had been working on getting a remote placement for eight months and now that it was happening, I could not have been happier.



My four-week placement at Gove District Hospital in Nhulunbuy, Northern Territory has by far been the most eye-opening experience in my life thus far. The communities surrounding Nhulunbuy are far and wide, but prove to be the most welcoming communities that I have dealt with in my remote experiences.

During my placement I met some of the most amazing patients and co-workers that made the transition from being away from home more welcoming.

My placement consisted of two weeks in the general/paediatric ward and two weeks in the emergency department. During my placement I met some of the most amazing patients and co-workers that made the transition from being away from home more welcoming.

The staff that I had the privilege of working with took me under their wing and allowed me to work within my scope of practice, completing tasks that I may not have been able to complete in other areas of Australia. It was remarkable to come into contact with many diagnoses that I would not have come across in my home state, which allowed me to broaden my knowledge.

I found a love of being able to make the patients feel as comfortable as possible.

My roster allowed me my weekends to be able to discover what Nhulunbuy had to offer, the beautiful surroundings, the culture and the art were all highly anticipated, and I was very excited to see what the culture was like in the surrounding communities. I got to experience some amazing sights, such as Rainbow Cliffs and Memorial Park.

On the ward, I worked with babies, children, teenagers and adults, allowing me to really delve into my prior knowledge of swapping from adults to babies and how they differ from each other in terms of observations and treatments.

During my time at the hospital, I found a love of being able to make the patients feel as comfortable as possible. To help this process learning some the language that they spoke helped significantly, to the point that I had been invited to go to other communities to be welcomed into their family.

I found it fascinating that learning their language broke down the cultural barrier enough for them to understand that I was there to help them.

I cannot thank my clinical coordinator enough – Alicia Perkins, my preceptors, the contacts at Flinders University for easing the transition and making the overall experience bigger and better than I expected.

I cannot thank my clinical coordinator enough – Alicia Perkins, my preceptors, the contacts at Flinders University for easing the transition and making the overall experience bigger and better than I expected.

The support I received from Margot Wall and from my family and friends helped me through the nerves.

I cannot say this enough, rural and remote placements such as this has aided me in understanding just how important rural and remote nursing is, and how incredible it can be to touch the surface on Indigenous health.

Laura's Scholarship was sponsored by HESTA www.hesta.com.au/about-us.html and CRANaplus thanks them for their continued support of the health professionals of the future. ●

memories to last a lifetime

CRANaplus Undergraduate Student Remote Placement Scholarship recipient Nik Kozlov shares his experiences from his time in Mildura.

When I submitted my rotation preferences for my final year placements I had no idea what to expect when I left home for the 550km drive to the quaint riverside town of Mildura. The snap decision to preference it for my surgical term has left me with memories that I know will last a lifetime.

Cycling on a calm, warm evening along the riverside with the entire night sky lit up by more stars than I've ever seen in Melbourne. Driving 80km along an unsealed dirt road to find myself at a breathtaking Aboriginal cultural site at Mungo National Park. Crisp Saturday mornings at buzzing farmers markets with welcoming locals and the freshest most delicious fruits and vegetables I've ever eaten. Relaxing on a sunny afternoon by the riverside with good friends and wine at Trentham Estate. Getting caught in a dust-storm which turned day into

pitch-darkness at 5pm in the afternoon for an hour. Every single one of these memories and more helped make my experience in Mildura one that I will always cherish and something I never would have been able to experience had I solely selected all inner city hospitals like many of my friends had.

There really is an enormous point of difference between working at a busy metropolitan hospital and a regional one...

The clinical experience was like no other. There really is an enormous point of difference between working at a busy metropolitan hospital and a regional one where nurses, doctors and patients really take the time to learn your name (even as a medical student!) and where you can feel you are really making a difference.

Seeing the same people every day really made the hospital feel like a family, and I often found myself saying "Hi" to a fellow co-worker down at the store on the weekend. I'm grateful I had the opportunity to be placed in general surgery while there.

As the hospital was the only public one for hundreds of kilometres, I saw many interesting cases that I may not have had the chance to observe otherwise, and had the chance to become hands-on and assist in theatre; something that can be rare in busier centres.

As the hospital was the only public one for hundreds of kilometres, I saw many interesting cases that I may not have had the chance to observe otherwise, and had the chance to become hands-on and assist in theatre...

Overall it has been the most memorable rotation of my year so far and has really changed my outlook on working rurally.

Both in terms of clinical skills and lifestyle experiences, I definitely recommend Mildura for anybody who is eager to step outside of their comfort zone and really experience what Victoria has to offer outside of the Melbourne region.

Nick's Scholarship was sponsored by Aussiewide Economy Transport www.aussiewide.com.au and CRANaplus thanks them for their continued support of the health professionals of the future. ●



a new perspective

Olivia Hawkins, CRANaplus Undergraduate Student Remote Placement Scholarship recipient, summarises her experience at Alice Springs Hospital.

In April 2019, I made the decision to undertake a three-week placement in Alice Springs Hospital ICU. As a student nurse who has never worked rurally I had no idea what to expect, only that I wanted to give it a try.

My first day on the ward came as a big shock. Being a rural environment, the health needs and issues are entirely different from what I was used to, along with how to treat and interact with the patients. This change in environment was beneficial in broadening my clinical skills and experience in providing care.

The hospital is small. However, the work culture is just beautiful. The staff and nurses were so supportive and it truly felt like a second home after my first week. Whilst I was in Alice Springs I stayed in student accommodation with another student from my university, along with a student from Perth.



We hired bikes which we used to ride to and from placement and to get around town.

Being one of many students up there it was a great social life on the weekend. We managed to stay connected and often all met up in our down time. Along with this, I also found time to book a three-day camping trip tour to Uluru, Kata Tjuta and Kings Canyon. This was one of the many highlights of my trip and was an amazing experience.

Furthermore, due to the high Indigenous population in Alice Springs I was also gifted with a great opportunity to learn more about the culture, history and health needs of the Indigenous community. For example, I realised how complex the kinship system is and the way it comes into play in the healthcare setting.

I believe that after working in Alice Springs I have returned home with an entirely new perspective of Aboriginal culture and how to implement cultural safety into the healthcare setting. I gained a perspective that can only be developed through first-hand experience.

Furthermore, I came home with a desire to continue working rurally once I graduate. Having witnessed and experienced the rural health system I feel the need to return and continue to play my part in providing much needed healthcare to these areas of Australia.

Overall, this experience is one that I would recommend to any health professional. Whether it is a short-term or long-term commitment, the knowledge and skills gained are something I will cherish for the remainder of my professional career. I returned from Alice as a more culturally aware, adaptable and clinically experienced nurse. Thank you to CRANaplus for supporting me throughout this experience!

Olivia's Scholarship was sponsored by CRANaplus and we find it a privilege to continue to support the health professionals of the future. ●



Overall, this experience is one that I would recommend to any health professional.

dubbo keeps calling me back

CRANaplus Undergraduate Student Remote Placement Scholarship recipient Rhiannon Jones reflects on experiences of her time spent in Dubbo.

During my placement in Dubbo, NSW, I engaged in various maternal and infant healthcare services including midwifery in the home, Aboriginal Maternal Infant Health Services, birthing unit, antenatal clinic and the postnatal ward.

I gained valuable knowledge and practical skills from both the midwives and the women during this time.

I was lucky enough to learn about the way Aboriginal maternal infant health services operate and the services available to women and their families, such as providing women with phone credit and transport to and from ultrasound appointments and antenatal appointments.

I gained an understanding of the importance to allow women to guide the antenatal classes to encourage discussion about subjects that the women feel are important.

I enjoyed the fast-paced work environment on the birth unit where I looked after women who had traveled very long distances and some who lived just around the corner.

I enjoyed the fast-paced work environment on the birth unit where I looked after women who had traveled very long distances and some who lived just around the corner.

In the birth suite, I spent a lot of time monitoring women during labour and birth, but more importantly, I learnt how each individual woman wanted to birth their baby. Whether she preferred to birth her baby in the bath to allow the buoyancy of the water to hold her weight, in the shower letting the hot water relieve the pain on her lower back, or any other way she preferred.

Offering women additional comfort measures like a diffuser filled with beautiful essential oils, calming music, a heat pack, a cool face washer or even something as simple as a dimly lit room and allowing the woman and her partner to work through the contractions in private can make all the difference.

As a student midwife my favourite time during labour is the absolute calm before the surge of contractions build up.

During this time, I would try to get to know the women and their partners who would sometimes share their stories of what it is like to live in Dubbo or in a remote area hours away.

As a student midwife my favourite time during labour is the absolute calm before the surge of contractions build up.

I noticed some distinct differences between my home town and Dubbo such as the normality of seeing kangaroos on the way to hospital.

In my free time in Dubbo I went to the Taronga Western Plains Zoo where I rode a bike around and saw some amazing Australian animals. I also visited the botanic gardens for a picnic and went out for meals at some lovely restaurants. To arrive in Dubbo from where I live on the east coast of Australia I drove along quiet country roads. I stopped along the way to take in the beautiful scenery of cotton fields, waterfalls, and rolling hills sitting on top of mirages making the hills look like islands way out to sea.

To arrive in Dubbo from where I live on the east coast of Australia I drove along quiet country roads.

I am returning to Dubbo for clinical placement in the hospital for the third time later this year and I am looking forward to expanding my knowledge on the way infant and maternal healthcare services are provided to women and their families in rural Australia.

Rhiannon's Scholarship was sponsored by HESTA www.hesta.com.au/about-us.html and CRANaplus thanks them for their continued support of the health professionals of the future. ●



a deep sense of community

CRANaplus Undergraduate Student Remote Placement Scholarship recipient Rebecca Anastasia Scipione talks about her time at Gove District Hospital.

As part of my midwifery training and transition to professional practice, I was grateful to receive the opportunity to spend two weeks engaged in maternity care in Gove District Hospital and Miwatj Aboriginal Health Centre in Nhulunbuy, East Arnhem Land. This valuable experience allowed me to witness first hand, the richness and hardship of rural remote Australia and gain a better understanding of encompassing cultural awareness and sensitivity to guide my future midwifery practice.

I had some wonderful experiences working alongside local Indigenous and non-Indigenous healthcare workers, and learnt about the distinct healthcare issues (diabetes, malnutrition) and the prevalence of rare diseases, such as Rheumatic Heart Disease, scabies, tapeworms and Melioidosis.

In Nhulunbuy, women receive a unique model of continuity of care as they see the midwife in the community for the duration of their pregnancy, following the pregnancy, for their sexual health and most likely for consecutive pregnancies.

It was an honour to witness holistic and personalised care which fostered a trusting and sacred relationship between midwife and woman. I immediately felt part of the community as the women I cared for I saw at the shops and beach and in their homes; I was immersed in their community and their culture. I understand how this sanctions the aims of midwives to provide exceptional care as they can see the benefits for months and in some cases years and generations to come.

Midwives must be skilled in women's sexual health, general nursing, mental health as well as midwifery. The midwife's role in Nhulunbuy is diverse, flexible and unpredictable; our days at Miwatj consisted of searching for women, providing on the spot care or picking them up from



their homes and bringing them into the centre for antenatal care “secret women’s business”, cervical screening, contraception, sexually transmitted infections and anemia management and treatment. Frequently, we would then transfer as required to the hospital to get ultrasounds, take bloods, to see doctors etc. and then transport them back home or to the shops.

Walking the corridors of Gove District Hospital we are treated to the colour and beauty of the local Aboriginal artwork and photos of generations of mothers and their babies posted along the walls.

Walking the corridors of Gove District Hospital we are treated to the colour and beauty of the local Aboriginal artwork and photos of generations of mothers and their babies posted along the walls.

The midwifery experience I gained at Gove Hospital and Miwatj was invaluable not only for the provision of clinical skills, but because it provides an ideal model of continuity of care and a deep sense of being connected to community.

Rebecca's Scholarship was sponsored by CRANaplus and we find it a privilege to continue to support the health professionals of the future. ●



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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.

Ph: (02) 9437 9200 Email: info@plasticsurgeryfoundation.org.au
<http://www.plasticsurgeryfoundation.org.au/>



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



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



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



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



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



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



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. Ph: 08 8970 5571 <http://www.marthakal.org.au/homelands-health-service>



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



Majarlin Kimberley Centre for Remote Health (formerly Kimberley Rural Health Alliance) is a major new rural training hubs at The University of Notre Dame Australia are set to transform regional healthcare 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).
Email: pamela.jermy@nd.edu.au



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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



The **National Centre for Farmer Health (NCFH)** is a partnership between Western District Health Service and Deakin University and is based in Hamilton, Western Victoria. Established in 2008, the Centre encompasses university research, service delivery and education that provides leadership in improving the health, wellbeing and safety of farm men and women, their families and rural communities across Australia and globally. Focusing on prevention and early identification of risk factors associated with farming populations, the NCFH develops timely, appropriate, effective and popular interventions. The NCFH team includes professionals from the health, agricultural, social sciences and information technology disciplines who have proven capacity to deliver in the areas of education, training, applied research and community engagement.



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/>



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.



Nganampa Health Council (NHC) is an Aboriginal Community Controlled Health Organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north west of South Australia.
Ph: (08) 8952 5300
<http://www.nganampahealth.com.au/>



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



NT Dept Health – Top End Health Service Primary Healthcare Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



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Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base 830 and growing. Our administration base is in the iron ore rich town of Newman. In the new year we will be establishing a fifth clinic in Newman. Ph: (08) 9175 8307 Fax (08) 9175 0990 Email: pams@puntukurnu.com



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



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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. Ph: 08 8080 3761 Email: enquiries@rfdse.org.au <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 healthcare 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/>



Rural Workforce Agency NT (NTPHN) leads the development and coordination of an equitable, comprehensive primary healthcare system and an engaged health workforce driven by community need. We are committed to improving the health and wellbeing of all Territorians through further improving the patient journey through our system which coordinates with the acute treatment and broader community care sectors.



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



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



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



Sugarman Australia specialises in the Recruitment of Nurses and Midwives, Doctors, Allied Health professionals and Social Care Workers. We support clients across public and private hospitals, Not for profit organisations, aged care facilities and within the community. Ph: (02) 9549 5700 Email: Roisin.Burns@sugarmangroup.com.au <http://www.sugarmanaustralia.com.au/>

three ways to land your dream role

By Rosie Jackson
Senior Recruitment Specialist
Cornerstone Medical Recruitment

There is a big difference between simply 'getting a job' and securing your 'dream role'. Senior Recruitment Specialist Rosie Jackson from Cornerstone Medical Recruitment shares her top three tips on how to stand out in a competitive marketplace and land that role you've been dreaming about.

1. Keep your CV simple

It takes an employer just 15 seconds to read your CV and determine your suitability for a role. Ensure your most relevant experience and qualifications are at the beginning.

Don't overload your CV with too much detail, employers simply don't have the time to read it.

Keep it short, specific and relevant to the role you are applying for. Use bullet points to highlight your most relevant experience so it's easy to refer to.

2. Be job ready

If you were offered your dream role today, would you be able to accept it?

Too often we see people miss out on great opportunities because the below items were not updated in preparation for their job search.

- **Competencies:** check the competencies required for your desired role are updated. Take the time to expand your clinical competencies as often as you can and list these on your CV.

- **References:** All employers require at least two recent references from direct supervisors. Check your supervisors are happy to provide references and are readily available.



- **Credentialing Documents:** Employers typically require the same documentation for you to work at a location, so keep these on file, updated and easy to access.
- **Immunisations:** Keep your vaccination and serology history up to date, including your boosters.

3. Know what you want

It may sound obvious, but if you don't know what you want, it's very hard to find your dream role. Before you start the job hunt, identify the locations you want to work in and the type of work that interests you the most. Your needs will change over time too. Perhaps you would prefer the flexibility and higher pay rates of an agency nurse role now; but in time the security of a permanent or longer-term contract role might be more appealing.

Searching for your dream job can be an overwhelming prospect. We'd love to help you make this process easier. Contact us to find your perfect job match.

Cornerstone, the medical matchmakers™
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SustainHealth is an award-winning, Australian-owned and operated, specialist recruitment consultancy who connect the best health and wellbeing talent, with communities across Australia. We support rural, regional and remote locations alongside metropolitan and CBD sites.
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Tasmania Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



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



Government of Western Australia
WA Country Health Service

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



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. In 2003 we were incorporated as **Purple House (WDNWPT)**. Our title means 'making all our families well'.



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.

need to take leave for an upcoming conference? we've got you covered.

Conferences are an important aspect of your Continuing Professional Development (CPD) but we also understand that it can be difficult to find someone to cover your leave so that you can attend CPD conferences, workshops and courses.

There may be financial considerations that limit your ability to ensure you are keeping up-to-date with your CPD whilst maintaining ongoing health service delivery to your community.

It is a delicate balance that most rural and remote health services struggle with day after day and managers feel the pressure.

Apply for a locum today and we'll sort the rest out for you.

Don't let budgetary constraints limit your access to CPD because we've got you covered.

Rural LAP has 78 placements available between now and the end of October so if you have been hesitating on booking that conference, workshop or CPD course, hesitate no more!



For those of you who are not quite familiar with our program, here's what you need to know:

1. Rural LAP is an Australian Government-funded program.
2. Our program officers source a suitably matched nurse or midwife at no cost to you.
3. We arrange and pay for all travel and accommodation.
4. You only pay for the casual hourly rate plus superannuation and relevant taxes.
5. You can apply for up to 14 days of leave if you are located in categories 2-4, as determined by the Modified Monash Model (MMM), or up to 28 days of leave for MMM 5-7 category locations.
6. If you are eligible for up to 28 days of leave, this can be divided into two placements over the financial year.
7. You are eligible to receive leave cover every financial year for the duration of the program.
8. We recently received a 3-year extension to continue providing locum support to cover all forms of leave which means you can access our program until 30 June 2022!

For more information visit www.rurallap.com.au

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SustainHealth acknowledges the Australian Aboriginal and Torres Strait Islander peoples as the first inhabitants of the nation and the traditional custodians of the lands where we live, learn and work.

support

workplace change

Change is an inevitable part of modern day life. For some, change is exciting and invigorating. For others any change, and especially changes in the workplace, can be overwhelming and daunting. The fact of the matter is that all workplaces are changing.

The remote health workforce is no exception. This change includes increasing numbers of agency nurses on shorter-term contracts, fly-in, fly-out services provided by more and more allied health professionals and more technological consultation facilities available than ever before. Another significant factor in the changing remote health workforce is an increasing number of overseas trained health professionals.

It is important to expect and be prepared for workplace change. This includes effectively and compassionately managing, both from a personal and organisational perspective, the resistance and fear that is inherent in any change.



The bottom line here is that an overarching attitude and policy of real collaboration and honest communication between staff and management can alleviate the stress associated with change. The goal, of course, is to ensure that quality of care for patients and clients remains optimal.



It is in the area of change management that line managers clearly have a pivotal role in the health sector. They need to be provided with appropriate training in ways of managing change in their workplaces in an emotionally intelligent way. Knowing and respecting staff and thinking about how they are likely to react to change is a very useful ongoing process for managers. Equally as important are good communication skills in having 'difficult' conversations. Avoiding the inevitable emotional fall-out from change, pretending it is not happening or shaming and humiliating staff for negative reactions to any given change is the least helpful approach.

Change is difficult in any context and one of the most effective ways to start to address change is through prioritising a non-toxic and compassionate workplace culture. Reflecting on the way we think about and talk about different workplace issues is important from both an individual and organisational point of view. A workplace that walks the talk of valuing the overall selfcare of its employees – through collaborative decision making, opportunities for safe reflection, and a focus on physical and mental health are workplaces where the impact of change are less damaging.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●

alternating mental and physical attention for improved wellbeing

While attending the Rural Outback and Remote (ROAR) Paramedic Conference in Alice Springs earlier this year, I ran two pre-conference workshops on personal resilience and presented a paper on Positive Psychology.

Of course, while at a conference it's good to practice self care, mindfulness and positive psychology. It's also good if you can keep up your physical exercise. An example of this might be, as I did, to take an early morning walk the day after arriving, as the days in rural or remote areas can be hot, but the mornings can be very pleasant.

At the ROAR conference, I met lots of new people. I performed mindfulness meditations every day, because I had the time, as I wasn't overloaded with work. Paramedics are a great bunch of people, and I tantalised my interest in people by hearing fabulous presentations and personal stories of the variety of settings in which these remote paramedics worked. This ranged from the state of New Mexico in the US, to the Himalayas, Antarctica, off the coast of Darwin, and even the ventures of the Purple Bus taking dialysis across the centre of our country.

While I disseminated information at the conference I was also learning, and, more importantly, I was taking a break from my work back in Queensland by wearing my CRANaplus Bush Support Services hat at the conference, which adds variety to my work and keeps me reminded of the gracious and giving work performed by health professionals in rural and remote settings.

In a holistic approach to self care, the mention of exercise is vital. For some people, meditation or mindfulness is not their choice, and a good alternative to meditation can be to exercise, as it employs controlled and deep breathing,

keeps us focused and on the task in a mindful manner, and increases our mood by the release of endorphins which provides a sense of wellbeing after the exercise activity.

Of course, I mentioned this in my pre-conference workshops, which were held the day before the ROAR conference, and I had noted that Mitch Mullooly, Paramedic, New Zealand Chair of Paramedics Australasia, and Fitness Instructor, was running early morning fitness training at the conference. Of course, I was in! I had to go, to show the conference delegates that I do, in fact, practice what I preach. The morning walk I took into the Alice Springs CBD and back to the motel the first morning was only a 2 km walk, and despite it being a brisk walk, I hadn't worked up a sweat, I was keen to go to Mitch's fitness class first thing in the following morning.

...to my surprise, Mitch was a woman, despite having a name I typically associate with males. This was a reminder that we can't make assumptions.

I was up early for the first session. I arrived at 6:30am, which was the start time listed in the program, but they'd already started! Paramedics! They really are the first responders on the scene! And, to my surprise, Mitch was a woman, despite having a name I typically associate with males. This was a reminder that we can't make assumptions. I settled into the group and worked with my allocated team member, alternating between exercises and a quick run to the other end of the grassy area within the motel grounds. The running puffed me out, so I decided to be true to myself and accept

that I prefer walking (and that I don't have to compete with younger conference delegates) so I accepted the invitation to walk instead of run when the change over from exercise to running/walking occurred.

Next, I found myself doing deep lunge walks along the path, as instructed by Mitch, and I wobbled all over the place, barely able to stay straight with those slow deep lunges. Behind me, I heard a female voice "Remember your mindfulness!" Mitch had attended my pre-conference workshop on mindfulness the previous day. It was very pertinent. I brought mindfulness into my exercise to focus on my balance. It worked!

It was only half an hour of morning exercise but I felt great afterwards and I promised Mitch I'd return again the following day. I encouraged others to attend again too, and most of them did.

On the second day of exercise, we did high intensity training (HIT) and alternated with a run or walk. I didn't start with a run, but eased into my power walk. On the second set of walking, one of my fellow conference attendees, who'd also been at the pre-conference workshop, reported that she'd practiced mindfulness the day before while on a camel ride at dusk. She spoke with calmness and pleasure about her experience.

We can practice mindfulness anywhere, and the benefits are well-researched.

I found myself thinking that if I hadn't been at the exercise class that morning, I wouldn't have received her positive feedback. Mindfulness on a camel ride! That's fantastic! We can practice mindfulness anywhere, and the benefits are well-researched. It's merely a choice as to whether it's a formal mindfulness meditation or a less formal act of mindfulness while

performing pleasurable activities or even simple tasks such as walking, performing chores, or camel rides in Alice Springs!

After exercise, our body can feel strong and energised, and we feel physically positive due to the release of endorphins. Adding mindfulness practice to our day as well, can help our mind feel sharper, our mental focus to be clearer, and our experiences can seem even more positive, so we get the double benefit of physical and mental wellbeing. Who'd have thought we could get so much benefit and pleasure out of attending a conference?

I brought mindfulness into my exercise to focus on my balance. It worked!

Next time you're at a conference or workshop, you too could try to schedule in time to exercise, and to do mindfulness practice, whether it's a meditation or just being mindful of your experiences. If you're attending the CRANaplus Conference at Lovedale this year, the CRANaplus Bush Support Services team will be running mindfulness meditations each morning of the Conference. Check out the Conference program for the location. Hope to see you there, but if you prefer exercise, keep an eye out for others taking a morning walk, and check out Mitch Mullooly on social media.

References

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**Amanda Akers
Clinical Psychologist
CRANaplus Bush Support Services ●**

the challenge of exercising in difficult climates

The link between regular exercise and positive physical and mental health is well-established. Exercise reduces the risk of heart and lung disease, high blood pressure and diabetes, amongst other illnesses. From a psychological point of view, it also produces hormones, such as serotonin and endorphins, that improve mood regulation and has a positive impact on cognitive functioning such as memory, learning and decision making.

Regular exercise, then, is a very, very good self-care strategy. It is certainly one that the psychologists at CRANaplus Bush Support Services might consider discussing with callers who are experiencing mild to moderate anxiety or depression.

The issue of climate in a remote health context needs to be considered when planning to

incorporate exercise into daily life. Heat and humidity are often cited as barriers to regular exercise in remote areas.

Humidity, in particular, is a challenge because the sweat that is produced that is meant to cool you down, actually sticks to skin and results in feeling hotter. The risk, of course, is of experiencing heat exhaustion, cramps and heat stroke.

With preparation it is possible to deal with the challenges of exercising in difficult climates. The key strategy is to stay hydrated. Never exercise without carrying water. The more humid, the more water that is needed to be carried. Also think about only exercising at dawn or dusk, never in the midday sun. Think about your exercise wardrobe. Wearing light, breathable fabrics and as little as possible is an important thing to consider.

Finally, be kind yourself. When it is hot and humid do not push yourself as much as you might in more temperate conditions.

The other exercise strategy to consider in the remote context is to look at what is available online so that exercise can be done indoors. There are many online resources in this regard. Two I have recently encountered are: 'The Robards Method' and 'Yogaholics' but there are many more.

Heat and humidity are often cited as barriers to regular exercise in remote areas.

Australian Government guidelines suggest 30 minutes of moderate exercise daily. Exercise is such an important aspect of overall wellbeing and an essential strategy in thriving and surviving in the bush.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●



educate

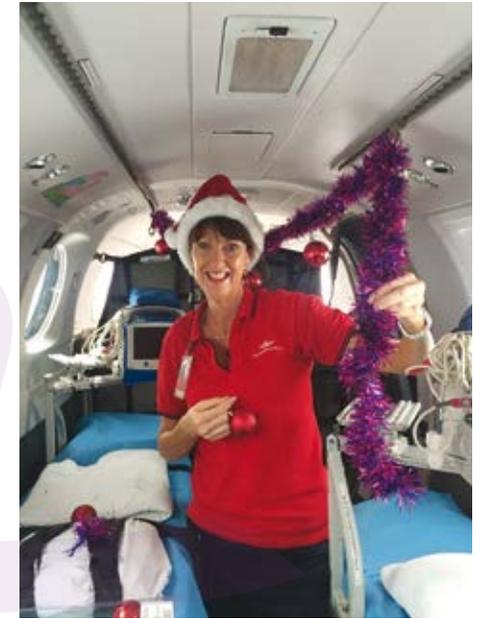
flying high

After 20 years with the Royal Flying Doctor Service in Queensland, Louise Burton is as passionate as ever about her work – and equally passionate about inspiring ground-based nurses to reach for the sky.

Nursing skills, qualifications and experience are crucial – but an adventurous spirit, a love of the unexpected and a flexible mentality are equally important, says Louise who is involved in flight nurse recruitment with the RFDS.

These personal qualities are much the same as for rural or remote nurses, she says, except it's at 13,000 feet in the air.

When Louise says she's never sure, going to work, where she'll end up or what exactly she'll be doing that day, she's not exaggerating. She swoops in to help that day's patients, often at the most dramatic and dangerous moment in their lives, helps get them to safety and often never sees them again.



"We don't take up a big part of their journey, maybe an hour or so, but the physical closeness, the one-on-one contact, it's quite a special time," she says.

"Sometimes it's frantic; sometimes I'm squatting on the floor, between two stretchers, reassuring an anxious flyer; sometimes we have a moment to share the joy of the sunrise or sunset out the window."

Louise has a few stories to tell of dramatic inflight moments, such as surviving a lightning strike and delivering a baby. But there's always a sense of fun: patients at Easter are presented with an egg, and Christmas time means tinsel on the flight deck.

"I've had terrific help with my career," says Louise, including a special federal government programme in the 90s that put her on the flight path and a mentor who gave her a slip of paper listing the steps she needed to take. ▶▶



►► “I kept that piece of paper until I achieved every step,” she says.

Louise, who has also been a facilitator on CRANaplus courses and enjoys training, mentoring and, at the moment, managing a small team of locum Flight nurses, is committed to encouraging others to take the adventurous route.

RFDS midwifery scholarships inspire nurses to consider this career path...

RFDS midwifery scholarships inspire nurses to consider this career path, says Louise.

They are open each year to nurses who already have critical care under their belt, and successful applicants who complete their midwifery training are guaranteed an offer of work with the RFDS.

While there’s no shortage of nurses putting up their hands for an RFDS job, the criteria is stringent, says Louise. Flight nurses need to be Registered Nurses and Midwives with at least four to five years’ critical care experience (in emergency or intensive care). And of course have that spirit of adventure.

Louise was featured in July on ABC Conversations. Listen to her story on the ABC Listen app or: <http://bit.ly/RFDSflightnurse>. ●



CLINICAL SKILLS COURSES

Our courses are contextualised to remote and/or isolated practice needs and take into consideration jurisdictional differences and the broader needs of the health professional.

Our courses are contextualised to remote and/or isolated practice needs and take into consideration jurisdictional differences and the broader needs of the health professional.

Maternity Emergency Care	Remote Emergency Care	Midwifery Up Skilling	Advanced Remote Emergency Care
NT Darwin, 28 Feb-1 Mar Alice Springs, 12-14 May Tennant Creek, 28-30 Aug Darwin, 9-11 Sep	NT Alice Springs, 20-22 Mar Alice Springs, 10-12 Jun Darwin, 24-26 Jul Alice Springs, 7-9 Aug Darwin, 28-30 Aug Alice Springs, 24-26 Oct	NT Alice Springs, 13-15 Jul Darwin, 2-4 Oct WA Perth, 29-31 May QLD Cairns, 8-10 May Cairns, 7-9 Aug VIC Bendigo, 13-15 Mar	NT Alice Springs, 28-30 Aug SA Adelaide, 18-20 Sep WA Broome, 6-8 Nov NSW Tamworth, 20-22 Mar QLD Cairns, 21-23 Feb
One Day Advanced Life Support	Paediatric Emergency Care	Triage Emergency Care	Advanced Remote Emergency Care
NT Darwin, 31 Aug SA Adelaide, 20 Apr QLD Cairns, 14 Sep	NT Darwin, 24-25 Oct WA Perth, 4-5 Apr QLD Rockhampton, 15-16 Aug	SA Adelaide, 1 Apr WA Perth, 20 Jun QLD Cairns, 10 Mar Roma, 25 May	NT Darwin, 31 Aug SA Adelaide, 20 Apr QLD Cairns, 14 Sep
Basic Life Support	First Line Triage Course	Stay Safe and Secure	Mental Health Emergencies
TAS Swansea, 13-15 Nov VIC Shepparton, 17-19 Apr Ballarat, 27-29 Nov	TAS St Helens, 14-16 Feb VIC Shepparton, 3-5 Apr Mildura, 8-10 May Portland, 27-29 Nov	SA Adelaide, 1 Apr WA Perth, 20 Jun QLD Cairns, 10 Mar Roma, 25 May	WA Esperance, 28 Sep QLD Cairns, 9 Mar VIC Shepparton, 6 Apr



professional

going bush? be prepared

Registered Nurse Grace Payne is thankful her first remote posting, four years ago, was as a theatre nurse. "You don't have much conversation with someone you're putting to sleep for a procedure," she jokes.

Grace recently completed the CRANaplus Remote Area Nurse (RAN) certification which collectively recognises all the work she has undertaken to be equipped with the appropriate skills to work as a RAN.

It was not always so.

Coming from Tasmania, Grace had no experience of remote nursing or Aboriginal health in her first posting on Thursday Island. She's now worked on Thursday Island, in Weipa and has been based for the past 18 months in the nearby Indigenous community of Napranum.

"I recommend anyone considering going remote to undertake some remote training before

heading out," she says. "There are many issues to deal with: living far from family, adjusting to the holistic style of nursing, dealing with the potential for a high level of misunderstanding, lack of cultural knowledge and the dangers of stereotyping.

"I recommend anyone considering going remote to undertake some remote training before heading out..."

"Working in the outback in remote locations can be a challenging, daunting and an exciting prospect to health professionals new to the game. I know. Those were my initial feelings. Now I can't see myself living anywhere else but in a remote location.



"I never had such a clear career path as I do now. I have found remote nursing supportive and full of like-minded individuals. It is a rewarding and satisfying career path with a scope of practice, autonomy and adventure like no other."

Grace undertook the RAN certification to make sure there were no gaps in her knowledge of remote nursing and Indigenous health.

"I used it as a sort of check list," she says.

"As a new practitioner wanting to move into more remote places of practice, completing the certificate has given me added confidence that I have the appropriate baseline skills to work in other remote areas of Australia.

"I never had such a clear career path as I do now. I have found remote nursing supportive and full of like-minded individuals..."

"Whether you are a new practitioner to remote nursing or have been in the game for a lifetime, I think undertaking the RAN certification can benefit you. For new practitioners it can assist you to recognise what you need to obtain to begin as a remote practitioner, identify gaps in your learning and give you the base line qualifications to be prepared for the bush.

"For experienced professionals, it can assist you to ensure you are up-to-date with required courses and standards and gives recognition to your skills and experience."

Grace intends to do more CRANaplus courses and is currently completing a Graduate Certificate in Remote Health at Flinders University. ●

call for fresh attitude to standards

Experienced health professional Jenifer Darr is well aware that the mention of words like 'Standards' and 'Compliance' are commonly met with eye-rolling and increased stress levels.

But this area – engendering fear and dread in some – is Jenifer's passion. After 13 years of planning and preparing for this moment, Jenifer is ready for the final fieldwork stage of her PhD to influence change and encourage a new attitude to the accreditation process. "I'm chomping at the bit," she says.

With over 25 years of experience in delivering reform and change management, Jenifer's credentials support the research to turn the tide from the big stick view of Standards towards the carrot approach are extensive.

She has years of working in the Aboriginal Community Controlled Health Sector (ACCHS) and is committed to supporting the Indigenous Australian community.

Passionate about contributing to the development of people and organisations, Jenifer has established her own consultancy to assist organisations to deal with compliance standards to maximise the benefits, and excels in nurturing NGO health organisations navigate the process.

It was in 2006, given the task of building up a health service in Mount Isa, that the light bulb moment occurred for Jenifer and the decision to undertake a PhD. With huge staffing issues to deal with, she was told to focus on sourcing fireproof curtains for the observation room, a compliance issue.

"That was the least of my worries," she says, realising back then how prescriptive and inflexible the standards were.

Questions began to surface for Jenifer, who witnessed a flood of certification agencies

making a lot of money in this area and an excess of new and overlapping Standards. "Who is regulating the regulators?" she asked. "If you have an organisation having to comply with nine different standards, where is the efficiency?" "Where is the sustainability?" "And what are the benefits?"

While the ACCHS deserves evidence of the value of QMS and Standards, Jenifer's PhD studies to date have found limited evidence of benefits in efficiency and sustainability and no sign of any studies in this area.

Passionate about contributing to the development of people and organisations, Jenifer has established her own consultancy to assist organisations to deal with compliance standards to maximise the benefits...

The final stage in exploring clinical outcomes and the impact on the organisations involves gathering and analysing data already available. The results, Jenifer hopes, will give ACCHS organisations the tools and the confidence to make change.

"I want all organisations to recognise that it is their business, their service, their staff, and they choose the Standard they aim to comply with," she says. "It should be an incremental journey to that benchmark so that, in the meantime, they can get on with the job of providing quality healthcare, right here, right now." ●



Jenifer, a Yuwibara woman, was sponsored by CRANaplus to attend the Lowitja Institute International Indigenous Health and Wellbeing Conference in Darwin earlier this year, where she involved herself in both the health and community streams.

"It was heartening for me to see the conference approaching health from a holistic view, including topics such as politics, policy, the environment and language," she says.

"You can't come at health in a segmented way. Everything impacts and influences health. Aboriginal Health has grasped that concept of wraparound services since the early 70s. I think mainstream health facilities would benefit from a similar outlook."

CWAA partnership provides professional development

By Adair Garemyn

As part of its commitment to high-quality health services in rural and remote Australia, the Country Women's Association of Australia (CWAA) partners with CRANaplus and the National Rural Health Alliance (NRHA) to present the Rural and Remote Nursing and Midwifery Professional Development Grants.

The grants are designed to enable nurses and midwives with strong links to rural and remote communities to upskill, provide quality care, and meet the health service needs of their communities. In 2018, six nurses and midwives and their communities benefited from the CWAA grants.

The grant recipients are located all over Australia, engaged in a range of nursing fields...

The grant recipients are located all over Australia, engaged in a range of nursing fields: from child and family health in outback Queensland, to disease management in aged care on Kangaroo Island.

For one of the 2018 recipients, who is passionate about immunisation education and awareness, this grant has resulted in being able to administer immunisations.

Previously, the local hospital doctor was only available three days per week. This nurse is now able to provide immunisations at the clinic, as well as immunise residents in the local nursing home, and administer staff immunisations like flu-vax.



For another recipient, a training certificate obtained with the grant has allowed them to practice biopsy techniques for skin cancer checks, as well as excisions and suturing techniques, all at the local health clinic, saving patients thousands of kilometres in travel, as well as being able to continue to promote awareness and education of the importance of skin cancer checks in the community.

Each of our grant recipients has a wonderful story of contributing to improved health outcomes of their rural or remote local community, and they are all very passionate about their area of health and committed to their community.

The 2018 grants were an immense success...

The 2018 grants were an immense success, and the CWAA looks forward to partnering with CRANaplus to report on the 2019 grants. ●

health workforce scholarship program

Working for an Aboriginal Medical Service in the Katherine region, Tarryn Dukes took full advantage of the Northern Territory PHN financial incentives available to health professionals in the NT.

Last week I caught a helicopter to work, and on my birthday this year, I ate freshly caught barramundi for lunch! Beyond the outback factor, there are so many work and study opportunities, plus a whole heap of other incentives that sweeten the NT deal. My advice about making your way up to the Top End? DO IT!

My advice about making your way up to the Top End? DO IT!

I'd just finished my Masters of Nursing (Nurse Practitioner) and wasn't in a good financial position to take on another course. I could almost touch the tranquillity after the chaos of working and studying full time.

As I sat on my veranda and inhaled the steamy aroma of my first post exam cuppa, I saw an ad for the Health Workforce Scholarship Program.

As I sat on my veranda and inhaled the steamy aroma of my first post exam cuppa, I saw an ad for the Health Workforce Scholarship Program. I ignored it at first, shuddering at the thought of stress that comes along with studying whilst working. But then I thought about my dream job, the pathway to getting there, and how my entire study experience might be different without the financial burden. I clicked on the ad in a pre-caffeine blur...



My Graduate Certificate in Diabetes Management was paid for by the Northern Territory PHN. I was awarded \$10,000 to cover my course costs, and the application was very easy.

I'm now a thousand steps closer to my dream job, getting paid more, and so much richer in knowledge and experience.

I'm now a thousand steps closer to my dream job, getting paid more, and so much richer in knowledge and experience. I'm obligated to continue working remote for 12 months after I finish, but this sunburnt bushland is what makes my heart sing and I wouldn't have it any other way.

To learn more about the Health Workforce Scholarship Program visit: <https://www.ntphn.org.au/hwsp> ●



connect

unplanned pregnancy and abortion – a timely decision

By Nikki Brandon
Clinical Workforce Educator (STI & BBV)
SHINE SA

Approximately 50% of pregnancies in Australia are unplanned (Mazza et al, 2017). There can be many barriers to obtaining contraception such as cost, access to services, lack of culturally appropriate services, domestic violence, inability to negotiate contraceptive use due to alcohol, drug use, being forced or coerced into sex and living in rural areas (Children by choice, 2019). According to the World Health Organisation even if every couple used contraception perfectly every time they had sex, there would still be six million unplanned pregnancies each year.

Parenting will be the outcome for over half of these unplanned pregnancies and abortion will account for approximately one third.



All Australian states have some abortion services but the availability varies. (Children by Choice, 2019).

There are two options of abortion, surgical and medical.

A surgical abortion consists of the contents of the uterus being emptied in an operating theatre with the need for anaesthetic.

A medical abortion consists of the administration of two medications, Mifepristone and misoprostol. Mifepristone works by blocking the action of progesterone which causes the pregnancy to stop progressing.

The Misoprostol causes the cervix to soften and allow the contents of the uterus to be expelled.

This method is only approved for use up to nine weeks gestation and is why any women seeking an abortion needs to be appropriately referred as soon as they present.

There have been over 100,000 medical abortions performed in Australia since 2012.

Mifepristone was licenced by the Therapeutic Goods Administration (TGA) for use in Australia in 2012 and added to the Pharmaceutical Benefit Scheme in 2013. Doctors and pharmacists need to be registered as a certified prescriber via ms2 step website in order to dispense the drug. A free online module (approx. three hours) needs to be completed to enable registration. This process can be dissuading and continues to stigmatise abortion. ▶▶



▶ There have been over 100,000 medical abortions performed in Australia since 2012. The data from outcomes of administration of the drug combination is consistent with international studies that successful expulsion occurs in over 95% of cases.

Side effects such as cramping and bleeding are usually tolerable when women are well informed beforehand. Complications such as incomplete abortion requiring surgery, haemorrhage and infection occur in under 5% of cases (De Costa et al, 2019).

Access to abortion services varies across Australia and is the subject of criminal law in all States and Territories except ACT. The most recent State to decriminalise abortion is Queensland which came into effect in December 2018.

Internationally, there is increasing recognition that trained nurses and midwives can provide safe and effective abortion care (Shankar et al, 2017). This occurs in South Australia where medical abortion is predominately a nurse-run

service that provides detailed information, support and follow up. The model includes contraceptive counselling and implementation which enables the women to make an informed choice about their fertility management. This women-centred approach ensures a successful outcome for the woman, healthcare team and provides economic savings for the health budget (Savage N, Gibbons H, 2017).

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A medical abortion is a cheaper and suitable alternative to surgery. Current potential barriers can include cost, service accessibility and the multiple trips involved (currently need between one to three appointments). It can be taken earlier in pregnancy and women safely undergo

Northern Territory	Legal to 14 weeks, 14-23 weeks with two doctors' approval
Queensland	Legal to 22 weeks and past 22 weeks with two doctors' approval
New South Wales	Generally regarded as lawful if performed to prevent serious danger to the woman's mental and physical health
ACT	Legal, must be provided by a medical professional which includes a nurse practitioner
Victoria	Legal to 24 weeks and post 24 weeks with two doctors' approval
South Australia	Legal to 28 weeks if two doctors agree a woman's physical/mental health is in danger or for serious foetal abnormality. Must be carried out in a prescribed hospital
Tasmania	Legal to 16 weeks and past 16 weeks with two doctors' approval
Western Australia	Legal to 20 weeks, some restrictions particularly for under 16s and after 20 weeks

For Abortion providers in all states:
<https://www.childrenbychoice.org.au/forwomen/abortion/clinicsinterstate>

an abortion at home and experience it more naturally as a miscarriage (Shankar et al, 2017). These benefits mean it can be effectively provided in primary care settings which would improve access and reduce travel costs, particularly for women in rural areas.

For further information around the topic of abortion, listen to this radio interview with Dr Moten <https://soundcloud.com/user-783758592/abc-radio-interview-with-shine-sas-dr-moten>

Also watch SHINE SA's recorded forum on unplanned pregnancy and abortion by Dr Ea Mulligan recorded on 30 April 2019. <https://www.shinesa.org.au/events/education-forums/>

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brehtaking impact of dust

Dust is not just dust in the farming environment, and health professionals in rural agricultural regions are facing increased cases of clients with respiratory damage, says the National Centre for Farmer Health.

Dust inhalation can be an almost daily occupational exposure risk for farmers and farm workers throughout Australia, particularly in areas impacted by drought. And, with the changing climate, the prediction is that the prevalence of respiratory disease will increase.

The National Centre for Farmer Health (NCFH) says it is important that farming communities are encouraged to take preventative action now as it is important to receive correct diagnosis and care. Checking occupational history is a key factor for health professions managing farmer respiratory health.

The most common respiratory illnesses diagnosed in farmers include Chronic Obstructive Pulmonary Disorder (COPD), organic dust toxic syndrome (ODTS), and Farmer's Lung.

Farmer's fever, also known as organic dust toxic syndrome (ODTS), is caused by inhaling dust from mouldy hay, silage, straw or grain, triggered by the amount/concentration of dust particles inhaled.

Dust inhalation can be an almost daily occupational exposure risk for farmers and farm workers throughout Australia, particularly in areas impacted by drought.

It is common for those working with grain, hay, silage and confined animals. The symptoms are a fever and flu-like symptoms which occur 4-12 hours after exposure to contaminated dust. The symptoms of Farmer's Fever will usually disappear within one to three days after the patient is no longer exposed to the dust, according to the NCFH, and therefore ODTS is

often misdiagnosed, so occupational history is important to identify any recent dust exposures a farmer or farm worker may have had.

Farmer's Lung is a non-infectious disease caused by inhaling dust from mouldy hay, silage, straw or grain. The disease is common in dairy farmers and causes flu-like symptoms including cough, fever and chills, difficulty in breathing, muscle pain, general discomfort. This is common in people who handle hay and compost and have developed a sensitivity to mould particles.

Farmer's Lung can be a serious condition for a person with low immunity (e.g. very young, elderly, pregnant, immune suppressed by drugs or disease, diabetics). Lung damage caused by Farmer's Lung is not reversible. In some cases, scar tissue (pulmonary fibrosis) develops, further interfering with the normal function of the lungs. Often, by the time a farmer sees a physician, there is already serious and irreversible damage.

For those farmers who are sensitive, repeated exposure to the allergic trigger can lead to more severe symptoms such as chronic cough with phlegm containing pus, shortness of breath, loss of appetite and weight loss.

Tam Phillips RN and AgriSafe lead clinician, from the National Centre for Farmer Health, says: "Point of care screening allows clinicians to determine lung expiratory volumes and elasticity using a hand-held, PiKo-6 expiratory flow meter.

Farmer's Lung can be a serious condition for a person with low immunity...

When this assessment is combined with an occupational health history and interpretation of results, clinicians can efficiently identify and/or rule out work task exposures contributing to poor respiratory health or lung damage.

"Education and recommendations about respiratory personal protective equipment is instrumental to primary prevention and focal in the management of respiratory illness in farmers." ●





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