

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



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REMOTE
DOESN'T MEAN
ALONE

from the editor

This Summer/Wet Season edition is bursting with holiday reading. So curl up in a comfy corner and enjoy. And to keep you entertained further, we have included CRANAplus staff's recommended podcasts and favourite books.

For those who were unable to join us in the beautiful Hunter Valley for the 37th annual CRANAplus Conference, this edition includes some highlights from the event, including the Gayle Woodford oration presented by Jacqui Cross, Chief Nursing and Midwifery Officer NSW.

It's never too soon to start planning your trip to Canberra for our 2020 Conference, which has the stimulating theme: *Passion. Purpose. Influence. Impact.* Legend has it that the name Canberra is derived from a local Aboriginal word for 'meeting place'. So save the date (14-16 October 2020) and MEET us in Canberra. Keep your eye out for Conference alerts via Facebook and our weekly CRANAplus newsletter.

There's nothing more constant than change, and this edition introduces you to the new CRANAplus Chief Executive Officer, Katherine Isbister and new Chair of the Board, Fiona Wake. Both of these women are inspirational leaders in their field. Read their stories on pages 4 and 8.

Other stories in this edition include exciting developments in home care offered by telehealth monitoring; an insight into the influence highly motivated clinicians can have in challenging locations; and a peek into the working life of a couple of our members.

Look out for the 'Walking together, Working together' competition. A CRANAplus initiative in collaboration with NATSIHWA to honour one of the most important relationships in remote health, the partnership between Aboriginal and Torres Strait Islander Health Workers/Practitioners and nurses and midwives.

Many of you will be taking a well-earned break to enjoy the Christmas festivities with family and friends and for others you will be working away from home to provide essential health services in remote locations. A reminder that the CRANAplus Bush Support Services psychologists are available 24/7 and provide a free service anytime on 1800 805 391.

Merry Christmas to you and your families.

Denise Wiltshire
Marketing Manager, CRANAplus

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health



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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: CRANAplus Chair of the Board, Fiona Wake (left), and CEO, Katherine Isbister, at the 2019 NT Administrator's Medals in Primary Health Care.



from the ceo



Dear CRANAplus members and stakeholders,

It has been a busy few months as your new CEO. I have had the opportunity to represent CRANAplus at several forums and events across the country. What has particularly struck me is the interest shown by many organisations and stakeholders in trying to understand the issues faced by the remote and isolated workforce.

For many people, who have grown up and live in metropolitan environments, the realities of providing health care in a remote environment is incredibly foreign. Conversations with stakeholders often focus on describing the context of the environment and then we work together towards a shared understanding. It is a unique environment which deserves to be recognised and its challenges addressed.

Next year, 2020, is the Year of the Nurse and I, together with members of the CRANAplus team, plan to do some 'listening visits' to various locations across Australia. It is important for us to continue to raise the profile of remote nursing, particularly in a year when the profession is going to be in the spotlight.

We look forward to meeting Remote Area Nurses (RANs) and all health professionals to hear your stories, listen to your challenges and continue to develop an understanding of the issues that are hot topics for you.

Of course, there are not just challenges to remote work, there are so many wonderful experiences to be had. The work can be rewarding, fun and professionally and personally fulfilling. During our visits, we will also take the opportunity to celebrate your achievements and hopefully share your successes through future issues of this magazine.

This edition of the magazine will hopefully both inspire you and entertain you and it certainly recognises the wonderful work which is being done by RANs and midwives throughout the country.

As the end of the year draws near, the CRANAplus team continues to work hard delivering courses and providing services, with CRANAplus Bush Support Services being available continuously throughout the holiday period. I would like to take this opportunity to give a big shout out to our wonderful employees and facilitators who always give 110% and help make CRANAplus the outstanding organisation it is.

If you are reading this over the festive period, I wish you a peaceful and restful time and if you're working, I hope that you still have the opportunity to share some quality time with your family and friends.

Warm regards,

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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The remote health workforce of the future needs your support

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Here's your chance to boost the career of a future health professional and support the remote health workforce.

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Donations over \$2 are tax deductible.

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engage

Fiona sings CRANaplus praises

Remote Australia should not be expected to accept second best – and the new Chair of CRANaplus, Fiona Wake has made a strong commitment to ensure that does not happen.

With a wealth of Board experience and a day job that focuses on quality and best practice, Fiona has plans to help the CRANaplus footprint continue to grow “as an authority on and an advocate for remote health” and believes this can be done “with the support of, and in consultation with, our members and our communities.”

A CRANaplus member for eight years and a Board member since 2015, Fiona says it’s clear “everyone on the Board sincerely believes in CRANaplus as an organisation that is committed to ensure the delivery of safe, high-quality primary health care to remote and isolated areas of Australia.”



“CRANaplus is in a very healthy fiscal, reputational and operational position with a strong and competent leadership team,” she says. “All credit is due to the executive teams and the Boards over the years bringing the organisation to this point.”

“...everyone on the Board sincerely believes in CRANaplus as an organisation...”

“The role of the Chair may seem glamorous,” says Fiona, “but its main role is to make sure everyone is heard and to keep things on track at meetings.”

“The Board holds high importance,” she says, “to listening to our members, our clients and our communities as well as what’s happening in health more broadly.” ▶▶

“I love spending time in communities with our managers and staff as well as local community members and understanding what challenges they face.”

► Fiona, who graduated as a Registered Nurse in 1990, says she’s had the privilege to work in a variety of clinical as well as managerial roles and working in the Northern Territory for the first time on the Tiwi Islands in 2008 opened her eyes to remote area nursing. “I was in awe of the commitment and frankly the scope of practice of the nurses,” she says.

For 10 years Fiona worked in primary health in the Northern Territory with both government and non-government organisations.

Traveling to communities across the Northern Territory and Western Australia over the years has increased her understanding of remote health challenges as well as successes.

Fiona is the Primary Health Care (PHC) Safety & Quality Manager for Top End Health Service (TEHS) Northern Territory, which includes 24 remote primary health centres, prison health and urban community health services, hearing health and oral health programs and cancer screening services.

“My music is incredibly important to me... It’s an outlet for me physically and emotionally but also a way of spending time with friends without talking work.”

“I love spending time in communities with our managers and staff as well as local community members and understanding what challenges they face,” she says.

“As Chair of CRANaplus as well as being on the Advisory Council of the NT Primary Health Network, I have the opportunity to champion remote health workers at governance levels.”

Fiona is also known to many CRANaplus members as a talented singer.

“My music is incredibly important to me,” she says. “It’s an outlet for me physically and emotionally but also a way of spending time with friends without talking work.”

A soprano accomplished in all styles of music from classical to contemporary, Fiona performed as a soloist to a national audience on ABC television with the Australian Army Band Darwin at the *Bombing of Darwin* centenary in 2017.

Below: Linda Hain, Fiona Wake and Jack Whitty.

“When I sang at the Gayle Woodford Oration Ceremony during the CRANaplus Conference last year in Cairns, it was a wonderful highlight for me, to perform at such a meaningful occasion in front of my colleagues,” she says.

“When I sang at the Gayle Woodford Oration Ceremony during the CRANaplus Conference last year in Cairns, it was a wonderful highlight for me, to perform at such a meaningful occasion in front of my colleagues.”

“My piece of advice: don’t give up on the things that empower and enrich you and those around you – they are so important when work starts to take over.” ●



lived experiences and quiet achievers

CRANaplus CEO Katherine Isbister highlights two areas of focus for 2020; to ensure remote health remains securely on the political agenda and to take every opportunity to contribute to the development of primary health care in the remote and isolated setting.

Katherine's intentions are to listen to the membership and stakeholders to ensure their voices and lived experiences are represented and to celebrate the achievements of 'quiet achievers'.

"I feel incredibly privileged," Katherine says of her appointment as CRANaplus CEO earlier this year, commenting that she first learned of the organisation shortly after arriving in Australia over 20 years ago on a working holiday.

"This is such an amazing collegial and innovative organisation. It has an enviable reputation."

Katherine, whose background in the UK was in major hospitals in the areas of critical and intensive care, was drawn to remote health by the diversity of remote nursing, the outback landscapes and its people.

"This is such an amazing collegial and innovative organisation. It has an enviable reputation."

"You don't appreciate what remote actually means until you start travelling around Australia," she says.

"The images of the outback are striking but the vastness, the distances, don't hit you until people start telling their stories: 'I had to travel 400 km to have my baby', or 'I had to leave my family for several weeks while I had major surgery.' I had so much to learn."

"I came across situations and diseases for the first time. Snake bites, Cyclone Yasi in 2011, and diseases that should not be in a country like Australia such as rheumatic heart disease.

"...I have been fortunate to work with some great mentors over the years who have helped me understand the context and challenges that are faced daily..."

"I really enjoy working with Aboriginal and Torres Strait Islander people and again I had so much to learn. I have been fortunate to work with some great mentors over the years who have helped me understand the context and challenges that are faced daily.

"Whilst working with the Royal Flying Doctor Service, I could be at a tropical beach location one day, and somewhere really dry the next.

"That was a part of my career that I really enjoyed, experiencing something incredibly different and rewarding each day.

I'm passionate about ensuring older Australians get the best possible care.

"I also worked in the aged care sector and finding out more about the provision of aged care in Australia, really developed my interest," she says. "I'm passionate about ensuring older Australians get the best possible care.

"Aged care doesn't get the attention it deserves," says Katherine. ▶▶

Right: Katherine with Lockhardt River resident Sharelle Pascoe. When Sharelle was young she was one of Katherine's first ever retrieval patients.



► Katherine, who sat in the chair as Acting CEO for a couple of months before accepting the permanent position, says her appointment tops a very busy year.

“Remote area nurses are passionate about their roles, they want to see positive changes in their workplace and for the patients and communities where they work. Their voices deserve to be heard.”

Immediately getting into work, Katherine says a presentation she gave to a nursing leadership group in Darwin emphasised the need for CRANaplus to be sitting at the table on policy issues affecting remote health.

“Remote area nurses are passionate about their roles, they want to see positive changes in their workplace and for the patients and communities where they work. Their voices deserve to be heard.”

Leadership and management in remote areas is another area of interest for Katherine. “To be effective and dynamic, leaders in remote areas requires a specific skill set,” says Katherine.

“There are some fantastic things going on in this field and the work being done is appreciated by people in these areas, but it’s often unnoticed elsewhere. These quiet achievers need to be recognised.”

Katherine also stresses the importance of CRANaplus to continue to keep in touch and represent the needs of its members and stakeholders.

“What I find so refreshing about CRANaplus is its ability to react and respond quickly,” says Katherine. “This is thanks to the open and communicative culture at all levels.” ●

conference cements Mary’s plans

“It just gets better and better,” says Mary Heke-Davis, Registered Nurse, university lecturer and CRANaplus facilitator, speaking after her second CRANaplus Conference this year. “You are meeting different people from different backgrounds. I absolutely loved it.”

So much so, Mary is now fired up to do remote nursing. “Talking to remote nurses about their work and listening to the speakers talking about their passion and what they have to offer. It makes you want to go and contribute and that is my plan.”

Mary, originally from New Zealand, currently works at a rural hospital in Kyabram not far from Shepparton where she is a lecturer at the University of Melbourne campus, teaching medical students. She is also a facilitator for the REC (Remote Emergency Care) course.

“There were many highlights, and two inspirational moments were presentations by Emeritus Professor Gillian Trigg, this year appointed Assistant Secretary-General of the United Nations, and wheelchair racer Kurt Fearnley (pictured below), who has won gold medals at the Paralympic Games. ►►



Amelia Druhan (CRANaplus COO), Sabina Knight, Katherine Isbister (CRANaplus CEO), Emeritus Professor Gillian Trigg.



Photo: Amy Hill





Laura Wright and John Wright speaking at Conference.

►► “Kurt spoke about struggling and strength,” Mary says. “He believes people do need to struggle at times to build up resilience.

“And resilience is definitely what rural and remote nurses need. They don’t have the luxury we have in the city. They’re not just a nurse, they’re a driver and the person who may have to clear the airstrip – just to help get a patient from their health centre or clinic to the nearest hospital. In my book, they are a jack of all trades – and a master of all.”

Mary was also impressed with the exhibition area at the Conference, learning about the various nursing agencies working in rural and remote Australia, available study options, as well as the goodie bags.

“...resilience is definitely what rural and remote nurses need. They don’t have the luxury we have in the city...”

Her task now, she says, is to explore those agencies and move on her plans to undertake short-term stints as a remote nurse.

Mary was assisted to attend the Conference this year with a CRANAplus grant sponsored by the Nurses Memorial Foundation of SA. ●



turbulent times

Registered Nurse and Midwife Louise Woods presented an e-poster at this year’s CRANAplus Conference – a mere glimpse of her story about her involvement in clinical education efforts prior to the 2011 Spring Uprising in North Africa.

“A big lesson learned,” she says. “Never underestimate the incredible educational influence that highly motivated and skilled clinicians possess.”

When Louise arrived in Al Marg in the deprived eastern region of Libya to help recommission the local hospital, they found a shell of a building, sabotaged and abandoned where staff and patients were forced to relocate to the old hospital on site, one with leaky windows, cracked walls and rattling doors.

They were met by a strongly tribal community keen to be involved in the reinstatement of medical services and local health workers, not all formally trained but keen to learn.

“Little did they know what was coming... neither did we,” says Louise. It was turbulent times.

Louise, a nurse with 30 years’ experience in 10 different countries and with “a great passion to share knowledge and learn new

things” was working in Darwin when she signed up for the task.

She was the only Australian in the group of trainers brought in to reinstate wards for midwifery, paediatrics, renal and adult patients, re-establish the emergency department and train and up-skill local non-certified doctors and nursing staff.

“Meeting the workforce challenges and demands not only challenged our clinical experience but made us sharpen our thinking and take our teaching methods outside the box ... It needed a new script.”

They were there for four months, from October 2010 until February 2011 when the revolution started.

“Meeting the workforce challenges and demands not only challenged our clinical experience but made us sharpen our thinking and take our teaching methods outside the box,” says Louise. “It needed a new script.” ►►





► Conditions were well beyond the confines of what the average clinician perceives as ‘normal’ or ‘usual’ in Australia, Louise pointed out. As well as the physical difficulties, the lack of training equipment and the unstable political environment, the team worked hard to adjust the training for nurses and doctors not formally trained and to ensure cultural requirements were met and the local community involved in the process.

“Putting the nurses and doctors through their paces, it was important to get them to the standard to achieve their certificates,” says Louise. “Their enthusiasm for training was apparent, attendance better than anticipated, and interest grew throughout the training period.

“Despite the lack of equipment and poor conditions, you can still meet the standard according to what is available,” says Louise.

“The importance of quality was always uppermost in the training we put together.”

Then, on 15 January 2011, the team experienced a riot. They were forced to relocate to Benghazi, one and a half hour’s away – a risky daily commute in convoy to continue with training,

mobilising the nurses and getting patients to the new building.

Ultimately, the team had to leave the country.

“The certificates to be issued at the end of the ALS course, were presented to the doctors and nurses the day after we left,” says Louise. “We weren’t there to see the response of the staff who worked so hard for this.

“I left behind books and reports, a mini library of reference material, but it was horrible to leave the people behind.”

“In my mind, North Africa provided a vivid time capsule about the enthusiasm of learners, overcoming their own adversity and keen for knowledge, and highlighted the true meaning of our roles as clinicians and educators, no matter where we are.”

On her return, Louise has worked across Australia and PNG in detention centres and in remote locations, fulfilling her desire to work with communities less privileged. She has also worked in the area of quality management and plans to continue to pursue her H7Q Master of Quality Services (Health and Safety) degree. ●

embracing new challenges

Registered Nurse Junghwa Ryu, currently working in rural New South Wales, says she applied for the Nurses Memorial Foundation Scholarship “to challenge myself and to test my ability.” Here’s her story.

“It was so encouraging to study with other nurses who are more knowledgeable and more experienced. It was as if I was looking at where I wanted to end up.” says Junghwa Ryu, who used the scholarship to undertake an Advanced Remote Emergency Care (AREC) course earlier this year in Dubbo.

Junghwa is no stranger to pushing boundaries and embracing new challenges. Originally from Korea and trained as a nurse in New Zealand, Junghwa’s scholarship application revealed a career that has included working as a volunteer theatre nurse providing surgery at a Christchurch charitable hospital, and a three-month stint on the Africa Mercy medical ship in Madagascar. During that time she was involved in providing health education and participating in operations on the floating hospital.

It was a chance meeting with a fellow delegate at a CRANaplus Conference that took Junghwa to Warren, near Dubbo, in New South Wales more than two years ago.

“I’d never heard of the place, but I was told they needed nurses and I thought ‘why not?’” she says.

Junghwa embraced the multiple roles of the rural nurse, including the need to be forward-thinking and to work without the back-up and amenities provided in a big hospital in a big city. “It came with some challenges and new experiences,” she says. “I struggled a bit at first, and have definitely learned and grown.”

The AREC course has given her extra knowledge and skills, she says. “Now, I am excited to go out into the world and apply what I’ve learned – everywhere and anywhere. I am looking forward to the challenges that may come.”

“The course has certainly boosted my confidence and competence, particularly as I received a scholarship to do it,” says Junghwa. “It gave me reassurance and encouragement that CRANaplus definitely wants nurses like me, people who don’t have a massive amount of rural nursing, but who want to step up.

“It was encouraging to know that there is support available through CRANaplus. During the course, I was told they want me to grow and they want me to stay in rural nursing, and they showed me why that’s an attractive option.”

“What a thrill to watch Junghwa on the course. She was an absolute delight,” says Remote Clinical Educator, Sue Orsmond.

“The course has certainly boosted my confidence and competence, particularly as I received a scholarship to do it...”

“Junghwa was perhaps not as experienced and knowledgeable as some of the other participants, but through her enthusiasm to embrace every single learning opportunity the weekend had to offer, she travelled the furthest of all participants – particularly in terms of her confidence.

“She really grew over the duration of the course, and was fortunate to have a very supportive skill station group that gave her the benefit of their knowledge, skills and experience as well as the lion’s share of opportunities for her to step up in the scenarios to act as team leader.

“She was like a sponge, engaging in every aspect of the course and milking it for all it was worth.

“I don’t usually get the opportunity to see the outcome of the scholarship awards, but have to say, the difference it made to Junghwa made my week.”



Junghwa has had time to reflect on her strengths and weaknesses and says she felt ‘really rich’ afterwards.

“An important skill in rural and remote nursing, I learned, was to have a systematic approach,” she says, “starting by doing something basic, as best you can, within the resources you have. I also learned the importance of remaining calm. There will be ‘oh my gosh’ patients wherever you work. You need to meet them in the middle, giving each other respect and dignity.”

While acknowledging that the services provided in a rural hospital often mirror a GP’s clinic, and a rural nurse’s role involves participating in the patients’ lives, providing health literacy as well as health care, Junghwa says that now, if she were to face a cardiac arrest, a major fracture or a haemorrhagic shock, she’s “ready for it”.

And the next adventure? Never choosing the easy way, Junghwa ponders the potential challenge of joining Doctors without Borders. ●

Nurses Memorial Foundation of South Australia scholarship grant

Since 2015 the Nurses Memorial Foundation of South Australia has supported CRANaplus members through a scholarship grant scheme.

Members are subsidised to undertake CRANaplus Professional Development courses and/or attend the annual Conference.

Over the past year or so, 17 members have benefited from the grant.

a life-changing decision

Paramedic Lloyd Townsend parks the community ambulance outside his home, cooks dinner for the family and spends quality time with wife Megan and daughters Olive (five) and three-year-old Jade.

A far cry from when he worked in busy Brisbane, missing those precious milestones after Olive was born and getting worn down with overtime and shift work.

No wonder conversation at the dinner table often harks back to the life-changing decision the couple made to find another way to live.

The answer for them was a rural posting, though timing could have been better.

“After we got our professions and started our family there was a push from Lloyd, who grew up in a rural community, to try rural,” says Megan. “I had a few conditions. Coming from the Sunshine Coast, there needed to be some water.

“He kept his eye out and when I was 38 weeks pregnant with our second daughter, he suggested

we drive out to Taroom, a six and a half hour drive away, to see if we could live there.”

Lucky for Lloyd, Taroom which has a population around 800, has surrounding cattle stations, a river, a weir and a town pool.

So with Jade a mere three months old, the family packed up and relocated to Taroom in Central Queensland. The plan to stay for 12 months has stretched to three years so far.

Forget sea-change and tree-change, Megan and Lloyd are living an advertisement for an outback-change.

Forget sea-change and tree-change, Megan and Lloyd are living an advertisement for an outback-change. They have a challenging but fulfilling work life, but also enjoy exploring nearby gorges and horse riding with the kids. ▶▶





► Megan, who previously worked in a busy emergency department in a Brisbane hospital, now works in the local 10-bed hospital where the emergency 'department' is one single room.

"It took me a little while to gain confidence in such a different environment," says Megan. "In the city, you have every level of medical support at your fingertips to assess a patient, discuss medication etc. Here there is one doctor in town who is not always at the hospital."

Back up is a phone call, a video conference, or a retrieval flight away.

"Retrieval Services Queensland is amazing," says Megan. "It's like having the doctor in the room. We can have a video conference with doctors and zoom in on monitors in the emergency room.

We can have a phone conference with clinical nurses if we are concerned about a patient or need a question answered, just like having a senior clinician on hand.

"In the city, you have every level of medical support at your fingertips to assess a patient, discuss medication etc. Here there is one doctor in town who is not always at the hospital."

"We can discuss a patient with doctors and a couple of hours later an airplane arrives."

In one week, Megan had three fly-outs, so no wonder she says, "I used to be nervous not having the doctor available but I've got used to it."

"We have an old x-ray machine," says Megan. "I've learned in nursing practice to use physical assessment rather than have all the diagnostic instruments: listen to chests, look in their eyes and ears. More often than not the results down the track from CT scans and the like are pretty much what we thought."

Lloyd also finds the autonomy of his job challenging and rewarding. "It's definitely nowhere near as busy here as in Brisbane but there are a lot more challenges," says Lloyd, "because I am by myself, and don't have back up close by.

"The way I question patients takes a lot longer," he says. "I try to get as much information as I need before I transport them to hospital.

"I can contact the other officer if I really need her, and sometimes that happens, and if I feel I need to do something outside my scope of practice I can contact the medical director for permission.

"I still can have long days and long travel times. I can go to a car crash, for example, at 4.30 in the morning and it's hours before I return to town.

"Being in a small community you get to know patients and I know what's happening, but it's important to separate working life from personal life. I see patients in the street but I don't talk medical stuff."

"It's definitely nowhere near as busy here as in Brisbane but there are a lot more challenges, because I am by myself, and don't have back up close by."

"The transfer was relatively easy – it's easier when you have kids," says Megan.

"Entertainment is not handed on a plate, and you have to improvise. The people in the community have to make things happen – like parents starting an exercise class at the school – there isn't a gym to go to.

"We like to go camping whenever we get the time together and we fish in the river – though I have to say we haven't caught much.

"Life is simpler. It's been a great experience, a priceless time together as a young family." ●



identity of a RAN



School of Nursing and Midwifery Lecturer at Edith Cowan University, Kylie McCullough, chose an area for her PhD that is relatively understudied – remote area nursing. Here she outlines her process to build knowledge in this area.

My PhD study originated from a desire to share the amazing and complex phenomena of nursing in the remote Australian setting. My experience as a Remote Area Nurse (RAN) was life-changing, stressful and a journey of self-discovery that I wanted to share as a way of giving back to those who nurtured, taught and supported me during that time.

I spoke to RANs who embraced the challenge of difference and thrived in a different world. These nurses acknowledged their position of power and humbly resolved to listen and learn in order to understand others perspectives.

Constructivist Grounded Theory provided a framework for bringing together the disparate and unique experiences of RANs to present a theory of nursing practice in remote areas. My study was grounded in the experiences and perspectives of 24 registered nurses and nurse practitioners who collectively represent more than 200 years of living and nursing in remote areas of Australia.

My thesis presented an original contribution to discourse and understanding of the phenomena of being a RAN.

My research included nurses who saw people and communities as complex and multi-faceted; where health was not just the absence of disease but included connection to country, culture and family. Nurses who longed to see improvements in the health and lives of some of Australia's most disadvantaged peoples. Nurses who understood that addressing inequality was a powerful way to make a difference.

I listened to stories of nurses trying their hardest to meet the health needs of their community despite struggling without enough resources, with limited experience and minimal social support.

I spoke to RANs who embraced the challenge of difference and thrived in a different world. These nurses acknowledged their position of power and humbly resolved to listen and learn in order to understand others perspectives.

I listened to stories of nurses trying their hardest to meet the health needs of their community, despite struggling without enough resources, with limited experience and minimal social support.

They described working with a wide range of other health professionals and communities in order to ensure the best quality care was available.

Some of those stories made me laugh, some brought tears but all revealed a deep connection to the identity of being a RAN.

Above all, I hope that my work helps others to understand the demands and challenges of providing primary health care within the remote setting, and I hope that my research makes a contribution to the ongoing development of Remote Area Nursing and Nurse Practitioner practice.

In describing their practice as 'doing the best you can with what you have', I hope that I have captured their personal commitment to developing their knowledge and skill, the personal challenges associated with living and working in communities, the long hours, the demands and rewards of their practice.

Above all, I hope that my work helps others to understand the demands and challenges of providing primary health care within the remote setting, and I hope that my research makes a contribution to the ongoing development of remote area nursing and nurse practitioner practice.

I also hope that my study contributes to discussion about the implementation of primary health care models because it highlights the value of the nursing workforce.

Ultimately, my thesis is one piece of a much larger picture that is the health and wellbeing of Australians living in the outback, on traditional homelands, on isolated islands, coastal hideaways and isolated hamlets.

McCullough, K., Whitehead, L., Bayes, S., Williams, A., Cope, V. (in press) The delivery of primary health care in remote communities: A Grounded Theory study of the perspective of nurses. *International Journal of Nursing Studies*. DOI: 10.1016/j.ijnurstu.2019.103474 ●

Transition to Remote Area Nursing 2020



ABOUT THE SHORT COURSE
A face-to-face program* that prepares Registered Nurses to work as Remote Area Nurses and articulates with Flinders University Award courses.

To be held in Alice Springs 2020
 Monday 9 March – Friday 20 March
 Monday 15 June – Friday 26 June
 Monday 10 August – Friday 21 August
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Cost: \$2,250

* To satisfy all the requirements of the program, participants will be required to complete Pharmacotherapeutics for Remote Area Nurses (online). Additional \$650.
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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.



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



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



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



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



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



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The iconic Deni Ute Muster is held annually on the October long weekend and promotes live music, ute competitions, rodeo and much fun for adults and children alike to behold. This annual festival is a massive tourism draw card

to the region and to this day holds the Guinness World Record for largest parade of utility vehicles and blue singlets.

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Government of Western Australia
WA Country Health Service

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



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



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workforce challenges that impact the continuity of health care in Northern Territory communities



East Arnhem South is a region that covers several communities including Alyangula, Umbakumba and Angurugu (Groote Eylandt), Milyakburra (Bickerton Island) and Numbulwar (Mainland community). There is a Primary Health Care (PHC) centre within each community that provides a full range of PHC services to First Nations People under Close-the-Gap or Section 100 arrangements.

Jeff Gaden is the District Manager for South East Arnhem and his role focuses on workforce and finance strategy that supports regional clinical managers in providing PHC to communities within the region.

Mr Gaden identified several workforce challenges that impact the continuity of

health care to communities within the region, including access, timing and costs associated with back-filling permanent health professionals (HPs) that go on leave.

Permanent HPs in the South East Arnhem region have leave entitlements that equate to approximately nine weeks per year, in addition to any training requirements, so the need for remote-ready personnel is constant and costly.

Airfares alone cost, on average and subject to availability, between \$1,000 and \$2,000 return to transport a HP from their hometown into an NT community. This estimate excludes the cost of accommodation for the back-fill period which can be up to 28 days per placement.

The ideal scenario for remote health centres is to have a quality casual pool of employees to

back-fill permanent HPs that go on leave, but the reality is that there is a severe shortage and managers must look outside the NT for qualified remote-ready personnel.

John Langrell, Primary Health Care Manager at Alyangula Health Centre, said that it is difficult “finding health professionals who are available to cover when permanent staff are taking recreation leave and attending professional development – particularly finding health professionals who have the required qualifications to perform remote area nurse roles”.

The ideal scenario for remote health centres is to have a quality casual pool of employees...

In 2011, the Australian Government Department of Health established a government-funded locum program to support rural and remote health services across Australia. Administered by Aspen Medical, the Rural Locum Assistance Program (Rural LAP) has assisted regions like South East Arnhem to maintain high-quality continuity of health care service to their communities.

“Rural LAP provides my region with a cost-effective solution to ensuring ongoing clinical service delivery while facilitating access to essential continuous professional development opportunities and recreational/social leave,” Mr Gaden said.

Since inception Rural LAP has completed nearly 2,000 placements in the NT and over 7,000 placements across rural and remote Australia. ●





support

mindfulness and trust in workplace culture

Each workplace has its own unique character, with every individual in an organisation contributing to the personality of their workplace. Here, Dr Annmaree Wilson, Senior Clinical Psychologist for CRANaplus Bush Support Services, explains how everyone brings their attitudes, beliefs, behaviours and interpersonal skills into the workplace with them.

Reflecting on the culture in which you work is an important professional activity. Non-toxic, 'happy' workplaces result in satisfied employees. Not only does this benefit the organisation through an increase in productivity, and low staff turn-over rates but, importantly for the rural and remote health context, better outcomes for patients and clients. Moreover, happy workplaces attract high-quality staff.

Like people, workplaces have their ups and downs in terms of morale. Life and environmental events,

people coming and going as contracts start and finish, changes in the organisational structure affecting work practice and funding, all impact on the 'mood' of a workplace. These are all issues that seem to be particularly pertinent to rural and remote health workplaces. Just as with individuals, it makes sense to consider the workplace's emotional resilience in its entirety and its ability to bounce back under stress.

Resilience of a workplace

There are a number of key factors that appear to contribute to the resilience of a workplace. Every staff member has a role and responsibility in this regard. Clearly leadership style is significant. It is increasingly clear that a manager who displays mindful characteristics maximises the potential to generate positive workplace culture and increase workplace resilience. Crucially, the mindful leader brings into the workplace a fostering of a connection between employers and employees, values and actions.

Such an attitude changes everything as each individual is validated and respected. Such a leadership style reduces the divide between an organisation's explicit mission statement. What actually goes on with and between staff becomes congruent. The end result is that toxicity is reduced, morale improves and organisational resilience increases.



The core feature is trust

The skills of a mindful leader are not rocket science. Mindful leaders are inspirational because they are prepared to roll up their shirt sleeves and walk the talk. If you were a fly on the wall of a workplace with a mindful leader, what you would see is a manager who demonstrates the ability to firstly establish meaningful relationships with their staff and equally to collaborate around decision making.

Outcomes are important, but just as important is the quality of the process that occurs in order to achieve those goals.

Mindful leadership promotes trust in a workplace by modelling honest and clear communication.

The core feature of a happy, highly functioning workplace is trust. Stephen Covey, author of *The Seven Habits of Highly Effective People* says: "The ability to establish, grow, extend and restore trust is the key professional and personal competency of our time". ▶▶



►► The ability to build trust is clearly a core relational factor and another skill of a mindful leader. But what exactly is trust? In some ways, it is easier to identify a workplace where there is an issue with trust. The first sign and symptom will be an expression of disbelief amongst staff of what is being said to them. This disbelief results in a lack of cooperation and directions will become confused and not complied with.

Behaving in kind and compassionate ways are the first steps in building trust in a demoralised workplace.

In an organisation where trust has broken down, communication seems to be blurry and difficult and information is not shared.

Lau Tzu reminds us that trust begets trust. As he says: "He who does not trust enough, will not be trusted."

Resistance is an important warning sign that all is not well and that care must be taken to rebuild trust.

Moreover, what you actually do is crucial. Behaving in kind and compassionate ways are the first steps in building trust in a demoralised workplace. As the Dalai Lama says: "Be kind whenever possible. It is always possible."

Mindful leaders operate from a position of assuming that employees will do what they are supposed to do, not that they will not.

You know you are witnessing a trusting workplace when you see individuals at staff meetings feeling emotionally safe enough to say what they think and expose vulnerabilities, fears and ideas.

Mindful leadership promotes trust in a workplace by modelling honest and clear communication.

A mindful leader is prepared to be vulnerable and admit mistakes. They do what they say they will do.

Mindful leaders do not blame others for their actions and decisions, but take responsibility. In an emotionally safe working environment, there is observable congruency between verbal and non-verbal communications.

Each staff member is treated with respect and equal time is given to them.

Collaboration

Collaboration is another key factor in a workplace of trust. When decisions have to be made, a team that has been consulted and their opinions heard and understood is less likely to be resistant. Furthermore, a mindful leader will be curious rather than angry about observed resistance in the workplace.

Resistance is an important warning sign that all is not well and that care must be taken to rebuild trust.

Stepping back and reflecting on your workplace culture can make a difference to your day-to-day experience of work.

Stepping back and reflecting on your workplace culture can make a difference to your day-to-day experience of work.

Allowing the time and space to think about how things could be done differently is an important professional responsibility. Think about how safe you feel in your workplace and think about ways that you may be able to make it better.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●

alternative stress management

In this article Christine Martins, CRANaplus Bush Support Services Psychologist focuses on the stress management needs of health practitioners in the bush, and considers ways in which we can use new techniques to thrive in stressful environments.

Over the years I have worked with nurses and other health practitioners who work in remote communities, and one of the most common issues raised is handling stress in the workplace. There are many reasons for heightened stress but what seems to be common is the need to juggle a multitude of tasks, a lack of time in which to perform those tasks, and handling tensions with colleagues and client groups. There is also a requirement to possess the Wisdom of Solomon.

I can't help with the Wisdom of Solomon, but I can suggest some useful techniques to reduce stress. Will all these strategies work equally well for all of us? No, but if even one or two are useful, I will consider my task has been achieved.

I'd like to invite each of us to consider how we can make stressful situations easier to turn around.

Let's ask how we can reduce the discomfort of stressful situations and also benefit from those situations which push us out of our comfort zone.

Some years ago, a nurse at a workshop I was facilitating in Alice Springs suggested that she was uncomfortable with the words 'being stressed'. She said she preferred the term 'being stretched'. That sits well with me too.

It is a more appropriate term, as generally there is a negative connotation attached to the state of being stressed.

It must be said, however, that there is a state of stress and distress which is toxic and does indeed have very negative consequences. That condition is outside the content of this article. ►►



► And yet it is not always a bad thing to be mildly stressed, or 'stretched'.

Eustress means beneficial stress – either psychological, physical (such as exercise), or biochemical. The term was coined by endocrinologist Hans Selye, consisting of the Greek prefix eu- meaning 'good', and 'stress', literally meaning 'good stress'. Eustress happens when there is a slight gap between what one has and what one wants, but is not too far out of reach. It is still slightly more than one can handle. This fosters challenge and motivation since the goal is achievable. The function of challenge is to motivate a person toward improvement and a goal.

Often, psychologists talk about 'stress inoculation'. This means being exposed to mild stressors and learning how to cope with the discomfort. Stress inoculation is a type of cognitive-behavioural theory based on the concept of inoculation. In a medical model of course, inoculation involves the artificial inducing of immunity to harmful pathogens.

Stress Inoculation Therapy (SIT) is a therapeutic approach intended to help people prepare themselves in advance to handle stressful events successfully and with a minimum of upset.

Stress Inoculation Therapy (SIT) is a therapeutic approach intended to help people prepare themselves in advance to handle stressful events successfully and with a minimum of upset. I am sure the advantages of being exposed to mild stress are easily appreciated. We can clearly see that mild levels of stress can be beneficial if they motivate and galvanise us, a concept which may at first be difficult to get our heads around. This is (in part) what Hans Selye proposed in his 'eu-stress' model.

Put simply, the stress inoculation theory tells us that some stress is okay as long as we are not overwhelmed by it, but rather, simply stretched a little.

However, too much of any stress is difficult to handle and can lead to feelings of being overwhelmed.

"It's not what happens to you, but how you react to it that matters."

There are several ways to effectively manage stress and anxiety. Later in this article we will consider some practical strategies. However, one of the most overall effective ways is to change your perspective, or the way you tend to think about situations. I have discovered that it is not helpful to suggest this to someone who is already experiencing stress – they tend not to be receptive to the suggestion at the time. I am sure each of us has made this discovery too.

It was Epictetus, the ancient Greek philosopher, who said "It's not what happens to you, but how you react to it that matters". It can be useful to view a situation from different perspectives to gain new knowledge, and with the new knowledge comes an ability to behave in new ways. We can enlarge our perspective to see fresh aspects of a problematic issue.

Let's consider an example of looking at a situation in a fresh manner.

A teacher was shopping at her local supermarket and noticed a young, frazzled mother coping with an active toddler. The child was pulling items off the shelves and putting them into his mother's shopping trolley; the frustrated mother was putting them back on the shelves. Yelling at her son, the mother was clearly feeling frustrated and tired. The teacher (familiar with youthful exuberance, and how tiring it can be to cope with) approached the mother and remarked on what a lovely child he was.

"How old is he?" she asked. Warily, the mother replied, "He is four". "Ah yes" the teacher replied, "It can be such an active period, can't it? They are so curious about the world at this age". The mother eagerly agreed and hugging her son, said "But of course, we wouldn't have it any other way!" She now had a different perspective on her son's behaviour.

It is not always possible to see a positive in some of life's events, but it can be a worthwhile exercise to examine an event or situation to see if there is a different perspective.

Let's now look at different types of stress and stressors, as well as ways they can be approached in a new way.

Karl Albrecht, the German psychologist, psychotherapist and medical doctor, proposed four common types of stress:

- Time stress.
- Anticipatory stress.
- Encounter stress.
- Situational stress.

Time stress is the most common form of stress in a modern, fast and demanding workplace. Frequently, time stress is the result of taking on more tasks than you have the time or other resources to accomplish. This leads to feeling overwhelmed. And we have all been there.

If you learn to better manage a punishing workload, you will be far more productive and efficient.

If you learn to better manage a punishing workload, you will be far more productive and efficient. This is a classic 'turning stress management' into a positive force.

How does one achieve this? By prioritising tasks, primarily. What can't be achieved could be either delegated or left undone.

I know how hard this can be; leaving critical tasks undone feels like we are failing in our profession. Some tasks cannot be left undone. However, being stretched to our limit and beyond it very often leads to burnout. Once a person has reached that stage there is very little or no productivity – or worse, critical mistakes are made.

...being stretched to our limit and beyond it very often leads to burnout. Once a person has reached that stage there is very little or no productivity – or worse, critical mistakes are made.

Learning good time management skills is an art and will deliver powerful benefits. My favourite time management tool is a 'to-do list'. I have my list on my tablet and linked to my smart phone, and this allows me to delete items or switch their order of priority.

We can also reduce a workload by delegating if that is possible. Frequently it is not an option; but often we hear people say "It is quicker if I do it myself, and then I know it will be properly done". If this sounds familiar, re-consider the art of delegation.

The only way people can learn is by doing the task – and you can then get onto the mountain of other work awaiting. (My mother was an exceptional cook, but she heartily subscribed to the theory that it was quicker if she cooked than showing me how to do it, and as a result when I got married, I couldn't boil an egg... I have, however, learnt since).

There are books written on the topic of time management, and courses are often run on the same topic. Paying attention to this area will reap powerful rewards. ►►

» **Anticipatory stress** comes from the fear of having too much to do and not being able to cope. We become stressed from thinking about all the tasks and chores which remain to be done. It can seem like we have an insurmountable mountain ahead of us.

This form of stress is closely linked with certain patterns of cognition; or 'the way we think'. Mindfulness training is particularly useful to change these thought patterns and has many other benefits which allow for more purposeful and positive ways of being. Meditation is also powerful and helps to calm an overwhelmed mind.

Anxiety and stress arise from the workload seeming overwhelming and our belief that we will not cope.

Instead of looking at everything that has to be done, break the day/week/month down into smaller pieces. This is called 'chunking' and can help to reduce and minimise anticipatory stress.

Anxiety and stress arise from the workload seeming overwhelming and our belief that we will not cope. If this feeling of being overwhelmed continues indefinitely however, it might be that there is a serious need for some proper time out. When did you last have some time off and a break from the community? We all need to have a few days in a row (at least a week, two weeks ideally for a proper rest) to re-assess and recharge. If you constantly feel tired and overwhelmed it may be that you need to consider a break.

Encounter stress centres around dealings (or encounters) with certain people or groups of people. This type of stress can also occur if your role involves a lot of personal interactions with patients or clients, especially if those groups are in distress. For instance, doctors, nurses and other health workers may have high rates of encounter stress, because the people they work

with routinely don't feel well, or are deeply upset. These interactions can lead to overload where we feel drained and exhausted.

As this type of stress derives from contact with people (both colleagues and patients) the overload can be reduced by developing improved people and communication skills. These are skills which enhance every aspect of our lives, social, professional and personal.

It's also important to know when you're about to reach your limit for interactions in the day. We all differ in where that limit is reached (introverts require much less contact with people before reaching their tolerance level than will be so for extroverts). Also, everyone has different symptoms for encountering stress, but a common one is withdrawing psychologically from others and working mechanically. Another common symptom is getting irritable, cold, or impersonal with others in your interactions. When you start to experience these symptoms, do whatever you can to take a break, if possible. Go for a walk, drink a glass of water, and practice deep breathing exercises or meditate. Even a short break of a minute or two to take calming, deep breaths is helpful.

Situational stress is a little different. We experience situational stress when we are in a frightening situation over which we may feel we have little control. This type of situation is frequently one we failed to anticipate and may then come as a surprise. Conflict is often a major source of situational stress. Learn effective conflict resolution skills, so you're well-prepared to handle the stress of conflict when it arises. It's also important to learn how to manage conflict in meetings since resolving group conflict can be different from resolving individual issues.

There is a wealth of material available on how to manage conflict in new and efficient ways. There is online material and publications which specialise in the area. Training courses may also be available although they are not as easily accessible in remote areas. With these skills comes increased confidence in all interpersonal relationships.

The CRANaplus Bush Support Services team can guide you in developing increased conflict resolution skills. Very few people enjoy conflict; most of us find it difficult to tackle tense situations or tensions in our dealings with others. However, like so many skills, practice makes perfect. The more we learn and practice effective techniques, the easier it is to proactively deal with the issues.

Much of the research in the field of stress and mental health hygiene has found that essentially, what works is focusing on what you can achieve or control. A brief survey of the strategies contained in this article will show that we often do have control over the events around us; even if it is only to choose how we react. Remember Epictetus who said it is not what happens to us but rather how we deal with it which makes the difference. And equally importantly, learning to deal with stressors in an effective way will strengthen us in other aspects of our daily lives.

...learning to deal with stressors in an effective way will strengthen us in other aspects of our daily lives.

When dealing with stress, or any other personal or professional issue, remember the CRANaplus Bush Support Services team is available to help. It can be useful to discuss the best fit strategies to deal with being overwhelmed. Or it can simply be reassuring to discuss progress in implementing the new approaches. This free and confidential service can be accessed by calling 1800 805 391, 24 hours a day, 7 days a week. Staffed by registered and experienced psychologists, the CRANaplus Bush Support Services team is a great resource.

Reference

Albrecht, Karl. 2008. *Stress and The Manager: Making it Work for You*. Karl Albrecht International.

Christine Martins
Clinical Psychologist
CRANaplus Bush Support Services ●



why sleep is elusive

Recently in a workshop, the discussion centered around the difficulties people experience. A man sighed and said: "I wake every night around 2am". There was a buzz: every person spoke rapidly into the space; they too experienced sleeplessness. There was an urgent exchange of experiences: what people did in the night, why they thought they could not sleep, how they fixed it, how long they had not been able to sleep, would they ever be able to sleep again.

The conversations continued through the morning tea break, there was a sense of relief. At the end of the workshop people reported feeling better able to approach sleep. What happened? What helped?

This is what they said:

It's normal. I'm not out of control

We all experience difficulty sleeping at certain times in our lives (with young children, with grief and trauma, with work pressure, when overwhelmed, with shiftwork). It's not nice but it's normal: it will happen, you will feel like it will never be fixed but mostly it will pass. You are not out of control.

We all experience difficulty sleeping at certain times in our lives...

We all wake in the night; again this is normal. We just don't remember. When there are stresses in life we can awake more abruptly and be aware. We worry we will never get back to sleep; we worry we will not be able to function the next day; we focus on not sleeping. We even dream we are awake.

We get up- isn't this best practice? Then we find ourselves with a new routine- ironing, working at 2am. It seems to happen every night. It doesn't seem to help.

I understand more about why I am not sleeping

When we were young we had a night time routine. It could be boring: wash up, watch TV, clean your teeth, read a book in bed, turn out the light, sleep. These are the things we do every night before bed; they are a pattern that slowly takes us towards feeling tired and getting ready to sleep. This is what disappears without us realising when we are distressed. We work longer, we talk about the issues, we dwell on them and our general routine goes out the window. It will take time to re-establish your routine but it worked when you were little. Give it a go.

Try going to bed at roughly the same time each night and getting up at roughly the same time each morning.

When we are busy we don't listen to our bodies. Early childhood nurses are wise; they say go to sleep when you are tired. Surf the wave; if you miss it, it takes awhile for the next one.

Some research says the second wave is after midnight. So find your sleep pattern. Try going to bed at roughly the same time each night and getting up at roughly the same time each morning.

Your iPad, laptop, phone are keeping you awake. The blue light emitted from the screen has been found to disrupt and delay sleep. Research has found it disrupts the production of melatonin, the hormone that helps us feel tired and go to sleep. Studies indicate those using an electronic device prior to bed report they are more alert, it takes longer to fall asleep and they were more tired the day after. Turn off your devices or establish a curfew some hours before bed; check out blue light blockers and apps.

Sometimes we get caught up aiming for seven to eight hours' sleep. We feel we are not sleeping well if this is not achieved. Recent research has focused on the diversity of sleep needs for people. What are your needs and how much sleep do you need to feel rested in the morning? This will differ at different stages of our lives, different ages and work type. Identify what you really need.

It's good to exercise but don't do it before bed. It raises your temperature; makes it less likely you will go to sleep. Try for no vigorous activity within five hours of bed. Body temperature needs time to drop. However, exercise and physical activity during the day are important for sleep.

Are you speedy? Caffeine will have effects for three to five hours. Multiple teas and coffees accumulate (as do energy drinks and cola). Avoid coffee after 4pm. Try warm milk not caffeine at night.

Now I have some things I can try that may help me

Sleep hygiene: these are activities, which are known to promote sleep:

- What's your bedroom like: Is it too noisy or too light. What can you do to change this with curtains, earplugs and/or an eye mask?
- Is the room too hot or too cold? Remember you sleep best in a cooler environment.
- Change your mattress/pillow if they are uncomfortable.
- Remember light has an important impact on sleep. Melatonin is produced when darkness comes; it assists your body to establish circadian rhythms, which regulate your sleep. Work to establish a sleep rhythm by exposing yourself to daylight first thing in the morning. Try eating breakfast near a window or outside. Dim your lights at least one hour before bed.
- Naps can interfere with sleep. Try no longer than 20 minutes and before 4pm.

Remember your bedtime routine. Wind down – you know what eases you to sleep. Catch the sleep wave.

I've still got questions

Will it work?

It is different for everyone: some things will be useful for some and not others so focus first on your sleep pattern and wind down routine then try other suggestions. Experiment.

I think I have a middle of the night routine?

Are you working in the middle of the night? You know you have gone too far when you are sending emails. So work towards establishing a sleep debt. Get out of bed if you are unable to sleep within around ¼ hour (or when you have passed the time when you would usually fall asleep). Go to a place (a relaxation station) you have created during the day. You will have brainstormed things to do there (magazines, read, relaxation, audio books). There will be no clocks, texting, laptops, TV and no work. Keep the light level low. Sit in a comfy chair or sofa. Surround yourself with things that make you feel good. Return to bed when feeling calm. This will not take long: maybe 15 minutes and try again to sleep Repeat as many times as necessary.

...next magazine we will consider shiftwork and how to handle those night-time worries.

We have covered the basics. So next magazine we will consider shiftwork and how to handle those night-time worries. If sleeplessness is a long time issue for you; make an appointment with your GP to rule out any physical causes.

Resources

Australian Sleep Association has tip sheets and information at: sleep.org.au/Public

**Lee Rushton
Clinical Psychologist
CRANaplus Bush Support Services ●**



Photo: Steve Baitten.

educate

connectivity and upskilling

Remote Clinical Educators Leonie McLaughlin and Sue Orsmond explain how CRANaplus resolves connectivity problems confronting their key stakeholders around Continuing Professional Development (CPD).

Connectivity continues to provide challenges for health workers in rural and remote environments. This is amplified when considering the CPD requirements accompanying registration as a health professional. Face-to-face CPD opportunities are usually located some distance away, so connectivity through the internet and online learning has become their friend. Online learning reduces the need to find time away from work and/or needing to travel away from home to fulfil CPD.

The need to obtain education in core lifesaving skills such as Basic Life Support (BLS) and Advanced Life Support (ALS) is a prime example of where connectivity in rural and remote

Australia has revolutionised the delivery and assessment of these skills. For most rural, remote and isolated nurses, paramedics and doctors requiring BLS and ALS education, the last time they actually used these skills was at their last skills training. Fortunately, the need for these particular competencies is an infrequent event in rural and isolated practice.

Connectivity continues to provide challenges for health workers in rural and remote environments.

However, we all recognise the need to maintain these critical skills, as well as the need to update and maintain our professional CPD requirements.

As the peak body for remote and isolated health, CRANaplus has a deep understanding of, and commitment to, resolving problems confronting their key stakeholders around CPD.

Taking advantage of the improved (although still imperfect) internet coverage across the more isolated parts of the country, CRANaplus offers online BLS and ALS training.

Taking advantage of the improved (although still imperfect) internet coverage across the more isolated parts of the country, CRANaplus offers online BLS and ALS training.

The online modules are combined with a virtual practical assessment that can be done via Skype or other video-conferencing applications. ▶▶





► Contextual issues have been considered in the development of the theoretical component of the online learning for these courses and many successful practical assessments have been conducted remotely via video-conferencing apps such as Skype, Google Hangouts, Zoom and Bluejeans. Some Skype assessments have even been conducted successfully from as far away as PNG, Sweden and the UK.

If the connectivity doesn't stretch to allow a virtual practical assessment, occasionally a face-to-face practical assessment has been organised. Thanks to the extreme goodwill and flexibility of one of the external assessors,

one BLS assessment was even conducted in a metropolitan park to assist a remote worker travelling through.

Whilst not replacing face-to-face learning, online learning gives the rural and remote practitioner an option that saves time in planning, transportation and cost. Theory completion is self-paced and completed without the need for travel or to leave work and family commitments.

Connectivity has provided accessible online learning as one option for the rural, remote and isolated health professionals to support CPD requirements and – perhaps more importantly – critical skills maintenance. ●

safety and security focus group

The National Community of Practice – Remote and Isolated Health Workforce Safety and Security is a new exciting initiative to strengthen and sustain the remote and isolated health workforce. CRANaplus is calling for expressions of interest to participate in a Community of Practice (CoP) focusing on safety and security to include professional advocacy, education and support.

Communities of practice are 'groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise on an ongoing basis'. The purpose of this CoP is to bring together committed individuals who have a common professional interest and a desire to work collaboratively, learn and share knowledge to improve the safety and security for the remote and isolated health workforce.

The CoP is open to CRANaplus members and non-members including Aboriginal and Torres Strait Islander Health Practitioners, educators, security specialists, trauma informed care providers, WHS/OH&S experts, remote clinicians/manager, mental health drug, alcohol and other substance clinicians.

The full terms of reference can be accessed by emailing liz@crana.org.au or via phone (07) 4047 6407. If you would like to be considered, please forward an expression of interest outlining your suitability along with a copy of your current CV to liz@crana.org.au

Should you have any further question, please don't hesitate to email brenda@crana.org.au

Brenda Birch
Program Manager – Safety and Security
CRANaplus ●

POSTGRADUATE COURSES IN REMOTE HEALTH

For further information contact the Student Administrator
Ph: (08) 8951 4790
Email: crh.studentadmin@flinders.edu.au
www.crh.org.au

Flinders University
Graduate Certificate in Remote Health Practice
Graduate Diploma in Remote Health Practice
Master of Remote & Indigenous Health
www.flinders.edu.au/courses/postgrad/rhp

APPLY NOW FOR SEMESTER ONE 2020

Flinders University
Centre for Remote Health



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.

<p>Maternity Emergency Care</p> <p>NT Darwin, 28 Feb-1 Mar Alice Springs, 12-14 May Tennant Creek, 28-30 Aug Darwin, 9-11 Sep</p> <p>WA Geraldton, 26-28 Jun Esperance, 14-16 Aug Broome, 30 Oct-1 Nov</p> <p>NSW Armidale, 20-22 Mar Tamworth, 25-27 Sep</p> <p>QLD Mount Isa, 27-29 Mar Cairns, 22-24 May Rockhampton, 12-14 Jun Townsville, 10-12 Jul Cairns, 24-26 Jul</p> <p>TAS St Helen's, 13-15 Nov</p> <p>VIC Shepparton, 17-19 Apr Ballarat, 27-29 Nov</p> <p>ACT Canberra, 17-19 Oct</p> <p>Practical Skills</p> <p>WA Esperance, 28 Sep Cairns, 9 Mar</p> <p>QLD Cairns, 9 Mar</p> <p>VIC Shepparton, 6 Apr</p>	<p>Remote Emergency Care</p> <p>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</p> <p>SA Adelaide, 17-19 Apr</p> <p>WA Esperance, 25-27 Sep Broome, 6-8 Nov</p> <p>NSW Armidale, 10-12 Jul Cairns, 6-8 Mar Roma, 22-24 May Cairns, 11-13 Sep</p> <p>QLD St Helens, 14-16 Feb</p> <p>TAS Shepparton, 3-5 Apr Mildura, 8-10 May Portland, 27-29 Nov</p> <p>VIC Canberra, 11-13 Oct</p> <p>ACT Alice Springs, 23-24 Apr</p> <p>Remote Management Program Essentials for Remote Managers</p> <p>NT Alice Springs, 23-24 Apr</p>	<p>Mental Health Emergencies</p> <p>NT Katherine, 24 Jul</p> <p>SA Adelaide, 6 Feb</p> <p>WA Broome, 5 Nov</p> <p>NSW Dubbo, 6 Apr</p> <p>QLD Cairns, 29 Jun Rockhampton, 4 Aug</p> <p>VIC Mildura, 7 May</p> <p>ACT Canberra, 13 Oct</p> <p>Triage Emergency Care</p> <p>SA Adelaide, 1 Apr</p> <p>WA Perth, 20 Jun</p> <p>QLD Cairns, 10 Mar Roma, 25 May</p> <p>One Day Advanced Life Support</p> <p>NT Darwin, 31 Aug</p> <p>SA Adelaide, 20 Apr</p> <p>QLD Cairns, 14 Sep</p>	<p>Midwifery Up Skilling</p> <p>NT Alice Springs, 13-15 Jul Darwin, 2-4 Oct</p> <p>WA Perth, 29-31 May</p> <p>QLD Cairns, 8-10 May Cairns, 7-9 Aug</p> <p>VIC Bendigo, 13-15 Mar</p> <p>Advanced Remote Emergency Care</p> <p>NT Alice Springs, 28-30 Aug</p> <p>SA Adelaide, 18-20 Sep</p> <p>WA Broome, 6-8 Nov</p> <p>NSW Tamworth, 20-22 Mar</p> <p>QLD Cairns, 21-23 Feb</p> <p>Paediatric Emergency Care</p> <p>NT Darwin, 24-25 Oct</p> <p>WA Perth, 4-5 Apr</p> <p>QLD Rockhampton, 15-16 Aug</p>
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summer reading

We hope that the holiday season provides many of you with a little time to relax and unwind. What better way to do that than by ripping through a great book. CRANaplus staff members have put together a list of some of their favourite titles for your reading pleasure. From light-hearted fiction to books that challenge contemporary beliefs, from extraordinary biographies to stories for children – there's something for everyone here. Happy reading!

Dark Emu

Author: Bruce Pascoe

Recommended by: Colleen Niedermeyer – Director of Support and Professional Services and Glenda Gleeson – Senior Remote Clinical Educator

Colleen says: "I liked it because of the way Bruce Pascoe puts forward an argument for a reconsideration of the hunter-gatherer tag for pre-colonial Aboriginal Australians. The evidence insists that Aboriginal people right across the continent were using domesticated plants, sowing, harvesting, irrigating and storing – behaviours inconsistent with the hunter-gatherer tag."

Glenda says: "It changes the knowledge of Australia's colonial history, giving greater understanding of the First Nations peoples' society before colonisation."

Icy Sparks

Author: Gwyn Hyman Rubio

Recommended by: Sharlene Summers – Administration Officer

Sharlene says: "I read this book in the early 2000s and it has stayed with me. The story of a young girl orphaned as a baby raised by grandparents, who has strange experiences and impulses. Ultimately, she is diagnosed with Tourette's syndrome, after spending time in an asylum. She blossoms under the wing of an unlikely woman, who helps Icy to heal and make progress into the world."

The Perfect Wife

Author: JP Delaney

Recommended by: Karen Clarke – Manager of People, Culture and Corporate Services

Karen says: "Abbie awakens in a daze with no memory of who she is or how she landed in this unsettling condition... A psychological thriller. Perfect wife, perfect life? Not so fast."

Comanches: The History of a People

Author: T.R Fehrenbach

Recommended by: Anne-Marie McNamara – Course and Logistics Coordinator

Annie says: "Heavy going but such interesting history. So similar to First Nations peoples in any part of the world."

The Beauty of Humanity Movement

Author: Camilla Gibb

Recommended by: Jenny Morton – Reception/Administrative Assistant

Jenny says: "A beautiful novel of contemporary Vietnam. Experiences of a soup seller, a young Vietnamese-American curator, and an enterprising tour guide are interwoven in ways that will mark all of their lives forever."

No More Boats

Author: Felicity Castagna

Recommended by: Jay Zanesco – Project Support Officer

Jay says: "A short fictional summer read set in Parramatta during the early 2000s examines the everyday life of an Italian immigrant family from the perspectives of two retired parents and their adult son and daughter. Issues of identity, expectations, responsibility and everyday life are set against the backdrop of John Howard's asylum-seeker policy."

The Woman in the Window

Author: AJ Finn

Recommended by: Erin Young – Finance Payroll Manager

From the back cover, Erin quotes: "Anna Fox lives alone – a recluse in her New York City home, unable to venture outside. She spends her day drinking wine, watching old movies, recalling happier times... and spying on her neighbours. Then the Russells move into the house across the way. But when Anna, gazing out her window one night, sees something she shouldn't, her world begins to crumble – and its shocking secrets are laid bare."

The Trauma Cleaner: One Woman's Extraordinary Life in Death, Decay and Disaster

Author: Sarah Krasnostein

Recommended by: Amelia Druhan – Chief Operating Officer

Amelia says: "A remarkable true story of one woman's courage and resilience. Sandra Pankhurst has taken a lifetime of hostility and transphobic abuse and used it to care for some of society's most vulnerable people. One of my book club's favourites from this year."

Inheriting Edith

Author: Zoe Fishman

Recommended by: Leonie McLaughlin – Remote Clinical Educator

Leonie says: "A lovely story about a woman who cares for an elderly relative with dementia."

The Snow Leopard

Author: Peter Mathieson

Recommended by: Leonie McLaughlin – Remote Clinical Educator

Leonie says: "One of my all-time favourite reads!"

Nine Perfect Strangers

Author: Liane Moriarty

Recommended by: Marcia Hakendorf – Professional Officer: Workforce Improvement

Marcia says: "Moriarty brings to life the characterisation of nine people, strangers to

the unconventional circumstances they all endure during their stay at a health and wellness retreat. Their characters gather depth through their connections and interactions with each other. A light, interesting, humorous read with a fun ending."

The Racketeer

Author: John Grisham

Recommended by: Marcia Hakendorf – Professional Officer: Workforce Improvement

Marcia says: "This story is about an ex-lawyer who unknowingly gets caught up in racketeering and finds himself with a 10-year imprisonment. Whilst in prison he meets various dubious characters who unwittingly assist in the crafting of an ingenious plot, built around a legal principle, to prove his innocence."

Remote clinical educator, Amanda North has been busy with her young family this year and so has some suggestions for the little people in your life.

Good Night Stories for Rebel Girls

Authors: Elena Favilli and Francesca Cavallo

Amanda says: "The real-life stories of women in our world and their amazing achievements. I love to share these inspiring stories with my daughter (and eventually my sons!)"

A Squash and a Squeeze

Author: Julia Donaldson & Alex Scheffler

Amanda says: "A great little tale, with a reminder to be grateful for what we have. Whenever I think we need a bigger house I just re-read this one to the kids!"

Amy & Louis

Author: Libby Gleeson

Amanda says: "A beautiful picture book exploring friendship." ●

the joy of podcasts

Have you discovered the joy of podcasts yet? Podcasts are an increasingly popular form of entertainment with many thousands of shows freely available for download to your smart device. CRANaplus lists here three inspiring and interesting recommendations of human connection and resilience to begin your podcasting journey or to expand on your ever-increasing listen list.

All in the Mind (ABC)

Date: 1 September 2019

Episode: Indigenous Language and Perception

In this episode the link between language and perceptions of reality are explored through the lens of Indigenous Australian languages. This stimulating episode covers topics such as the links between language, kinship and the totem system and how the Aboriginal system of pairs links these concepts together. The episode is also a lesson in the importance of wider study of Aboriginal and Torres Strait Islander culture and the individual need to become more culturally aware and safe.

Interview with Andrew Denton

Date: 25 June 2019

Episode: Lasey Dunaman and Felicia Foxx

Lasey Dunaman and Felicia Foxx are the respective winner and runner up of the 2018

Miss First Nations Competition, where Australian Indigenous drag queens battle it out for the crown. Speaking to Andrew Denton in front of a live audience, Dunaman and Foxx share stories from their lives as a triple minority – Indigenous, gay and drag queen. Full of humour, they share phrases and words used by Indigenous and queer people that reflect their experiences. An interesting exchange is about the more positive attitudes surrounding homosexuality and acceptance of coming out in Aboriginal families. It is suggested this is due to the closeness of Aboriginal immediate family relationships compared to some non-Indigenous families.

Conversations (ABC)

Date: 30 September 2019

Episode: Nursing on Sydney's Streets

A particularly inspiring podcast episode is Nursing on Sydney's Streets. The well-loved Richard Fidler discusses the challenges and triumphs of nursing in Sydney with Erin Longbottom who works within St Vincent's Homeless Outreach Team. She shares her experiences of caring for young and vulnerable people and the difficulties, emotional labour and humbling rewards those interactions have for her. The conversation then turns to her identity and upbringing in a strict religious environment and their influences in her everyday work and decision to become a nurse and advocate for homeless people. She discusses how these factors helped her develop her sense of empathy, morality and social justice. A fascinating, heartwarming and intimate episode.

Search for the titles online for details on how to download and listen. ●



Mental Health Emergencies



Are you confident of your ability to manage mental health emergencies?

Would you like to develop your skills in responding to acute mental illness and severe distress?

Are you required to deal with substance-affected persons in your workplace?

Then the CRANaplus Mental Health Emergencies (MHE) course is for you

The MHE course is designed to enable remote health staff to develop the knowledge and skills necessary to respond with confidence when encountering acute mental health issues, substance affected patients and episodes of acute distress as a result of traumatic events such as attempted/completed suicide.

Cost

CRANaplus Members \$300

Non-members \$350

Course Dates and Locations

NT, Katherine, 24 Jul 2020

SA, Adelaide, 6 Feb 2020

WA, Broome, 5 Nov 2020

NSW, Dubbo, 6 Apr 2020

QLD, Cairns, 29 Jun 2020

QLD, Rockhampton, 4 Aug 2020

VIC, Mildura, 7 May 2020

ACT, Canberra, 13 Oct 2020

Course Delivery

MHE is designed to meet the learning needs of the remote and isolated health workforce (Nurses, Midwives, Aboriginal & Torres Strait Islander Health Workers/Practitioners, Paramedics and Medical Officers) who encounter acute mental health issues, substance affected patients and episodes of acute distress resulting from attempted/completed suicide and other traumatic events that occur in the remote and isolated setting.

The MHE course can be modified according to needs of the health service and be delivered on an organisational basis.

The Mental Health Emergencies (MHE) course has 2 components:

- Online pre-course theory
- Attendance at a one day face-to-face course.

Graduates of this course will have covered:

- Effective communication in mental health
- Mental health assessment
- Mental health emergencies - acute distress and acute mental illness
- Managing acute mental disturbance - current best practice in the remote & isolated health context
- Managing acute intoxication and withdrawal - current best practice in the remote & isolated health context
- Self-harm and suicide
- Debriefing & clinician wellbeing (optional)

For more information see <https://www.youtube.com/watch?v=v4uLkg5UqKw>



Photo: Steve Batten

represent

advocacy and engagement

Readers of this magazine understand that the higher your income or level of education in Australia, the better your health will tend to be. The evidence is abundant that, in the main, health inequalities arise through the differing circumstances in which we grow, live, work and age.

These social determinants can strengthen or undermine the health of individual people and whole communities. Policies (political, social and economic) that determine things like wages, housing, transport, quality education and affordable health care influence whether people are healthy or not. They determine who benefits and who does not.

Recent modelling by the Australian Institute of Health and Welfare (AIHW) helps to quantify this. Their findings suggest that death rates from chronic conditions differ significantly depending on socio-economic group.

For example, in 2016 there would have been 8,600 fewer CVD deaths, 6,900 diabetes and 4,800 CKD if all socio-economic groups had the same death rate for these conditions as the highest socio-economic group. There is three times the rate of low birthweight babies born to women in the lowest compared with the highest socio-economic areas. Unemployment is a major risk factor for substance use and the development of substance use disorders. Acute rheumatic fever and rheumatic heart disease are preventable diseases directly linked to living in poverty. The evidence goes on.

Acute rheumatic fever and rheumatic heart disease are preventable diseases directly linked to living in poverty.

CRANaplus members, staff and our Board of Directors have all indicated that improving the social determinates of health for people living in remote Australia demands urgent attention from governments and policy makers at all levels. In short, just about everyone thinks we should be doing more to 'rattle the cage' on this issue. We've listened and we've acted.

The Australian Council of Social Service (ACOSS) is a national advocate for action to reduce poverty and inequality in Australia. Their vision is for a fair, inclusive and sustainable Australia where all individuals and communities can participate in and benefit from social and economic life. Consistent with the values of CRANaplus, ACOSS recognises the right of all people to opportunity, justice and equity. The direct experiences of people affected by poverty and inequality are drawn on by ACOSS to develop and promote socially and economically responsible public policy and action by government, community and business.

In the spirit of 'stronger together', CRANaplus has joined ACOSS as a National Organisation Member. By working shoulder to shoulder with ACOSS and other National Organisation Members we will have a much greater impact than mounting efforts on our own. In turn, ACOSS has come on board as a partner of CRANaplus. Our partners are organisations with whom we have values, behaviours and activities in common. ACOSS is keen to draw on our experience to better understand issues of poverty and inequality as they relate to health outcomes in remote Australia.



By being at the table we will help to ensure the remote perspective is given due consideration in the development of campaigns, initiatives and activities.

CRANaplus staff have joined several of ACOSS' Policy and Advocacy Networks, including health, income support and employment, housing and homelessness, and climate and energy networks. By being at the table we will help to ensure the remote perspective is given due consideration in the development of campaigns, initiatives and activities. We look forward to reporting back to you on our activity in this area into the future. It's a long game, of course, but in the words of Churchill let us "Never, never, never give up".

Amelia Druhan
Chief Operating Officer
CRANaplus ●

a message of good will from Independent MP Dr Helen Haines

Christmas is a time of reflection and transition. The dedicated nurses, midwives, aged care workers, doctors and allied health professionals in regional, remote and rural communities perhaps more than anyone are the shepherds of many transitions.

Perhaps it is in safeguarding the birth of a remote family's newest member or perhaps it is in ensuring all is in order for a comfortable, loving and dignified end of life for someone else. Perhaps it is in providing the most up to date advice and support to someone struggling with a new diagnosis of diabetes or administering emergency treatment to someone experiencing life threatening trauma. Every day in some way our remote area health professionals are doing remarkable things in remarkable circumstances.



Helen Haines MP with Lily Butterfield.

To all of you I want to say thank you for your hard work and dedication.

This year has been a major transition for me. I have the great privilege and responsibility now of serving in the House of Representatives. I bring to that role all of my experiences as a nurse, midwife and rural health academic. I am acutely aware of the challenges you face in confronting the major issues which influence the health and wellbeing of the people entrusted to your care. Issues which you may have no control over – such as prolonged drought, economic hardship, racism, difficulties accessing education and distance to specialist services.

I am also aware that at times your job is a lonely one and you may feel isolated and vulnerable. Yet in the face of such challenges, I know that you are innovative practitioners who apply and contribute to the evidence base of rural and remote area health and advocate for attitude and policy change that can have positive and long term impact on the health of your communities. When most people across the nation are downing tools for Christmas, many of you stand ready to serve irrespective of the time or date. So, again, I thank you for your service and offer to you my support in whatever way I can as a voice for rural and remote health in the Federal Parliament.

This Christmas I hope you can take a moment to reflect on the beauty of what you do and stand tall in knowing that as a nation you are held in the highest regard as trusted and admired shepherds of health care in some of our most challenging environments.

My kindest wishes to you all and a very happy Christmas and fulfilling New Year.

Helen Haines MP
Independent Federal Member for Indi ●



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professional

managers are the key

Recognising that managers are the key drivers for a stable remote workforce, CRANaplus conducted the second Remote Managers Program: essentials for remote managers earlier this year.

Eight managers attended the program's two-day workshop in the Hunter Valley in September, coming from as far as the Cocos Islands off the Western Australia coast, and as close as Tamworth in New South Wales.

Over the two days, the group enthusiastically engaged in discussions and 'soft-skill' activities concerning their role as a manager. Some were heard to say 'aha' in those moments where the topic resonated and confirmed their thoughts. Their comments about the program and specifically the workshop reflected a high level of satisfaction:

- *As a new manager to remote clinics I have found this to be a great start and has given me plenty of areas that can be improved upon.*



- *All of the topics we covered are useful for my workplace and the role as a manager.*
- *Excellent introduction for management; has inspired me to look further into HR and leadership studies.*
- *All the information was relevant to me as a manager and a RAN. Not being afraid to be a leader.*

The Remote Manager Program (RMP) is a 12-week professional development short course, tailored to the participants' needs, contextualised and reflective of the challenges that managers experience in their remote workplace settings. Underpinned by an action learning approach, the RMP's aim is to enhance and broaden the managers' existing expertise regarding leadership and management, clinical governance and project management. It is expected that participants will implement a tangible project specific to their workplace needs, grounded in the elements of clinical governance.

This successful program will be offered again in 2020 for remote managers: Program 1: Register now: two-day workshop (23–24 April) to be held in Alice Springs at Centre for Remote Health. Program 2: Register now: two-day workshop (13–14 October) in Canberra, prior to our annual CRANaplus Conference.

If you are wanting more information contact Marcia Hakendorf, course coordinator via email marcia@crana.org.au or to register, please visit our website: crana.org.au/education/courses/programs/remote-management-program-essentials-for-remote-managers

Marcia Hakendorf
Professional Officer – Workforce Development
CRANaplus ●

quality improvement and safety

Clinical governance was a strong focus of this year's CheckUP Outreach Forum in Brisbane in September. CRANaplus Professional Officer – Workforce Development Marcia Hakendorf outlines the importance of one of the major take home messages.

The CheckUP Forum's theme this year, *Quality Improvement and Safety – patients, processes and providers*, has emphasised that clinical governance is equally crucial in the provision of all health services.

Fran Keeble-Buckle, CheckUP's Clinical Lead for north Queensland, and the CheckUP team were instrumental in the success of the event, attended by over 160 delegates from across Queensland. This included health professionals, funders and policy makers working within the primary health care space. The post-event evaluation found that all participants would recommend the forum in the future and found it a great opportunity to network.

CheckUP has an established service footprint, providing a range of innovative health programs and community focused initiatives...

As a not-for-profit, CheckUP is dedicated to better health outcomes for people and communities that need it most. CheckUP has an established service footprint, providing a range of innovative health programs and community focused initiatives across 179 Queensland locations. It is the fundholder for Federal health programs in Queensland aimed at improving access to health care services for rural and remote communities and Aboriginal and Torres Strait Islander peoples. CheckUP does this by coordinating the delivery of services through



Fran Keeble-Buckle (left) and Marcia Hakendorf.

a regional and rural network of approximately 150 different provider organisations including Aboriginal Medical Services, Queensland Health, and other large and small health organisations that employ a range of health professionals.

The funding programs include the Rural Health Outreach Fund, Medical Outreach Indigenous Chronic Disease Program, Tucka Time Schools Nutrition program, Eye and Ear Surgical Support Services, Visiting Optometry Scheme, and the Healthy Ears, Better Hearing, Better Listening Program.

The forum commenced with Aunty Carol Currie, a local Aboriginal Elder welcoming delegates and speaking about her own experience regarding the avoidance of fast foods in childhood that will go a long way in minimising long-term chronic diseases in adulthood.

The first keynote speaker, Alison Verhoeven, Chief Executive of Australian Health Care and

Hospitals Association suggested it's time for 'flipping the coin' from low-value to high-value care, while Margaret Banks, Director of Australian Commission on Safety and Quality in Health Care, spoke about the importance of upcoming Primary Health Care Standards and gave an overview of what accreditation may look like.

The forum offered delegates the choice of four masterclass sessions. I had the pleasure to present to 40 or so delegates who actively engaged in the masterclass 'Clinical Governance made easy'. This masterclass catered for those who were new to the subject, and wanting to improve their understanding of clinical governance, roles and responsibilities, and the importance of quality improvement in everyday delivery of client care.

One of the major take-home messages was that clinical governance should be a critical feature of all health services.

In the afternoon, service organisations were able to showcase a range of innovative case studies and solutions to improving or addressing clinical governance in the primary health care setting.

One of the major take-home messages was that clinical governance should be a critical feature of all health services. Although traditionally clinical governance has been primarily a focus in acute health services, primary health care is the first point of contact with the health system for the majority of Australians.

Quality and safety, therefore, must become increasingly important within the primary health care sector. A whole of systems focus which involves making changes across all levels within services will help support improvements and ensure they are sustainable, efficient and effective. CheckUP is committed to helping build service providers organisational quality and safety improvements. ●



Photo: Amy Hill.



VOLUNTEER FACILITATORS WANTED

- ARE YOU A HIGHLY SKILLED HEALTH PROFESSIONAL?
- ARE YOU EXPERIENCED IN REMOTE AND ISOLATED HEALTH?
- DO YOU HAVE AN INTEREST TO SHARE YOUR EXPERTISE WITH OTHERS?

IF SO, CRANAplus is looking for you! The essential criteria required in the Emergency stream of programs are:

- Current registration as an RN, Paramedic or Medical Officer
- Experience in any of these specialties - emergency / critical care / paediatric / mental health in either a rural / remote context or urban hospital: must be able to contextualise to the remote / isolated context
- Some programs require current Basic Life Support and Advanced Life Support certification and post graduate qualifications in emergency or critical care.

For further information contact: Liz 07 4047 6407 or liz@crana.org.au

stronger connections

The CRANAplus Conference keeps getting better, and this year's event in the beautiful Hunter Valley in NSW was no exception.

Touching tributes and recognition of the dedication and positive impact that the outgoing Chair Paul Stephenson, and outgoing CEO Christopher Cliffe, have had on the organisation dominated the Annual General Meeting, the first formal event at the Conference.

Fiona Wake, our Deputy Chair was announced as the newly-elected Chair of CRANAplus. In addition, the valued members of CRANAplus voted to re-elect Lynette Byers and John Wright to the Board and Caitlin Steiner was elected as a newly-appointed Board member. Congratulations to all on the new appointments!

The 37th annual Conference was officially opened at the welcome ceremony with a personal video message from Minister for Health the Hon. Greg Hunt MP, who expressed his support and appreciation to CRANAplus and its members for their continued contribution to the remote and isolated health workforce. Once again Hesta offered their support by sponsoring the welcome ceremony, and we thank the lovely Jude Frost, Client Partnership Manager from Hesta, for her attendance.

Our friends at the Centre for Remote Health acknowledged the academic achievements of the following graduates: Wendy Bowyer, Kath Simmons, Robyn Hill, Lina Matenda-Shumba, Kristy James, Elliott Ventris, and Tarsha MacDonald. Wendy Bowyer was awarded the Health Care Australia Prize for the most outstanding student in the topic Remote Advanced Nursing Practice. Congratulations to Wendy and all of the graduates.

Jacqui Cross, Chief Nursing and Midwifery Officer NSW, presented the Gayle Woodford oration and spoke about managing challenging and complex social issues by using our collective voice (read her oration on page 69).



The 2019 Gayle Woodford scholarship, jointly sponsored by CRANAplus and the Centre for Remote Health, was awarded to Monika Geisselbrecht (pictured above with Jacqui Cross).

Monika, a Registered Nurse and midwife employed at Mount Barker District Hospital, South Australia, has commenced her studies in the Graduate Certificate in Remote Health Practice with Centre of Remote Health. Monika's long-term dream is to work as a remote area nurse/midwife.

Each day, delegates were invited to start the morning with a group mindfulness session facilitated by the CRANAplus Bush Support Services psychologists to set the tone for the day.

Our keynotes, invited speakers and presenters provided exceptional presentations that challenged and inspired the theme 'embracing diversity to build stronger connections'. We had the pleasure of hearing three-time Paralympic gold medallist Kurt Fearnley provide a moving address about the power of turning struggle into strength and Emeritus Professor Gillian Triggs, respected human rights consultant, discuss the fundamental health and legal rights of every person regardless of where they live or their cultural background. ▶▶



Sue Lenthall, Maryanne O'Loughlin, Wendy Bowyer (CRANaplus Remote Clinical Educator) and Fiona Wake (CRANaplus Chair).



Kath Simmons, Robyn Hill and Wendy Bowyer.



Ben Crough.



Lyn Byers.



Karen Cook.



Michelle Gunn.



Delegates enjoying the presentation of awards at the Conference dinner



Kurt Fearnley, Belinda Gibb, Fiona Wake and Anita Wright.

►► Our speakers spoiled delegates with information ranging from home-based end of life care to skin cancer assessment in remote areas; Indigenous eye health, cultural safety, RIPERN transitional planning and becoming LGBTIQ allies to thought-provoking research on the perceived preparedness of recent dental graduates in recognising, responding and referring patients who have experienced domestic violence. Our speakers were as diverse as the topics presented.

Shadow Minister for Health The Hon. Chris Bowen MP provided a warm message of support acknowledging the work that we do

to improve the health outcomes in rural and remote Australia. Overall it was an invigorating two days, bringing together clinicians, educators, students, policy makers and health leaders.

The Conference concluded with delegates enjoying a gourmet experience of the best seasonal Hunter Valley produce, live entertainment, the region's greatest wineries showcasing award-winning wines and local producers sharing fresh breads, olives and more.

Join us next year in our nation's capital, Canberra from 14-16 October 2020. ●

Gayle Woodford oration

**Delivered by: Jacqui Cross
Chief Nursing and Midwifery Officer NSW**

I strongly believe in the power that comes from the connections that we form with one another. Our opportunity to share, to see a different view point and to build a collaborative vision for what we believe makes a difference to the way that we engage with our work and most importantly has the biggest impact for those we work with.

The CRANaplus Conference has become a key event in the remote health practitioner's calendar. It was wonderful to see so many passionate and enthusiastic faces here from across Australia. It's heartening to know that your attendance here today is because of the importance you place on remote and isolated health care, and supporting your local communities.

I note that your 1st National Conference was held in Alice Springs in October 1983. The passion of Remote Area Nurses to put remote health issues on the national agenda is as valid today as it was in the early 1980s. Your ability to sustain interest in sharing skills and knowledge speaks to your enthusiasm and dedication to progress remote health care. You all have a deep commitment to improve remote health care for your patients and their families and I applaud you for that. Events like today are important for many reasons. Amongst them are sharing knowledge, ideas, and stories; networking; planning; and highlighting the critical role that remote health professionals play in the care for Australians every day.

The theme of your Conference this year – *Embracing Diversity to Build Stronger Connections* resonates strongly with me as I believe it is fundamental to the way that we come together to deliver care, building our connections with each other and most importantly with patients and clients for our diverse communities. It is an honour to deliver

this Oration in memory and recognition of Gayle Woodford. Gayle Woodford is remembered as a committed and passionate Remote Area Nurse (RAN) who dedicated her expertise to provide health care to those that live in some of the most remote parts of this country.

Our space, I would argue is nursing and midwifery practice. That is the piece we own and that we can talk about with confidence and authority. It is the space that can and has the biggest impact on how we deliver nursing and midwifery care, how we improve access to care, and the experience of that care. There are two major international platforms of work that are our opportunities to demonstrate the difference we make.

The first is Nursing Now Campaign. This three year global campaign from 2018 to 2022, aims to improve health by raising the profile and status of nursing worldwide. Run in collaboration with the World Health Organization and the International Council of Nurses, Nursing Now seeks to empower nurses to take their place at the heart of tackling 21st century health challenges and maximize their contribution to achieving Universal Health Coverage. The ability of our nursing and midwifery workforce to provide dynamic and responsive interventions that improve patient experiences across all services is not to be underestimated. And in particular, remote nurses play an important role in delivering care across the continuum, across diverse contexts and in managing challenging and complex health and social issues.

The second is the announcement by the The World Health Organisation, in recognition of the 200th anniversary of the birth of Florence Nightingale that 2020 will be International Year of the Nurse. In doing so the World Health Organisation is recognising the central role nurses and midwives have in the delivery of care. The international recognition of the contribution of nurses is very exciting, and I am anticipating a great year in 2020 for our nurses and midwives. ●

CRANaplus awards

The CRANaplus awards are always a highlight for delegates, and in maintaining tradition they were awarded at the Conference dinner.

The awards are an opportunity to recognise those remote and isolated health professionals who have made a significant contribution to remote health and are outstanding health professionals. Congratulations to all of our award winners!

Excellence in Remote Health Practice

Winner: Johanna Neville

Sponsored by: James Cook University – Rural and Remote Health



Johanna is a strong advocate for remote communities and the right of individuals to access quality primary health care and population health services.

Johanna is a Registered Nurse and Midwife employed by Apunipima Cape York Health Council. As a program advisor for maternal and child health, she provides professional leadership, strategic direction and clinical guidance to maternal and child health staff who deliver primary health care services to 11 remote Aboriginal and Torres Strait Islander communities in Cape York. In 1993 Johanna became a Registered Nurse and, as an early career nurse, was drawn to rural, remote and isolated posts which broadened her experiences and expertise.

Excellence in Research in Remote Health

Winner: Katie Pennington

Sponsored by: Centre for Remote Health



Katie has led a critical research project 'Registered nurses in very remote Australia, medicines and the law', investigating the impact that current medicines and poisons legislation has on the ability of registered nurses to provide health care in the very remote and isolated context.

Katie is a Registered Nurse, researcher who currently works with Punturkunu Aboriginal Medical Service in Western Australia where her role is focused on improving clinical systems, clinical governance and support for clinicians.

As well, Katie works a tad closer to home at St Helens District Hospital in Tasmania.

Katie's first exposure to remote and isolated health care practice occurred in the late 1990s and early 2000s during her time as a medic in the Australian Defence Force (ADF).

Since leaving the ADF and becoming a Registered Nurse in 2005, Katie has worked predominantly in rural and remote locations in Western Australia with International Health and Medical Services in detention health, and in South Australia with SAHMRI Wardliparingga Aboriginal Research Unit.

Outstanding Novice/Encouragement

Winner: Tiffany Callanan

Sponsored by Remote Area Health Corp

As an early career Registered Nurse, Tiffany continues to strive for excellence through professional development, and is considering undertaking further qualifications and CRANaplus' remote emergency and maternity emergency courses in the near future.

Tiffany began her nursing career in aged care. In 2017 she completed a Bachelor of Nursing at Charles Sturt University. In 2018 she entered a graduate nurse program and undertook remote placement at Pormpuraaw Primary Health Care Clinic in the west coast of Gulf Carpentaria, where she remains as the clinical nurse. ●



aurora award

The prestigious Aurora Award was initiated by CRANaplus to recognise individuals who have made an outstanding contribution to remote health. This year's recipient, Susan Markwell, was no exception and is an inspiration and leader in her field. Congratulations Susan!

Susan is a flight nurse employed by the Royal Flying Doctor Service, Queensland Section. Commencing her career over 28 years ago, as the only flight nurse based in Charleville, she relocated to Cairns in the 1990s as the senior flight nurse to lead the nursing team in the provision of primary health care and aeromedical retrievals.

Susan is considered by her colleagues and peers as a shining light, a professional role model within remote health practice.

Well recognised for her astuteness and knowledge of the local service area, the people who reside there, as well as the communities RFDS serve.



She is well loved by her colleagues and patients and continues her work with great passion, drive and clinical excellence to provide the highest standard of patient care.

She works closely with the people of the Cape and north-western communities in primary health care, maternity services and emergency work and is highly-respected, extremely knowledgeable, an excellent team player and an experienced clinician. In addition, Susan manages an enormous workload and inspires great teamwork and team building.

Susan is known for her generosity of spirit and zest for mentoring of flight nurses, medical officers, RANs and allied health professionals.

She is a strong advocate for building the capabilities of Aboriginal and Torres Strait Islander Health Workers through mentoring, education and training.

The tenaciousness Susan possesses is characterised by her commitment, passion and energy, from driving excellence in clinical care to leading high-performing teams, embracing

change through state and national health care programs, initiatives and projects. In addition, she is an active participant in RFDS forums and meetings for child health, maternity and emergency services at a local level within the Cairns health district.

As a highly-developed leader and a professional role model within RFDS and broader nursing profession, Susan is a dynamic woman who walks the talk, an outstanding shining light for remote and isolated health care practice and a deserved winner of the 2019 CRANaplus Aurora Award.

CRANaplus is committed to recognising individuals and teams for their exceptional contribution to remote health as outstanding health professionals.

We encourage you to nominate an individual(s) or health team for selection in the 2020 CRANaplus Awards: Nominations open on 1 February 2020 and close 30 June 2020.

Visit: crana.org.au/conference/awards or email scholarships@crana.org.au ●

fellows of CRANaplus

At the opening night of our 2019 Conference, two outstanding individuals, Dr Lynore Geia (left) and Dr Sandy Campbell (right), were announced as Fellows of CRANaplus.



Dr Lynore Geia

Dr Lynore Geia's peers acknowledge Lynore as an outstanding Remote Area Nurse and Midwife whose life's work has been to improve the lives of remote Aboriginal and Torres Strait Island people.

Lynore, a Bwngcolman woman from Palm Island, commenced work as a RAN in Central Australia in 1987 with Nganampa Health, followed by various roles within Central Australian Aboriginal Congress.

In Central Australia, Lynore was an active member of CRANaplus and CARPA and was a member of the editorial committee that produced the first edition of the Women's Business Manual.

Since 2014, Lynore has held a dual position at James Cook University (JCU), College of Health Care Sciences as the Academic Lead – Aboriginal & Torres Strait Islander Health, and Indigenous Futures Lead Centre for Nursing and Midwifery Research.

Lynore completed her Masters in Public Health and Tropical Medicine in 2002 and her PhD in 2012, both with JCU. Lynore is committed to developing effective research practice that informs service reforms and health education that particularly impacts on Aboriginal and Torres Strait Island holistic health care practice.

Lynore's academic and community knowledge provides a unique platform to advocate for, and work with, Aboriginal and Torres Strait Island communities.

Her aim is to develop strengths-based strategies informed by Indigenous and western research knowledge to inform youth, family health and community holistic health practice.

This passion for community has extended to public health and social justice advocacy and activism on social media – Twitter @LynoreGeia

Lynore's peers hold her in high esteem and acknowledge and commend her leadership, scholarship, international recognition, professional and personal contribution made as a remote nurse and midwife.

Dr Sandy Campbell

Dr Sandy Campbell commenced her remote area nursing and midwifery career with Uranpuntja Health Service, Utopia in 1988.

Since that time she has aspired as an Aboriginal nurse, Midwife and researcher to do more to improve the health of Aboriginal and Torres Strait Island people living in remote and isolated areas.

In 2002, Sandra undertook a Masters Applied Epidemiology (Indigenous Health) and then a PhD which she completed in 2012.

Sandra now holds the position of Senior Research Fellow at the Centre for Indigenous Health Equity, Central Queensland University.

Since 2012, she has been involved in key research projects.

These include the Centre for Research Excellence project *Improving health services for Aboriginal and Torres Strait children*; the NT Diabetes and Far North Queensland *Diabetes in the Pregnancy Project*; and the *Prevention of Chronic Conditions in Rural and Remote High Risk Populations*.

Sandra's contribution to the profession includes being editor of the Australian and NZ Journal of Public Health, a reviewer for a range of high-profile journals as well as tutor and mentor for emerging researchers and masters' students.

Sandra's peers hold her in high esteem and acknowledge her incredible passion and drive to make a difference to the health and wellbeing of Aboriginal and Torres Strait people.

Sandra is internationally-recognised and continues to make a significant contribution to the evidence base on which we base our nursing midwifery practices and policy in remote communities. ●





Photo: Stevie Batten.

connect

nursing is a journey: A profile of an agricultural health clinician

By Rosie Bear, RN
Northern District Health Service VIC
National Centre for Farmer Health

Nurses are vital to the community. A career in nursing can be challenging, while also rewarding as it involves helping sick individuals become healthy again. Developing our knowledge, skills and experience over time means we can work in many and varied environments. This also allows us to have the opportunity to work flexible hours.

Each nurse's journey is unique. A caring and empathetic nature is common and nursing soon becomes part of your being. It is caring for people when they are vulnerable and involves educating individuals to achieve health and wellbeing, empowering them to have control of their personal journey.

Right: Rosie Bear (front row second from right) with fellow 2019 HMF701 scholarship recipients.



I was in the first intake of university-trained nurses at Warrnambool Institute of Advanced Education which later became Deakin University. I studied for 18 months, qualified as a state enrolled nurse – now known as Registered Nurse Division 2. I then deferred and commenced my practical nursing career at Hamilton Base Hospital on Fitzgerald wing, a surgical ward.



At 21, I travelled to the UK, I enjoyed agency nursing in London and also worked as a nanny out in the country – the families I worked with valued and were comforted by my nursing qualification and knowledge.

Returning to Australia in 1991, I worked as an agency nurse in many hospitals and nursing homes around Melbourne. This grew and embedded my medical and pharmacology knowledge. During this time, I developed sound nursing and communication skills. Here I learnt to work as a team member and adapt quickly to changing environments and circumstances. I soon returned to Deakin University where I completed my Bachelor of Nursing and registered as a Division 1 Nurse. My graduate year was at Wimmera Base Hospital in Horsham. This was a wonderful 12 months with rotations and experience in surgical, theatre, A&E and renal dialysis.

A country girl, I met and married a country boy. I was welcomed into a family farming business in northern Victoria but I have always wished to continue nursing; it is part of my being and my identity.

I am a partner in our sheep-grazing business and unlike many, we have had a smooth succession to our generation. ▶▶

▶ As a nurse we have policies written in relation to health and safety for individuals and various workplace practices and procedure, e.g. If forecast over 38°C then inside between 11-3pm. Wearing PPE when using chemicals, tools, implements or machinery etc.

Each nurse's journey is unique. A caring and empathetic nature is common and nursing soon becomes part of your being.

When our children were small I had a yearning to work in community nursing. An opportunity opened and I was welcomed into district/domiciliary nursing at our local hospital. I was now developing my knowledge of community support services to clients needing support

Below: Rosie Bear (second from right) during HMF701 lectures.

whilst living at home. In community health, I now work with people from different cultural backgrounds, often with disadvantaged and marginalised people.

In partnership with the local community, I work to prevent illness and promote health across the lifespan by identifying barriers to healthy lifestyles and general wellness. I work with families and communities to empower individuals accessing care to change unhealthy lifestyles and provide post-acute care to people in their homes.

It is important to be able to assume responsibility and a leadership role, take initiative in emergencies, have strong communication skills, work autonomously and as part of a team, maintain patience and discretion when providing health care.

In community health we provide an interpretative bridge between the acute sector and community services. We embrace a social model of health to advocate and give a voice to the community accessing health care.

In a system which is often complex and hard to navigate, we as community health nurses are able to simplify the health systems, referral pathways and access to care.

I work in an inter-disciplinary team which can include, but is not limited to, mental health nurses, podiatrists, general practitioners, psychologists, women's health nurses, Aboriginal health workers, allied health and hospital services. As a nurse, my skills have also been valued in case management roles with aged care and disability services... such a diverse journey a nurse can have.

Health is a person's number one asset.

Nursing, an interest in health and farming life is my being. Not actively working in our agricultural family farming business, I wanted to use my breadth of knowledge and skills built over the last 25 years to educate and empower our farmers about their health.

Then I found the National Centre For Farmer Health (NCFH). Our local community had been suffering a lot of adversity with drought, political water war-fare leading to reduced or no irrigation water allocation, poor commodity prices in some sectors and associated mental health issues to many families. This ripple effect has affected many businesses within our community as they rely on the agricultural sector.

I applied for and completed the unit HMF 701 Agricultural Health and Medicine through Deakin University in partnership with NCFH. Also very fortunate to have a supportive employer, Northern District Community Health who could recognise the need to be able to offer this specific agricultural health service to our community. I studied Agricultural Health and Medicine with the intent to becoming an AgriSafe clinician in my local area in northern Victoria. I now feel comforted that I can use my extended nursing knowledge to contribute and support our agricultural and farming sector.

I now look forward to delivering the primary prevention and health awareness program to our agricultural community. If health is compromised it can affect your family and business.

By educating our farmers they can improve their health, wellbeing and safety to be able to get the most out of their life and fulfil their farming business's potential. Health is a person's number one asset.

May my journey continue with my passion for health and farming...

Applications are now open for the Graduate Certificate in Agricultural Health and Medicine. For details visit www.farmerhealth.org.au or contact Dr Jacquie Cotton on (03) 5551 8585. ●



double congratulations



CRANaplus congratulates our Aboriginal and Torres Strait Islander brothers and sisters on their outstanding 2019 conferences.

The CATSINaM Professional Development Conference (pictured above) was held in Sydney in September with excellent attendance by members and new students of nursing and midwifery from all over the country. It was a wonderful forum for networking and interaction with peers and the momentum for action and leadership from this integrated professional community continues to grow. Congratulations to CEO Melanie Robinson and the whole team at CATSINaM on the success of your conference.

2019 marks 10 years since the formation of NATSIHWA so in October they returned to the birthplace of their organisation, Alice Springs, for this year's conference (pictured right). The conference theme 'A decade of Footprints Driving Recognition' set the scene for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to engage in the history and knowledge exchange of the past, consider current evidence based best practice programs/ services, and envision what the future has to offer. It was an important celebration of everything NATSIHWA has achieved in 10 years.



CRANaplus extends its warmest wishes to NATSIHWA on this important anniversary and congratulates CEO Karl Briscoe and his team on the success of their conference.

CRANaplus was proud to support both conferences by providing scholarships for Aboriginal and Torres Strait Islander people to attend. ●



WALKING TOGETHER WORKING TOGETHER

The most important relationship in remote health: honouring the partnership between Aboriginal and Torres Strait Islander Health Workers / Practitioners and Nurses/Midwives.

CRANaplus & NATSIHWA invite remote area Nurses / Midwives and Aboriginal and Torres Strait Islander Health Workers / Practitioners to submit photos working together side by side.

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NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association



time to change the aged-care conversation

We can do better than the traditional service delivery model when we consider home care for elderly people.

That's the view of Ben Chiarella, NSW manager of aged and community services at LiveBetter Community Services, a not-for-profit community service organisation (NGO) focused on the needs of people in regional New South Wales and Queensland.

"We need to move the conversation from providers focusing on listing the services on offer to starting a conversation with 'what outcomes do you want to achieve,'" he says.

"Rather than elderly folk being passive recipients, they can become engaged in their own care, make their own decisions and explore options."

And Ben suggests telehealth monitoring has a major role to play in developing a wellness model, focusing on quality of life, for elderly people who want to stay living at home.

"We all know how time-poor GPs are, and how getting to medical appointments becomes increasingly inconvenient and troublesome for elderly people," says Ben.

"Telehealth monitoring is a solution – but the benefits of this technology go far beyond saving everyone travel time."

Ben, who has been responsible for the past 18 months for the growth, business development, expansion, and delivery of the organisation's telehealth services including telehealth monitoring, suggests one reason for the success of telehealth lies in the ability to help people make small and sustainable changes.



Rather than a monthly or bi-monthly visit to the GP, it can be a regular five-minute phone or video call from a telehealth nurse, helping the patient understand their medical conditions and providing positive reinforcement of their efforts.

"Up to this point, people could have made 40–50 years of poor health decisions so you can't expect someone to make radical lifestyle changes," says Ben. "It's unrealistic, so small, steady steps win the race."

"Regular contact is not the whole story. Telehealth is an example of technology's ability to create community and connections," says Ben.

"It helps the patient to have regular touch points with someone who is working for them in the community space. A telehealth nurse gets to know what drives their patient and works with them on their journey. So, what we're seeing is social connectedness."

Ben's organisation provides telehealth services through the home care package model and would like to see this become mainstream throughout Australia.

"There's money available to help elderly people with home care packages," says Ben. "We need to be innovative. There are only so many physical services you can provide. NGOs like ours should be collaborating more with the health services, the emergency services, the GPs and specialists involved in acute and chronic illness."

Rather than putting money separately into these silos, we should be connecting and integrating services to deliver better outcomes for the people's lives we are all touching."

Ben gives a small example: "An elderly obese diabetic man has a home care worker who helps with his grocery shopping. Through telehealth monitoring and chats with his telehealth nurse, he decides he wants to improve his eating habits and focus on losing some weight and improving his diabetes management. We get a dietician to speak to him who builds him a program. He then works with his coordination and care worker and he gets involved in drawing up the shopping list that focuses more on healthy eating and diabetic management. He is engaged throughout the whole process and support with his health behaviour changes daily with the telehealth nurse."

"Changing people's views and attitudes is challenging... It doesn't happen overnight."

"Changing people's views and attitudes is challenging," Ben says. "It doesn't happen overnight. Some GPs are reluctant – they don't think their patients need telehealth monitoring, and elderly people are sometimes hesitant to consider technology as part of their wellness solution."

"The results speak for themselves. I've seen many positive outcomes when people do come on board: people become more confident about how they are managing their health issues, perhaps visiting their family interstate for the first time in years or becoming more actively involved in their own management of their chronic diseases."

"We are constantly reviewing and reforming our model to fit the market," says Ben. "We are looking at modifying how we provide patients' biometrical details but, as the years go by, the cohort using the home care packages are likely to want a high level of technology and more autonomy in their care." ●



Photo: Jack Bennett.

a country life

Courtney Van Der Spek, a second-year medical student in Tasmania, is keen to promote a rural working life to aspiring health professionals.

As a committee member of Rustica, the University of Tasmania’s rural health club within the National Rural Health Student Network (NRHSN). Courtney is enthusiastic about her role, visiting rural high schools to encourage students to consider health as a profession – and also to think about focusing on rural health.

“I love running the sessions, where I talk about different health degrees, how to get into them and what the careers are like,” says Courtney. “We have fun stations to let pupils see what is involved.”

Retaining a medical workforce in rural areas can be difficult, says Courtney, and recruiting people who are prepared to live there is an ongoing effort.



Courtney (right) is pictured here with fellow Rustica committee member Elif Stoneman.

“Life is different in a city compared to an isolated area, and the issues are quite different,” she says. “I like to urge people growing up in a big city to go and see what it’s like.”

Courtney also encourages students from rural backgrounds to consider returning to a rural area once they are qualified. “If you are from a rural area, you already have a good idea of the issues facing people living outside the cities, and you are well positioned to help people to overcome those issues,” says Courtney.

“Being adaptable and able to think on your own and problem solve is important if you work in rural areas,” says Courtney. “Another is the lack of resources compared to city hospitals.

“It’s scary. And it’s exciting. You are likely to experience situations you have never encountered. In these situations, you learn so much in terms of your skill set, and also confidence and responsibility.

CRANaplus sponsored Courtney to attend the NRHSN Council meeting in Brisbane in August, where she met delegates from the 28 rural health clubs located at universities throughout Australia.

“It was good to meet members from other health clubs and talk about similar challenges. I learned a lot,” says Courtney. “Seeing how other people run their clubs was very valuable.

“One of those challenges is to attract more students in the allied health area. They have a shorter study timeframe so we need to find ways to reach them quicker.”

Courtney, the first person in her family to choose medicine as a career, recently had her first clinical placement in Tasmania’s Queenstown.

Growing in Launceston with close ties to rural areas, Courtney says: “I’m nearly half way through my studies and, at the moment, my idea is to work somewhere small.” ●

improving remote maternity care

The grief experienced by families who endure the tragedy of stillbirth is monumental and far-reaching. It is a grief that touches many Australians, with six babies stillborn, on average, every single day in this country. But it is also felt disproportionately by rural and regional Australia.

The further a woman lives away from a major city, the greater the chance she has of experiencing a stillbirth. The Australian Institute of Health and Welfare found that women living in remote and very remote areas are 65 percent more likely to lose their babies in the perinatal period than women living in major cities and inner regional areas.

Last year's Senate Select Committee into Stillbirth Research and Education predicted this trend may only increase in the future, as a result of the closure of small maternity units in country towns and rural areas across the country.

Tragically for Aboriginal and Torres Strait Islander women, the odds are even worse. The rate of stillbirth for their babies is double that of other Australian women.

There is now some hope that Australia's unacceptably high rate of stillbirth can be addressed not as a private family tragedy, but a pressing public health issue. This is thanks in part to the momentum garnered through the Senate inquiry.

A significant step forward in this effort to reduce Australia's stillbirth rate was made on 15 October, International Pregnancy and Infant Loss Remembrance Day, when Health Minister Greg Hunt released the Safer Baby Bundle eLearning resources in Parliament House Canberra.

The launch of these important new educational resources for health care workers was attended by more than a dozen parliamentarians, including Shadow Health Minister Chris Bowen, Senator Kristina Keneally and Senator Malarndirri McCarthy, in a strong demonstration of the current political commitment to tackling this issue.

The Safer Baby Bundle resources, developed principally by the Stillbirth Centre of Research Excellence (CRE), are designed for midwives, doctors, Aboriginal health care workers, and other frontline maternity health care providers, to bridge the gap between what the evidence identifies as best-practice care and what currently happens on the ground in maternity services across the country.

Research shows that up to a staggering 30 percent of stillbirths could be prevented through the provision of better health care. The specific goal of the Safer Baby Bundle is to reduce the rate of stillbirth from 28 weeks' gestation by 20 percent over the next three years by ensuring women right across Australia get the care they need. This would mean an extra 200 families could bring their precious babies home from hospital with them each year.



Health Minister Greg Hunt, David Ellwood and Stillbirth CRE Director Vicki Flenady at the Safer Baby Bundle (SBB) launch.

The Stillbirth CRE's Director Professor Vicki Flenady said the Safer Baby Bundle resources would have a particular benefit for doctors, midwives and other health care providers working in regional and rural areas.

"The Safer Baby Bundle eLearning resources are free, interactive, online learning modules based on the latest clinical evidence. They are easy to complete and are designed to improve the maternity care all Australian women receive," she said.

"By providing these best-practice learning modules online, we are hoping to overcome the tyranny of distance and ensure health care workers are empowered to give women the most up-to-date information and the best possible care, regardless of where they are located," Professor Flenady said.

The Safer Baby Bundle seeks to improve health care outcomes across the five priority areas of: supporting women to stop smoking in pregnancy; improving detection and management of fetal growth restriction; raising awareness and improving care for women with decreased fetal movements; improving awareness of maternal safe going-to-sleep position in late pregnancy; and improving decision making about the timing of birth for women with risk factors for stillbirth.

In addition to this, the Safer Baby Bundle also emphasises the importance of some overarching best-practice care principals, including supporting women to access continuity of midwifery care, and conducting audits on every stillbirth to reduce future risks and provide parents with answers, where possible.

The rollout of Australia's Safer Baby Bundle follows the introduction of similar successful initiatives in other countries. The United Kingdom's version of the Safer Baby Bundle, Saving Babies' Lives, has seen a 20 percent reduction in stillbirth rates since its implementation.

Over the coming year, further action from government will be needed to continue this important work of saving babies' lives. The final report from the Senate Select Committee made



16 recommendations and called for a National Action Plan focused on reducing the rate of stillbirth in Australia by 20 percent by 2023.

This action plan, alongside a broad public awareness campaign, will hopefully become an important blueprint that can enable the health care sector and expecting families to collectively work to dramatically lower the rate of preventable stillbirth, the way Australia once did with Sudden Infant Death Syndrome.

The Safer Baby Bundle eLearning resources can be accessed at: learn.stillbirthcre.org.au Clinicians who successfully complete the Safer Baby Bundle eLearning modules can be recognised for their training with accredited CPD points. ●

endometriosis explained simply



Dr Amy Moten
Medical Educator
SHINE SA

Endometriosis affects up to 10 percent of people of reproductive age. "It can affect all women and girls, transgender, nonbinary, and gender-diverse people assigned female at

birth, regardless of age, background or lifestyle, from pre-pubescence to beyond menopause." (Commonwealth of Australia, 2018). It is therefore important that health professionals be aware of this historically under-recognised cause of dysmenorrhoea so that appropriate referral, support and management can be initiated.

Endometriosis is a condition that occurs when cells similar to those that line the uterus are found in other parts of the body. It most commonly occurs in the pelvis and can affect the reproductive organs. The endometrial cells found outside the uterus grow to form lesions or patches that bleed and leak fluid in response to hormones at the time of the period. This leads to inflammation and scarring.

Endometriosis is a condition that occurs when cells similar to those that line the uterus are found in other parts of the body.

The causes of endometriosis are unclear, but certain factors seem to increase the risk. Family history is important; people with a close family member with endometriosis

are 7–10 times more likely to also have endometriosis. Retrograde menstruation which occurs when blood flows backwards in to the fallopian tubes during a period may be a factor. In most people the blood, which contains endometrial cells, is absorbed or broken down by the body and causes no symptoms. However, in people with endometriosis, this endometrial tissue starts to grow inside the pelvis. Endometriosis is usually oestrogen dependant and mostly affects people of reproductive age, but can be seen pre puberty, in young adolescents and in post-menopausal people.

In most people the blood, which contains endometrial cells, is absorbed or broken down by the body and causes no symptoms.

Other possible factors that may have a role in causing endometriosis are:

- having first pregnancy at an older age
- heavy bleeding during periods, and periods lasting longer than five days
- first period before 11 years of age
- regularly having fewer than 27 days between periods, or having shorter regular cycles
- changes in the immune cells.

Endometriosis is estimated to affect 1 in 10 people of reproductive age, with around 730,000 Australians living with endometriosis.

In an Australian government report, endometriosis is reported to have cost Australian society \$7.4 billion in 2017/2018 with two thirds of this costs attributed to loss in productivity with the remainder, approximately \$2.5 billion being direct health care costs (Commonwealth of Australia, 2018).

Heavy bleeding with pelvic pain is one of the most common reasons for presenting to a health professional. This can be pain immediately before and during the period and/or during or after sex. Initially the pain occurs only around the time of the period, but over time the body becomes sensitised to pain and the pain can occur throughout the cycle, even if the periods are suppressed.

In an Australian government report, endometriosis is reported to have cost Australian society \$7.4 billion in 2017/2018...

Heavy bleeding can occur with or without clots. Bleeding may be irregular, continue for a long time or there may be spotting before the menstrual period. Bladder and bowel problems may occur, for example, constipation or diarrhoea, pain when the bowels are opened, feeling the need to urinate more frequently and bloating.

Endometriosis can be difficult to diagnose. The average time from first onset of symptoms to diagnosis is 7–12 years. About a third of people with endometriosis discover they have it because they have not been able to become pregnant, or because endometriosis is found during an operation for another reason.

A laparoscopy may be performed to diagnose endometriosis.

This is because the best way to confirm endometriosis is with a laparoscopy, which can be difficult to access. However, endometriosis can be diagnosed based on symptoms and family history, along with examination and ultrasound to rule out other causes of pain and bleeding. Symptoms can be present from the time of first menstruation or occur a few years later.

Typically symptoms become more severe over time. Pain and bleeding that causes people to miss school or work is not normal and should always be assessed by a doctor experienced in sexual health.

A laparoscopy may be performed to diagnose endometriosis. A sample of the endometrial tissue can be removed for biopsy. Often all the endometrial tissue will be removed as part of the treatment for endometriosis.

The severity of endometriosis seen at laparoscopy may vary but has no relationship to the severity of symptoms. People with extensive endometrial deposits may have very few symptoms while people with less obvious endometriosis at surgery may have severe pain. Management of endometriosis should always be based on the symptoms and needs of the individual client.

Management of endometriosis should always be based on the symptoms and needs of the individual client.

Mild to moderate period pain may be managed with heat packs and non-steroidal anti-inflammatories. The treatment for endometriosis varies from person to person and often depends on how long someone has had symptoms and how severe they are.

If diagnosis and treatment occurs early on, often endometriosis can be managed with hormonal contraception such as the combined oral contraceptive pill or hormone releasing Intra-Uterine Device (IUD).

Sometimes laparoscopic removal of endometriosis is needed but it's important to be aware that the endometriosis can come back and ongoing menstrual suppression is recommended. ▶▶

►► It's also important to avoid too many surgeries as this can contribute to scarring and ongoing pain. International guidelines for endometriosis recommend that excision of endometrial tissues is preferred over ablation as it's more likely to lead to complete treatment and have less chance of disease recurrence.

Even if first line treatments such as menstrual suppression and surgery are successful symptoms can recur or progress and associated symptoms such as chronic pelvic pain can develop.

Surgery can have an impact on ovarian reserve and it is important to discuss future fertility needs. Referral to a specialised fertility service may be needed.



Photo: Steve Batten.

Even if first line treatments such as menstrual suppression and surgery are successful, symptoms can recur or progress and associated symptoms such as chronic pelvic pain can develop.

This usually needs a multidisciplinary team of health professionals experienced in treating endometriosis, including doctors, psychologists, physiotherapists and pain specialists.

Facilitating access to these services is part of a holistic approach to endometriosis.

Where to access more information on endometriosis

You can find more information on the Jean Hailes and Endometriosis Australia websites:

jeanhailes.org.au

www.endometriosisaustralia.org

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