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CRANA plus
improving remote health

magazine

the voice of remote health

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

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About the Cover: CRANAplus staff and facilitators Leonie McLaughlin, Amanda Forti, Glenda Gleeson, Keppel Schafer and Michelle Price at the Adelaide CRANAplus office prior to a Maternity Emergency Care course in June.

From the CEO

Dear CRANAplus Members and Friends,

Welcome to the latest edition of the CRANAplus magazine. In every publication, we aim to provide the opportunity to share in the collective passion and innovation of the remote and isolated health workforce.

We regularly receive positive feedback about the magazine but we're always looking to do even better. If you have feedback to share or if you or your team would like to be featured, please get in touch with marketing@crana.org.au.

Since the publication of our last magazine, we have welcomed a new Labor government, and we look forward to working with them in the coming years to address the health challenges faced in remote Australia. We know that the health system has been under immense pressure, and this has been acutely felt in remote and isolated areas. It is going to take many, many months to address the complex problems which have impacted the workforce and the delivery of care. CRANAplus will continue to raise its voice to advocate for positive change.

Over the past months our Education Team has been busy delivering contextualised, face-to-face training. A big shout out of thanks to our volunteer facilitators who are back on the road with us. They bring a wealth of experience to each course.

Our Bush Support Line continues to be available 24/7 to assist you and your family. The Mental Health and Wellbeing Team is also delivering virtual workshops to support the workforce. Feedback from attendees has been extremely positive – if you are interested in hosting one for your workplace, head to crana.org.au/workshops for more information.

Our Professional Services Team work tirelessly to create resources and assist with enquiries to help you improve the safety and quality of remote health care. New safety resources have been launched and provide a guide for remote and isolated practice.

The CRANAplus 39th Annual Conference will be held in Adelaide 4–6 October, and we are busy building a fantastic program for the event. After what feels like eternity, we will finally be able to come together face to face. We are looking forward to showcasing our education products, providing a wellbeing space for delegates to have some quiet time, and the Professional Services Team will be making the most of the opportunity to network with the delegates and share stories.

I am looking forward to seeing many of you there.

Warm Regards,

Katherine Isbister
Chief Executive Officer
CRANAplus

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

From the Chair of the Board

Greetings to you all. Following the intensity of the last couple of years, which still continues for many of you, I hope you have had a chance to recharge by scheduling some holidays and spending time with your family and friends this year.

2022 started with some anxiety for many of us working in health across the country, as COVID-19 related travel restrictions were removed and we anticipated the impact of that decision. A positive of the open borders has been that CRANAplus education teams have again been able to provide important hands-on training around the country.

As I write this message, we welcome in a new Prime Minister Anthony Albanese and a Labor government. It is encouraging that Labor has identified primary health care as a key area of reform. I anticipate CRANAplus will be an important contributory voice in this agenda. The appointment of the Hon. Linda Burney as the first Aboriginal woman to be Indigenous Affairs Minister, and her and Labor's commitment to the Uluru Statement from the Heart, provides hope towards meaningful change for First Peoples.

As CEO Katherine Isbister stated in CRANApulse in May, "CRANAplus stands ready to work shoulder to shoulder with this new government to address the issues which are important to remote health."

As the world moves back to business as usual, some areas of health, particularly our rural and remote areas, are still feeling the effects of the last two years. I hope you are finding the support you need from your organisations and colleagues. I encourage you to join us at the CRANAplus Conference 4–6 October in Adelaide to again connect with your colleagues from across this great land.

CRANAplus continues to deliver a high level of tailored education for health professionals who work in remote and isolated locations, provides 24/7 psychological support for those clinicians and their families, and advocates at all levels for remote health issues.

The Board is pleased to see CRANAplus grow in its capacity and advocacy at the highest levels; and to provide real pathways of support for remote and isolated health practice and practitioners, as well as those disadvantaged due to health inequities, especially in our Aboriginal and isolated communities.

Stay safe and stay connected. See you in October.

Fiona Wake
Board Chair
CRANAplus Board of Directors

Photo: Rafael Ben-Ari – stock.adobe.com

Photo: Leah-Anne Thompson – stock.adobe.com

First Peoples

CRANAcast with Dallas McKeown

In episode five of CRANAcast, Dallas McKeown, Executive Director First Peoples' Strategies at CRANAplus and proud Aboriginal woman of the Yuwaalaraay nation, shares her journey from EN to her current role at CRANAplus, along with the importance of a good cup of coffee.

Dallas: With all due respect, I would say that nursing is quite a militant, you know, very structured industry to be in.

We are carers but I think sometimes we miss the care bit, we actually become so entrenched in 'this is what has to be done', 'when it has to be done', that we miss a bit of that care and looking through a different lens.

So, when you meet somebody, and they say "this is the way it's done" you can say "but have you thought about it in a different lens?"

Photo: Syda Productions – stock.adobe.com

I think that here at CRANAplus, that's the lens you're looking through, but [I aim to bring another lens], which is my world views, which differ.

Sure, there are similarities, but there are differences as well. You know, being Aboriginal, having a real community and family focus; it's a collective of people, not individuals.

I think that's the difference, the work that we do here, when we look at a program it's not black and white, there has to be [some adaptability] to make sure that it fits everybody.

The importance of cultural safety

Dallas: [One strategy includes] providing webinars and professional development to the staff here because not everybody has had a lot to do with Aboriginal people. If you were brought up in white-mainstream Australia, and that's where you've nursed, et cetera, you might not have come across Aboriginal people or if you have, it's one or two.

Whereas, in the areas that we work, which is rural and remote Australia, the majority of our clients are Aboriginal people, so understanding that is really important.

Some of the work that we do here is around that. We are currently developing in-house a cultural safety induction, so anyone who starts with us understands. I'm not talking about cultural awareness where it's like 'do this', 'don't go there', 'wear this'.

> I'm talking about Cultural Safety: ensuring that you self-reflect on [your self] and your attitude, which is really confronting for people. And, I don't think there is anything wrong with confronting and having to think about the way you treat people.

On the horizon

Dallas: We [are developing one course] that will be focused on Aboriginal Health Workers and Practitioners and that is, looking at what is best practice.

We [are introducing] a new program called Mirii, and Mirii in my language the Yuwaalaraay people means star. So, Mirii is a guiding star for Health Workers and Health Practitioners to come and learn different pathways around care. That's the sort of work that I really enjoy, developing new resources.

To listen to the full episode, or hear from other guests, access CRANAcast via crana.org.au/cranacast

Five things you should know about RHD

The Rheumatic Heart Disease Endgame Strategy launched at the end of 2020. Some jurisdictions are now developing and launching their own RHD Action Plans. With the goal of eliminating RHD by 2031, we asked Dr Rosemary Wyber, Senior Research Fellow with END RHD, to simplify this complex preventable disease into five key tenets.

1 Inaction poses a significant health burden

When the Endgame Strategy was launched by the End Rheumatic Heart Disease Centre of Research Excellence (END RHD CRE) and Telethon Kids Institute in late 2020, over 5,000 Indigenous Australians were living with acute rheumatic fever (ARF) or rheumatic heart disease (RHD).

"Without further action we can expect more than 10,000 new cases of ARF – which is the preceding element of RHD itself – by 2031," Rosemary says. "Of those, more than 1,300 would develop severe RHD and over 500 people would die with RHD.

"RHD has a major impact on people's lives and communities. This is a devastating disease, and it affects young people, often in the prime of their lives, who've got significant responsibilities, culturally, as caregivers or family members in their communities.

"The peak age is 11 years that people are at risk of developing ARF, and then they develop chronic RHD in their teenage and early adult life.

"People die prematurely or live with significant burden of chronic disease."

2 RHD is a chronic disease stemming from childhood infections

"People get an infection with the Strep A germ, or 'strep throat'," Dr Wyber says.

Photo: Supplied by Telethon Kids Institute.

"This is more common in places where people live in overcrowded houses or have inadequate access to health hygiene infrastructure, like opportunities to wash hands or clothing.

"Because of such factors, people get a lot of Strep A infections early in their lives. We think there is a priming effect when people are exposed to multiple infections, so their body develops an autoimmune response to subsequent infection.

"This damages the heart valves and the joints – that's ARF. Once people have had a severe or recurrent episodes of ARF, they go on to develop scarring of the heart valves, which we call RHD.

"It's a tricky disease; it starts off with an infectious cause, which makes us think about environmental and social determinants of health, but if a person has RHD, they live with it for the rest of their lives. In that way it's associated with the needs of ongoing chronic disease care."

3 RHD is inseparable from social determinants and Closing the Gap

"Decades ago, ARF and RHD were not uncommon throughout Australia, including in capital cities and non-Indigenous communities," Dr Wyber says.

"However, as access to health hygiene infrastructure and living standards has improved in a majority of Australia, the disease has increasingly contracted and now only occurs at high rates among Aboriginal and Torres Strait Islander People, particularly in remote communities."

This impacts people's lives in various ways.

"RHD increases the risk of pregnancy complications," Dr Wyber says.

"It impacts education and employment. There are issues around people with RHD interacting with the justice and judicial system and receiving the consistent, regular treatment they need.

From top: Dallas McKeown, the Hon Yvette D'Ath, and Katherine Isbister at the Queensland Strategy launch; Katherine, Joy Savage, Tricia Dixon and Lynette Dewis at the same event.

"In many ways RHD is emblematic of the Closing the Gap issues.

"The opportunity to end RHD is an opportunity to tackle many of the Closing the Gap targets and, more importantly, do it in a way that aligns to the priority reform areas of the Closing the Gap partnership agreement.

"It's a tangible example of the many cracks in the system that continue to hinder health outcomes for Aboriginal and Torres Strait Islander peoples."

4 We have the evidence and it's time for action

Research is currently under way to develop a Strep A Vaccine and better diagnostic testing for ARF, and evaluate disease program and policy options, but it's time to roll up the sleeves.

"At the end of the day in non-Indigenous Australia, we didn't need those technical advances for RHD to essentially be eliminated," Dr Wyber says.

"Aboriginal and Torres Strait Islander organisations are leading the work to end RHD, and they need appropriate funding to achieve that.

Katherine, Donella Mills and Dallas at the launch.

"[At END RHD CRE], we were very privileged to have the opportunity to put together an evidence-based, research-informed strategy.

"[Now], we see ourselves as having a supporting function, including finding opportunities to accelerate the work.

"This is no longer a research question, but an implementation question."

5 Tackling RHD will have an impact on many other preventable diseases

"We're empathetic to the huge amount of work coming across primary health desks at the moment," Dr Wyber says.

"Everybody is conscious that remote primary care staff are exhausted and that there's a workforce crisis. COVID-19 has silenced so many competing priorities."

However, there's overlap between different priorities, and solutions and end goals are often shared.

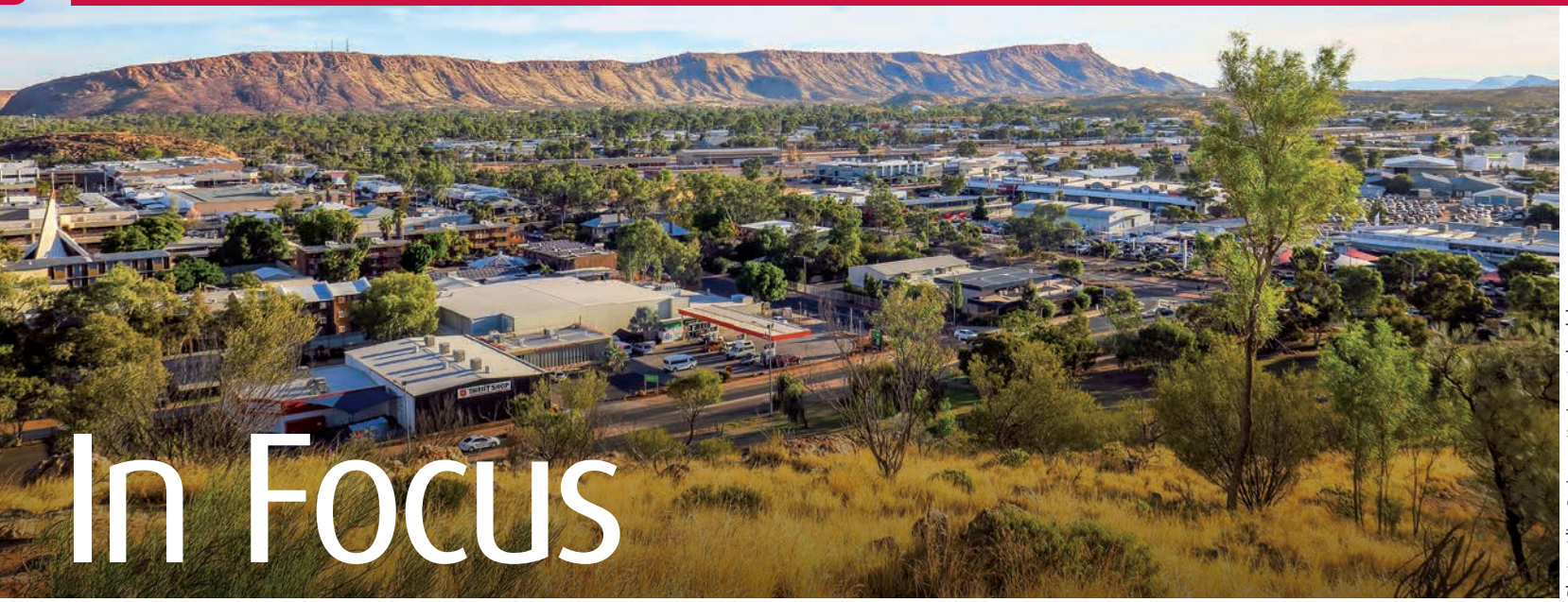
"Culturally safe, high-quality, remote primary care is critical to all this work," she says.

"For disease-specific projects – including RHD, trachoma, ear disease and chronic kidney disease – the core is about supporting comprehensive primary care services and making sure that our voices are consistent about that, because none of these conditions are just a technical fix.

"By tackling the root drivers of ill health, we've got the opportunity to improve outcomes across a range of diseases.

"[Our research] has certainly taught us the importance of a remote primary care workforce, and resourcing and models of care and systems of delivery, which really make it possible for Aboriginal and Torres Strait communities to receive the absolute best quality of care available in the country, as close to home as possible."

You can catch Dr Rosemary Wyber at the 2022 CRANAplus Annual Conference in Adelaide from 4–6 October. Head to cranaconference.com for more information and to register. ●



In Focus

Photo: Alice Springs – Kevin – stock.adobe.com

Preparation is key

Being prepared is the key to working remotely, according to CRANAplus course facilitator, Registered Nurse Mark Dunn.

"It's a hard gig nursing in a remote location, as there is the need to be a generalist and at the same time to have specialist knowledge and skills," says Mark, who has been facilitating CRANAplus Remote Emergency Care (REC) courses since 2008.

Demystifying electrocardiogram (ECG) results is one focus he has while facilitating.

"ECG is a major area to study when it comes to the heart, and you need to make sense of those squiggly lines and relate them to the patient's condition," Mark says.

"Treating patients with chest pain can be stressful. Those pains can cover a variety of heart diseases or conditions, and sometimes it's nothing to do with the heart at all."

During his down time Mark likes to restore vehicles and is pictured with his Toyota Landcruiser 1976 – FJ45.

The (ECG) records the electrical signals in the heart, giving information about heart rate, heart rhythm, evidence of a previous heart attack or one happening now, blood and oxygen supply to the heart and clues to diagnose an enlarged heart, heart defects and other heart problems.

Continuity of care is an important factor in remote areas, but unfortunately it's often difficult to provide.

"If the health care manager has been in a community for a number of years they know the community really well," Mark says.

"They've been around at the birth of the youngsters, and maybe some of the adults, and developed a good understanding of the relationships of the community residents. After a while they are often accepted as a member of the community family and given a skin name and place.

"There are so many reasons for the transient nature of health workers. Many communities rely on the great nurses who go out to remote communities for a short time, and they do a terrific job while they're out there.

"Being prepared, being sufficiently prepared, is the key, and these courses that CRANAplus hold go a long way towards that. The other advice I'd give is making sure you have mentors, people who have your back, who are there to support you, especially when you don't feel prepared. In some situations you can be overwhelmed by the scale and complexity of delivering good quality health care."

Mark has lived in Alice Springs for 25 years, having grown up in Canberra and spending nine years nursing in Sydney, where he realised he wanted to specialise in cardiology and cardio-thoracic nursing.

Mark is happy to be once again facilitating face-to-face REC courses, in between his day job at the Alice Springs Hospital as a Nurse Educator Consultant within the Clinical Education Team.

For the past 14 years Mark has been a trainer/assessor, originally focussing on remote health workers.

"That's now morphed into a more general role, training and assessing not only remote staff but also hospital staff, community workers and people from other organisations, and being a facilitator with CRANAplus is an extension of that," Mark says. ●

For the people, by the people

This edition's Fellow in Focus is Sally Johnson (pictured right) who, at 81, claims to be 'absolutely retired' but she still has ideas for CRANAplus, which she was instrumental in establishing back in the 1980s.

The people-centred cultures of Australia's First Peoples took now-retired remote area nurse and midwife Sally Johnson into the Northern Territory at the start of her nursing career in the 1960s.

Ever since she's been driven by the imperative of health professionals working alongside Indigenous communities, rather than imposing a top-down approach.

Sally's three major career moments

Focusing on the successes is why she lasted so long, says Sally, who lists three major events in her career.

Sally was instrumental in the birth of what is now CRANAplus back in the early 1980s when she and two fellow nurses working in remote Northern Queensland decided something had to be done to prepare and support nurses working in remote communities.

> "We were fed up. We were learning on the job and felt that was not good enough. Nurses should be prepared for what they are expected to do."

"The three of us decided to send letters to all the remote clinics we could get addresses for, 150 of them. We planned a meeting in Alice Springs and expected 50 to 60 nurses to attend, and 250 turned up.

The following year another meeting was held and CRANA began (later to become CRANAplus) with lots of ideas, a major one back then to have a postgraduate course for remote area nurses."

Sally was president of CRANA for two years and for several years was on the Education Committee.

The national recognition of remote area nurses and what they do, particularly in Aboriginal communities, is the second success Sally is very proud of. In 1995, Sally was awarded the Member of the Order of Australia for services to Aboriginal Health and remote area nursing, and hopes this is seen by remote area nurses as a genuine recognition of the work they all do.

The third major event was helping to establish a rheumatic fever program in Yarrabah in Northern Queensland after an Elder approached her for help. At that time, at least four children a year developed the disease in that community, with many of them developing rheumatic heart disease.

"You must be able to do something about it, he said to me, but I didn't know much," says Sally.

"I contacted a doctor I trusted, who found in his readings that the Papago First Nations people in Arizona had the same problem and had instigated a successful program.

"It involved swabbing all the children's throats to find the carriers of group A streptococci – the bacteria that causes rheumatic fever.

"The community was attracted, I'm sure, by the fact that it was Indigenous people who'd worked out what to do," says Sally, "and they said 'we'll give it a go too'.

"After the Aboriginal Health Professionals delivered an extensive education program, the parents got on board and took their asymptomatic-type children to the clinic for a rather painful penicillin injection. There was 99 per cent compliance; the only way for this to happen was for us to listen to the community, which was leading the way.

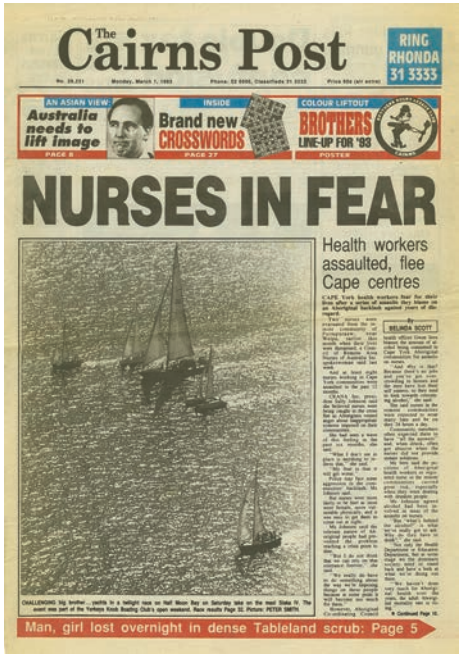
> "During the six years after the program was introduced only one child in Yarrabah contracted rheumatic fever."

This First Peoples' success story was an example of the need for Aboriginal communities themselves to be running these programs, Sally points out. However, what happened later was "a good example of the mainstream health system not valuing or even believing an Aboriginal success".

The program didn't get the financial support it needed, it all got too hard, and Aboriginal communities are still trying to work out what to do.

"Sometimes, at the cutting edge, we know that 'top down' doesn't work, but think of the Aboriginal people. They've been living with this for more than 200 years." ▸▸

Sally Johnson and Vicki Gordon dancing with Tiwi people from Bathurst Island when she was appointed a Member of the Order of Australia.


The Cairns Post

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AN ASIAN VIEW: Australia needs to lift image

INSIDE: Brand new CROSSWORDS

COLOUR LIFTOUT: BROTHERS LINE-UP FOR '83

NURSES IN FEAR

Health workers assaulted, flee Cape centres

Man, girl lost overnight in dense Tableland scrub: Page 5

Above, clockwise: A Keating-era 1993 article in the *Cairns Post* featuring Sally Johnson; Sally speaking at the 2006 CRANAplus Conference in Hobart; Toni Dowd, Sally and Sabina Knight at the 1995 CRANAplus Conference in Darwin.

Bush nursing 50 years ago

Sally, who spent 25 years as a remote area nurse, headed for the Northern Territory after her nursing training and midwifery studies.

"As far as I know, I never met an Aboriginal person in my childhood and early adulthood in Sydney, but then again, people didn't identify in those days," Sally says.

"My interest in Aboriginal culture came from reading. I realised I had so much to learn, so I decided I should get out there, live and work with them and try to listen.

"My very first posting was to a leprosy hospital out of Darwin. I was very lucky to have gone there – as the view of the doctor in charge, John Hargrave, was that, to get on top of leprosy we had to involve the community itself. To train community members was the way to go, he said, and he called them 'paramedical workers'.

"That was in 1969, before Aboriginal Health Professionals were thought about."

While working in Queensland in the 1980s, Sally was asked to help write a course, initiated by Aboriginal activists in Cairns, to train Aboriginal Health Workers. Queensland was the last State in Australia to introduce formal education for Aboriginal Health Workers.

In the 1990s, Sally relocated to Alice Springs where some community members were writing a course to prepare health professionals to work appropriately within their communities in Central Australia.

She was already a co-author of Binan Goonj, first published in 1992, now in its 3rd edition, and still used by universities in their training of health professionals. Binan Goonj translates into "I know you hear me but you're not listening." The subtitle is "Bridging Cultures in Aboriginal Health."

And that dream of a postgraduate certificate in Remote Area Nursing? It finally came to fruition, with Sally again invited to be involved in the course design. ●

Defining Primary Health Care

Sally would like to see the meaning of 'primary health care' in Australia revert to the definition set by the World Health Organisation (WHO) in the 1980s.

"Primary health care used to mean essential health care provided for the people, by the people and underlying that tenet was social justice, equality and self-reliance," she says.

"In Australia, however, in the health sector generally, the easier way out is taken, and they talk about primary health care as 'the first point of contact.' Of course that is important, but the WHO definition is broader and talks about how we deliver health care rather than what.

"CRANAplus has tremendous courses to improve clinical skills which of course are very necessary. However, more important, in my view, is knowing how to be a health professional who is not adding to the power imbalance that is largely responsible for poor health."

The following quotation from the guidelines of TANU, the National Movement of Tanzania 1971, encapsulates the principles of primary health care, says Sally.

Any action that gives people more control of their own affairs is an action for development even if it does not offer them better health or more bread.

Any action that reduces their say in determining their own affairs or running their own lives is not development and retards them, even if the action brings them a little better health and a little more bread.

Tibooburra homecoming

Longstanding CRANAplus Member and attendee at the inaugural CRANAplus Conference in Alice Springs in 1983, Vivienne (Viv) Fazulla, won the NSW Far West Local Health District Award for Nurse of the Year this May. She discusses nursing in Tibooburra, secrets to primary health care success, and the legacy of Afghan cameleers.

In 2014, Viv retired from her job at the Dingee Bush Nursing Centre in Victoria after 36 years of service.

"I lasted six months," she says. "My husband Azzie and I were back in Tibooburra and there was a job going, so I applied and got it in December 2014."

They'd met in 1976 in Tibooburra, a town 350 kilometres north of Broken Hill, just south of the NSW/Queensland border. Viv was nursing and Azzie working as a station hand.

His father had migrated from Punjab and established himself as one of Australia's pioneering Afghan cameleers in Broken Hill during the late 1800s.

The couple's return was like a homecoming.

"Everybody knew us," Viv said. "I didn't have to prove myself... I practically knew everybody here, even if we were all a little shorter, older, balder, and grey-haired. Everybody embraced us."

Azzie passed away in 2018 but Viv has stayed on in Tibooburra.

"The red dirt's under my skin. I don't think I could go anywhere else."

Far West LHD's Nurse of the Year

Around three or four first-year graduates undertake placement at Tibooburra annually. Viv isn't sure which of them nominated her for the NSW Far West Local Health District Award for Nurse of the Year, which she received in May 2022.

"In your nursing career, if you've helped someone – even one person – overcome adversity, you've succeeded, and can accept a pat on the back," Viv says.

"I think I've done that and made a difference to people's lives."

She's most proud of "the fact I've lasted this long... Honest, I've never woken up and thought I don't want to go to work today. It's always been a privilege."

Rather than focus on herself, Viv is eager to discuss the future of the remote nursing profession.

"It's a real honour to be able to pass onto [the grads] how to live out in a remote area, how to survive," she says.

"They come out here, all alone... They don't have to reinvent themselves, but they do have to think about who they are and where they are.

Photo: Tibooburra – 169169 – stock.adobe.com

"I just hope they remember – and obviously some of them do – and when I am in a [nursing] home they'll remember me and bring me chocolate!"

The award can also be seen as an acknowledgment of commitment of the Fazulla family to health care in the Far West Local Health District, which is built around Broken Hill Base Hospital.

Azzie's great nephew's wife, Avril Fazulla, herself took out the New to Practice Nurse/Midwife of the Year Award in 2022.

"The Shamroses and Browns and Burns at the [Broken Hill] hospital – many relate back to the Fazullas," Viv says.

"I think there's probably about 20 people at the hospital that come from Azzie's family."

Knowns and unknowns in primary health care

"It's a hard life out here, for the people on the stations, and you can see the difference you make," Viv says. "You can see the initial wound and work your way right through the dressing and recovery. You can see how what you do initially impacts on the outcome.

"My ethos is, you get three options if you come to me for advice or assistance," Viv says.

"You do as I say – in consultation with you; you take on board and go away and think about it; or you decline my offer – but knowing full well you can come back again, and we'll restart the process. I never say no.

"I try to assist you to take ownership of your own health outcomes, whether for yourself or family or friends."

Viv has mastered these enduring principles, but she has also had to adapt to others that have evolved over time. It's easier now to transfer ECG results to Broken Hill, to obtain blood results locally with i-STAT, and to be guided by doctors watching through a camera in the ED ceiling during emergencies.

She no longer needs to book in a time to call to her out-of-town relatives (in 1976, her time used to be two o'clock on Sundays).

"I remember when I first started my training, you weren't even allowed to touch a stethoscope unless a doctor dropped it on the floor," Viv says. "Now there are processes, through education and support, I can [follow] in emergencies. It's amazing.

"I'm not a midwife and in the last couple of years I'd had a couple of ladies go into early labour. That's been heart-wrenching for me, not the mother! But I just calmed myself down... I have done work through CRANA education programs for what to do in emergencies. I'm quite happy with that."

Nurses have been empowered by technology, but Viv also believes a nurse's intuition continues to play a vital role in modern care.

"You've got to be aware of yourself and your own gut feeling," she says. "That sense of 'there's something not right here' – you've always got to believe in it.

Thank you, Tibooburra!

"I thank my family for putting up with my career path," Viv says in conclusion. "Without their support, I wouldn't be here having fun in the desert.

"Thanks also to NSW Health and the Far West LHD for their support, my co-workers here at Tibooburra, and the Tibooburra community. I'm really blessed by our supportive community.

"Remote Area Nursing is the best job! And by the way, my position is not available to anyone else for some time yet." ●

Life and work in Tibooburra

During our conversation in May, Tibooburra had already exceeded its average annual rainfall. The lush saltbush and scrub add a splash of green to the red dirt and big blue skies – "the magic stuff that keeps you living out here," Viv calls it.

The road from Broken Hill to Tibooburra has recently been sealed. Any flooding of the creeks is now less likely to wash away the road or turn it to mud, making it easier for health services and tourists to access Tibooburra.

"One day we had a guy come into the health service, badly injured," Viv recalls. "The majority of our ED presentations are motorbike riders.

"My question was – what are you riding? He told me. Oh yeah, I said, you shouldn't ride that model out here! Oh, and what do you do? I asked.

"I'm a dealer for these motorbikes, he said. I own a dealership.

"I asked: what have you learned in the last couple of hours?

"Lots, he said. There'll be a letter going back to head office!"

Whether by bike, plane or car, there's ample incentive to head to Tibooburra, for the love of the desert, hope of encountering native flora and fauna (including reintroduced bilbies), or to explore the new Sturt's Steps Museum which documents Afghan Cameleer history.

My intrastate odyssey

University of Wollongong Nutrition and Dietetics student Gynette Reyneke recalls her placement in Broken Hill. A warm welcome, heritage and culture, and rewarding project work awaited her in the far reaches of her home state.

My placement for Community and Public Health Nutrition was based in Broken Hill as part of my final year of my Bachelor Nutrition and Dietetics. Getting there involved a long drive through diverse terrain. I'm still amazed that a person can drive for 14 hours and remain in the state of New South Wales at the point of destination!

This was my second remote experience in Australia and I found a lot of similarities between Broken Hill and Kalgoorlie in WA. It is quiet in Broken Hill but people are really friendly and happy to have a chat.

Most of my time was divided between the Broken Hill Hospital, Dietetics Department, Broken Hill University of Rural Health (BHURH), and a local high school. The weeks were very busy with project work and it was humbling to be embraced into the school community by students and teachers alike.

BHURH provided accommodation, which was shared with three other students from various health disciplines. The accommodation was conveniently close to town, comfortable, well equipped and provided an opportunity to meet other students on placement.

Weekends provided an opportunity to go out and explore the local and surrounding areas including the Regional Art Gallery, which is a beautiful old building containing some amazing collections of art. Broken Hill itself is packed full of historical buildings and the famous Palace Hotel was featured in an Australian movie (Priscilla, Queen of the Desert) many years ago. Getting around Broken Hill is interesting, as you discover the mineral and rock theme of the street names.

There are some great photo opportunities not far from Broken Hill, including the Living Desert Sculptures for some culture and incredible sunsets, and the historical town of Silverton, home to the Mad Max Museum, John Dynon Gallery (as pictured above), an outback pub and sunset camel rides!

A special thanks to CRANAplus for the Undergraduate Student Remote Placement Scholarship that provided monetary assistance towards my Broken Hill placement.

If you are looking for diversity and a rich experience on placement, Broken Hill has it all. I will look back fondly and cherish the five weeks I spent in this unique, remote rural town! ●

Gynette's placement was supported by a CRANAplus Undergraduate Remote Placement Scholarship.

Earning independence

University of Notre Dame nursing student Jennifer Kuppens discusses how her placement in Kununurra District Hospital improved her time-management skills, confidence and ability to prioritise patients, by exposing her to a wide range of presentations including motor vehicle accidents (MVAs), domestic violence and alcohol and drug misuse.

My placement at the Kununurra District Hospital has been such an amazing experience. I have learnt so much and met such gorgeous people along the way.

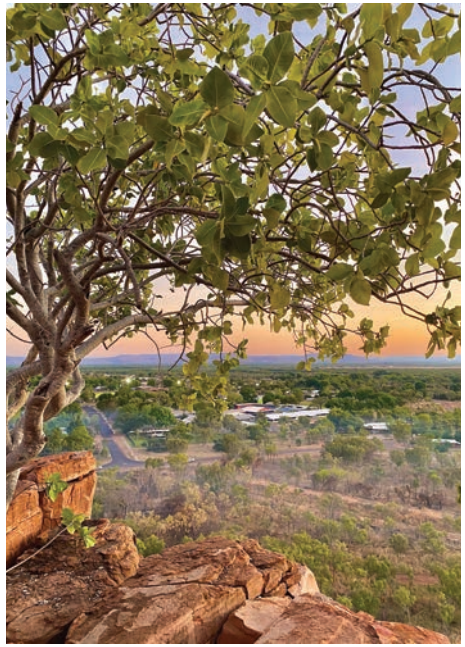
I was placed in the emergency department where I was able to practise my critical care nursing skills and expand my knowledge and skills by observing and learning from my registered nurse preceptors.

I have always had an interest in remote area nursing, as I am not from the city myself. This placement has reinforced my desire to work in remote areas around Australia.

Given this was my first remote, critical care nursing placement, I was super excited but slightly nervous. I flew up to Kununurra, in the East Kimberley, on a three-and-a-half-hour flight to find myself on the opposite side of Western Australia in beautiful warm weather, in a small country town.

Being in Kununurra, I was living and working alongside a high population of Indigenous Australians. This meant I was able to apply the knowledge I learnt during the semester into practice. My chosen two elective units throughout my last semester of my nursing degree were Rural and Remote Health and Maternal Care.

Left: An outback oasis. Above: A tree with arms; Kununurra sunset. Opposite page, from left: The view over town; The edgeless pool at Lake Argyle.



I believe every nursing student should study Rural and Remote Health as it is so important to know how to care for each and every person that walks through the hospital.

Throughout my time in the emergency department, I was exposed to a number of different cases, such as motor vehicle accidents, skin sores and burns, COVID-19 precautions, broken bones, family domestic violence, chest pain, sports injuries, alcohol and drug misuse, injuries taken place on hikes and gorges, and various other cases that presented to the emergency department. This variety of cases allowed me to utilise different skills, working within my scope of practice.

I believe this placement has allowed me to grow professionally and develop independence. It has strengthened my time-management skills, my confidence and my ability to prioritise patients as necessary.

On the weekends I had the opportunity to explore the East Kimberley and the beautiful places it has to offer.

El Questro Wilderness Park is only a short drive from Kununurra town, and is filled with beautiful gorges and springs. Lake Argyle is only a short drive away, too.

I felt very comfortable and supported throughout this placement, which is so important, as being in a new, unfamiliar town away from home can be quite daunting. Working in the emergency department was both fulfilling and challenging at times, although I believe the highlight of this experience was my ability to grow as a person, professionally and personally. I feel my confidence and independence has grown significantly while being in Kununurra. This placement was such an amazing experience and I hope to find myself working in Kununurra in my future as a Registered Nurse. ●

Jennifer's placement was supported by a CRANAplus Undergraduate Remote Placement Scholarship.

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The spirit of nursing

At first, flooding cuts Tess Wallace off from her clinical placement in Alice Springs Hospital, but after undertaking an outback journey involving joeys, truckers, and mates from her childhood, she finally arrives to a supportive Emergency Team and the 'spirit of nursing'.

I had the pleasure of completing my last ever nursing placement in Alice Springs. I am from Darwin, studying nursing up here with Charles Darwin University. However, placements are scarce and there are substantial wait times for placement offers.

An opportunity arose where I could complete by the end of 2021 if I was to travel to the desert, where I would be placed in the Emergency Department of Alice Springs Hospital.

My dream is to become an emergency nurse, like my mother, and I could not turn down such an experience, particularly to increase my chances of landing a graduate year in emergency. The placement was amazing, but with so many surprises along the way!

My placement itself began a week late, so I managed to complete four weeks of placement in three. To begin with, lockdown in Darwin and Katherine delayed my drive, but then the floods came!

I pulled into Tennant Creek about 5pm, after leaving Darwin about 8am (best not to do the math!) and was meeting up with a friend from High School who now lives there, working as a Defence Lawyer for Legal Aid.

I sent her a text like "hey, I'm actually doing really well, I might just push through to Alice Springs and catch you on the way back", to which she responded "girlfriend, you ain't going anywhere, that place is flooded!"

If it wasn't for her intel, I probably would have kept going, unaware of the situation! But we had a great, well-overdue catch-up and enjoyed Wok's Up takeaway at her Aunt's, while bottle-feeding a rescued Joey. It was a hoot, and I never thought I would have such a night in Tennant Creek!

The next morning, I couldn't stop smiling on my way to Alice, until I hit the backlog of trucks and cars blocked from the floods – guess it really wasn't a myth. Speculation about an hour wait, to "any minute now", to another five hours wait was rampant, so I got out of the little Honda Jazz and trekked all the way to the top of the line – five kilometres!

There I met a bunch of truckies who had been waiting since yesterday with no chance of crossing today – the water was still rising.

They were lovely folk but being a young solo woman out there with no reception, no water, and no camping gear, the offer to camp out with them wasn't that enticing, so I drove about 200km back up the Stuart Highway to Aileron Roadhouse.

When I got up to the bar, all the rooms were booked out and the place was packed with people aimlessly glaring at each other like "what do we do?" After accepting my fate to sleep in the car in the carpark, I walked back up to the bar and the barman said, "you're not going to believe it girl, but there is one room that has just become available, and we thought you would be the first to ask." Enough said! I took the room and did not arise till 10am the next day – I was exhausted!

I finally made it into Alice Springs about 12:30pm. I was staying with my friend since preschool, who relocated to Alice from Darwin years ago and is now engaged to a lovely lady from Alice.

Staying with them was the making of the trip, for I was able to come home to a comfortable place with people I knew, so the feeling of being away from home wasn't so strong.

On our days off, we would go hiking around Alice, or visit Glen Helen Gorge for a swim and burger. Given the rains, everything was so lush and green, and I'm glad I got to see this side of Alice. It doesn't come around often!

Alice Springs Hospital is a great little hospital, and I loved every minute of it! The emergency team is so full of life and supportive. Given the cases that come through those doors, they have a great sense of humour, yet are so skilled and knowledgeable in emergency care, particularly with their scope of care for a rural location.

I have found my passion in emergency nursing, thanks to this placement, and will endeavour to source a graduate year in emergency. Wherever I may be placed, I am sold on emergency!

I feel like every nursing student should do a placement away from home and [I] will make sure I encourage all students to take such an opportunity if it arises. The Alice Springs emergency team is such a young, fun crew, and I felt that 'spirit of nursing' my mother always talked about. ●

Tess's Undergraduate Remote Clinical Placement Scholarship was sponsored by HESTA.

A town like Alice

Not even COVID-19 and flooding could stop CDU student Madaleine Ellsmore's placement in Alice Springs ICU from further igniting her passion for nursing. She familiarised with new interventions, participated in difficult family discussions, and learnt from skilled mentors, plunging into usually dry waterholes in her free time.

I have been living in the Top End of the NT for several years now and love all that I have learnt about the culture and lifestyle up here. However, I was yet to have explored Central NT. So, when an opportunity arose for a nursing placement in the ICU ward of Alice Springs Hospital (ASH), I was very quick to grab it.

The journey down from Darwin was an interesting one to say the least. Firstly, I got stuck in Darwin due to a recent COVID-19 outbreak. Because of this, my four-week placement was shortened to three. The drive down was awesome; I stopped at various sites along the way such as Karlu Karlu and the Tropic of Capricorn. When I was all but 70km from Alice Springs, I found myself stuck once again due to flooding over the road (a rare occurrence in this part of the NT) so I stayed the night in the little town of Aileron and got to know some fellow travellers. The next morning, I finally arrived in Alice Springs ready to start the next day.

Though I was so nervous about working in a critical care setting, my excitement and eagerness to learn soon took over once I arrived in ICU, ASH. Everyone on the ward was so friendly and keen to teach. I was pushed to think critically about my practice and was supported so well when introduced to new interventions such as ventilation and CRRT.

Both the doctors and nurses would come and find me for anything interesting or exciting that came through, and the student facilitators at ASH always made me feel I had support and a place to debrief if needed.

There were many highs and lows throughout this placement. I had to learn how to be a part of those difficult discussions with a family when their loved one wasn't going to wake up.

Throughout ASH I could see that Indigenous Australian culture is celebrated, acknowledged and respected. The team of Aboriginal Liaison Officers working throughout the hospital were incredible in helping nurses and other health care professionals facilitate patient care in addition to promoting a culturally safe environment for Indigenous people of Central NT and providing interpretation services.

On my days off I would go off and explore the Tjoritja West MacDonnell Ranges. Some of the nurses in ICU gave me some awesome tips on where to go, and thanks to the recent downpours of rain, I got to swim in places that are usually just dry sand beds, such as John Hayes Rockhole. Some new friends from Alice Springs played tour guide for me and took me to some incredible spots and down some slightly sketchy 4WD tracks. I have to say, I have fallen in love with the landscape and the contrast of colours of the Red Centre and wish I had more time to explore it further. I will be returning here in the future, that is certain.

My time in Alice Springs and ICU, ASH was so valuable and further ignited my passion for nursing and learning. I strongly encourage any nursing students to push themselves out of their comfort zone and take on placements in places like Alice Springs. The experience and exposure you will gain for your nursing practice and cultural awareness is worth the trip.

Thank you to CRANAplus so much for this scholarship, it is a huge support and I appreciate it very much. ●

Madaleine's placement was supported by a CRANAplus Undergraduate Remote Placement Scholarship.

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Introducing Mark Butler

The Hon Mark Butler MP was sworn in as the Federal Minister for Health and Aged Care on 1 June 2022. CRANAplus catches up with the Minister to discuss nursing workforce sustainability, safety and security, and empowering nurses to have even more of an impact.

Deputy Prime Minister Richard Marles and the Hon Mark Butler MP meeting with NSW South Coast nurses Samantha and Georgie.

CRANAplus: What do you identify as the most significant challenges facing the rural and remote area nursing workforce? How will the Government work with peak industry organisations to address these challenges?

The Hon Mark Butler MP: Nurses are the lifeblood of our health system and have endured two years of the most difficult conditions as they have continued to care for patients during the pandemic.

I met with many of these nurses over the last few years, including in regional and remote areas. Two of the nurses I met were Samantha and Georgie, working on the NSW South Coast. They were clear about their challenges, working through fires, floods and the pandemic, and were fighting for better health care services for their community.

The Morrison Government did not invest in our health workforce, particularly nurses. The Albanese Labor Government will work with key stakeholders including nursing peaks, employers and state and territory governments to attract, support and retain nurses, particularly in rural and remote areas.

As part of that work we are developing a National Nursing Workforce Strategy (the Strategy) and implementing the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. The development of the Strategy will include extensive consultation with stakeholders and be guided by the Nursing and Midwifery Strategic Reference Group, which includes CRANAplus, and other key rural and remote stakeholders.

CRANAplus: A sustainable, adequately staffed remote area nursing workforce would support continuity of care and improved health outcomes.

But it can be challenging for nurses to find a defined pathway from metro to rural to remote. Do you recognise a need for a sustainable remote area nurse pathway and if so, how will the Government support this?

The Hon Mark Butler MP: Nurses should be able to more easily move from metropolitan roles into rural and remote roles.

This issue will be addressed as part of the National Nursing Workforce Strategy – the crafting of which, and consultation, is currently underway. ▸▸

Work is also underway on the development of a Nurse Practitioner 10 Year Plan. The Plan will set out actions to address challenges and barriers facing nurse practitioners which will promote workforce sustainability in primary health care.

Rural and remote nurse practitioners are a key part of that workforce.

The Government has commissioned a nursing workforce Supply and Demand study to provide evidence to assist in making appropriate policy and funding decisions. This is expected to be published in the second half of this year.

CRANAplus: Remote health professionals often have significant concerns for their safety and security. Identified safety risks including physical assault, verbal abuse, bullying and harassment. Staff accommodation, clinic facilities, and communication systems are often felt to be inadequate. There's a call for widespread improvements. How can this be achieved?

The Hon Mark Butler MP: The Albanese Government recognises nurses and midwives are reporting increased fatigue and burnout.

That's why during the recent election campaign, I announced the National Nurse and Midwife Health Service would be rolled out across Australia.

The service will provide free, confidential and independent advice, support, information, treatment and specialist referrals for nurses, midwives and students. The local services will be modelled on the Nursing and Midwifery Health Program Victoria (NMHPV) and is expected to be delivered in conjunction with other programs such as the CRANAplus Bush Support Line.

The safety and security of the nursing workforce, including in rural and remote areas, is a major concern. The Albanese Government is working with stakeholders including state and territory governments to support and promote safe working environments across the health sector.

CRANAplus: People living in remote Australia experience poorer health outcomes and higher rates of preventable disease than their urban counterparts. What role can nurses play in addressing this inequality? Do you see opportunities for them to be empowered to have even more of an impact?

The Hon Mark Butler MP: I recognise nurses are the frontline of our health services and play a critical role in improving the health and wellbeing of their patients through the care, education and awareness they provide for patients. This is particularly true for those in rural and remote areas.

Nurses and nurse practitioners are supported with a range of tailored programs to empower the nursing workforce through team-based models of care. These initiatives build nurse capability and capacity to deliver preventative care so Australians can keep healthy and well. These include the:

1. Nursing in Primary Health Care Program
2. Training and Professional Support for the Remote Health Workforce Program
3. Workforce Incentive Program (WIP) – Practice Stream.

The Government also funds the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to support and develop the growing First Nations nursing and midwifery workforce to better meet the needs of First Nations people. ●

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Alliance Rural & Remote Health, formerly known as CQ Nurse, brings quality nursing care to rural and remote areas of Australia that need it most. Today, alongside Alliance Nursing: a network of local, nurse-run nursing agencies, we're part of the Alliance family. Together, we bring a combined 140 years' experience. We're 100% Australian-owned, and for-purpose, meaning that all our profit is reinvested back into Australian communities. Ph: (07) 4998 5550 Email: info@allianceruralremote.com.au www.allianceruralremote.com.au

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CQ Health provides public health services across Central Queensland, in hospitals and in the community. CQ Health is a statutory body governed by our Board. We serve a growing population of approximately 250,000 people and employ more than 3,700 staff, treating more than 700,000 patients each year. The health service has a diverse geographic footprint, ranging from regional cities to remote townships in the west and beachside communities along the coast. www.health.qld.gov.au/cq

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

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

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

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

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

Healthy Male is a national organisation that helps men and boys lead healthier lives by providing evidence-based, easy-to-understand information on men's health topics. They aim to make information available to everybody, regardless of gender, age, education, sexual orientation, religion, or ethnicity.
Ph: 1300 303 878 www.healthymale.org.au

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Orbost Regional Health is a Multi-Purpose Service providing both inpatient and outpatient services including medical, minor surgical, palliative care, renal dialysis, post-acute care and transitional care program. Located in far east Victoria in the East Gippsland Shire, Orbost Regional Health's region covers over one million hectares and a population of approximately 8,560 people, and consists of Orbost and smaller communities along the Snowy River, up into the Alpine mountains and along the Wilderness Coast to the NSW border. www.orbostregionalhealth.com.au

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

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

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

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

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

Do you work in a rural or remote health care facility? Is it difficult to go on leave due to a team member shortage? You may be eligible for Australian Government-funded support to help alleviate the pressure of finding a temporary replacement. Our program officers will recruit, screen and place highly experienced locums. We arrange and pay for the locum's travel and accommodation. Your health care facility only pays for their hourly wage, superannuation and any applicable taxes for the duration of your leave period. Are you interested in becoming a locum? For every rural and remote placement, you receive complimentary travel and accommodation, and an incentive allowance of $150 per working day and a $100 per day meals allowance. Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au www.rurallap.com.au

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

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

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

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

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

Talent Quarter works with a shared and singular purpose – connecting the best health care talent with the best opportunities to have a positive impact on people's lives! By empowering people to deliver that difference, we aim to be your agency of choice in health care recruitment.
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WA, SA & NT Ph: (08) 9381 4343
Email: hello@talentquarter.com Website: talentquarter.com

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

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

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

Verus People is a specialist medical recruitment agency. Partnering with all types of health facilities from remote AMS clinics, to large tertiary hospitals. We are proactive and practical. We are constructive and creative. We are genuine and honest in our work. Email: nursing@veruspeople.com
Ph: 1300 063 437 www.veruspeople.com

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'.

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

Your Nursing Agency (YNA) is a leading Australian owned and managed nursing agency providing high-quality health and aged care workers and support since 2009. Operating across regional, remote, and capital cities, YNA provides highly skilled registered nurses, enrolled nurses, specialist nurses, midwives, care workers and support to private clients, community and in-home programs, government agencies and hospitals. Including supplying all essential home care services to residents living with a disability. Email: recruitment.regional@yna.com.au
Head to www.yna.comm.au for more information.

Support

Photo: Dunkeld, Vic – Greg Brave – stock.adobe.com

Evolving our service

Executive Director, Mental Health and Wellbeing, Pamela Edwards, discusses the value of wellbeing workshops, the need to support the families of remote health workers, and new wellbeing resources you can expect soon.

The last 12 months have been significant for the Mental Health and Wellbeing team, with over 57 Wellbeing Workshops delivered to over 1,400 rural and remote health workers.

In providing these workshops, it is clear that participants have appreciated 30 to 40 minutes to reflect on their own wellbeing and be reminded, even if for a short time, of the importance of self-care and looking after themselves.

Our service evolution which began in July 2021 is complete and we continue to look for opportunities and initiatives to meet the remote health workforce's mental health and wellbeing needs.

We have delivered enhanced security and record keeping systems, policies and procedures in the background, to ensure our services are contemporary and align with best practice.

The most visible of these is the Mental Health and Wellbeing Privacy Policy published on the CRANAplus website in April 2022 (crana.org.au/privacy).

The Policy describes how we collect, hold, use and disclose your personal information and should be read together with our Mental Health and Wellbeing Service Charter.

Bringing the team together

We welcomed the opportunity for Bush Support Line Service providers to come together in June 2022 for a two-day training and professional development session. These providers are the incredible people who you will talk with if you ever call the Bush Support Line.

This was the first chance for our service providers, who live and work across Australia, to meet face to face and share their knowledge and experience in supporting our rural and remote health workforce through our 24/7 telephone support line.

I have worked and collaborated with the psychologists who service the Bush Support Line now for over twelve months. I can confidently say they are a passionate group of individuals that bring considerable knowledge, experience and an ongoing commitment to supporting the rural and remote health workforce and the challenges they face. They have diverse experiences in the sector and use this experience to provide a crucial and well-respected service.

Photo: Silverton, NSW – Taras Vyshnya – stock.adobe.com

Supporting families

There is a lot of evidence emerging of the impact of the pandemic on health workers and the emotional toll of working in health care, with rarely a moment to reflect on their experiences.

Numerous factors contribute to elevated stress among health care workers, including heavy workloads, long shifts, a high pace, lack of physical or psychological safety, chronicity of care, moral conflicts and work-place related bullying or lack of social support.

There is less evidence available on the impact on health workers' families. The Bush Support Line is available to partners, parents, adult children or those who support health workers continuing their vital work in our rural and remote communities. So, remember the number (1800 805 391) and share with your family. Contact us for some resources (pens, notepads) that can be taken home or left in places family members can see.

Family members may not be experiencing the same stressors as directly as the health workers are, but everyone's emotional health can be adversely impacted.

Family members might benefit from talking to someone that understands and can help them navigate the challenges, provide support and perhaps work on strategies to include self-care for all the family, ensuring wellbeing is factored into the daily routine.

Our Self-Care magnet (pictured right) is designed to support health workers implement strategies to look after their wellbeing, and is available for order through our website (crana.org.au/mental-health-wellbeing/products) or via email to wellbeing@crana.org.au.

New wellbeing resources

CRANAplus has recently joined the SafeSide community which offers a best practice and evidence-based approach to suicide prevention.

The Bush Support Line is not intended as a crisis intervention service, and therefore we are not often responding to those in crisis.

However, CRANAplus and its Mental Health and Wellbeing Department are committed as a health-related organisation to ensure we operate with contemporary knowledge and best practice in this area. We have recently released the Critical Conversations eLearning course (you can read about this by flicking forward a page) to support those working in rural and remote communities to feel more confident in talking to individuals in crisis, whether as a health worker or in their personal life.

The Mental Health and Wellbeing team are developing new content and resources in our new 'Wellbeing for the Bush' series.

The latest release is a podcast about Sleep, one of the pillars of wellbeing and something we often overlook.

We are also looking at delivering our resources in a more sustainable way and providing electronic copies of our key resources on USB, along with our popular grounding and relaxation exercises, ready to view anywhere without the need for internet connectivity.

We are really looking forward to providing a Wellbeing Space at the upcoming CRANAplus Conference, 4–6 October 2022, in Adelaide.

If you are attending the Conference, drop in and say hello!

We always welcome your feedback on the services we provide. Send us your thoughts!

Pamela Edwards
Executive Director
Mental Health & Wellbeing Services
CRANAplus

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Flanagan E, Chadwick R, Goodrich J, Ford C, Wickens R. Reflection for all health care staff: a national evaluation of Schwartz rounds. J Interprof Care 2020;34:140-2. doi:10.1080/13561820.2019.1636008 pmid:31390225

Post-disaster mental health support

Cath Walker, Senior Psychologist with the CRANAplus Bush Support Line, has this June been awarded a National Emergency Medal for her work in Mallacoota, Victoria following the devastating Black Summer bushfires of 2019/2020.

"It's wonderful that the importance of mental health support has been recognised with this award," says Cath.

"I would say the mental and physical health connection has come a long way since I started nursing in the 80s.

"As psychologists, we can't stop the fires, but, working with first responders and locals in times of disaster, we can help prevent people from being unwell with trauma-related effects over the following months and years."

Cath has an extensive background in disaster, trauma and community recovery work, Mental Health First Aid and treating PTSD. She was on holiday from her job with the Queensland Royal Flying Doctor Service (RFDS) when the Black Summer bushfires began to impact East Gippsland in Victoria.

"I saw what was coming and thought about the different experiences I'd had in cyclones, floods and fires," says Cath, who hails from Gippsland.

"I didn't know if it was out of place or not, but I thought I'll just ring and ask if I could help out, particularly with the aftermath."

With her experience working in disaster zones including the Queensland floods just nine months earlier, Cath's offer of help was snapped up and she was soon on a Royal Australian Air Force Hercules, landing in Mallacoota amongst devastation in the little township.

"My work from the start in Mallacoota was not in a clinic, but in the community, perhaps at the pub having dinner, having a coffee, being approachable and accessible, just as we do as members of the community – I offered support," she says.

"The first psychological assistance starts with informal chatting and even more importantly, with listening. While it's important to show empathy, it's important to look for those signs from people who might be in trouble and who could use extra professional help.

"In those first weeks, people would often say 'I think I'm going crazy,' and I'd quickly assure them that they weren't going crazy – I'd tell them, 'This is not normal, it's not your normal'," she says.

"I am experienced in identifying the moments when it's important to say, 'How are you going?' and to recognise the warning signs. If they're not acknowledged at the time, they may surface months or years later."

While supporting the community, it was tempting to keep on keeping on, but she made an effort to get breaks from work:

"Even health workers need some rest and recovery."

During the weeks while in Mallacoota, Cath helped establish the Bushfire Recovery program which is still delivered by RFDS Victoria and Relationships Australia Victoria. The program has proven to be invaluable for residents across the Gippsland region as they work through the lasting impacts of the 2019/2020 bushfires.

"I saw the signs of PTSD in the community," Cath says. "I always knew recovery, for many of the local community members and emergency services workers dealing with those traumatic conditions, would be a long road.

"So many people are still there, dealing with the outcomes. Others have moved on, but the effects of this kind of work affects people differently, and I urge anyone to be aware of their feelings and reactions."

Cath, who accepted the medal given in recognition of her dedication and willingness to offer help, prefers to see this award as a wonderful recognition of mental health as an important aspect of the post-disaster response, one deserved by many thousands.

Over the last couple of years, Cath has been writing and delivering online and face-to-face workshops for CRANAplus Mental Health and Wellbeing, on issues such as 'How to assist yourself and others with the effects of stress and trauma'. She has now also taken on a part-time role with the team of psychologists working for the Bush Support Line (1800 805 391).

"This is such a good service and I urge anyone who has felt the effects of a traumatic situation they have found themselves in, to put their hand up and say, 'I'd like to talk to someone', or 'I think I need a bit of help," she says.

Photos: Bec Symons, ABC.

Left to right: Darren Chester MP Gippsland, Cath Walker, Scott Chapman CEO RFDS Victoria and Russell Broadbent MP Monash.

Critical Conversations

A new, free, interactive online course called 'Critical Conversations' is available on the CRANAplus website. It prepares the workforce to navigate conversations with people who need support, recognise when extra help is needed, and familiarise with key points when discussing self-harm or suicide.

I clearly remember, very early on in my career as a remote health worker, a time when I was sitting at the airport waiting to fly out of a community. I was yarning with a colleague who I hadn't known for long. I soon realised that they weren't travelling well and I needed to check-in with them and offer my support.

I remember thinking "Oh no! They need someone to talk to. I hope I don't stuff this up!"

As the years have gone by, I've realised that although I might feel a little anxious, the most important thing I can do is to reach out, to have empathy and to listen well.

As health workers in rural and remote communities we are on the frontline of supporting individuals in the community. Whether at work or off duty, we are in a position of trust. However, health workers may not feel confident in talking with individuals who may need help or are experiencing emotional distress.

As a result, the CRANAplus Mental Health and Wellbeing Service has developed Critical Conversations, a new, free online course for rural and remote health workers. This course has been designed to build health workers skills in communicating with individuals who may need help, are in emotional distress or you are worried about.

We hope it will increase workers' confidence in having these critical conversations and knowing when to seek additional help and support for community members, members of your family and colleagues.

Why would rural and remote health professionals want to do this course?

We are all affected by personal distress at some point in our lives. Each year, one in five remote and rural Australians will experience a mental health disorder[1]. Suicide is the leading cause of death for Australians between the ages of 15 and 44 years, with people in remote areas being two times more likely to die by suicide.

These facts can be confronting; however, suicide can be prevented. Evidence indicates that having these conversations can make a real difference in improving someone's wellbeing and saving someone's life[2].

Health professionals are one of the most trusted professions, so it is common that patients will disclose issues regarding their own or their loved one's distress and mental health. Therefore, health workers can play a vital role in supporting someone in distress.

Photo: pressmaster – stock.adobe.com

Photo: Marree, SA – Zorro Stock images – stock.adobe.com

They are also in a position where they interact significantly with the community – and can role model healthy conversations with other people.

It can be daunting to many health workers as they may not feel they have the skills and training in mental health. This course is designed to build confidence and develop the basic skills to recognise if someone may be struggling, initiate a conversation, listen and provide support, and encourage action.

What's involved in the course?

This free, interactive online course has been designed by remote mental health professionals specifically for the rural and remote health workforce. It guides learners through a 4-step approach for having a successful conversation and is packed full of practical strategies and real-life scenarios.

The course aims to provide participants with the skills and confidence to:

- Be prepared and respond when someone approaches you to have a conversation, or you are concerned about someone
- Increase confidence and skills to have a successful conversation
- Know when extra help is needed
- Be familiar with key points in regard to discussing self-harm or suicide
- Know where people can access help and resources nationally

To access the course, go to the CRANAplus website at crana.org.au/critical-conversations. For more information contact wellbeing@crana.org.au

Kristy Hill
Education & Resource Manager
Mental Health & Wellbeing, CRANAplus

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Educate

Photo: mastersky – stock.adobe.com

Face-to-face workshops back in full force

CRANAplus Clinical Education Manager Leanne Laurie discusses how COVID-19 has evolved our course delivery, the enduring popularity of face-to-face courses, course updates and exciting conference plans.

It was the beginning of COVID-19 when Leanne Laurie joined the Education Team as a Facilitator, a time when borders were closing and a new regime of online and hybrid education was being rolled out to adapt to pandemic restrictions.

Now deep into 2022, the Education Team is back on the road and Leanne, moved into the position of Clinical Education Manager, is happy to see participants again enjoying face-to-face learning and benefiting from revamped education materials.

COVID-19 impacted the delivery of education courses, says Leanne, and the organisation met the challenge head-on.

One of CRANAplus' main points of difference is reaching remote nurses in out-of-the-way locations all over the country, so all stops were pulled out to deal with the logistics and the ramifications of such a difficult situation.

"A lot of work has been done behind the scenes," says Leanne. "We have listened to stakeholder feedback, including participant and industry sector requirements. We recognise the need to continually revise the content of the courses, implement these changes and deliver best practice throughout our course content. The participants, after all, go back to their posts and often have to immediately put into action the skills they have just learned."

Face-to-face courses are highly valued by participants, says Leanne, because they provide the opportunity to network with other rural and remote health professionals, time to debrief, to share lived experiences and to make new friends and contacts with other people in similar work positions. For many, it's also time out of communities to learn and to relax.

"We have a raft of revamped face-to-face training courses and more changes are on the way," Leanne says, referring in part to the recently updated PEC + PALS Course which Kylie Fischer discusses in a few pages.

"I am very excited about the education course we are developing for Aboriginal Health Workers and Practitioners, working closely with Aboriginal Health Organisations," Leanne says.

"The course will present participants with a menu focussing on local requirements, providing various clinical scenarios, and they will be able to choose what is actually required for the role."

The Midwifery Emergency Course (MEC) is being rewritten in partnership with stakeholders with reference to feedback from former participants. The new course will see more skills-oriented course content, giving participants greater opportunity to practise emergency midwifery skills.

"The new Triage Emergency Care (TEC) online course is now into the second course delivery with fabulous reviews and feedback. All our courses are being reviewed with a focus on providing contemporary evidence-based content, contextualised to the remote and isolated regions," Leanne says.

This includes the Remote Emergency Course (REC), revamped to increase the focus on skill stations and realistic scenarios for the rural and remote practitioner.

While all that is happening, the Education Team of Facilitators and Remote Educators are playing catch-up on all courses that had to be rescheduled.

While face-to-face courses are becoming easier to deliver again, Leanne says CRANAplus will continue to offer the hybrid and online delivery options that the organisation refined during COVID-19, because there will always be a need to serve participants with limited travel options and time away from communities. ▸▸

Learning and providing education for others is what motivates Leanne, who has always worked rural and remote since completing her training, going to the furthermost point of WA, Wyndham, for her first post as an Enrolled Nurse.

Leanne has since completed her RN training, then postgrad studies including Child Health, Midwifery, Nurse Practitioner and most recently Leadership and Management qualifications in Health Care.

"I believe in lifelong learning and am passionate in ensuring high-quality health and education is available to all."

"I love being part of the CRANAplus Education Team. Everyone is so passionate about providing education to the remote and isolated workforce and this is so rewarding with the amazing feedback we receive on every single CRANAplus course that is delivered.

"It is always humbling when we hear from participants how much value they receive from the course content, the increase in confidence they come away with and often the stories they share of skills learned and put into practice.

"What sets CRANAplus apart from other service providers, apart from its rural and remote focus, is that the courses are delivered by people who understand the challenges faced.

"I started as a facilitator about two years ago... I think, like most facilitators, you get to the point of asking, 'how can I give back to the nursing profession?' That's how most people come into the role.

"I moved into the role of a Remote Clinical Educator (RCE) last September and then this year moved into the Clinical Education Manager (CEM) role, providing support and assistance to the RCEs who deliver all our courses with our volunteer facilitators.

"The CRANAplus team as a whole and especially the Director of Education has been so supportive and the team of Remote Clinical Educators are amazing, along with all our fabulous Facilitators. I feel very supported by those around me.

"While I am in the managing role, I still want to keep doing the courses. The beauty of working with CRANAplus is the flexibility.

"Our Education Team is also looking at our presence at the CRANAplus Conference in October," Leanne says in conclusion.

"We hope to showcase our new equipment and resources and provide an opportunity for conference attendees to participate in some scenario sessions with a few prizes up for grabs. We will have displays and information from all our current courses and our Remote Clinical Educators will be available throughout the conference." ●

Ready for a mental health emergency

By gaining skills in assessment, intervention, and referral, remote area nurses and health practitioners can drive positive outcomes when clients present with mental illness or severe distress, and provide a strong foundation for specialised care, says Mental Health Nurse Amanda North.

"Most nurses and midwives say they've had very minimal formal education about mental health practice," says Mental Health Nurse and CRANAplus Mental Health Emergencies (MHE) Course Coordinator, Amanda North.

"Yet well over 50 per cent of clinicians are saying they're seeing people with mental health issues on a weekly or fortnightly basis – in some cases even daily." ▸▸

Photo: Alexander – stock.adobe.com

Why undertake mental health training as a nurse or health practitioner?

The most immediate benefit is the potential to secure improved mental health outcomes for clients who present with acute mental illness, severe distress, and substance or alcohol use.

"It's also about clients staying confident in their health service and staying engaged across the board," Amanda says.

"If people have a positive experience in mental health, they are more likely to engage in physical, ongoing health care."

Clinicians themselves can develop their ability to set up a solid foundation for specialised care and become well-rounded generalists.

"Health practitioners finish the course feeling they can have a positive impact on clients, and that mental health is not something they have to dodge, avoid, or immediately refer elsewhere," Amanda says.

"They can gain baseline skills and knowledge, so when they are communicating with specialist teams or speaking to the Medical Officer, they can feel more confident in their assessment and decision making together."

What skills does the MHE course teach?

"The MHE course teaches soft skills around client engagement, clinical skills around mental state examination and risk assessment," Amanda says.

"It is about assessing clients when they're presenting, often in crisis. It's mostly acute-focused, but the skills can be used across the board to engage clients and talk about mental health issues.

"We use a Five Os Framework to provide a structure to help clinicians when they may be feeling out of their depth.

"We look at how to openly engage with the client, how to observe for signs of illness, how to consider underlying medical issues, how to seek collateral and/or ask specific questions and how to make referrals and organise evacuations."

Scenarios are tailored to remote practice, and factor in a lack of resources, a smaller team, and physical distances.

"If a young person presents with suicidal thoughts, we don't say you refer them to the child and youth team, or keep them in ED," Amanda explains.

"We make it about what can be achieved safely with the available resources – such as your assessment, engaging with family, organising a safety plan including perhaps a follow-up the next day. It's about the best care for the client and that's not always evacuation.

"Or to give another example, using communication skills to encourage the client to have a medication rather than taking a more assertive or restrictive approach that may be available in an urban ED."

The convenience of online learning

The MHE course is now available in both face-to-face and online formats.

"For the online course, the beauty is that there are opportunities to ask questions and engage over an extended period," says Amanda.

"If a case presents at work or you are not sure about the content, there are plenty of opportunities to ask. It often emerges that professionals are not alone in facing challenges."

The MHE online course is held over eight weeks and features three scheduled Zoom sessions. Outside of these sessions, clinicians can complete the two hours of weekly study at a time that suits them.

"For many remote area nurses, mental health training is usually not mandatory," Amanda says in conclusion.

> "...but when an individual presents with a mental health emergency, it can be just as decisive as your physical health training. We know these are skills clinicians need to use regularly."

"It is often up to the individual, or their clinic or employer, to recognise the importance of this kind of training and to gain mental health skills to positively impact their community and gain the confidence that they're following best practice."

For more information on the Mental Health Emergencies Online course, head to crana.org.au/mheonline ●

What other health workers say:

* * *

"I learnt a lot from this course that will help me greatly in my RAN practice. Mental health is an area I'm not confident in and this course has given me knowledge, a practice framework and assessment tools that I will certainly apply. Thank you, I've learnt heaps!"

* * *

"Love that the content is relevant to our work and is taught by experienced people who have worked in the field."

* * *

"I have applied the Five Os regularly, and have incorporated other assessments too."

Paediatric Advanced Life Support 101

CRANAplus has added Paediatric Advanced Life Support to its Paediatric Emergency Care course, preparing participants to deliver high-quality care to paediatric arrest patients.

"There are no specialised paediatric facilities in remote Australia," says Kylie Fischer, Remote Clinical Educator for the CRANAplus Paediatric Emergency Care (PEC) and Paediatric Advanced Life Support (PALS) course.

"When you're a remote area nurse, you must manage a range of different presentations including complex paediatric presentations."

Physical and professional isolation, paired with a lack of available courses, can present a barrier to accessing paediatric training.

"Unless you go and study paediatrics as a speciality such as a postgraduate certificate, you are unlikely to see these presentations regularly," Kylie says.

"When you are presented with a paediatric patient, you want to have the confidence and necessary skills – and it's the ability to gain these things in a safe learning environment that is attracting participants to this course."

Learnings from our PEC + PALS course

Your feedback inspired us to add Paediatric Advanced Life Support to our recently launched Paediatric Emergency Care course.

The new component focuses on paediatric arrest, clinical deterioration, and post-resuscitation care, and builds upon the PEC component dealing with trauma, medical emergencies, and the identification and management of life threats.

Airway, breathing and circulation emergencies, shock, sepsis, RHD scenarios, STIs, and medical emergencies are all covered.

"We've introduced human factors and situational awareness, recognising and responding to clinical deterioration, cardiac arrest and peri-arrest rhythms, and we also focus on debriefing and family/carer involvement," Kylie adds.

As is the CRANAplus trademark, the course is contextualised to remote and isolated settings that are characterised by "low resources including limited staff and equipment, technology, communications, and infrastructure."

Images from our PEC+PALS course in Dubbo, NSW this May.

"Sometimes you have to work with minimal amounts of stock," Kylie says. "There's a limited quantity of medications such as adrenaline and fluids available compared to a tertiary unit."

Based on best practice and guided by ANZCOR guidelines, the evidence-based course is led by experienced facilitators and includes guided discussions, realistic scenarios, and hands-on skill stations featuring various training devices.

"We have a new little baby called TruBaby X," Kylie says. "He or she – you can change it – has the realistic appearance, weight, size, and movement of a five-month-old. You can perform Airway Management techniques (oral and nasal), Peripheral Venous Cannulation, PICC line insertion, Lumbar Puncture, IO Tibia, Needle Thoracentesis, Chest Drain, Urethral Catheterization (male and female), and Cardiopulmonary Resuscitation.

"We also have equipment for nasogastric training. It's a transparent, child-size torso with all the internal organs visible. You can correctly measure and place a nasogastric tube, take an aspiration, and test that it is correctly placed."

Giving paediatric patients the best possible chance

Kylie has worked as a flight nurse out of Perth and the Kimberley, and on top of her present work for CRANAplus, she still does clinical placements for the Royal Flying Doctor Service out of Alice Springs.

"You get to see what the remote area nurses are dealing with and managing," she says. "You realise how far away they are from help.

"I think that's important, to be able to connect with participants, to understand where they're coming from. That's how to be a good educator."

While Kylie has paediatric success stories to share, she says remote area nurses are working against the odds when a paediatric arrest occurs.

"This program sets health practitioners up to give patients the best chance," she says. "If their pre-hospital and hospital care can be managed really well, we know that their chances of survival are much higher."

For more information, head to crana.org.au/pecpals

What participants are saying about our paediatric courses:

* * *

"The pre-course learning resources were very comprehensive. I loved the way it was structured and invited further reading and insight via specialist's presentations and demonstrations. The information provided was extremely helpful and the additional links/videos and questions extended learning capabilities."

* * *

"The course is presented by facilitators who possess a mix of expertise in rural/remote/regional experience in different platforms, i.e. RFDS/Midwifery/ED/ICU. The content is up to date and on point. You feel confident that the information being delivered follows and adheres to all current policy/procedures by creditable organisations."

Engage

Photo: Hawker, SA – Greg Brave – stock.adobe.com

2022 Conference preview

Discover the speakers, exhibition space, and social opportunities that await at the 39th Annual CRANAplus Conference in Adelaide this 4–6 October.

CRANAplus welcomes you to join us in Kaurna Country for the 39th National CRANAplus Conference at the Hilton Hotel, Adelaide, from 4 to 6 October 2022. This year's theme is *Passion. Purpose. Influence. Impact.*

Our signature annual event is a social and professional opportunity to network, connect and share with fellow nurses, midwives, and the broader remote health community while we're all gathered in one location.

The conference program

Head to cranaconference.com/program for an up-to-date version of our action-packed program, which features the following invited speakers:

Keynote Speaker: Dr Norman Swan

Award-winning broadcaster, journalist and commentator Dr Norman Swan is one of Australia's best known health personalities. He hosts the Health Report and the Coronacast Podcast, reports for Four Corners, presents on ABC TV's the Drum and ABC NewsRadio, co-founded Tonic Health Media, edits The Choice Health Reader, and corresponds for multiple international medical journals. Trained in Medicine and Paediatrics, Dr Swan will be discussing social determinants of health, lessons learned from the pandemic, and the future of remote health.

**Dr Swan appears by arrangement with Claxton Speakers International.*

Adjunct Prof. Shelley Nowlan

Deputy National Rural Health Commissioner and Chief Nursing and Midwifery Officer Queensland Health, Adj. Prof. Shelley Nowlan, has over 35 years of experience as an RN. Widely recognised for her leadership and contributions to nursing, her professional and industry advice on nursing and midwifery matters across Queensland and rural Australia helps to drive improved access to rural health services and a sustainable workforce that can meet demand. She will be delivering the opening address and Gayle Woodford Oration.

Dr Simon Quilty

Dr Simon Quilty has over 20 years of experience in remote medicine in the NT and has lived and worked in the Territory as a specialist physician for the past decade. With a background in public health, Dr Quilty sees firsthand the health inequalities facing remote First Peoples as a result of colonisation, housing and infrastructure inadequacies. Dr Quilty is researching the relationship between environmental heat and wellbeing in the NT, and culturally safe opportunities to adapt to future warming. Read our interview with Dr Quilty on page 78.

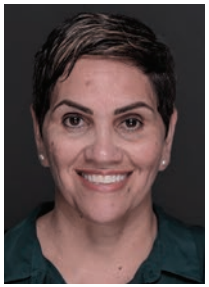
Prof. Sue Kildea

CRANAplus Fellow and Professor of Midwifery and Co-Director of the Molly Wardaguga Research Centre, CDU, Prof. Sue Kildea is an internationally recognised midwifery leader, known for her advocacy for rural and remote health and for bringing birthing services to Aboriginal and Torres Strait control. A RN/RM with clinical, management, policy, education and research experience, Prof. Kildea has been using research in the maternity field to drive social change since the mid-90s. She will be discussing birthing on country and midwifery services in remote Australia. Read our interview with Prof. Kildea on page 82.

Dr Rosemary Wyber

Head of Strategy for END RHD, Senior Adjunct Research Fellow at the University of WA, and PhD Student with the Office of the Chief Scientist at The George Institute for Global Health, Dr Wyber's PhD focus is on developing an 'endgame' for rheumatic heart disease in Australia. Dr Wyber completed her medical degree in New Zealand, her Masters of Public Health at the Harvard School of Public Health, and her General Practice training in Aboriginal Community Controlled Clinics in the NT. Read our interview with Dr Wyber on page 6.

Prof. Roianne West



Kalkadoon and Djaku-nde woman, Roianne West, CEO of CATSINaM, has led a life of extraordinary commitment to Indigenous Health. An RN who has also completed a Master's of Mental Health Nursing and a PhD developing a model of excellence for increasing Indigenous Nurses in Australia, Roianne was Australia's first Nursing Director at a tertiary hospital with a dedicated portfolio of Indigenous health, Australia's first Professor of Indigenous Health, and inaugural Dean of First Peoples Health at Griffith University. Read our interview with Prof. West online at crana.org.au/stories

Leeona West

Leeona is a proud Kalkadoon and Djunke woman and along with her twin sister and her brother she graduated from Deakin University in 2001 with a Bachelor of Nursing degree. Leeona has experience working in rural and remote hospitals, aged care facilities, primary health care centres and Aboriginal Community Controlled Health Services. Leeona has worked across Cape York and the north-west including the Gulf of Carpentaria where she was the DON of Gununa Hospital (Mornington Island). Balancing her cultural responsibilities with her clinical skills, systems approach and good governance practice has enhanced her ability as a community leader.

Connecting with colleagues

As remote area nurses, midwives and health professionals who work throughout Australia, we don't get to celebrate together often. So when we do get the opportunity, we make the most of it!

We're going all out on our Gala Dinner on the last night of our conference program (6 October). Hosted in the Hilton Hotel's glamorous ballroom, the dinner is your chance to dress up and catch up with your interstate colleagues and friends, both new and old.

The dinner will be a sit down three-course meal with a drinks package, inclusive for full delegate registrations.

The theme for the 2022 Gala Dinner is *'All that sparkles'*. We encourage you to embrace the theme with sparkling accessories or dress! With our focus on sustainability, we also challenge you to not buy anything new. Borrow a frock from a friend or a bowtie from a bestie. Rock your daughter's Princess Elsa tiara or your grandma's cashmere handbag. Or how about your sparkliest op shop find?

The five-piece Baker Boys Band will be performing live music, too. Move onto the dancefloor as they play everything from Top 40 and classics to classical and jazz. Search the 'Baker Boys Band' on YouTube to have a listen to their performances!

If you're looking for somewhere to stay after the big night and during the conference, browse accommodation options at cranaconference.com/accommodation. Some options include a discount for attendees.

Financial support

Did you know, you may be eligible to receive financial support to attend the 2022 CRANAplus Conference through the Health Workforce Scholarship Program (HWSP)?

Head to hwsp.com.au for more information and scroll down to your state or territory-based rural workforce agency's scholarship page for eligibility criteria and windows for application.

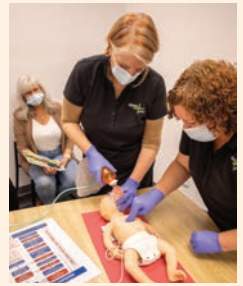
Gala dinner attendance is included in all full delegate registrations and exhibitor registrations, but make sure to book during the registration process. Additional tickets can be purchased.

We will also be presenting CRANAplus Award Winners, CRANAplus Fellowships and Central for Remote Health Graduates during our 39th Annual Conference.

To find out more or to register, head to cranaconference.com

Exhibition space

Our conference will feature an exhibition space where you'll be able to engage with brands, products or services that may be helpful to your practice, professional development, and self-care. CRANAplus extends a warm thank you to our amazing sponsors and exhibitors; their support helps us to deliver an engaging and beneficial event.



In the exhibit space, the CRANAplus Education Team will be showcasing educational equipment utilised in our courses. You'll have an opportunity to apply your skills and engage in friendly competition with colleagues for prizes and giveaways.

Our Mental Health and Wellbeing team will also be providing a Wellbeing Space to relax and recharge amongst the business of the conference day, which will feature activities, such as Lego, colouring in and a gratitude wall, to help you unwind. Visit to refresh your toolbox of wellbeing strategies!

MMM: What is it and why does it matter?

The Modified Monash Model (MMM) is the official method for classifying locations as cities, rural, remote, or very remote, writes CRANAplus Professional Officer Michelle Mason. Do you know how your work location ranks?

Can I honestly say that when I first journeyed into remote area nursing, I knew what MMM was? Where I was going and whether it was classified as rural or remote? To be honest, the answer was no.

I had a nursing background in a metropolitan emergency department. That was my day-to-day work, in a busy ED, clients coming and going and colleagues everywhere! Little did I know that my journey was going to change ever so slightly.

I applied with a nursing agency to get some experience working within the NT. I had no ideas of where or what was required.

Above: Michelle in the early days of her nursing career. Right: Table showing the meaning of MMM categories in more detail including regional centres, large, medium and small towns. Far right: Michelle bogs the work car after heavy rains.

The agency informed me that with my background, I should be starting in a rural hospital, which might be a more supportive environment to begin my transition to remote. I was happy and thought that this sounded like a great idea.

It was only a few days later that the agency called back and I suddenly found myself with a plan to fly out to a remote Aboriginal community approximately 400km away from the closest regional hospital! It was accessed by dirt roads and cut off in the wet season.

Coming from a city hospital, I was surprised to see that the emergency room was fitted with a ward bed, outdated equipment everywhere, and a doctor that only attended to emergencies if they occurred during the day. There was no pressing the blue button and having everyone come running to help!

So, where does the MMM fit in with all this, and what is it exactly? The MMM (Modified Monash Model) defines whether a location is classified as a city, rural, remote or very remote.

It measures the remoteness and population size of that area to determine a number between MM1-MM7, with MM1 being a major city and MM7 being very remote. To give some examples, Bourke is a 7, Alice Springs is a 6, Oberon is a 5, Atherton is a 4, Albany is a 3, Darwin is a 2, and Sydney is a 1.

MM1	Metropolitan
MM2	Regional centres
MM3	Large rural towns
MM4	Medium rural towns
MM5	Small rural towns
MM6	Remote communities
MM7	Very remote communities

Photo: Murrumbidgee River, NSW – Taras Vyshnya – stock.adobe.com

The Department of Health uses the MMM to determine workforce distribution, so this might help understand where and why health professionals are located where they are, and why some locations might have more services than others.

The MMM is used in conjunction with other data by the Department of Health in workforce classifications to determine the population's access to health care. It is used also to determine areas classified as geographical remoteness and town size together.

If this isn't confusing yet, you may have heard of other words such as ASGS-RA (Australian Statistical Geography Standards – Remoteness Areas) and the previous Monash Model. These were very useful in previous years but as time has elapsed and the industry has evolved, models have been reviewed and stakeholder consultations have determined the MMM, which is what we have now.

The MMM now includes more description, including the Australian Statistical Geographical Standards regarding remoteness area (2016).

So, if you are asked about your rural or remote location, or want to be prepared by knowing how remote you are going (unlike I was!), or you're applying for a grant or scholarship with a specific rural or remote eligibility, now you know about the MMM.

In hindsight, if I knew what the MMM was and looked it up, I would have realised I was going from MM1 to MM7. Which was a very unplanned transition to remote!

Search for the Modified Monash Model online to find out more and determine the remoteness of your place of work.

A pathway to remote practice

This July, CRANAplus launched its inaugural Remote Area Nursing Pathway Program. The nine-month program is supporting four CRANAplus Members to build clinical skills, resilience, and cultural safety in preparation for their transition to remote practice.

Melanie Avion, Professional Officer at CRANAplus, remembers when she first started working as a remote area nurse.

"I was oriented to the air bags, the bags containing medical supplies to put in a plane when going out to an accident," she says.

> "I was told, 'Here's the chest tubes. Just put it between two ribs.' There was no flying doctor where we were. The nurse would get in with a pilot in a tiny, unpressurised plane with the seats taken out."

"Clearly, I was underprepared."

Motivated by her experiences as a young nurse, Melanie is committed to ensuring nurses heading remote are prepared for what will be required of them.

> "CRANAplus launched this initiative because of our knowledge as the peak organisation representing remote area nurses."

"We've been RANs. We know what they're going through, and we know what works," Melanie says.

"We know they need emergency, primary health care, and professional skills, and knowledge on delivering care in a culturally safe manner; and also, it's hard to drive the journey yourself and find a defined pathway from metro to rural to remote.

"So, we decided to build a holistic, wrap-around program encompassing education, skills, cultural safety, professional development, and career planning."

Why extensive preparation is necessary for remote practice

"Compared to acute nursing, the role of a remote area nurse is a lot more autonomous, and your scope of practice is broader," Melanie says.

"You're not just in emergency, but chronic health problems, from maternity and birth, all the way through to palliative care.

"It's like extreme nursing... When something happens in a tertiary emergency, there are more people standing there, problem solving and making it work.

"When you put that nurse in a place where there's only one other nurse or maybe an Aboriginal Health Worker or a doctor next Wednesday, that's extreme.

> "If you want to go remote, we want you to be ready for it, provide excellent care, and stay."

"If new-to-remote nurses are prepared and ready to go, and they prioritise their own wellbeing, then we can create a more sustainable workforce.

"Reduced turnover means a higher quality of care because relationships with community and continuity of care are the most important way to support health care.

"This program is about getting people out there, keeping them out there, and making sure they're safe and happy so they want to be there.

"At the end of this program, they're not a fully-fledged, packaged remote nurse, but they're on the path to becoming one."

Pathway support for future RANs

In its first year, the Remote Area Nursing Pathway Program is being undertaken by four CRANAplus Members who successfully applied for the associated Remote Area Nursing Pathway Program Grant.

This grant, supported by the Nurses Memorial Foundation of South Australia, covered all fees for the included courses and offered a $500 bursary for each to assist with travel and accommodation costs.

CRANAplus CEO, Katherine Isbister, reflects: "The high number of applications has high-lighted the gap in current pathway support and CRANAplus is exploring options for running the program more broadly in the future."

What's included in the program?

- CRANAplus Remote Emergency Care course.
- CRANAplus Maternity Emergency Care course.
- The CRANAplus Online Clinical Assessment Suite.
- A range of webinars featuring guest speakers, designed to support your professional development and preparedness for expanding your scope of practice.
- Resilience workshops and professional reflection activities.
- Cultural safety professional development.

More information: crana.org.au/remote-area-nursing-pathway-program

Darwin's cancer care team wins top award

"Winning the team section in this year's Northern Territory Nursing and Midwifery Excellence Awards this May illustrates how well the Alan Walker Cancer Care Centre at Royal Darwin Hospital pulls together in difficult times," says Clinical Nurse Manager Olivia Shields.

"At the Alan Walker Cancer Care Centre, we make our work environment positive for each other and for our clients, and that creates a really positive atmosphere," Olivia says.

"Just to be a finalist gave the nurses a boost, knowing that the team was nominated by clients and their families."

The annual awards recognise and celebrate the outstanding efforts of nurses and midwives who are exemplars in their profession, and who make a difference to the health and wellbeing of Territorians on a daily basis.

The Team Award for Excellence in Nursing/Midwifery was sponsored this year by CRANAplus and the award was presented by the CRANAplus Board chair Fiona Wake.

Above: Fiona Wake (right) with members of the Alan Walker Cancer Care Centre team. Opposite page: Award winners group shot.

Fiona was delighted to present the award to the team, who have a reputation for treating their clients with a great deal of care, concern and empathy.

The landscape of oncology is changing as cancer care moves into a survivorship model, says Olivia, with diagnosis, treatment, remission and some patients then returning years later for new treatments that have come on board.

"Our trials area is always testing new drugs and combinations of drugs, and people are living longer. We get to know our patients. They come regularly for months, sometimes coming back after years.

"I think the nurses who are drawn to cancer care come down to two things. Firstly, a passion for learning. The nurses are incredibly committed to ongoing education and development in the nursing profession and are passionate about learning about new treatments.

> "Secondly, our nurses are willing to meet people at a very difficult time in their lives, to help improve a situation, which, let's face it, is a crappy one, and making it a bit better."

The Alan Walker Cancer Care Centre team is made up of a number of specialist areas, all liaising closely with each other, with 13 cancer-care coordinators responsible for specific types of cancer, providing the main contact point with clients, ensuring they can get to scans and appointments, and understand what's next in their cancer journeys.

On the treatment floor the chemo nurses administer systemic therapies such as chemotherapy and immunotherapy, blood products and supportive medications and work with the Clinical Trials Unit to support patients enrolled in trials.

"The coordinators are an excellent resource for the treatment nurses, and we all communicate openly and quickly with each other at all times, to provide holistic care."

The Alan Walker Cancer Care Centre at Royal Darwin Hospital works in association with a few other centres including Katherine and Alice Springs, with clients needing more intense treatment regimes, specialised radiation, and oncology all going to Darwin.

The Centre has two Aboriginal Liaison Officers on the ground supporting clients, making sure they understand their whole chemo treatment and that they feel a sense of community, as language can be a barrier.

An Aboriginal Cancer Care Coordinator has been appointed, with the role of coordinating from the point of diagnosis through to the start of treatment.

A Cancer Journey, comprising a DVD and flipbook, has also been developed to assist health professionals tell the story of cancer to Aboriginal people from remote areas of the Northern Territory.

"We have hundreds of clients coming into the centre each week, maybe 40–50 a day," says Olivia. Originally with eight chairs, the centre has built up to 20.

"This has been a pretty challenging couple of years... The nurses have been working really hard to continue to deliver a high standard of care in a whole new environment, and the clients have seen how hard we've been working."

At the moment, the Centre is training up local nurses, but Olivia is hoping to attract nurses from around Australia after receiving this award.

> "Winning the award is amazing, and I hope we can attract more stellar nurses around the country to consider joining our team."

"It's a great job, a great team and great place to live, work and play." ●

Licence to learn

Gaining skills, preparing to return to clinical practice, maintaining the remote skill set: these are some of the benefits made possible by Nurses Memorial Foundation of SA Grants through CRANAplus. Three health workers outline how their successful applications have empowered them to improve remote health.

Beck Peck, Registered Nurse and Midwife, took full advantage of her CRANAplus Nurses Memorial Foundation of SA Grant to undertake the Advanced Life Support course with CRANAplus.

"The skills I learned in the ALS course are definitely something that will be very useful in the future," says Beck, who is currently working in maternity at the Midwifery Group Practice in Broome in Western Australia as a graduate Midwife.

As an agency nurse, Beck has to pay for her own professional development in courses and study, which she is more than happy to do to maintain best practice standards and knowledge.

"I've done many CRANAplus courses and I find each one great," she says. "I am involved in an organisation called Survive First Aid, helping to run five-day wilderness survival first aid training courses, and the ALS course will certainly be useful in passing on skills and sharing knowledge."

Beck, from Perth in WA, has for many years worked in regional, rural and remote locations and, because her four daughters are now adults, she is stretching her reach further than a few hours from home.

During COVID-19 she bought herself a motorhome to undertake regional COVID-19 work on the road.

She has now swapped that motorhome for a Troopy – her sights still firmly set on nursing in more remote locations in the future.

Beck also does some short stints on her breaks from Broome in multi-purpose sites staffed by only two nurses per shift, using emergency telehealth services for back-up and Royal Flying Doctors for transfers.

> "Those multi-purpose regional sites are always short-staffed and I enjoy the work in different locations seeing many parts of WA."

Michelle McGuirk, an Alice Springs girl, currently working for Central Australian Aboriginal Congress in the area of Continuous Quality Improvement, has used her grant to fund a Remote Emergency Care (REC) course, which is part of her plan to get back into clinical practice.

Michelle, a nurse since 2007, originally trained in the area of alcohol and drug misuse and worked at the Alice Springs hospital before moving into the hospital's digital and telehealth arena.

"I recognised the paramount importance of good communication with remote communities and saw the benefits that digital and telehealth could provide," she says.

"I am so glad we got the systems up and running before the pandemic. Digital health and telehealth are so important in keeping care plans on track, avoiding inconsistencies, providing essential care."

Having been with the Congress for a year now, looking at quality assurance within systems, performance and resources for the Aboriginal Community Controlled Health Services, Michelle is keen to work in the organisation's remote clinics. The Congress currently has five remote clinics but expansion is on the radar.

"I have wanted to get back into the clinical scope and into primary health care in particular for some time, and I've started doing some nursing shifts," she says.

"I think CRANAplus is really well suited for someone like me who has specialised in a particular area and is ready to go back into clinical practice. The REC course was terrific, and I am now doing a lot of the CRANAplus assessment packages, completing as many as I can.

> "By the end of the year, when the clinics are short-staffed, I hope to be out there."

For Registered Nurse **Amelia Robson**, the grant money was used for a Remote Emergency Care (REC) course to maintain the remote skill set she developed over two years out on Groote Eylandt.

Amelia had moved to Nhulunbuy on the mainland to work in the rural hospital when she undertook the REC course in Darwin, and is now working in the regional town of Bunbury in WA.

"I will be stepping back into the remote space when the timing is right," says Amelia.

"On Groote Eylandt, I was so fortunate to have a manager and a team who supported my transition to remote. I had excellent orientation, learned heaps about what it means to be a remote area nurse, and I was encouraged to do a number of courses as part of its New to Remote Program.

"I know of nurses who haven't been so fortunate. And they don't last. For me it was a gradual introduction, always working with someone else and a good six months before I was on-call."

Amelia had worked in the emergency department in Darwin Hospital and was with WA Country Health Service before this post, but says it was very different to remote.

"I think the biggest difference as a RAN is that you need to think a lot more comprehensively for each patient," she says.

"Using the CARPA manual and other resources you are expected to think and work at a higher level of practice. For each patient, you need to decide what assessments are required, what is the priority, what can be done opportunistically and what further advice or treatment pathways may be required by referring to the clinic GP, on-call Rural Medical Officer, or arranging for emergency evacuation.

"It's a difficult transition, leaving remote. When you move out of that space you obviously have a lot of transferrable skills so I use them when I can. I have also chosen to close a few gaps in my skill set so am currently undertaking a Postgraduate Certificate in Emergency Nursing.

"That will be very useful when I get back into the rural or remote space."

Making the most of it

Registered Nurse/Nurse Practitioner Chris Birch, from the CRANAplus Nursing & Midwifery Roundtable, shares a few tips to help health workers get the most out of working in remote communities.

"First-time remote nurses get ideas from the media which can be misleading," says Chris.

"Programs may focus on the fun part, going to the pub – but as the on-call nurse, you won't be able to have a drink. Then there are the programs that focus on assaults and crime and you might get a poor impression, a warped view."

Working remotely can be a fantastic experience, says Chris, that offers many benefits and opportunities, but too often she takes over from a relief nurse to find he or she has hardly left the nursing post.

"Often locations are so short-staffed you can feel you don't have time to get out and about. But my advice is to do just that," she says.

"You may find yourself hitting the ground running, but take the time to orientate yourself. You have got to feel happy. You are on call constantly and you have to top up, and nature can do that for you."

Chris is now permanently at Coral Bay in WA, which she describes as like a land-based cruise ship, with 150 to 300 locals mainly involved in tourism and up to 5,000 tourists at any one time, plus an Aboriginal community nearby.

Other posts have included Fitzroy Crossing where 98 per cent of the population is Aboriginal, the coastal town of Geraldton, and Eucla, in WA near the SA border on the Nullarbor.

"Be open to making connections in the community," says Chris, "and be prepared to make lifelong friends in the process.

"I am a keen baker so when I land in a remote community, I whip up muffins and head down to the local police station and introduce myself."

"That's my skill, what I can offer. Everyone is different."

"I recommend you get to know all the members of the community. Visit the school, and get invited to morning teas. I love being part of the small community, picking up rubbish, hanging out with the teachers and police, and trying to be a positive female role model.

"Now here in Coral Bay, I am also involved on a conservation committee, ending up being a wildlife carer."

Two examples she gives is rescuing a seagull with a fish hook in its mouth and putting a joey who wasn't walking on the local school bus to reach the vet.

Find yourself a walking buddy, says Chris, who suggests backpackers passing through doing casual work, police officers or another nurse are often the answer.

"Explore the region while you are there," she says. "You will get to experience and see things that the average tourist doesn't get a chance to see.

"Ask your clients 'what is there to see and do?' Make contact with local Aboriginal Elders, and ask if there are any areas culturally not appropriate to visit. They'll say 'don't go up that hill.' Maybe they'll take you out."

Chris also has tips on the work front.

"No two days are the same," she says, "and it's important to make the most of each experience, whether it's being rushed off your feet or having a day of no visitors at all. That's the day when you have to keep yourself busy, cleaning, stocktaking and checking out-of-date stock. That can help you work out what the most common and least common situations will be for you."

"If you like autonomy, you'll love remote."

"Sometimes it's just you and maybe a health worker, or St John ambulance volunteers. And you do what you can with what you've got. No bells and whistles and you have to go back to basics," says Chris.

In terms of skills, Chris advises nurses interested in remote work to do as much training and as many courses as possible.

As a Nurse Practitioner, specialising her Master's Degree in emergency, Chris can prescribe, diagnose and organise tests, making it easier to provide "good holistic care to every member of the community".

"I believe you need to have a solid background in emergency care as you are on your own most of the time, and don't have the support health workers have in regional and urban hospitals," she says, "and find a mentor, someone who has been remote, who can advise you."

Head to crana.org.au/cranacast to listen to Chris on the CRANAcast podcast Episode 4 and learn about her experience dealing with flood conditions and having to air-lift a very sick patient from a nearby goldmine by helicopter.

Photo: totajla – stock.adobe.com

Connect

Surviving extreme heat

2022 CRANAplus Conference invited speaker Dr Simon Quilty discusses how increased temperatures are impacting remote communities and what Aboriginal culture can teach non-Indigenous Australians about adapting to warming.

"In the hottest part of Australia, we have the poorest people," says Dr Simon Quilty.

A specialist physician who has been working in the NT since 2004, Dr Quilty's research papers on the health impacts of climate change number in the double figures.

"In the remote communities I've worked in, people have very limited infrastructure and resources to fend off the heat… There's severe baseline poverty, very poor-quality housing, severe energy insecurity."

In the El Niño year of 2019, a RAAF base near Katherine recorded 54 days of 40°C or above, breaking the previous record of 20 days.

"Modelling shows that before the end of the decade, there'll be over 100 days above 40 degrees in towns like Katherine," Dr Quilty says. "They can become uninhabitable."

2019's extreme heat killed vast tracts of savannah forest around Katherine – and Dr Quilty warns that "the same thing will happen to humans if they don't have the capacity to shield from the heat."

How increased heat impacts health

"The way that you die from heat depends on what your comorbidities are and what your exposure is," Dr Quilty continues.

"Factors that increase risk include age; cardiac disease (ischemic heart disease, cardiac failure, RHD); renal disease; cognitive impairment, dementia, and physical disability."

Despite these risk factors, only 1,000 Australian death certificates listed heat as a cause of death between 2006 and 2017, according to Dr Quilty's reserach.

Photo: Alexander – stock.adobe.com

Revisiting the data in 2020, Dr Quilty found that heat should have been listed on over 37,000 certificates.

"We have very limited capacity at the moment to measure the impact of heat on health outcomes and that needs to be rapidly rectified so we can react and respond in a coordinated way," he says.

We also need to consider the indirect influences of heat on medicines and our health care system.

"[Firstly, say] you have epilepsy, and you take sodium valproate, and you accidentally leave your tablets in the car just once [in hot temperatures] – they will not work," Dr Quilty says.

"[Secondly], 35 per cent of Northern Territory doctors are in the process of leaving or are planning to leave because of their concerns about the impact of climate change.

"That's just doctors but presumably it is replicated across the health care, education, and other professions as well.

"It's a highly personal decision… The hotter it gets, the less time you have available to go down to the park with your kids in the afternoon."

Lessons from Indigenous culture

Remote Indigenous communities might seem like a "canary in the coal mine" that indicates how urban centres will ultimately be affected, Dr Quilty says.

However, the NT mortality database he is currently investigating suggests that while Indigenous Australians are adept at living in hot environments, non-Indigenous Australians are becoming more susceptible. ▸▸

Photo: Benedetta Barbanti – stock.adobe.com

"Aboriginal people have physiologically and culturally adapted from thousands of years of experience, and the way they live their lives is around hot weather," Dr Quilty says.

"Here we've got, right in front of us, incredible experts over many, many generations, and they're very happy to tell us what to do, and it's remarkably simple. It is: listen to the environment and don't be an idiot."

Simons laughs at this point.

"I've gone for a jog late in the afternoon in Katherine and had Aboriginal people look at me like I'm mad, and they were right," he says.

"Preparing for climate change, the most important thing is cultural change."

"Indigenous Elders have explained to me that non-Indigenous people are a bit *warunga*, or mad, because we seem to take no notice of the heat. We're much more driven by the desire to finish off a job and get paid than we are to recognise and accept the inhospitality of the heat of the day."

By working, living and travelling in air-conditioned environments, we're also failing to physiologically adapt for when we need to go outdoors.

Your power as a health professional

Dr Quilty speaks with candid frustration about the lack of attention local academic institutions have paid to climate change; the government decision to allow fracking to proceed in the Beetaloo Basin; and the lack of solar panels on Territory hospitals.

An advocate for urgent and immediate action, Dr Quilty is using research to document the situation on the ground and inform climate-aware health policy. He reminds health professionals of their own power as changemakers.

"Scream up the ranks to insist for ecologically responsible health care that has an awareness of its carbon footprint," Dr Quilty says.

"Health care in Australia is responsible for 7 per cent of our carbon footprint, and we as professionals need to do something about it."

Dr Simon Quilty will be discussing climate change and health at the CRANAplus Conference this October. Head to cranaconference.com to find out more and register.

Support key to WA's Transition to Practice program

Making the transition from city and regional hospital settings to rural and remote health practice offers huge benefits to career nurses and midwives. But the experience can leave nurses, especially new graduates, feeling out of their depth. WA Country Health Service (WACHS) provide a Transition to Practice program which aims to support nurses on their journey.

Hands-on experience in specialty areas such as emergency is an opportunity rarely offered to city and regional nurses in their first years after graduation.

A WACHS' program in WA is deliberately targeting new graduates and the benefits are being felt by both the participants and six participating hospitals in the Pilbara region. The program was introduced two years ago and focuses on encouraging clinical capability and confidence.

Eli Foster, newly qualified nurse at Roebourne District Hospital in the Transition to Practice program.

The experience the participating nurses gain often places them in a competitive position when they look to progress into more senior roles, says Regional Director Nursing and Midwifery Yvonne Bagwell.

"Our program has been designed to educate, mentor, and invest in our nurses from the very beginning and upskill them by providing a variety of opportunities to learn," WACHS Pilbara says.

Supported by clinical experts and educators, including senior clinical nurse managers, the program gives newly qualified nurses access to a broader scope of care.

This is how newly qualified registered nurse, Eli Foster, working at Roebourne District Hospital, described the initiative – as giving him hands-on development opportunities he never expected.

"The Transition to Practice program offered at WACHS allowed me to gain so many skills valuable to my practice, such as cannulation and patient-focussed assessments," he says.

"This has helped boost my confidence to practice independently."

As a result of positive feedback from staff, the program has since been replicated to other clinical areas. The Peri-Operative Transition Program and Cancer Services Transition Program are both in their first year of operation with great feedback already received from participants.

Are you considering a career in the bush or want to know more? Contact the WACHS Pilbara Nursing and Midwifery Workforce Coordinator: wachspb_nursingmidwiferyworkforcecoordinator@health.wa.gov.au

Healthy mums and babies

At our 39th Annual Conference, Co-Director of the Molly Wardaguga Research Centre and CRANAplus Fellow Sue Kildea will be discussing the state of maternity services in remote Australia and necessary actions to ensure Aboriginal mothers and babies in remote communities experience the same health outcomes as city folk.

Professor Sue Kildea's remote midwifery career commenced in the 90s and ultimately led to her 11-year tenure as CRANAplus' Vice President. More recently, she spent a perspective-shifting decade in the largest maternity facility in Australia.

"I've returned to remote Australia, near Alice Springs," Prof. Kildea says, "and I cannot believe the state of remote area maternity services, and mothers' and babies' health."

The state of remote maternity services

"20 to 25 years ago, they thought it would be safer for women to have their babies in the big city hospitals where you've got paediatricians and obstetricians, theatres and blood banks," Prof. Kildea says.

"There's quite a lot of recognition now that we went too far.

"We should've kept many of the smaller maternity units open so that healthy women could stay in their communities and, I think, only removed women out if they had risk factors and needed more intensive and specialised care."

This mindset ultimately led to the closure of rural and remote maternity units and an exodus of midwives and GP obstetricians. First Nations women increasingly had to receive care in cities, even when low risk and for their first child. Families became excluded from births – one of the most joyous things in life.

"We sent a lot of [pregnant] women who didn't speak English away," Prof. Kildea says. "A lot of the time they [didn't] have an escort and it was really problematic.

Prof. Yvette Roe (left) and Prof. Sue Kildea (right).

"Women don't like going to the cities. They don't feel safe; they're frightened, alone. This hasn't changed."

The corresponding gap in health outcomes is well documented. There's a lack of resident midwives in remote communities where, at the same time, we are seeing some of the highest rates of preterm birth in the country.

"In Australia rates [of preterm birth] might be around 7 per cent every year," Prof. Kildea says. "They're 12 to 14 per cent for Aboriginal women. In some of the remote areas, that figure is between 15 and 22 per cent."

This, in turn, correlates with increased vulnerability to chronic disease.

"I'm not saying all women across Australia can have a local maternity service in their small remote community," Prof. Kildea acknowledges.

"But there are many remote communities that have over 1000 people in them, and more than 20 women having a baby every year. And they've got no resident midwife. That's just insane."

Implementing a Birthing on Country model

Prof. Kildea, with Professor Yvette Roe, is currently co-leading several projects to change this including the National Health and Medical Research Council's five-year, $1.5 million project 'To Be Born Upon a Pandanus Mat', and the Djäkamirr (Yolŋu childbirth companions) four-year $6.1 million project funded by the Department of Health.

These projects are underpinned by multiagency partnerships and a Steering Committee with representatives from: Charles Darwin University (CDU), Miwatj Aboriginal Health Corporation, Yalu Aboriginal Organisation, Australian Red Cross, Careflight, the Australian Doula College and the Northern Territory (NT) Department of Health, the Australian Government Department of Health (Indigenous Health Division).

The Yalu Aboriginal Corporation Women's Backbone Committee, comprising of senior Yolŋu women representing the diverse clans in Galiwin'ku, provide leadership and cultural authority.

Together they are aspiring to increase continuity and quality of care by redesigning maternity services on Galiwin'ku, the northeast Arnhem Land island with a population of around 2500.

The goal is to reduce risk factors associated with preterm birth, strengthen midwifery care, and integrate early medical and allied health referral as required.

This includes pairing "named midwives" with pregnant women throughout their journey, and ensuring midwives are recruited and supported to stay and be available 24/7.

They will work side-by-side with the Djäkamirr, who will be embedded in the service to provide clinically and culturally exceptional care. A Djäkamirr is a Yolŋu woman trained and employed to provide guidance and support to a woman during pregnancy, childbirth and until baby turns two years old.

"At the moment, care is dislocated [throughout a woman's journey, which may be from] multiple providers with little continuity of carer," Prof. Kildea says.

"We want each pregnant woman to have a named Djäkamirr, who will go with her, providing the continuity of care that the midwife can't, because the midwife stays in the community.

"We've got a very Western medical model out there in our communities, and almost no midwives. We are all missing out on all that incredible knowledge the Indigenous women have had passed down from 60,000 years of Birthing on Country."

Positive early signs

The results of Birthing on Country implementation in an urban setting have been exceptional, says Prof. Kildea, referring to the successes of the Birthing in Our Community Service in South East Queensland as published in *The Lancet*.

"We saw a 38 per cent reduction in preterm birth," Prof. Kildea says. ▸▸

"We saw women come earlier in pregnancy, and more often. They felt culturally safe – and a lot of that is to do with the First Nations workforce.

"Birthing on County services are also driving changes to the social determinants of health with the emphasis on employment and education of Aboriginal women in these services.

"Women were also more likely to breastfeed, we saw fewer elective C-sections, fewer women having epidural pain relief in labour (less intervention in birth), more physiological birth of the placenta and a reduction in neonatal nursery.

"Reducing preterm and increasing breastfeeding are two of the most powerful things we can do in the early days to reduce the risk of chronic diseases down the track."

Prof. Kildea's research team has also received a Medical Research Future Fund of $5 million to work with communities to test their RISE Implementation Framework in a rural (Nowra, NSW), a remote (Alice Springs) and very remote (Galiwin'ku) site.

> "When we say Birthing on Country, some people think we're talking about women out in the bush under a tree with no midwife having a baby," Prof. Kildea says.
>
> "But the whole country is Aboriginal land and Aboriginal country. It doesn't matter if we are in an inner-city hospital, a rural birth centre, a homebirth or a remote community – Birthing on Country recognises that when women give birth in Australia, they are doing so on the sovereign lands of the First Peoples of Australia who have never ceded ownership of their land, seas and sky.
>
> "I like to talk about Birthing on Country services – they are defined in national policy documents as services that meet the needs of Aboriginal and Torres Strait Islander families for the best start in life."

The RISE Framework has four pillars to drive reform: (1) Redesign the health service; (2) Invest in the workforce; (3) Strengthen families; and (4) Embed First Nations community governance and control.

If this topic interests you, you can catch Professor Sue Kildea's presentation at the 39th CRANAplus Conference in Adelaide this 4–6 October. For more information and to register, head to cranaconference.com

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Could it be sepsis?

The first national standard of care for sepsis patients has been released in Australia, aiming to improve the recognition, treatment and management of the condition which is the body's life-threatening response to infection, causing damage to its own tissues and organs, potentially leading to death.

"We want our clinicians to think about sepsis all the time – even though it's something they won't see all the time," says Dr Lorraine Anderson, Medical Director at the Kimberley Aboriginal Medical Services in Western Australia.

Lorraine, who has worked in the Pilbara, Indian Ocean Territories and now the Kimberley for 15 years, welcomes the new Sepsis Clinical Care Standard released by the Australian Commission on Safety and Quality in Health Care on 30 June 2022, which will be implemented by health care services nationally to improve sepsis recognition and outcomes.

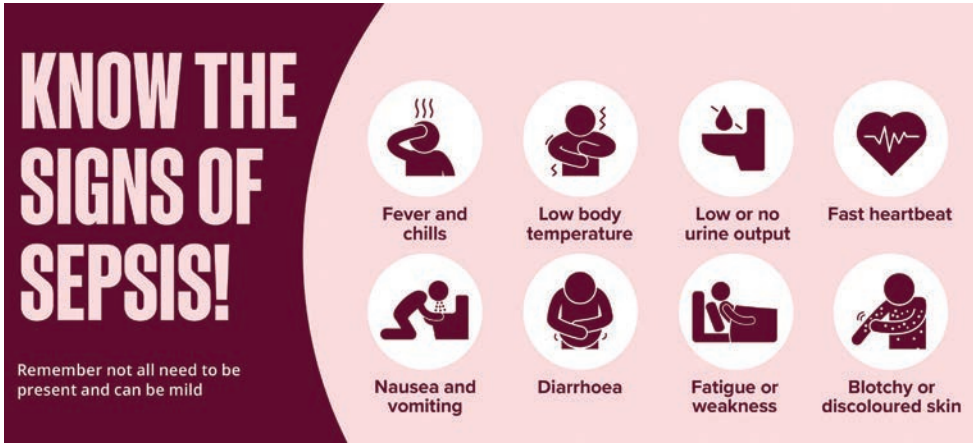
"Managing patients in a remote community is high stakes," Lorraine says. "With sepsis, we don't have a minute to waste, and that's particularly so in remote communities which might be 1,000km away from the nearest major hospital."

The impact of sepsis

Many people have never heard of sepsis, but it kills more Australians annually than road traffic accidents or stroke. Every year, over 55,000 Australians are diagnosed with sepsis and more than 8,700 will lose their lives to the condition. Others end up living with amputations and post-sepsis syndrome. Annually, it results in $700 million of direct hospital costs, and $4 billion in indirect costs.

Spotting the signs can be tricky, as they can overlap with other conditions. Sepsis can arise with any infection, the most common being respiratory, gastrointestinal and urinary. For some people, sepsis starts with an infection that gets worse instead of better. Early treatment (typically with intravenous antibiotics) can reduce the risk of death or serious complications.

Awareness of the existence of sepsis in the community is low, and raising awareness is one of the aims of the new standard.



In 2020, 41 per cent of Australian adults had never heard of sepsis with people in the 18-to-34-year-old age group, who are most likely to have young children, having lower awareness than the over-50s.

Anyone can get sepsis, but young children, older people, Aboriginal and Torres Strait Islander peoples, people living in remote communities, and people living with cancer or immunosuppression are disproportionately affected. Globally, more than 50 per cent of sepsis cases are in children and adolescents. Older people who get sepsis have high mortality rates of 50 to 60 per cent.

Asking the question

The challenge of diagnosing and managing sepsis is compounded in Aboriginal and Torres Strait Islander communities, says Dr Anderson, where patients often have complex conditions and comorbidities, such as heart disease, diabetes or kidney disease.

"The advantage, however, in remote area primary care clinics is that we are connected with local communities and have relationships with our patients and their families," she says.

"We listen when the family says, 'we're really worried'. It's different to a big emergency department where the clinician doesn't know the person they're dealing with.

Top: Patient handover on the tarmac at Balgo Airport.
Above: Patient transport vehicle in the Kimberley.

"If someone is suspected of having sepsis in a remote clinic, the health care worker needs to act quickly and call the doctor – who may be off-site – and say it could be sepsis.

"Just saying 'this could be sepsis' will set things in motion for assessment, treatment and possible evacuation."

For the general public, preventing infection can help prevent sepsis, and recommendations include:

- Getting vaccinated against the flu and other potential infections
- Ensuring wounds are treated appropriately
- Practising good hygiene by washing hands and regular bathing.

Head to https://www.safetyandquality.gov.au/sepsis-ccs to read the full Sepsis Clinical Care Standard

Record numbers seeking fertility treatment

Fertility treatment is booming in Australia, but access for people in rural, regional and remote areas continues to be a challenge.

Over the past two years, fertility specialists have consistently reported high demand for IVF, possibly driven by COVID-19 and its many implications for people's life planning.

This trend was confirmed by data released in December 2021 by the Victorian Assisted Reproductive Treatment Authority. It showed a 20 per cent jump in fertility treatment from 2020 to 2021 in Victoria alone.

"This is the steepest increase in people having fertility treatment that we've seen for a decade," said VARTA CEO, Anna MacLeod (pictured above, top).

> "It shows that many people are experiencing fertility challenges in our community."

But how equitable is access to fertility treatment for those who need it? In December a specialist obstetrician and gynaecologist from the Western Australia Country Health Service, Jared Watts, said too many Australians in rural, regional and remote areas were missing out on fertility tests and treatments.

Writing in the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' publication O&G Magazine, Dr Watts said some men in Western Australia had to travel for up to three days to access a semen analysis test. This can involve more than $1,000 in travel costs, plus time away from work and family, he said.

Dr Watts said while many IVF services are very accommodating of rural patients, access could be improved by expanded use of telehealth for initial appointments and fertility units developing relationships with rural ultrasound and pathology providers so patients can have tests and other treatments closer to home.

Dr Watts also called for more use of rural general O&G specialists with support and advice to carry out as much treatment as possible in rural areas; advocacy for further funding for rural patients to offset indirect costs of travelling for fertility services; and culturally appropriate fertility services that encompass education and support for Aboriginal patients, including accommodation and travel support.

Dr Karin Hammarberg (pictured left), a fertility expert at VARTA and Your Fertility, said infertility can be heartbreaking for people.

"Unless you know somebody who has faced a fertility struggle, you may not realise how many people experience problems with getting pregnant, sustaining a pregnancy and having a healthy baby. This is a big issue for men and women," she said.

"A lot of people might think they can turn contraception off and then have sex and fall pregnant. It is often not that simple."

Your Fertility highlighted fertility problems during 'Fertility Week' in December – an annual health promotion campaign to raise awareness of factors that affect fertility.

The campaign shared eight people's stories, including those of men and women with infertility, same-sex couples, a transgender man, a single woman who chose to have a baby on her own and women with chronic health conditions.

During Fertility Week (6–12 December 2021), VARTA also released its latest IVF success rate data to demonstrate that IVF is not an insurance policy. The data shows that most people don't have a baby after one IVF cycle, and that the younger you are when you start, the higher your chance of success.

The data, produced by the University of New South Wales for VARTA, tracked thousands of women who started IVF in Victoria in 2016 to see what happened to them by 30 June 2020. They recorded the proportion of women who had a baby after one, two or three stimulated IVF cycles, including all fresh and frozen embryo transfer attempts associated with these complete cycles.

It showed that women who started IVF under the age of 30 had a 43 per cent chance of a baby after one stimulated cycle, a 59 per cent chance after two cycles and a 66 per cent chance after three cycles.

For a woman who started at 40, there was a 13 per cent chance of a baby after one stimulated cycle, a 21 per cent chance after two cycles and 25 per cent chance after three cycles.

> Each stimulated cycle involves injecting hormones every day for about two weeks to produce more eggs than usual, a surgical egg collection procedure, and a scientist attempting to fertilise eggs with sperm in the lab.

VARTA CEO Anna MacLeod said while the goal for everyone who starts IVF is to have a baby, preferably on the first attempt, this research provides people with a realistic expectation of what is possible and how long it might take.

"Knowing that most people need more than one stimulated cycle for a reasonable chance of success and that IVF births are less common the older you get is helpful for planning," she said.

Visit yourfertility.org.au for more evidence-based information about factors that affect fertility. ●

Syphyllis is still out there

There is an ongoing Multijurisdictional syphilis outbreak in Australia[1]. Initially there was an increase of infectious syphilis notifications among young Aboriginal and Torres Strait Islander people living in remote and rural areas of northern Australia.

In 2019, the South Australian Health and Medical Research Institute (SAHMRI) delivered a multi-strategised Aboriginal and Torres Strait Islander Community awareness and education campaign in response. The Young, Deadly, Free website offers a range of resources for young people in remote Aboriginal Communities, resources for Elders, parents and clinicians[2].

Notifications are now increasing through NT, QLD, WA and SA with cases notified in Adelaide, the Goldfields region of WA and Central Queensland. Recent South Australian data is showing an increase among the non-indigenous and heterosexual population.

Syphilis is a bacterial infection which is transmitted through sexual activity and during pregnancy to an unborn baby. There are four stages of syphilis known as primary, secondary, latent and tertiary.

Primary syphilis may present as a painless genital ulcer called a chancre. It is usually singular, painless and has a well-defined margin. It is possible for a chancre to go unnoticed, especially if present on the roof of the mouth, the cervix or on anal skin. This ulcer will spontaneously heal within a few weeks, but the person will remain infectious.

If syphilis is not diagnosed at this stage, the infection will then progress to secondary syphilis a few weeks later.

The usual presentation is a body rash that will specifically affect the palms of the hands and soles of the feet. There may be other symptoms such as fever, malaise, lymphadenopathy, headache or alopecia. The rash can be easily mistaken for other conditions such as drug eruptions, pityriasis rosea or guttate psoriasis and if untreated will resolve, although it can sometimes recur.

The following two years is called the early latent stage. This is where there is an absence of symptoms, but the person is still infectious.

After two years the infection is in the late latent stage. People are no longer able to pass syphilis to their sexual partners, but it is still possible to pass the infection to an unborn baby during pregnancy.

The final stage is called tertiary syphilis which can develop months or years later. Symptoms can include severe skin lesions called gummas, ophthalmic, cardiovascular and neurological disease. This stage is preventable by treatment, which is why screening is so important.

Clinicians are advised to maintain a high clinical suspicion for syphilis and to offer syphilis screening to all asymptomatic sexually active patients as part of a regular sexual health checkup. Also, to include syphilis testing where other STIs such as chlamydia, gonorrhoea and HIV have been diagnosed, including contacts. Syphilis screening of all pregnant people should occur at the first antenatal visit, with repeat screening throughout pregnancy indicated for those at higher risk.

Vertical transmission in pregnancy is a major concern as congenital syphilis can cause stillbirth, neonatal death, preterm delivery, low birth weight and developmental abnormalities.

When there is a positive result, prompt treatment should include the patient and their sexual partner(s). All cases should be notified and follow up testing should occur at three, six and 12 months to monitor treatment response and exclude reinfection.

For further information and resources, see the recent "Don't fool around with Syphilis" campaign from the Department of Health.

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SHINE SA

SMS4dads heads to rural and remote Australia

The call is out to all rural and remote health workers to spread the word to new dads and dads-to-be about a free text-based service designed especially for them.

Text-based information service SMS4dads has already taken off in urban areas and is now targeting new rural, remote and First Nations dads. Since being relaunched late in 2021, the program has engaged almost 2,000 dads.

"Using mobile phones as the communication tool has been a major part of the success," says David Edwards who manages Resource Development for the program at the University of Newcastle, where the model was developed.

"There's not a lot out there that speaks directly to dads and this service is easy, free and user-friendly. Importantly, the texts are not intrusive but are delivered in a way that dads can access the information at a time that suits them.

"Many dads don't grasp how important they are for their partners and their children.

SMS4dads reminds them of the key role they play and the things they can do to look after their baby, their partner and themselves.

"The dads get three messages a week, from as early as 12 weeks into their partner's pregnancy up until their baby turns one."

Kaiden Powell with Yindyamarra. *Photo: Ange Maloney.*

Roy and Steph with baby William. *Photo: Ange Maloney.*

David hopes that not only midwives but all health workers "will promote the free text information service, get mums to look at the website and encourage their partners to enrol online.

"Dads are used to being both providers and protectors," says David, himself the father of two grown-up sons.

"When it comes to talks from the health worker about pregnancy and birth, some dads can feel uncomfortable in the ante-natal consult or birthing suite. We'd love to see them encouraged by practitioners to stay and yarn about the pregnancy or during bub's post-natal visits, and find out about SMS4dads as well as other paternity services available.

"I'd like to think my generation has paved the way for fathers to recognise the role of nurturer," he says.

"Fathers are generally doing their best, but so often it's without much experience or role modelling. And that's where this program can help fill the knowledge gap."

There are three pillars to the SMS4dads text messages.

"The first is to help strengthen father and baby connection and for dad to be more engaged in early parenting," says David.

"The second is to strengthen the mum and dad connection. Team parenting is so important to give baby the best start to life emotionally and physically. Even if relationships don't last the distance, it's important to make sure dad's connection with baby and their mum continues throughout the child's life to maximise childhood development outcomes and reduce trauma that can arise from feeling abandoned.

"Thirdly, the text messages support the men looking after themself. Mums are great at taking on self-care advice. We have to follow suit."

The evidence-based, plain-language text messages are developed in consultation with subject matter experts. They feature easy-to-follow birth and parenting tips and empower dads to look after the health of bub, mum and themselves.

"Our prompts don't tell dads what to do," says David. "They suggest what might be going on and give examples of how they can support their new family.

"For example, week six after the baby is born, is often when bub finds his or her lungs. The dad receives a text that asks, 'Is baby crying a lot?' that reassures him that crying is common, normal around this time, but if baby is crying for very long periods of time, suggests getting a check-up."

An important component is an interactive text check-in – a mood tracker – which is particularly useful for men who are struggling a bit, says David.

"If a dad flags he's not going so well, we text him and ask if he has support. If the dad replies that he doesn't and that he needs support, we can connect him to a call-back service to provide this over the phone."

Health workers can find out more about SMS4dads at sms4dads.com.au where there is an option to sign up for a brief 'taster' experience of the messages.

Posters and flyers are available to display in the clinics. To order these or for further information, email info@sms4dads.com.au

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