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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.

Contents

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From the CEO and the Chair of the Board

Dear Colleagues,

Welcome to the summer edition of the CRANAplus magazine. In this issue, Fiona and I write jointly to share the success of the 39th CRANAplus Conference and to thank our Board Directors for their continued support.

On a windy and wet day in October, we were delighted to welcome delegates to Adelaide to reconnect with colleagues and friends, many of whom we had not seen in person since before the pandemic. It was also wonderful to meet many new people who had travelled from all over Australia and New Zealand to spend time at the conference.

The line-up of presenters and speakers inspired, challenged, and informed delegates. Whilst there have been significant achievements in remote and isolated health, we clearly still have a long way to go.

Many of our Members and conference delegates shared their own perspectives of remote health and there was stimulating conversation and debate on the sidelines regarding contemporary remote health issues.

CRANAplus listened and captured the feedback and conversations from delegates and the collated information will contribute to our ongoing advocacy work at national and jurisdictional levels.

We take every opportunity to advocate on your behalf for increased professional support, career pathways, safety and security, and innovative and creative solutions such as redesigned workforce and service delivery models.

At our AGM, we farewelled longstanding CRANAplus Fellow and Board Director Lyn Byers. Lyn served on the Board for nine years and has made a significant contribution to the strategic direction and governance of the organisation. Fittingly, Lyn received this year's Aurora Award for the Remote Health Professional of the Year. You can read more about this on page 58.

We also farewelled and thanked CRANAplus Fellow Caitlin Steiner for her time on the Board. Both Lyn and Caitlin are long-term course facilitators, and it is great to know that they will continue connecting with the CRANAplus team. We welcomed two new Directors, Member Danielle Causer and Fellow Dr Ann Aitken. We introduce Danielle on page 12, and will introduce Ann to you in a subsequent issue.

As an organisation, we are fortunate to have such dedicated members who volunteer their time as Board Directors to govern the organisation as it moves from strength to strength.

To all the CRANAplus community, Fiona and I wish you a safe and happy Christmas and New Year. Thank you for your ongoing support, we look forward to connecting with you again in 2023.

Warm Regards

Katherine Isbister, CEO, CRANAplus
Fiona Wake, Board Chair, CRANAplus Board of Directors

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.

Photo: electra kay-smith – stock.adobe.com

First Peoples

Photo: Cameron – stock.adobe.com

Launching our Mirii Course

Our brand new CRANAplus Mirii Course is designed to provide Aboriginal and Torres Strait Islander Health Practitioners and Workers with the skills to effectively use clinical care manuals and guidelines in response to common patient presentations. CRANAplus Deputy CEO & Executive Director of Education, Amelia Druhan reports on its launch in the Territory this October.

The CRANAplus Education team is proud to share that we delivered our first Mirii (star) course at Batchelor Institute, NT, in October.

Mirii is a new program specifically written for Aboriginal and/or Torres Strait Islander Health Practitioners and Workers.

The Mirii course provides participants with the skills to effectively use clinical care manuals and guidelines in response to common patient presentations.

It includes a particular focus on early recognition of the deteriorating patient, and appropriate assessment, treatment, and management of patients in the context of a remote setting. Content and case studies cover both acute and chronic disease presentations.

To celebrate the launch of Mirii, CRANAplus commissioned an artwork by Yuwaalaraay artist Gus Draper (see below). In the painting, Gus explains that the blue represents people and the green symbolises CRANAplus. The circles on either side represent people gathering for guidance and support. The orange and white dots show the pathway towards Mirii, which serves as a guiding source of light and knowledge.

Under the guidance of CRANAplus' Executive Director of First Peoples' Strategies, Dallas McKeown, the Mirii course design fosters a Culturally Safe learning environment for Aboriginal and Torres Strait Islander participants. ▸▸

The team received a warm Welcome to Country from Kungarakan Traditional Owner-Custodian and Elder Academic, Dr Sue Stanton

The first course at Batchelor was a success for everyone involved. Day one began with a warm and very generous Welcome to Kungarakan Country from Dr Sue Stanton (pictured above).

Dr Sue wished participants well and reminded them of the power they have as health professionals within their communities, and their unique capacity to provide care that is welcomed and Culturally Safe.

Afterwards, we got into the program for the day, which included a review of vital signs and trends, documentation and handover, primary and secondary survey, and recognition, stabilisation and escalation of the deteriorating patient.

Day two started with responding to patients experiencing chest pain, followed by a revision of care for those with renal complexities and dialysis.

Recognising and responding to sepsis was also covered in depth and included scenario-based activities requiring the application of sepsis care pathways and interventions. Understanding ear health, the importance of appropriate treatment and management and practising ear assessments on each other rounded out the day.

The third and final day included neurological assessment, paediatric presentations, respiratory assessment and practical skills including fracture management, immobilisation and plaster backslabs, envenomation and bandaging, spinal and pelvic trauma and management including application of pelvic binders. The course concluded with a session on skin assessment and common rashes and conditions.

Participants were enthusiastic and engaged across the three days, enjoying the interactive program, and frequent opportunities to practise skills along the way. Thanks to the generosity of participants, the CRANAplus teaching team was equally rewarded in their learning. Those teaching on the course furthered their understanding of Cultural Safety and appropriate care for First Peoples patients and their families.

For future courses we are keen to have Aboriginal and/or Torres Strait Islander Health Practitioners or Workers join our teaching team as Facilitators. If you or someone you know might be interested please connect with Clinical Education Manager Leanne Laurie at leanne.laurie@crana.org.au.

It has been some time since CRANAplus has delivered a dedicated First Peoples' course so the launch of Mirii marks an important achievement for our organisation. I take this opportunity to congratulate the Education team and Dallas McKeown. The outstanding work of Clinical Education Manager Leanne Laurie, and Remote Clinical Educators Nicole Smith and Kathy Arthurs, has been integral to reaching this milestone. The work of those 'behind the scenes' is acknowledged also, including the contribution of the resource development, equipment, and logistics team under the leadership of Learning Design Manager, Julie Moran.

If you are interested in knowing more about Mirii or would like to enquire about bookings please reach out to us.

On behalf of CRANAplus Education, thank you all for another great year. We appreciate your ongoing support and interest in our clinical education programs. Whether you are working or relaxing over the holiday season may you stay safe and well. We look forward to working and learning alongside you again in 2023. You can find the 2023 course calendar on page 56.

Amelia Druhan
Deputy CEO & Executive Director of Education
CRANAplus

Mirii Course Participant Feedback

"Very impressed with the approach, respect and information delivered."

"Demonstrations were great, learnt some great skills to use in our clinical settings. It was good being able to also get in and do hands-on activities with the class."

"Found the ear assessment really interesting and would like to continue more on assessment and using an otoscope."

"Easy to understand information. I want to keep learning about sepsis."

"I loved the facilitation team, they were passionate about educating students and complemented each other."

The right to ask for a transplant

Gary Torrens, clinical nurse consultant at Princess Alexandra Hospital, has been part of a $1 million national initiative to counteract barriers for Indigenous dialysis patients getting on the kidney transplant list. Here's his story.

The title of the project is long: *Outreach Kidney Transplant Yarning Session for First Nations People of Queensland*. The principle is plain and simple, says Gary Torrens: appropriate communication.

Gary, a Bundjalung man, who has specialised in renal disease since he graduated in 1997 and worked in Australia and also in the UK for 12 years, is currently with the Queensland Kidney Transplant Service.

"I have been given a lot of support to focus on Aboriginal and Torres Strait Islander people," says Gary, who is passionate about challenging barriers that are causing the gap in statistics that compare Indigenous and non-Indigenous dialysis patients.

"The amount of Aboriginal and Torres Strait Island people who receive a transplant is very disproportionate," he says. "It's a very poor ratio compared with non-Indigenous patients.

"Everyone has a right to ask for a transplant, and the project we undertook in Queensland was aimed at reaching and informing Aboriginal and Torres Strait Islander people about the transplant program. Our aim was to empower patients with information to help them understand the process so they can make choices."

Yarning, a traditional way to receive and share information, was the lynchpin of the roadshow Gary took to various locations throughout the state, funded through the National Indigenous Kidney Transplantation Taskforce.

"It was the first Indigenous-led roadshow of this kind," says Gary, who said the team included a surgeon, a dietician and a number of senior nursing staff. The locations visited were Mount Isa, Townsville, Cherbourg, Toowoomba, Woorabinda and Rockhampton. Unfortunately, the Rockhampton session had to be postponed due to a COVID-19 lockdown.

Gary recognised the importance of a more tactile, face-to-face approach after watching the video links on sessions explaining about transplants, delivered to people on dialysis living outside of Brisbane. Very few were Aboriginal or Torres Strait Islander people.

"There are many reasons for this," says Gary. "They don't like technology at times; they are fearful and shamed talking to people down the video link; and in general are scared to ask questions and look foolish."

This led to yarning as the chosen approach.

"We sat down with the patients, breaking down that hierarchical system that so often happens in health systems, introducing ourselves by first name, sharing information about ourselves and sharing healthy food," Gary says.

"We made sure we invited all the stakeholders to the sessions, including Elders, hospital health workers, non-government organisations, health units, as well as the patients and their families."

The yarning was also aimed at cutting through assumptions and cultural biases, says Gary.

"Both patients and staff at centres perhaps making assumptions about a patient's ability to have a transplant," explains Gary. "They may focus on other health issues.

"Our aim was to empower patients to ask questions. 'Can I go on the transplant list?' 'What can I do to get on the list?' 'Why am I being denied access to the list?' It is a real cultural learning curve."

As part of the roadshow, the team engaged champions in the communities who have had transplants to yarn with the dialysis patients about the whole process, and also presented a tactile model and a video to give more information on how dialysis and the transplant process work.

The team also had the opportunity to conduct a transplant assessment clinic, which usually involves patients having to fly to Brisbane.

Since the roadshow, Gary has recognised that people are talking to each other and sharing information.

The amount of referrals for transplant from patients in rural and remote communities has increased, as has the amount of patients who have received transplants, says Gary, who is looking to build on the roadshow to visit more locations in the future. ●

A rare life and career experience

Miwatj Health Aboriginal Corporation writes in to CRANAplus Magazine about opportunities to embark on a life-changing experience while making a real difference in the lives of the Yolŋu.

Miwatj Health is an independent Aboriginal Community Controlled Health Service that provides culturally appropriate and comprehensive health care to remote communities across East Arnhem Land.

Close to half of Miwatj's workforce is comprised of the Yolŋu, one of the world's oldest living cultures. The rest of Miwatj's passionate team are dedicated health and business support professionals from around Australia.

Miwatj provides preventative and acute care to approximately 7,500 Aboriginal and Torres Strait Islander peoples across East Arnhem Land.

Since opening its first clinic in 1997, Miwatj has expanded to seven clinics: Nhulunbuy, Gapuwiyak, Gunyaŋara, Galiwin'ku, Raminginiŋ, Yirrkala and Yurrwi (also known as Miliŋinbi/Milingimbi).

Several outreach teams also provide regular health services to other smaller communities.

Working on the frontline of Australia's most serious health problems can be confronting, and every day presents new challenges. But Miwatj CEO Steve Rossingh says the rewards are boundless.

"It's such an opportunity and a privilege to work with the world's oldest living culture," Steve says. "The Yolŋu are some of the most generous people I've met. They make sure people coming into their communities feel welcome and safe."

Steve, a Kamilaroi man from northern New South Wales and long-time advocate of Aboriginal Community Controlled Health, has lived in the Northern Territory for 25 years. He began his role at Miwatj in February 2022 and has fully embraced his new home in Nhulunbuy, Miwatj's administrative base.

"When you join Miwatj, you become an integral part of a small community that will welcome you and all you bring. Unfortunately, the Yolŋu are amongst the sickest people in the country. Here, you have a real chance to make a difference that will positively impact generations to come."

It's a sentiment shared by Dr Lou Sanderson, one of Miwatj's fly-in, fly-out Community GPs.

With her home base on the Surf Coast in Victoria, Dr Lou travels to the Galiwin'ku clinic on Elcho Island, 550km northeast of Darwin, throughout the year.

"Medically, it's rewarding because we see things that are more extreme," says Dr Sanderson, a GP of more than 40 years. "You know you're a doctor out there. You see and treat severe cases every day that you might only see once a year in urban general practice. I think it makes people much better doctors and nurses."

Like Steve, Dr Sanderson has had the honour of being adopted by a local Yolŋu family. She has learnt the local language and enjoys hunting and fishing with her Yolŋu family on weekends.

"There is so much rich experience to be had – the work, the people and the environment. You just need to be willing to embrace any experience and open your heart and mind to completely different ways of doing things."

Miwatj offers many culturally immersive opportunities for health professionals – from fly-in, fly-out work to permanent positions in remote communities. Benefits include free housing at Miwatj's zone 2 clinics, relocation assistance, study and professional development leave and financial support, and generous remuneration – as well as the rewards of a remote health career.

Steve says Miwatj would love to hear from you if you'd like to put your skills and strength to real use in a place where you're truly needed.

"We will value you, we will reward you, and when you finish with us, whenever that may be, I think you'll look back and be pretty satisfied knowing you've made a real contribution."

You can find out more about a career at Miwatj by visiting www.miwatj.com.au/careers/ ●

MIWATJ HEALTH
ABORIGINAL CORPORATION
BUILDING STRONGER COMMUNITIES TOGETHER

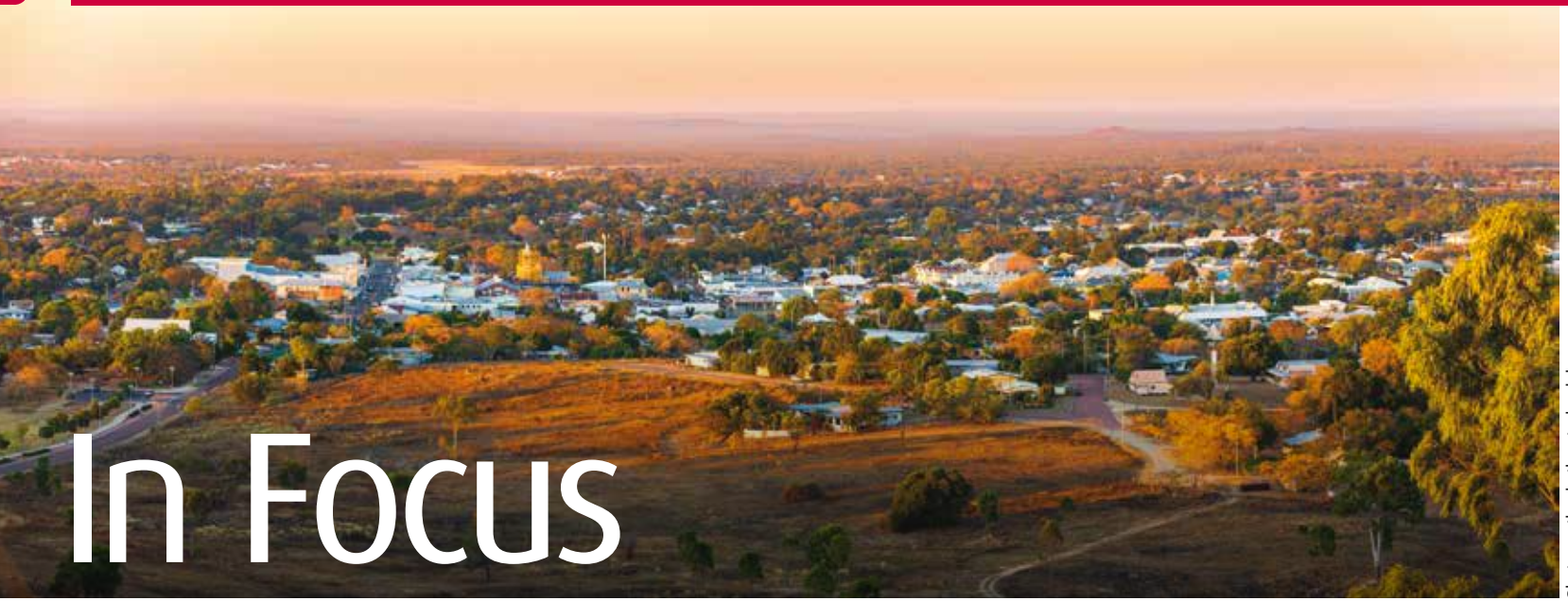


Photo: restlesskath – stock.adobe.com

In Focus

Returning the favour

At the CRANAplus Annual General Meeting in October, Danielle Causer was voted in as one of two of CRANAplus' newest Board Members, along with Ann Aitken. As Executive Director (ED) of Nursing for Central West Queensland and with more than 19 years of primary healthcare nursing and public sector experience, Danielle is eager to give back and share her remote health care insight and enthusiasm with the CRANAplus community.

Hooked on country living, Danielle's base outside of Townsville pays homage to her farm upbringing in New South Wales, complete with sheep, chooks, cats and dogs.

"We couldn't bring ourselves to actually be living in town, we needed headspace and [physical] space for our family as well," says Danielle.

In her role for Central West Queensland, Danielle's work covers 23 per cent of Queensland's landmass where just three per cent of the state's population resides.

Connecting into three Hospital and Health Services (HHSs), the Central West region faces unique challenges – from distance and time pressures to road closures and bringing in air support.

"In the southern part, our patient pathway goes to the Darling Downs into Toowoomba and Brisbane; Longreach into the Central Area we'll go to Brisbane or to Rockhampton; our North Western side will go up to Mount Isa, or through to Townsville," says Danielle.

"We have to be connected and work across several different HHSs... to sustain patient-focused care, we have to be open to various different paths."

Qualifications

As part of her role with Central West Queensland, Danielle is also an Adjunct Professor at James Cook University. Her credentials include a Master of Nursing, along with qualifications and experience in clinical education, general practice management and project management.

Danielle was also the first nurse on the Queensland Hospital and Health Service boards and part of the sub-committee for safety and quality representing the Western Downs.

"As the Executive Director of Nursing [Central West Queensland], [governance is]... part of my role, and in my previous role I was the Director of Clinical Governance for the Central West," says Danielle.

When she's not working, Danielle volunteers her time to share the stories of rural and remote nurses and midwives through her passion project 'A Nurse Out Where' podcast.

"I thought we really need to start sharing these stories and getting the voice out there because rural and remote nurses are a specialty in their own right, and I think we really need to celebrate that," she says.

"I want to be able to acknowledge that [working in isolated areas] is hard, it's not easy, and it's not for everybody... but you don't know unless you try. And if you don't hear about it, you don't think about it."

Why remote?

Danielle describes her longstanding love for remote healthcare as an equal split between head and heart.

"My head tells me professionally that it's about the autonomy, it's about the ability to really work at the top of your scope," she says, "and to challenge myself professionally to be able to do those things.

"But my heart tells me it's the community... I love getting involved in all the community events and understanding the culture."

On being on the Board

When asked about her new position on the CRANAplus Board, Danielle expressed gratitude and pride to be given the opportunity and said she is looking forward to returning the support.

"Rural and remote is my passion and I'll be there for [CRANAplus members] as much as they've been there for me," she says. ●

A learning process for everyone

RN and RM Sharon Gibbens decided to facilitate courses for CRANAplus because of her passion for two-way learning and her recognition of the advanced skills required in pre-retrieval.

"I never thought I would be a nurse and growing up I always said I wanted to be a missionary or an air hostess," says Sharon.

"However, at the age of 44, I became a flight nurse, and now I am doing all three things."

When she considers her career choices within nursing since she started her training back in 1979, Sharon realises these have given her the confidence and experience to join CRANAplus as a facilitator.

In 2005, Sharon saw an advert for a flight nurse in Port Augusta. She was a registered nurse, a midwife and had recently completed a Graduate Certificate in Critical Care. She had experience in hospital emergency departments, intensive care units, and theatre recovery work. Her love of teaching and learning had also seen her notch up a Graduate Certificate in Education and a Certificate 4 in Training and Assessment. Sharon has been teaching First Aid, CPR, and anaphylaxis management for Ballarat First Aid Training Group for the past five years.

Last year Sharon added a Graduate Certificate in Aeromedical Retrieval to her list of skills. She has recently returned to work in Alice Springs where she works as Flight Nurse for the Royal Flying Doctor Service (RFDS) and, in January, joined the facilitator team at CRANAplus.

By midyear, she had facilitated three Remote Emergency Courses (REC) and two Maternity Emergency Courses (MEC) then added a Paediatric Emergency Course (PEC) and Advanced Life Support (ALS) to the list.

"If you look at my resume, you'll see I've moved around quite a bit and had many various jobs, but always in nursing," says Sharon.

"Having different jobs and balancing practical nursing with teaching and training, means I can stay fresh and enthusiastic. And that's what I hope I bring to my role as a facilitator with CRANAplus.

"When I walk into a new group of people, I know we are all there for the same purpose. I love teaching, giving people the confidence to do what they do... As trainers, we have got to stand alongside people. Say 'what can I do to help you?'

"I particularly love assisting at the trauma skills stations where people learn little tricks and techniques. It's a chance to learn and watch and do and share ideas."

Trauma situations, particularly with births and young children, can be very stressful for remote area nurses, especially if they don't have a midwifery or critical care background.

Above: Sharon Gibbens. Top right: Sharon boarding a RFDS plane, 2012. Right: Participant Tracey and Sharon placing a nasogastric tube in the manikin at a recent PEC course. Far right: Vanessa Page, Sharon, Jenny Bell, Belinda Maier and Leonie McLaughlin at a Shepparton MEC, 2022.

"It's in the emergency presentations that they really appreciate the knowledge and opportunity to practise skills in the CRANAplus workshops," Sharon says.

"As a flight nurse, working alongside remote area nurses during retrievals to their clinics, I see how awesome these RANs are. When we are tasked with a job, I have time to prepare on the flight for what's ahead. The RANs often don't have that luxury.

"In the workshops, I also have a chance to talk to participants who want to know about the role of a flight nurse. This can provide them with an appreciation of what we need them to do sometimes to prepare the patient prior to our arrival or what they might need to do once they make that call to retrieval to be fully prepared to assist when we arrive at the scene. I also hope it might inspire them to... consider flight nursing as a career choice."

On a personal note, Sharon says her faith in God has helped her manage many of the difficulties and traumas she has faced, turning these into positive learning opportunities.

She has the comfort of knowing she is not undertaking this journey alone, along with the continued support of many family and friends, both personally and now in the larger CRANAplus family.

"Being a CRANAplus facilitator is a privilege and an opportunity for me personally to continue to learn and remain updated with best practices supported by research, and to be able to share that in a practical way at the workshops," she says.

"It's a learning process for everyone." ●

Learning, walking and living on Mparntwe Country

Occupational therapy student Annabelle Keynes recounts her dream placement at Purple House in Mparntwe, Alice Springs; an experience she describes as 'immersive and affirming'. From small acts of kindness delivered in tea cups to hearing tales and recollections from clients during long car trips southwest, Annabelle's story is sure to inspire.

Palya! I have just completed a five-week occupational therapy placement with the primary health team at Purple House in Mparntwe, Alice Springs. Mparntwe, home to the Arrernte people, straddles the ephemeral Todd River, lined with ghost gums, and is surrounded by the Tjoritja (MacDonnell) Ranges.

Purple House is an Aboriginal-lead organisation that works with Aboriginal clients who have chronic kidney disease and are receiving dialysis treatment three times per week. It had been on my radar as an exciting placement prospect since 2020 when I commenced my studies.

Leading up to my placement, Anthony Albanese had also pledged to spend $30 million on better renal care in remote communities across the country. It felt like a poignant time to be working with the organisation.

Purple House has three sites in Mparntwe. I was primarily based at North Side, where a flurry of tea and toast is made every morning when clients arrive.

This simple offering seemed to be at the essence of Purple House: small acts of kindness, and a real push to create a non-clinical, homely environment.

There are endless opportunities to build genuine rapport with clients and provide holistic and culturally appropriate health care.

For instance, the clients share their concerns over a cup of tea, or around a fire outside, and they can be seen to by the allied health team available on site: nurses, GP, physiotherapist and occupational therapist.

Specialists such as ophthalmologists and podiatrists are regularly booked to be on site for a day to see clients.

Clients are also supported to see Ngangkari (traditional healers), and bush medicine is always available to them.

Rachel, my OT supervisor, and I would prescribe assistive technology, help with social participation, run functional therapy activities such as painting or cooking kangaroo tail, and visit clients in hospital to help with their rehabilitation program.

We also travelled to two remote communities, spending several days in Yuendumu, Warlpiri Country, visiting aged-care clients at their homes, where we exchanged stories over cups of tea, typically on people's front verandas, and often beside a fire to keep warm.

We brought donated beanies and bush balms with us and could gift these to clients as we prescribed assistive technology to help with their mobility.

We also travelled to Kaltukatjara, Pitjantjatjara Country with two Purple House clients that wanted to spend time with their family on Country. It was an eight-hour trip to the southwest pocket of NT, past Uluru and Kata Tjuta on washboard roads.

The hours passed quickly as Kumanara, growing with excitement, shared stories of his childhood, the history of Kaltukatjara and life as a local policeman. Kaltukatjara is a very beautiful community surrounded by eucalypts and big, rocky ranges. Rachel and I spent an extra day there visiting dialysis clients before making the return trip back to Mparntwe.

My placement with Purple House was both immersive and affirming. After two years of online study in Naarm (Melbourne), I was grateful to finally put learnt skills into practice.

During the five weeks I was able to build rapport with incredible people; witness considered, culturally appropriate health care; learn an extensive amount; and feel well and truly a part of the Purple House family.

Please visit www.purplehouse.org.au/our-story to learn more about the incredible work Purple House do.

Deepest respect to the Arrernte People, on whose land I learnt, walked, and lived upon during my placement.

For Kumanara. Forever home in Kaltukatjara. ●

This page: Camp puppy and I, Yuendumu, Warlpiri Country. Opposite page, left to right, from top: Dialysis unit, Kaltukatjara, Pitjantjatjara Country; Purple House Northside clinic, Mparntwe, Arrernte Country; Preparing kangaroo tail, Mparntwe, Arrernte Country; YOPP, Yuendumu, Warlpiri Country; Troupie mural, Yuendumu, Warlpiri Country; Community store, Yuendumu, Warlpiri Country.

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by AussieWide Economy Transport.

AUSSIEWIDE ECONOMY TRANSPORT

Consolidating skills in ED

Edith Cowan University undergraduate nursing student Chris Mattiaccio escaped a cold wet winter to undertake an experience of a lifetime in WA's northwest. There he found blowholes and breathtaking views by the beach, while embracing the opportunity to learn from diverse practitioners and patients in the bustle of Carnavon's ED.

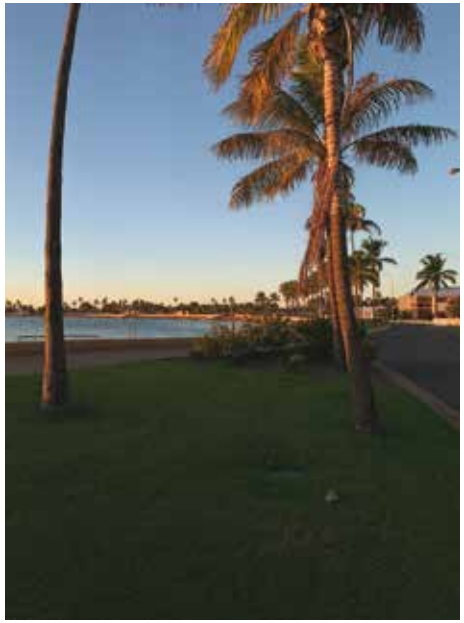
I have always found the remoteness and expansiveness of the northwest of Western Australia a unique and quintessentially Australian environment. So, when offered the opportunity for a four-week registered nursing practicum placement at Carnarvon ED, it was an opportunity that I was not going to miss. Currently residing in the southwest of Western Australia, I welcomed a break from the cold, wet winter in June/July. It was well worth the two-day drive north.

Upon arrival to Carnarvon, I was welcomed by the sight of the now disused but iconic 30m radio dish, once used to communicate with NASA space flights. The weather was superb, especially compared to the southwest, and I had been provided with comfortable share-house accommodation, courtesy of WA Country Health Service (WACHS), for a subsidised amount.

Upon my first orientation shift, I was welcomed by a very friendly ED team made up mostly of non-residents and agency staff, working in a small, but relatively modern and well-equipped setting. The varied backgrounds of the workforce offered a great opportunity to draw knowledge from different experiences and training. I also quickly noticed the broad range of patients that were presenting, with many tourists travelling north during the colder months, children on school holidays, and Indigenous Australians living both in town and further afield.

With health resources stretched in the current climate, the emergency department also tended to everyday healthcare problems such as regular wound dressings and blood tests. This made for a practicum experience where I was able to learn from acute medical emergencies as well as consolidate skills that I had learnt on previous placements.

Given my current stage five progression, I was able to perform and practise almost all the skills that were currently within my scope of practice, which was very satisfying. I quickly began to realise the importance that the emergency department played in the role of a remote community, where services are limited, and many parts of the community feel disenfranchised in relation to health care. I found it very satisfying to be able to assist the community in a meaningful and tangible way while learning the importance that education plays in places where health literacy is low.



I was fortunate enough to have the weekends off to myself which enabled me to really explore the area. The sunset over the ocean, while the blowholes are erupting, is an experience that must be witnessed. An overnight trip to the Kennedy Ranges a few hours inland was also something that was truly spectacular, as fantastic photo opportunities await if you are prepared to hike to the top! Sipping on a morning coffee in the beautiful Fascine Bay area in town is magic, as is a beer in the same spot as the sun is setting over the water.

A fabulous practicum placement experience was made even more accessible through a reimbursement scholarship funded by CRANAplus. If you get the opportunity for work or placement in Carnarvon, make sure you consider it; it's a valuable learning experience on many levels. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.

The case for place-based care

Unique personal and professional rewards await those who live and work in remote communities, says RN and CRANAplus Nursing and Midwifery Roundtable member, Katie Pennington. These include opportunities to improve your practice through external feedback, therapeutic primary health care relationships, and the opportunity to advocate for change.

"When you're place-based, or in a long-term FIFO role, you are providing care for people who are also your community," Katie says.

"They may be the local barista at your favourite coffee shop, kids at the local school or grandparents of someone you know.

"In an urban setting, you often only have brief interactions with people who you don't see in your daily world.

"In a rural and remote setting, you see the outcomes of the care you provide in the lives of the people around you.

"The personal benefit [of this] is the emotional satisfaction and joy when you witness positive outcomes," Katie says, going on to provide an example from her own career.

In a remote Western Australian community where Katie used to work, she had the opportunity to support community members – some of whom first interacted with non-Indigenous people in the late 1970s and 1980s when they were already in their 20s or 30s – to remain on their Country for their end-of-life journey.

"I now work in remote Tasmania in a primary health care role, that at times also involves enabling families to provide end-of-life care for loved ones at home, in the places they are connected to," Katie says.

Katie presenting at the 2022 CRANAplus Conference.

"It's sad because they're people you know, members of your community, but joyful in that you are helping them achieve something they really desire."

While witnessing a successful outcome can confirm you in your approach, seeing the impact of health care that didn't have the desired result provides strong external feedback that indicates where you may need to improve or extend your practice.

Deep community connections also maximise your ability to deliver healthcare and inspire you to advocate – which is one reason why Katie prefers place-based models of care to short-term placement models.

"It takes time to develop the trust required for therapeutic relationships," she says.

As a resident in a remote community, Katie says: "When I think about myself as a health care consumer, I'm really picky and choosy about who I share my health stories to, so I have empathy for people living in areas with a high turnover of healthcare staff... It's that thing of having to tell the same health story to different people.

"The work you can do with people, particularly around the challenging changes to lifestyle that are required to prevent chronic conditions, or understanding complex support and advocacy needs – that only really occurs when you've established a long-term therapeutic relationship."

As she has learnt about healthcare needs and barriers in the communities she has served, Katie has felt driven to improve the status quo. She has helped to improve funding arrangements for health service delivery in numerous communities and settings through the use of relevant data, political advocacy, and working with funding bodies.

Katie has recently completed research examining the impact of medicines and poisons legislation on health service delivery in remote Australia, which contributed to legislative reform enabling RNs working in remote areas of WA to legally supply medicines for chronic conditions.

She is currently advocating for sustainable models of primary health care provision on the East Coast of Tasmania, while also sitting on the CRANAplus Nursing and Midwifery Roundtable to ensure CRANAplus is aware of local healthcare challenges.

"Initially as a healthcare advocate I probably bumbled my way along, until I learnt strategies that can successfully be used to advocate for change," Katie says.

"It was being brave, saying that... even though I might not know exactly the right way to start speaking up, I'm going to have a go.

"The opportunity may not have arisen in urban settings, because there are so many other people around – the systems are bigger, the professional white noise louder – that your voice may not be heard, or the need for you to be an advocate may not even exist.

"In remote areas, where you may be the only health professional who is consistently present, who has that deep understanding of local barriers and challenges, the drive to be brave and use your voice is very strong.

"I would put the challenge out to [short-term workers] to consider the difference they could make if they chose to return to the same place, continually," Katie says in closing.

"We can only fix the things that are wrong with the systems in which we work if we stay in a place and tackle the challenges ourselves... If we say okay, I can see these things are broken – how am I going to be part of the solution?

"If you stick with it and see one positive outcome, then another, and then realise you are part of positive change in the system that's resulting in improved health care delivery – how rewarding is that?!"

Visit crana.org.au/advocacyguide for a step-by-step guide to getting remote and isolated health on the agenda in your electorate. ●

Wet-weather Diseases – Double Feature

With the wet season underway in Australia's north and La Niña conditions having contributed to flooding in Australia's east, CRANAplus catches up with experts on two topical diseases – melioidosis and Japanese encephalitis virus.

Part 1: Mindful of melioidosis

Dr Ella Meumann from Menzies School of Health Research discusses melioidosis, a predominantly wet season disease caused by the soil-dwelling bacterium Burkholderia pseudo-mallei. Ella works with Professor Bart Currie on the Darwin Prospective Melioidosis Study, which has tracked all culture-confirmed cases of melioidosis in the Top End since 1989. She acknowledges the role of her colleagues, including Dr Kay Hodgetts, who was involved with research into the Katherine region.

Hi Ella, thanks for joining us. What melioidosis symptoms should nurses be looking for?

Melioidosis has wide-ranging clinical manifestations. Pneumonia is the most common presentation, and symptoms may include fever, shortness of breath, cough, purulent sputum production, and pleuritic chest pain.

Many patients have bloodstream infection, and may have sepsis or septic shock.

Any organ system in the body can be involved. Prostatic abscess is common in men, presenting with fever and urinary retention. B. pseudomallei can cause abscesses in the liver or spleen, and bone and joint infections. Encephalomyelitis is a rare but potentially devastating presentation.

Some cases have a chronic presentation, with cough, weight loss, and a cavitary lung lesion mimicking tuberculosis. Others have a chronic non-healing skin ulcer. Such patients may be systemically well.

Melioidosis should be considered a possible diagnosis in cases of patients with sepsis, particularly during the wet season, and particularly in patients with risk factors.

Which risk factors exactly?

Through the Darwin Prospective Melioidosis Study (DPMS), we've identified some key risk factors, including diabetes, hazardous alcohol consumption, chronic kidney disease, and immunosuppression, for example cancer chemotherapy.

From the research, it emerged that nine patients contracted melioidosis because of Katherine River flooding in January 1998. Of the nine, five recalled an inoculating injury. Patient history seems highly relevant as well?

We think most cases are acquired either by percutaneous inoculation through skin trauma, or by inhalation of aerosolised bacteria during severe weather events. It's not uncommon for melioidosis patients to recall a particular event, such as an injury sustained while gardening, or being caught in a severe storm.

Some people may have occupational exposures through their work outdoors. Others may undertake recreational activities that increase their exposure. Most people exposed to B. pseudomallei do not get melioidosis – it is those with comorbidities affecting the immune system who are most at risk.

Photo: Lightning over the sea in Darwin – Wirestock Creators – stock.adobe.com

What sort of incubation period are we dealing with?

Based on the time between inoculating injury and symptom onset for patients in the DPMS, the incubation period is between one to 21 days.

How is melioidosis diagnosed?

Diagnosis requires culture of B. pseudomallei from clinical specimens. We recommend collecting blood cultures, ideally two sets from different sites at different times, throat and rectal swabs in Ashdown's medium if that's available, and other specimens depending on the site of infection; for example, sputum, urine, skin swabs, and pus specimens. If melioidosis is suspected or there are particular environmental exposures, please document this on the pathology request form as it will inform specimen processing in the laboratory.

Melioidosis is understood to be associated with severe weather events. What role will climate change play in the spread of melioidosis?

In the Top End, the vast majority of cases occur during the wet season from November to April.

Spikes in cases, as seen in the Katherine study, can occur following severe weather events such as cyclones, high rainfall, and high winds.

It is predicted that as the climate changes there will be an increase in the frequency and severity of extreme weather events such as cyclones, and it is likely that melioidosis cases will increase in association those changes.

Is there also a chance it will head further south, as weather patterns shift?

Yes. The regions of its endemicity are predicted to expand further south in Australia.

How far south has it been found up until now?

There have been occasional cases reported in Central Australia and in Southeast Queensland, in association with periods of heavy rainfall.

What sort of health promotion messages should remote clinics focus on?

Health promotion should target those at greatest risk of becoming unwell with melioidosis – individuals with diabetes, hazardous alcohol consumption, chronic kidney disease, or other immunosuppression.

During the wet season it is recommended that people wear shoes, and gloves while gardening. People with risk factors should stay indoors during storms. This advice could be incorporated into a health check, for example.

Cultural considerations and social disadvantage may mean it is less likely for protective footwear to be worn in some remote areas. There's clearly some complexity here?

More work needs to be done to understand the most effective ways of preventing melioidosis. It is likely that barriers exist to enacting the preventive measures described above. Some people may have housing insecurity, which may mean sleeping rough and increased B. pseudomallei exposure – addressing high homelessness rates in remote northern Australia is vital. Treatment and prevention of diabetes, chronic kidney disease, and hazardous alcohol consumption are also very important. All of this requires adequate funding and community partnerships.

Photo: Rainclouds over the highway – totajla – stock.adobe.com

Photo: Community after rainfall – JULIEN – stock.adobe.com

What does treatment look like, and what's the role of the remote area nurse in all of this?

Treatment includes an intensive phase of at least two weeks of intravenous antibiotics, and an eradication phase of at least three months of oral antibiotics. The duration of each phase depends on the severity of the infection and the body site that is involved, with treatment decisions made in consultation with the infectious diseases team.

Nursing staff play a key role. Remote area nurses recognise sepsis, collect appropriate specimens for culture, and start management with fluids and empiric sepsis antibiotics (as outlined in the CARPA Standard Treatment Manual) – all of that can be life-saving.

Likewise once a patient returns to a community, remote area nurses play an important role in supporting that person through the eradication phase of treatment so that they don't have relapse of infection.

Hospital-based nurses also play an extremely important role. In the Emergency Department, the Intensive Care Unit, and on the wards, they provide expert management of sepsis. The Hospital In The Home nurses play a key role in supporting completion of intravenous treatment.

How important is fast treatment?

It can take 48 hours for B. pseudomallei to be isolated from clinical specimens and for the diagnosis of melioidosis to be made. If someone is critically unwell, there may not be time to wait for that information. The recommended antibiotics outlined in Top End sepsis guidelines including the CARPA Standard Treatment Manual have activity against B. pseudomallei.

Any takeaway messages for our readers?

I'd just like to thank all the nurses involved with the care of melioidosis patients in the Top End – you do a wonderful job!

Part 2: Japanese encephalitis in Australia

Historically a condition of Asia and the Pacific, the mosquito-borne Japanese Encephalitis Virus (JEV) entered Australia's consciousness in February 2021 with a fatal, locally acquired infection. In 2022, JEV was declared a Communicable Disease Incident of National Significance; over 42 human cases (and seven fatalities) have been notified at time of writing. With a third consecutive La Niña event underway, we caught up with Dr Paul De Barro, Senior Principal Research Scientist Health & Biosecurity at CSIRO, to contextualise the disease for remote area health professionals.

JEV never used to be a concern in Australia. How did it get here?

We've had events in Cape York [in the 1990s], but last year things changed dramatically.

The outbreak that occurred in south-eastern Australia was associated with detections of Japanese encephalitis in mainland Australia below Cape York and across the Northern west of Australia... That's been associated with this ongoing La Niña event.

The virus has numerous different reservoirs – including various species of wading birds, which are migratory in the sense they move to where the water is.

Many of these species will move between countries to our north, into Australia, and then further south... When it starts to get a bit too cold, they'll move back north again, but as long as there is water in the south, they will fly back to those watery areas to reproduce over the spring and summer.

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One possibility is that, as the extra rainfall in southern Australia has led to the replenishment of waterways, birds have moved into those areas… That's possibly been bringing the virus in from the north of Australia.

[Also], with all the extra rainfall, feral pig numbers have been increasing. Feral pigs are an important amplifying host.

Can you explain the concept of an amplifying host?

With Japanese encephalitis, there are three sorts of hosts. There are the dead-end hosts, like humans or marsupials, where they can get infected, but the virus is unlikely to build up, [such that it can] be acquired by a mosquito, that can then spread it further.

Then there's reservoir birds, where the virus will tick over but it doesn't build up to large amounts; and thirdly, amplifying hosts, pigs being the prime example. These are hosts where the virus builds up to very high titres, and they become important sources for subsequent transmission.

The thing that connects these together is mosquitos. In Australia there's a mosquito called the Culex annulirostris, known as the common banded mosquito. It takes advantage of La Niña conditions, because it reproduces rapidly in shallow standing water.

This mosquito is also a bit different from mosquitos that transmit a virus like dengue. Those mosquitos tend to stay very local… and feed mostly on humans, so they live in around human habitation.

Whereas the common banded mosquito can move 20, 30, 40, 50 kilometres or more… and it's polyphagous, meaning the females will seek many different sorts of species to blood-feed, to mature their eggs.

[This leads to] a complex interaction of different hosts. In Australia we don't necessarily understand the importance of these different hosts in our system, but feral pigs and domestic pigs are going to be a very important amplifying source of the virus… If mosquitoes persist in a particular area, there's also a possibility the virus could cycle through those mosquitos – get passed through the mother, through its eggs to its offspring. That's less certain but is another possibility.

Could extensive flooding throughout the nation's east be creating the 'perfect storm' for mosquito numbers – and therefore the risk of JEV?

Absolutely. As we start to move into the warmer months of spring and summer, we're already seeing increases in mosquito numbers.

The question is whether there is still Japanese encephalitis residing in these southern areas, or whether it has to come in again from the north. We don't know whether the virus will persist in the south year on year, or whether it has to be reintroduced each year [by migratory birds].

There's another mosquito-borne virus called Murray Valley Encephalitis (MVE) which occurs in the south-east corner of Australia. Its cycle is largely through birds, but with MVE you can have an outbreak one year and see nothing the year after. So, it's possible we won't see Japanese encephalitis this year, but the preconditions are certainly there, such that if the virus has managed to persist, it will reappear.

Could JEV ever become as serious here as it is in Asia, in terms of people impacted per capita?

Asia has large numbers of people, rice paddies, different mosquitos… The way in which people live is different. So, it's probably not going to turn into a similar situation in terms of scale.

But it's almost certainly going to be the case that the virus has established in Australia… We've got evidence that it's present in pig populations in the northern part of the country now.

Looking across arboviruses, health promotion messaging seems similar, which is hopefully helpful to nurses and clients.

For any mosquito-borne disease, the measures a human can take to protect themselves are all pretty well the same. It boils down to – don't let mosquitos bite you.

Use mosquito repellents. Many of the mosquitos which are important tend to be active from dusk through to dawn, so if you're outside at dusk, make sure you're wearing repellent. If possible, wear longer, lighter coloured clothing; dark colours tend to be more attractive to mosquitos. If you've got flywire on your windows, make sure it is intact, and make sure you keep the windows closed. Not having windows open, using air-conditioning, helps to reduce mosquito activity within the house.

Photo: nechaevkon – stock.adobe.com

Cleaning up flowerpots, dog bowls, or water baths around the house isn't going to be all that useful for protecting against Japanese encephalitis, simply because this mosquito is not breeding in those areas… But if you are dealing with dengue and the like, cleaning up in and around your house can help.

JEV vaccinations have been made available in Australia to those living in statistically high-risk areas. It's interesting to compare and contrast. COVID-19 vaccines are thought to play a role in reducing transmission, but JEV vaccines can't be preventative?

That's right. It's about stopping a rather severe disease, because for that one per cent of individuals who have symptoms for Japanese encephalitis, the outcomes are not fantastic.

But humans aren't going to be a source of infection because they're a dead-end host.

Within an Australian context, how could climate change influence vector-borne disease?

Generally speaking, it's difficult in Australia to predict what's going to happen, because we have one of the most variable climates of the planet.

[However], we know that as the air gets warmer it holds more moisture, and therefore you tend to get more intense rainfall events.

More intense rainfall events tend to lead to flooding and flooding leads to standing water environments that vectors thrive in.

Interested in vector-borne diseases? Listen to our webinar, 'Human diseases caused by insects', which covers JEV, dengue fever, and malaria, by heading to crana.org.au/webinars

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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.

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'.

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.*

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

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.
NSW, VIC, TAS & QLD Ph: (02) 9549 5700
WA, SA & NT Ph: (08) 9381 4343
Email: hello@talentquarter.com 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

Government of Western Australia
WA Country Health Service

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

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: robynmac – stock.adobe.com

Increasing our knowledge and skills

The content of this article discusses mental health and wellbeing, and suicide. This may trigger personal experiences of trauma and we recommend reading with caution if you are concerned. If you need support, please call Lifeline on 13 11 14 or the Bush Support Line on 1800 805 391.

Our Bush Support Line team, consisting of both CRANAplus senior psychologists and out-of-hours psychologists, share a wealth of clinical experience from having lived and worked across rural and remote Australia.

When one of our psychologists answers the phone, we have a shared understanding of what it is like to live and work in the unique and challenging environments that you are passionate about delivering health-related services to.

We have an understanding of the challenges you face due to the remoteness of location, climate, staffing, access to resources both professionally and socially, and the difficulties distance creates.

We are frequently told by our callers this is what makes our service unique and one of the main reasons people feel safe and comfortable to pick up the phone and call us when they need someone to yarn to and seek support from.

SafeSide suicide prevention training

In June this year, the Mental Health and Wellbeing (MHW) team met face-to-face in Brisbane to commence the rollout of the SafeSide suicide prevention training to a number of the Bush Support Line out-of-hours psychologists.

The SafeSide Framework is a flexible approach to suicide prevention that focuses on recovery, rather than traditional methods of assessing risk as low, medium, or high.

This was the first time many of the MHW team met in person and was an opportunity for our CRANAplus MHW team and Bush Support Line out-of-hours psychologists to build relationships and grow knowledge around contemporary suicide prevention practices to better support our rural and remote health workforce.

Although the Bush Support Line is not fundamentally a crisis service, it is crucial our psychologists remain current in contemporary suicide prevention practices to support our callers when they are experiencing thoughts of suicide.

It is also important our psychologists share a common language to discuss clinical concerns when appropriate to do so. ▸▸

The CRANAplus Mental Health and Wellbeing team in the popular Wellbeing Space at the 39th CRANAplus Conference.

Knowledge was gained regarding applying a new framework for suicide prevention, and spending time face-to-face was an invaluable experience to have a yarn and share experiences.

As both our CRANAplus MHW team and our out-of-hours Bush Support Line psychologists are based right across Australia, we are accustomed to meeting via video conference, so it was a treat to share time in the same physical space.

Bush Support Line (BSL) psychologists' geographical experience. *Map data ©2022 Google, INEGI.*

Although we all commented that some of us were taller or shorter than we had assumed we would be from our 'video' personas, the time to share our remote clinical experience on the Bush Support Line and our experiences supporting those at risk of suicide, was a valuable experience to all who were able to attend.

The MHW team subsequently delivered the SafeSide suicide prevention training to the remainder of the out-of-hours Bush Support Line psychologists via online video training in mid-September 2022.

This means that all our MHW staff, including psychologists, education team and administration are all trained in the SafeSide model of suicide prevention to support our callers with evidence-based interventions and have general conversations around suicide prevention using the same principles and language.

Working virtually

Working remotely has become the norm across the world in the last couple of years. At CRANAplus, this has been the norm for the Bush Support Line (formerly known as the Bush Crisis Line) since it was founded 25 years ago.

A rare treat – a face-to-face lunch with some of the BSL Crew.

Yet we have not forgotten the value of coming together, sharing in the importance of professional development, shared experience and building team relationships; an experience we each appreciated beyond measure.

We hope to be able to continue to meet face-to-face yearly to undertake further learnings to support our callers and to build our team relationships.

Stephanie Cooper
Bush Support Line Manager
Mental Health and Wellbeing Services
CRANAplus

A new way to access support

Introducing CRANAcast: Supporting your Wellbeing – a new free podcast designed to support the mental health and wellbeing of the rural and remote health workforce.

CRANAplus is excited to announce the release of a second podcast channel for you to tune into. This new podcast provides mental health and wellbeing support to the rural and remote workforce.

In each episode, an experienced psychologist or mental health professional joins host Drew Radford to deep dive into a new topic, sharing coping strategies and wellbeing advice to help you manage the challenges faced as a rural and remote health worker.

In our first episode, we embark on 'Navigating Workplace Conflict: What is it? and how do you prevent and manage it?'

The origins of workplace conflict may often be traced back to the simplest of misunderstandings. Working in smaller teams may amplify the experience of facing these inevitable conflicts.

Photo: 🎬 – stock.adobe.com

Dr Nicole Jeffery-Dawes, Senior Psychologist with the CRANAplus Bush Support Line joins Drew to discuss three common types of workplace mis-understandings: those based on relationships, values and interests.

Nicole explains the differences between each type, discusses the role of self-reflection and honest conversations, and provides actionable ways to prevent and manage a workplace conflict.

Our second podcast, released in October, explores 'Forming a Healthy Sleep Routine' a wellbeing issue commonly faced by many rural and remote health workers.

In this episode, Cath Walker, a psychologist with over 30 years of rural and remote experience, discusses why sleep is important; the common causes of poor sleep; the short- and long-term effects of poor sleep; and most importantly, practical strategies to support a better night's sleep.

Each podcast is accompanied by a written resource. Listen to the episode and access the resource on the CRANAplus website at crana.org.au/cranacast_support

CRANAcast is designed for you to listen to on the plane, in the car between clinics, or during your downtime.

Download it on Apple Podcasts, Spotify, or your favourite podcast app so you can tune in even when you're out of range.

Kristy Hill
Manager Education and Resources
Mental Health and Wellbeing Services
CRANAplus

Educate

Photo: Michael B. Kowalski – stock.adobe.com

New-look ALS Theory

The Advanced Life Support (ALS) Course has been an integral part of CRANAplus' course offerings for many years, and we're so delighted to inform our readers that we have re-developed the theory part of the course, writes Julie Moran, Learning Design Manager.

Our goal is to ensure that health professionals in rural and remote areas or other circumstances of professional isolation have access to evidence-based education in advanced life support.

The content of our course has been developed by people who have worked and/or are currently working in emergency healthcare in remote and rural contexts and is based on best practice standards.

Activities in the online modules encourage participants to critically reflect on their knowledge, skills and confidence with respect to providing advanced life support and determine their own learning needs.

> "Patients are apparently four times more likely to survive to discharge if the practitioner activating the emergency response to cardiac arrest is trained in advanced life support (ALS). Research shows that almost a third of the variability in patient survival can be attributed to the presence or absence of ALS-trained nurses during resuscitation."
>
> Kylie Fischer, Remote Clinical Educator, Advanced Life Support

We aim to improve access to ALS by delivering this course in two ways:

Blended	Completely Online
Online modules, case scenarios and theory exam + 1-day workshop & practical clinical assessment	Online modules, case scenarios and theory exam + Practical clinical assessment via Zoom

The content is modularised in such a way as to cover non-technical aspects such as human factors and team skills as well as the clinical content.

The ALS algorithm provided by the Australian Resuscitation Council (ARC) is used to structure the clinical content. ▸▸

Image from the CRANAplus ALS Course in Adelaide, August 2022.

The online case scenarios provide an opportunity to practise applying the content prior to the workshop and/or their practical clinical assessment.

Images from the CRANAplus ALS Course in Adelaide, August 2022.

The workshop provides hands-on practice in 'real life' simulations and our practical assessment ensures that participants can demonstrate the skills of advanced life support. We continue to receive excellent feedback from participants about the high quality of the course.

For more information, visit crana.org.au/als

Julie Moran
Learning Design Manager

Photo: Colin & Linda McKie – stock.adobe.com

2023 Education Calendar

Keep an eye out for the Advanced Remote Emergency Care course to be launched in October 2023!

Towards the end of every year, CRANAplus releases its course calendar for the following year in two stages. Courses scheduled between January and June in 2023 have been taking registrations since September. On 9 December, courses scheduled between July and December in 2023 will be made available on our website. Members will be able to book immediately, before bookings open to non-members on 16 December.

Scan the QR code (left) or visit crana.org.au/courses to browse and book 2023 courses.

Advanced Life Support

Northern Territory

Alice Springs	17 March
Alice Springs	8 May
Katherine	29 May
Nhulunbuy	14 August

Queensland

Toowoomba	17 July
Cairns	11 September

Western Australia

Perth	13 February
Broome	23 October
Perth	20 November

South Australia

Adelaide	21 July

Victoria

Albury/Wodonga	27 March
Ballarat	18 September

Tasmania

Hobart	30 October

Maternity Emergency Care

Northern Territory

Darwin	25–26 March
Alice Springs	15–16 April
Alice Springs	12–13 August
Katherine	26–27 August
Alice Springs	5–6 September
Darwin	23–24 September
Darwin	7–8 October
Katherine	4–5 November

Queensland

Cairns	23–24 May
Townsville	17–18 June
Toowoomba	1–2 July
Cairns	29–30 July

Western Australia

Albany	11–12 February
Perth	11–12 March
Karratha	13–14 May
Perth	5–6 August
Broome	28–29 October

South Australia

Adelaide	4–5 February
Adelaide	1–2 April
Adelaide	21–22 June
Adelaide	25–26 November

Victoria

Ballarat	25–26 February
Albury/Wodonga	10–11 June

New South Wales

Coffs Harbour	29–30 April

Tasmania

Hobart	11–12 November

Remote Emergency Care

Northern Territory

Darwin	25–26 February
Alice Springs	15–16 March
Darwin	15–16 April
Alice Springs	6–7 May
Katherine	27–28 May
Nhulunbuy	12–13 August
Alice Springs	15–16 August
Darwin	2–3 September
Alice Springs	11–12 November

Queensland

Cairns	22–23 April
Townsville	3–4 June
Toowoomba	15–16 July
Cairns	9–10 September

Western Australia

Perth	11–12 February
Albany	4–5 March
Broome	11–12 Mar
Bunbury	13–14 May
Karratha	17–18 June
Broome	21–22 October
Perth	18–19 November

South Australia

Adelaide	28–29 January
Adelaide	24–25 June
Adelaide	19–20 July
Adelaide	30 Nov – 1 Dec

Victoria

Albury/Wodonga	25–26 March
Albury/Wodonga	19–20 August
Ballarat	16–17 September

New South Wales

Coffs Harbour	18–19 February

Tasmania

Hobart	28–29 October

Paediatric Emergency Care & Paediatric Advanced Life Support

Northern Territory

Alice Springs	19–20 August
Darwin	16–17 September

Queensland

Cairns	1–2 July

Western Australia

Perth	13–14 May
Broome	4–5 November

South Australia

Adelaide	25–26 February
Adelaide	2–3 December

Midwifery Upskilling

Northern Territory

Alice Springs	1–3 September
Darwin	13–15 October

Queensland

Cairns	5–7 May

Western Australia

Perth	3–5 March

South Australia

Adelaide	7–9 July

Triage Emergency Care

Queensland

Townsville	5 June

Online

31 January – 28 March
2 May – 27 June
1 – 19 August
24 October – 12 December

Mental Health Emergencies

Online

19 April – 31 May
19 July – 30 August

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

Engage

Aurora Award Winner profile

2022 Aurora Award recipient, Lynette (Lyn) Byers, who works as a Clinical Nurse Consultant with Nganampa Health Council in the APY Lands and volunteers on various boards and committees related to remote health, reflects on the value of paediatric experience, getting involved, and why culture is key to improving health care.

Lyn's achievements as a remote health professional are shared between clinical care and governance.

With a stethoscope in one hand and a strategy document in the other, Lyn works as a Clinical Nurse Consultant for Nganampa Health Council as a rostered clinician, educator, and quality improvement consultant across six clinics.

On top of this role, she facilitates CRANAplus courses and was a longstanding CRANAplus Board Member prior her decision not to stand for re-election in October.

She represented CRANAplus on the National COVID-19 Clinical Evidence Taskforce and chairs the Editorial Committee for the Remote Primary Health Care Manuals.

"Those manuals are embedded in both government and Aboriginal Community-Controlled Health Services," Lyn says.

"Their content is translated to health systems and embedded in them. They're used as a reference point when looking at cases and determining the approach, and used as teaching manuals – even overseas. I'm really proud to have been able to contribute."

Lifelong development

An endorsed nurse practitioner, Lyn's commitment to improving the structures supporting remote health is fuelled by a wealth of hands-on experience, which she's still accumulating.

She recalls the value of working in the adult and paediatric wards of Alice Springs hospital prior to heading to Docker River in 2001.

"It gave me a chance to understand the population catchment area," she says. "I could work out ways to communicate with people who didn't have English as a first language, gain cultural awareness, and talk to people about local matters.

"I could see the conditions that were being admitted – and it was so valuable to have done paediatric work. When you work remote, you have to expect at least a third of the population is going to be under 25 years old."

As she headed further out, Lyn found herself working in conditions conducive to personal and professional growth.

"Remote area care is the most collaborative work you can possibly do, and you can learn so much from your colleagues," she says.

"When we didn't have as much equipment, and were using things like radio, it was harder to talk to someone and run things past them. Now, it's about collaborative care. It's easier [than ever] to contact a colleague, specialist, doctor, or another nurse. ▸▸

"In some ways you're going to be scrutinised a lot more when remote. Often there's another nurse or medical student with you to learn something, and often there's family members.

"All of that means you can learn and do so much more than you can in other conditions."

Memorable moments

Reflecting on career moments that have stuck with her, Lyn remembers the early days when babies were born in the bush, and she was the only health professional present.

"My husband would be in the clinic too as he had to warm up the blankets to be ready for the new baby," she says.

"And the grandmother would be there, and my heart would be in my mouth, and I'd be praying, because there was no way of evacuating them. Where I was there was no night airstrip.

"I had three [babies] a year for a number of years, born out there... I wasn't planning that, but some of [the mums] were!

"When everything went well, and they stayed in the clinic... After, they'd go home to their place, and I'd go have a sleep. I'd see them in the afternoon and make sure all was well. That was really affirming, to see that.

Promoting breast screening.

"This other lady used to come in for a specific needle once a month," Lyn continues. "I weighed her, and she'd lost a lot of weight... I looked at the notes. She'd been steadily losing weight for months.

"I asked her, are you walking? – because she used to walk. She said 'no, no, I'm not walking, I don't feel very well. I can't feel like walking.' I had a closer look.

"When I made her lie on the bed, so I could see her tummy, it wasn't a matter of feeling this unusual lump, I could see it sticking out. I'm having a meltdown inside – thinking, she's going to go, and I'll never see her again.

"I brought her sister in and said, 'I think you need to go to Alice Spring for investigation'."

Six weeks later, the lady reappeared back in community and came in to see Lyn.

"I said 'What you are doing? Are you alright?'" Lyn recounts, still a little disbelieving of the transformational impact of her health check.

The lady's visit to a major hospital had enabled the complete surgical removal of her cancer.

"She said, 'They took that rubbish out, sister. I feel better!'," Lyn says.

Embedding culture in care

Lyn's believes RANs should aim to respect culture rather than enforce a strictly biomedical perspective, because trust is key to improving health outcomes. She recalls the days prior to Purple House, when community members had to receive dialysis in Alice Springs.

"They'd go to Alice Springs and quite often get lonely, and come back to community," Lyn says. "I used to say, 'you come and tell me if you are in community.' ... People would leave dialysis, but at least they would come and tell me. Then we could work out a plan.

"There was one lady that left dialysis; there was a really important funeral. I said, 'Right, how can we work this out to give you a couple of days?'"

Lyn talked to the dialysis unit and worked together with the client to take measures to keep her healthy until the funeral in three days' time, using resources available locally. Despite their best efforts, the lady's health deteriorated without dialysis.

"The way funerals worked in that community... The body was in Alice Springs, and the charter plane would bring it out on the morning of the funeral," Lyn says.

"This poor lady got so unwell that she said she has to go back to town... We were on the airstrip waiting for RFDS, when the charter plane came in with the coffin.

"She just couldn't wait any longer... so she went in on the plane and had a good outcome. But I felt so sorry for her because she got so close. We were all crossing our fingers and hoping she'd get to the funeral. It just didn't quite work out. But she was grateful that we tried."

It's a sad story – Lyn has many happier stories to tell – but it does reflect the importance of local care, the potential impact of health inequity on cultural practices, and the need for health practitioners to factor in the cultural needs of clients.

One of many

Despite her achievements, Lyn remains humble, and far from complacent.

"I was walking around Alice Springs hospital once with a colleague, looking for a patient," she says in an illustrative anecdote.

"My colleague says, 'Oh goodness, it's like walking around with the Queen. Everyone is waving and saying hello to you.'

"I said, I don't know if that's a good thing. There are too many people in hospital that I know.

"It was really nice to be acknowledged [with the Aurora Award], but a lot of people do an awful lot of work out remote," Lyn says in closing.

"We all contribute, in all sorts of ways." ●

Quality and safety superstar

This year's recipient of the Excellence in Remote and Isolated Health Practice Award is Quality & Safety Officer at Mala'la Aboriginal Health Service, Lorraine Harry. Here, she discusses transitioning from the public system to the Aboriginal Community Controlled Health Sector, quality systems, and the compounding impact of small changes.

After 20 years in public hospitals in her home state of New South Wales, RN Lorraine Harry sampled remote work with a stint in Mt Isa 12 years ago, before commencing as a nurse in the Territory nine years ago.

Lorraine has worked at the Maningrida Primary Health Centre since 2017, initially with NT Health. Then in 2020, she accepted a role as Quality and Safety Coordinator with Mala'la Aboriginal Health Service, shortly before the service commenced its final program-by-program transition from government to community control.

"Mala'la offered me a position to look at their gaps with the transition based on a NT Health gap analysis report," Lorraine recalls.

"Even though the organisation has been around for more than 20 years, taking on the primary health sector tripled the organisation in size.

"Part of my role was to ensure we had all the quality and risk management systems, services and processes in place to support a safe and quality focused primary health service."

To operate a service as an Aboriginal Community Controlled Health Organisation (ACCHO), it is necessary for a corporation to gain multiple accreditations.

The NT Government handed the last remaining programs to Mala'la Health Service Aboriginal Corporation in February 2021, giving them three months to prepare for Australian General Practice Accreditation Limited (AGPAL) accreditation survey that May.

That they gained accreditation on the first attempt reflects the hard work of the team, including Lorraine, who – among other achievements – helped implement of Logiqc Quality Management System and Communicare medical records system.

"Logiqc has everything in one space, accessible from any platform," Lorraine explains. "It allows us to track staff training; have a repository for meetings, agendas, minutes; and gives staff ready access to all documents, policies, and procedures. It enables transparency of incident reporting, outcomes, and investigation... All these functions make it easy to manage a bigger workforce and staff."

Meanwhile, the transition to a Communicare electronic medical records system, a preferred system among ACCHOs for its customisability and data capability, required the transfer of 4,500 client records across from the old Primary Care Information System (PCIS).

"It was a pretty ambitious vision that the Mala'la Health Board had," Lorraine says, reflecting on the difficulties other organisations have encountered transitioning from PCIS.

"It was a two-year project, with Telstra Health, NT Health and Mala'la, to make that happen."

With these systems in place and the health service under community control, Lorraine feels vindicated in her move to the ACCHO sector.

> "The best thing is the level of community engagement; how it empowers the community, knowing that now their health service is run by the community; and how we've been able to improve and expand services."

"We've got a lot more involvement now with the Traditional Owners, and the 14 different family groups in Maningrida." ▸▸

Photos: FrankieTheCreative – Adelaide Conference Photographer.

Lorraine is quick to point out that you don't need her job title to be involved in continuous quality improvement (CQI).

"As RNs, that's part of our role everyday – looking for ways we can improve," she says.

"A lot of people look at CQI as extra work, but when it's done well and done properly, it actually improves your work satisfaction, makes your job easier and improves outcomes."

Even though it's everybody's business, Lorraine counts herself as fortunate to have a job with this focus.

"I've always had a passion for maintaining standards and creating an environment where excellence flourishes."

"When going out remote, that passion was ignited even further because sometimes there is a sense of complacency – 'it's remote, you can only do so much, you don't have all the resources or equipment'.

"But there is the ability to provide excellence in service, and to always look to improve what we do. It can just be the little things, the one per cent changes.

"A lot of people don't see that because there's a high turnover of staff in remote, but when you look back – even for me, looking back over 5 years' time from when I started at the Maningrida Primary Health Service – I can see that there's been quite significant change.

"That's what keeps me motivated every day. I use an analogy with the staff if they feel a bit overwhelmed...

"A stone is broken by the last stroke of the hammer, but that doesn't mean that the first stroke is useless.

"Success is a result of continuous and persistent effort. Even if you may not be around to see that final stroke or outcome, you're still part of that effort.

"While this award was awarded to me, I think it's also an acknowledgment of every single person with a passion and a purpose in their work, striving to improve outcomes every day.

"The everyday quiet achievers often don't feel like they're seen or have an impact or influence on what's happening around them.

"On reflection on receiving this award, I think that's what it represents – and I hope that every other quiet achiever that is chipping away at that stone will appreciate that this award is for all of them as well – and most definitely for my team, and the wonderful mentors and teachers I've had over my career."

The 2022 Excellence in Remote and Isolated Health Practice Award was sponsored by James Cook University/ Murtupuni Centre for Rural & Remote Health.

Midwifery on the Cape

The recipient of the Ray Wyeth Early to Remote Practice Award, Lorraine Woods, transitioned to remote health in 2021, joining the new Palm Cockatoo Midwifery Group Practice in Weipa, Cape York. She discusses what motivated her move, what she's gained from it, the role of the Endorsed Midwife, and indicators of success.

No two journeys to remote health are quite the same. Two main influences guided Lorraine Woods down the bush track.

It began with the inspiring stories shared by her late mentor Ray Wyeth, who she worked with at St Stephens Private Hospital and later Hervey Bay Hospital. Then a chance vehicle breakdown in Weipa sealed the deal.

"That happened on a Cape trip last year," Lorraine says. "I had a friend working at Aurukun, and she was here at [Weipa Integrated Health Service] and was telling me about the project. I thought, I could do this."

The Project she's referring to is the recently launched Palm Cockatoo Midwifery Group Practice, within the Weipa Maternity Service, which follows a women-centred midwifery group practice model of care.

After applying in August 2021, Lorraine commenced in October, and has since worked as a Clinical Midwife, Clinical Midwife Consultant, and within the aptly named MUM role – Midwifery Unit Manager.

"We're here as a Group Practice so we can offer continuity of care – see clients from the start, through their journey, help them have their beautiful birth, and get a healthy neonate," Lorraine says.

"It doesn't matter who you are. Everyone should have equity. Everyone should be entitled to healthcare. It's about trying to allow the women in communities to experience the same outcomes that we do in big cities.

Wraps sewn by a friend of midwife Lorraine Woods, Kerry Riley who works in the maternity team at Hervey Bay.

"By allowing our women, in communities, to have accessible care, we can promote birth as a natural and normal thing and get healthy babies and healthy mums. They don't have to travel."

Women from neighbouring communities, including Mapoon and Napranum, are on the group practice's current caseload.

The service is aiming to deliver in-depth care even further afield, such as in Lockhart River and Coen, through telehealth, employment of more midwives and Aboriginal Health Workers, and other solutions still under discussion.

They currently follow an all-risk model for antenatal and postnatal, and a low-risk model for birth. Higher risk women are transferred to Cairns.

"[Sometimes] we've missed out on the birthing," Lorraine says, "which is okay, because birthing is only a small part. We've looked after them all their antenatal care, for 36 weeks. They've gone to Cairns and come back when the baby is a week old. You've missed five weeks, but all that education you offered... they've obviously listened. Things are working out.

"Our breastfeeding rates are really high. To have a baby that is breastfeeding is so important. Our women have felt they've had enough education that it's working for them. Having your lady answer the door breastfeeding their baby is just amazing."

Lorraine's earlier commitments to professional development are now paying dividends, with her six-month Pharmacology post-grad course leading to her status as an Endorsed Midwife.

This AHPRA endorsement makes it possible, within the bounds of legislation and health service accreditation processes, to prescribe certain medicines, order bloods or ultrasounds, and provide associated services. Lorraine views this as the midwifery equivalent of Nurse Practitioner endorsement and is hopeful it will enable her to maximise continuity of care on the Cape.

On the ground, she's learned a lot about working cross-culturally. She's realised the importance of rapport, adapted to that fact that partners may not always be present because of Women's Business, and taken the advice of two First Nations midwives on the team.

Taken together, these achievements earned Lorraine the CRANAplus Ray Wyeth Early to Remote Practice Award, which was presented at the 39th CRANAplus Conference in Adelaide.

Photos: FrankietheCreative – Adelaide Conference Photographer.

"I was really wrapped to be the recipient of the award, especially because Ray was part of my life and my journey and my career."

She extends a warm thank you to her colleagues and is excited about her future on the Cape, as she prepares for a secondment to Thursday Island as Clinical Midwife. ●

The Ray Wyeth Early to Remote Practice Award was sponsored by Flinders University – Rural and Remote Health.

Flinders University

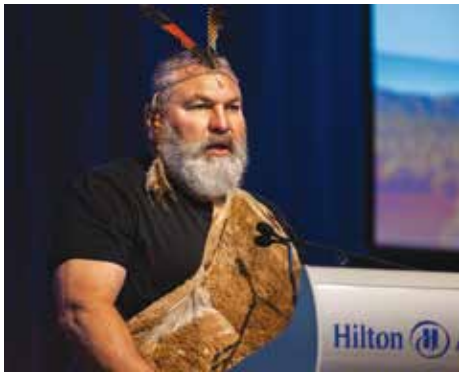
39th Conference Recap

Over 200 delegates from around the country gathered in Adelaide from 4–6 October for two and a half days of highly productive networking, knowledge-sharing and inspiration.

Animated conversation, pats on the back, and elbow-bumping painted a picture of the workforce's enthusiasm to be back together again.

Yet even while the laughter still echoed in the mezzanine of the Hilton Hotel, delegates were rolling up their sleeves and telling their stories – of what was working and what wasn't; what they loved and what they wished different; what would backfire and what would successfully improve remote health.

Following the Welcome to Country by Senior Kaurna Man, Uncle Mickey Kumatpi O'Brien, on Wednesday morning, the busily jotting pens, raised hands during Q&A, and robust interchange of ideas told of the workforce's fierce determination to improve remote health.



It made many of us feel like part of something bigger. It suggested that, despite COVID-19's potential to disband our scattered workforce, we are now more united than ever in our collective commitment to drive positive change. Buoyed by the company of inspiring individuals and ideas, many of us left, thinking: "Alright, let's do this!"

Perhaps it was a sense of possibility – an ability to see the barriers lifting and letting the light in – that resulted in this feeling of inspiration and the solutions-focused dialogue.

As CRANAplus CEO Katherine Isbister said in her welcome address, "It does feel like a time of hope in Australia, a time of change and a time of opportunity. The first steps are being taken in a Voice to Parliament. There is meaningful discussion to address climate change.

"At the national nursing level, the development of a national nursing strategy is underway, as is the Nurse Practitioner 10-year plan. A National Rural and Remote Nursing Generalist Framework is on the cusp of being launched… It is an exciting time for remote area nurses and midwives and the broader remote workforce."

Headlined by Dr. Norman Swan, who gave a fascinating overview of pandemics past, present and future, the conference shone because of its diversity of invited speakers and abstract presenters.

Highlights included Dr. Simon Quilty on the health impacts of climate change and climate-unfriendly housing; Prof. Sue Kildea on various birthing on country projects; Kellie Kerin's discussion of her cultural journey; and Geoffrey Angeles' exploration of scabies and entertaining recount of his meeting with Anthony Albanese at Garma Festival.

Through these presentations and the buzz of conversations in the plenary hall and exhibition space, common themes emerged: how to ensure health professionals can put their qualifications to use; the health impacts of climate change; pathways, programs and placements to grow workforce availability; community leadership and co-design; lessons learned from COVID-19 and natural disasters; the need for fit-for-purpose legislation; and successful workforce models.

Opposite page, from left: Welcome to Country by Uncle Mickey Kumatpi O'Brien; MC Dallas McKeown, CRANAplus Executive Director of First Peoples' Strategies; CRANAplus CEO Katherine Isbister setting the scene. "I hope that the following two days will inspire you, challenge your thinking, promote debate, influence your career, and confirm your commitment to remote health." Above, from left: Keynote Speaker, Dr. Norman Swan; Dr. Lynore Geia on CATSINaM/CRANAplus partnership. She says, "Our stories of trauma are always mixed with stories of hope."

The wealth of ideas that circulated around these themes has hopefully given everyone who attended, including the team at CRANAplus, ample material to ponder and put into practice, as we build towards our organisation's 40th anniversary celebrations at next year's conference.

We're very excited to see many of you again next year, and will make announcements soon – stay tuned on our social media pages, newsletter and website.

Thanks are due to our amazing sponsors and exhibitors, who enabled us to deliver an event of this scope.

Special thank yous go to our principal partner, Adelaide Convention Bureau; major partner, Flinders University Rural and Remote Health; gala dinner sponsor, James Cook University Centre for Rural and Remote Health; coffee cart sponsor CATSINaM; and catering sponsor, RAHC.

A full list of sponsors and exhibitors can be found on the conference website.

To view the full gallery, scan the QR code above or visit crana.org.au/2022conferencegallery

Left to right, from top left: Adj. Prof. Shelley Nowlan on the National Rural and Remote Nursing Generalist Framework; Vicki Wade presents on rheumatic heart disease, with a focus on social determinants. "It's no good to keep repairing and replacing valves, then putting people back into the same environments..."; The NT Health Nursing and Midwifery exhibit; The RFDS exhibit; CRANAplus says goodbye to longstanding staff member, Amy Hill, from the Education team; The KAMS exhibit; The Torres and Cape HHS exhibit; Prof. Sabina Knight with Tess Ivanhoe and Sonita Giudace during the panel presentation on the Future of Remote Nursing. Fiona Wake is out of shot. Sabina says, "We can't afford to lose one of the hangovers from country living – good old-fashioned hospitality. You always offer a cup of tea."

Left to right, from top: Members of the CRANAplus team at the Gala Dinner; Familiar faces from Queensland; Territory superstars at the Gala Dinner; Four new CRANAplus Fellows were announced. Wendy Cannon (2nd across), Kellie Kerin (middle), Di Thornton (4th across), and Leeona West (not pictured); Delegates had the ability to test their skills at the Education Showcase. Opposite page: Susan and Katrina from CareSearch.

An exhibitor's perspective

In October 2022, CareSearch returned to face-to-face conferences by attending the 39th CRANAplus Conference in Adelaide. Katrina Erny-Albrecht and Susan Gravier from CareSearch write about their experience as exhibitors.

It is often through informal conversations that we learn how things really are for others. For information services like CareSearch, the CRANAplus Conference is a place to learn how we can help rural Australia.

CareSearch's focus is translating evidence for palliative care practice. Palliative care is about support for quality of life at any stage of a life-limiting illness, including alongside active treatment. It is more than terminal care. So, what did we learn?

While supporting people at the end of life is, for most rural and remote health care professionals, not everyday business, it is very much part of what they do. Very few delegates told us they provide palliative care. Yet, many spoke of caring for people with advanced life-limiting illnesses such as heart failure, dementia, lung disease, or cancer. The challenge of supporting people to die in a place of their choosing was often told.

We heard of increasing demand among travelling retirees with serious advanced illness, the impact of tattoos on timely melanoma detection, and concern over shrinking palliative care services. This picture of palliative care and increasing demand in rural Australia is only partly driven by population ageing.

We also heard how rural families often need to take on roles of carer, advocate, and care team member. At this time access to trustworthy and relevant information such as provided in the CareSearch Community Centre is important.

Written for community, it connects people with information and services whether they are curious and ready to talk about end of life or have palliative care needs. Most people with palliative care needs do not need specialist services. As we learnt, often it is rural health professionals who are specialists in other areas but generalists in palliative care who provide care at the end of life. But the call for skills in palliative care can be infrequent.

This underlines the importance of a trusted and current resource that clinicians can turn to for guidance and that is the purpose of CareSearch Health Professionals Centre. The GP Hub and Nurses Hub provide practical evidence-based information across assessment, planning, physical and psychosocial care, and grief and bereavement.

We also heard that internet access and reliability remain a problem in rural Australia. So, our printed resources and offline palliAGED apps help with relevant and practical guidance even when out of range.

Enabling people to die in their place of choice is one of the priorities within the Australian Government's National Palliative Care Strategy 2018. For people living in rural and regional Australia it requires everyone to take an active role. How well equipped people are for that role varies. This is precisely why accessible practical information that can be relied on is important. That is what CareSearch represents for rural Australians. Attending the CRANAplus Conference to hear your stories and emerging needs is how we keep it relevant.

2022 Gayle Woodford Scholarship recipient

Registered Nurse Emily Evans describes winning this year's Gayle Woodford Memorial Scholarship as a great honour and a career game changer.

When she got the letter of congratulations in the middle of this year, Emily lost no time in starting the Graduate Certificate in Remote Health Practice through Flinders University.

"Winning this award is a great honour and will no doubt enhance my knowledge of remote health," she says.

Emily, who grew up on a sheep station on the edge of the Nullarbor, graduated as a nurse in 2009 and has worked in psychiatric nursing, in emergency services on mine sites, on Christmas Island and in other small hospitals in rural Australia.

"I've always wanted to go remote," says Emily, who did a stint in Warmun community earlier in the year.

"As someone new to remote nursing, I was very much supported in Warmun, thanks especially to Dr. Catherine, Tony (clinic manager) and the lovely staff at KPHU Broome for making my transition so rewarding.

"Being 200 kilometres from the nearest hospital in Kununurra, I realised just how isolated these communities are."

Emily says she always knew she wanted to work in a profession "that was more giving than taking" and considered Médecins sans Frontières (Doctors Without Borders), before recognising there was a lot of work to be done within Australia.

As well as her nursing degree, Emily has completed a graduate certificate in critical care, the Maternity Emergency Course (MEC) with CRANAplus, Trauma Nursing Core Competency, Pharmacotherapies, and the SA Immunisation course. This year she was also nominated for the Kimberley's Leadership award for her support to nursing students.

Emily is currently in Derby in Western Australia, population 4,500 – which blows out at different times, with the tourist season.

"This is a good stepping stone," says Emily. "In the emergency department, you see the same issues as in a more remote clinic, the same diseases, but of course with more resources and additional staff. I highly recommend any nurses contemplating working as a RAN, first come and work at a place like Derby to consolidate skills.

"Derby is very culturally aware and seeing the situation here has made me realise how undervalued that awareness is, and the difference it can make to health outcomes."

Emily considers the benefits of the casual and agency work she has been doing.

"I believe I've learned a lot with this, being exposed to different situations. A well-rounded experience," she says. "Working with people who are disadvantaged is definitely my passion.

"Ultimately, I'd like to work in a community on a permanent basis, in order to build up that kind of rapport, trust and understanding essential for effective therapeutic relationships. I think it's important that people are invested in the community."

After completing one of the units, Emily says she is already gaining a greater understanding of the holistic approach in communities, along with the importance of healthy literacy.

"It has definitely made me think a lot deeper about all the issues around health in remote areas, particularly among Indigenous populations," she says.

"Thank you to everyone involved in the Gayle Woodford Memorial Scholarship. It's a huge step forward for me to follow my passion."

For more information on the grants and scholarships available through CRANAplus, visit crana.org.au/scholarships

From EN to RN

In 2022, CRANAplus administered Country Women's Association Rural and Remote Nursing/Midwifery Professional Development grants. Three Enrolled Nurses who successfully applied relate here how the grant is helping them to become Registered Nurses.

Expanding her knowledge about nursing is a key driver for Enrolled Nurse Jessica Theoharidis (pictured below), who will use her grant money for a placement in an emergency ward in Mildura, as part of her training to become an RN.

"I am always about learning new skills, gaining new experiences," says Jessica, whose future plans are focussed on working in theatre. "That's a whole new style of nursing. You can't just walk into those kinds of jobs.

"I was very fortunate to have the opportunity in a previous placement to observe theatre work. The doctor explained what he was doing, had me looking over his shoulder. And that experience convinced me that was the direction I wanted to go in."

Jessica's decision to become a nurse came after working as a disability care worker upon leaving school.

"I loved that work, I love looking after people, but realised I had to move on if I wanted to progress," she says. "Half way through my first year training as an enrolled nurse, I knew this was what I wanted to do."

Jessica, who grew up in Broken Hill, is currently working in the surgical ward at the local hospital and hopes to get a new graduate placement there when she has finished her studies.

Enrolled Nurse Eve Ballard (pictured right) plans to be Julia Creek's next Registered Nurse.

"I'm studying my Bachelor of Nursing externally full-time through James Cook University and working full-time, and have now taken on midwifery thanks to this grant," says Eve.

This doesn't give her much free time, but Eve has a purpose. Nursing runs in the family.

"My mother Mauried was an incredible clinical nurse for over 40 years," she says. "I hope to be half as good a nurse as she was. She is my inspiration."

Eve first discovered Julia Creek, a four-hour drive from Mount Isa in Queensland, during a year-long solo trip around the state during the pandemic. She thought the little town, population around 500 and surrounded by cattle country, was cute. Returning home to Brisbane, the first Enrolled Nurse position she spotted was in... Julia Creek.

"It was meant to be," says Eve, who has been there for two years, made many friends and settled down.

"There are only four permanent Registered Nurses in Julia Creek. I want to be the fifth."

"I believe my career is just starting," says Eve, who gives credit to "the great support around me, pushing me to succeed."

Community nursing is a passion for EN Mel, who grew up in Sydney but took the first opportunity she could to move to the country where she worked in numerous remote locations.

A third year student, Mel is working in the beautiful Mid North Coast in a community role which takes her to areas from Taree to Coffs Harbour and as far west as Armidale.

Mel will be using her grant to access essential training to provide the best possible emergency care when needed, she says.

"Rural nursing within small communities is where my passion lies, and where I will remain long after completing my degree," she says.

"You can't compare the breadth of learning and the experiences you get in a setting like our community," she says. "In the regions your tasks are so varied, from wound care to palliative care. I have already been called upon to deliver emergency care until ambulance arrival."

This scholarship is a big help towards the cost of accommodation and travel, which student nurses have to find each time they attend a course or undertake a placement. Mel will use her grant money towards her final clinical placement, hopefully in a rural emergency setting where she can gain even further skills.

For more information on grants and scholarships available through CRANAplus, visit crana.org.au/scholarships

Photo: Supplied by Mel.

Connect

Photo: WITTE-ART – stock.adobe.com

Converse Culture Shock – Unaccustomed to the familiar

When you return from a stint in a remote community, home life can suddenly seem unfamiliar, write CRANAplus Members Ms M Press and Ms R Caine. Most of us recognise culture shock as a condition affecting those heading remote, but what about when your contract is over? This article was reviewed by C Anderson.

My colleague and I have been working together in remote facilities for years. Recently, we began travelling and working in some of the most remote communities across our country. Living our best lives! We structure our contracts around family time, to create and maintain a work-life balance that had been eluding us for several years.

Sure, frequently travelling to new locations always presented some unfamiliarity and unsettled days whilst we resettled and grounded – but we knew from experience it would pass. It does.

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

Duchscher (2018) proposed the transitional shock model, ostensibly for new graduate nurses as an experiential time frame spanning 12 months. This is a phenomenon we recognise as present with each new contract (with a much shorter time frame), which reinforces awareness of how important self-care and self-awareness is.

We are well versed in self-care strategies, self-management, hitting the ground running and transitioning quickly into new locations and environments.

At the end of our contracts we always look forward to heading back to our beloved property and animals, the opportunity to reconnect with family and give loved ones some attention. However, what we did not expect to repeatedly experience was unfamiliar sensations in familiar environments.

The sights, sounds, throngs of people, beeping, sirens, fumes, noise. Busyness. ▸▸

Too many choices in the supermarkets, frenetic pace, traffic. We are not referring to major cities – we live in Australia's outback! We are referring to country towns.

Transiting through capital cities' airports and hotels to get home poses a next level sensory overload. Overwhelming. An assault to every sense we have. We long for the serenity of remote. We find ourselves seeking trees and grass rather than concrete.

We seek out corners of airports rather than the swarm; we take several days of quiet time once we arrive home to settle back into the (now unfamiliar) familiar surrounds. This then chews into the precious time that we have at home with our loved ones.

It took us several return trips (at the end of contracts) to determine that these sensations were replicated each time, even when we knew that there was a likelihood that we would experience them. We spoke with other RANs across the country and determined that our experiences were common. In fact, every RAN that we spoke to said they have similar (to various degrees) transitions when they re-enter mainstream society. We call this transition 'converse culture shock'.

Culture Shock, broadly defined as (Mitha et al 2021, online) "the feelings of anxiety or discomfort a person experiences in an unfamiliar social environment" has been long accepted, researched, documented and strategised as a process commencing upon the arrival and for a period at the beginning of a remote placement for RANs.

The recommended implementation of self-care strategies as preparation, and additionally the building of individual resilience and retention, is effective for working in remote environments.

However, we conducted research to no avail to try and better understand the process of converse culture shock.

The closest parallel we were able to draw (from lived experience) is that it is similar to the reintegration challenges experienced by returned service men and women.

Photo: timallenphoto – stock.adobe.com

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

There has been extensive research conducted with military and ex-military personnel around the reintegration into civilian society. Romaniuk & Kidd (2018) discuss key challenges of reintegration into society post service, including differences in cultures, experiencing an identity crisis, and disconnect and separation from their military community.

The feelings and emotions provoked even many years after leaving the military are very similar to those when returning from remote contracts as there are many parallels including the structure of remote living; the rich, strong sense of community, belonging and connection to people and country; and, most importantly, a singular but shared purpose.

Returning 'home' doesn't feel as welcome and familiar anymore. Returning to our 'regular' lives does not appear to be as simple as it seems.

This transition eats into our precious time with family and recovery between contracts, which is an important step to enable us to continue to provide exceptional care to those most vulnerable whilst maintaining a healthy work life balance.

Thankfully, the self-care strategies promoted by CRANAplus work for us just as effectively when leaving remote communities and reintegrating into our familiar lives as they do when we arrive at remote communities. Thank you CRANAplus!

To access mental health and wellbeing support and resources through CRANAplus, visit crana.org.au/helpful-resources

References

Duchscher, J. (2018). Stages of Transition and Transitional Shock. *Journal for Nurses in Professional Development, 34*(4). 228-232. DOI 10.1097/NND.0000000000000461

Mitha, K., Sayeed, S. A., & Lopez, M. (2021). Resiliency, Stress, and Culture Shock: Findings from a Global Health Service Partnership Educator Cohort. *Annals of global health, 87*(1), 120. https://doi.org/10.5334/aogh.3387

Romaniuk, M., & Kidd, C. (2018). The Psychological Adjustment Experiences of Reintegration Following Discharge from Military Service: A Systemic Review. *Journal of Military and Veterans Health, 29*(2), 60-73.

Empowering child nutrition

It's not enough to tell parents to feed their children healthy food, says nutrition expert Anthea Brand. Primary health care nurses also need to look for ways to empower healthy eating – by targeting food storage, shopping habits, and other less obvious enablers.

Healthy eating is so much more than looking at food, says Anthea Brand, whose work with families in remote communities in the NT influenced her PhD thesis topic.

"We need to talk about a myriad of other factors that influence what parents feed their children," says Anthea.

"Parents know their children should not be eating lollies and lots of fruit drinks. Perhaps they had the intention of carrying that out, but when they went shopping with the children, they'd have a tantrum at the shops.

"Solutions can be, give them a healthy snack before you go shopping so they're not hungry, have someone else do the shopping, get someone to look after them while you do the shopping. Dilute the fruit juice."

Anthea has worked in rural and remote communities for more than 20 years, firstly in far west NSW and western Victoria, before going to the NT about 10 years ago.

Working in a health promotion and preventative health role, Anthea began to see that eating habits and food preferences really started right from the moment a baby is introduced to solid food.

"The first two years are crucial, an opportune time to shape what a child prefers in terms of taste and food choices, how regularly they eat and patterns of food eating," she says.

"[Working in family health centres] I could see it was so important to stimulate casual conversations, to step away from your own agenda... You sit and have a conversation about their needs, backing away from the traditional feeling of needing to come up with solutions to what you see are the issues. It works much better."

Anthea gave the example of concern around children choking, which can conflict with other advice that parents should be giving their children iron-rich foods like meat, which can be one of the trickiest foods for young children to eat.

"Then that could lead into discussions about safe eating environments, rather than children eating while they're walking around," Anthea points out, "which can then lead onto other discussions such as the gag reflex.

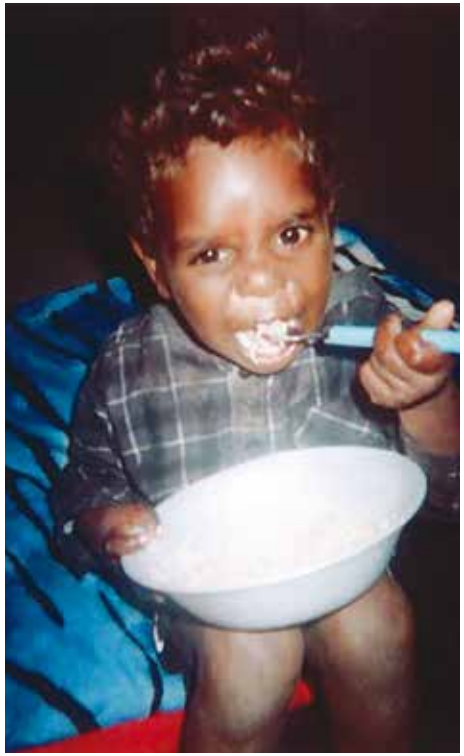


Photo: Gary Radler – Austockphoto.

"Then perhaps the discussion will go into increasing textures of food, as speech is related to the development of oral motor skills. Talking and eating are connected. That potentially might lead to a child being taken care of by a speech pathologist or an occupational therapist about sensitivity to foods, and aversions to certain foods."

Anthea, who completed her PhD in 2020, is now involved in education and student placements for nurses and says this move has given her opportunities to be in contact with stakeholders who can influence the necessary changes. Among other roles, she is now a project director for the Remote Primary Health Care (CARPA) manuals.

"Comprehensive primary health care is talked about, is promoted – but in many instances it's not carried out," says Anthea.

"Don't bombard parents with nutritional knowledge. Maybe the issue for them is a fridge that's not working well, storage containers that aren't properly sealed against insects.

Maybe the family doesn't have a decent knife and chopping board. That's why they buy prepared food.

"Perhaps set up a programme of community cooking, a community kitchen area, access to storage containers. The store may be throwing out fantastic storage containers that they'd received their bulk food in.

"Many health professionals have established relationships with other organisations in the community – schools, childcare centres, councils," says Anthea.

"Think about how those associations can be used to improve diet. Identify who you need to be working with across different levels to help create an environment that supports healthy eating."

For more information on child health and nutrition, you can watch CRANAplus' free, on-demand, three-part Child Health webinar series, which features Anthea, at crana.org.au/webinars

Remote child health: a later transition

Child Health nurse and long-time CRANAplus Member Dianne Paul, now 72, describes herself as a 'late starter to remote' and yet despite retiring from nursing almost a year ago, still regularly finds herself perusing the employment opportunities section of CRANApulse, imagining a 'next remote adventure'.

When her children were in kindergarten, Registered Nurse and Midwife Dianne Paul found herself helping more in the community, running school holiday programs, and scouts – a chapter that was to set a new trajectory for her nursing career.

"I really want to do community health," she thought.

Di completed her Bachelor of Applied Science, Advanced Nursing/Community Health studies in 1990 and she chuckles recalling her next nineteen and a half years with Knox City Council, Child and Maternal Health.

"It was quite good preparation for going up North," she says.

"You did everything from getting someone out to fix something... [to changing] a lightbulb.

"It was an extremely happy time with the opportunity to start new services like parenting training in the evenings; helping set up a breastfeeding, sleep and settling centre; as well as running your own clinic or clinics.

"[Some people think Child Health is] 'oh, we'll go to see the nurse and get the baby weighed.' It's a little bit more than that! We do the postnatal disorder screening, we do family violence screening, we run playgroups in our centres... [and] they're an integral part."

Above: Dianne stepping out of an RFDS clinic aircraft. Right: Dianne (right) with Dorothy (left), Child and Family Health Indigenous Health Worker preparing for meal time with the group. Far right: Dorothy George (right), Child and Family Health Indigenous Health Worker overseeing and assisting with food preparation for the group.

Connection to the country

Despite moving to the big smoke of Melbourne when she was ten years old, Dianne has always felt connected to the country.

"My home, my family connection, was out there [in Kerang] all my life and still is... I like country and country life.

> "I'd always been interested in, not just remote nursing, but I'd been interested in the notion of living remote."

"I travelled through remote areas... [and] always had an interest in Aboriginal people and their lives. From way back, I realised that in school we were taught such sanitised history.

"We drew pictures of humpies, and we were told in primary school how fabulous it was that we got them to come to church and then we built them proper houses.

"[Growing up] I never really knew or saw any [Aboriginal people]."

From the late-60s to mid-70s working at the Royal Children's Hospital, Dianne reflects on feeling fortunate to care for children from across Australia.

"It wasn't uncommon to have children from the outback or Aboriginal children from down in Gippsland area, or children from the Pacific Islands. And you did see things that people working in little hospitals wouldn't see," she says.

"You saw the parasites, tapeworms, scabies, and rheumatic heart disease. And maybe not everyone did, but I'd go back and read up about it."

Looking for a new challenge: 2009–2014

In 2009, at 58 years old, and now with grown-up children, Dianne was on the hunt for a new metro-based challenge when she spotted a recruitment advertisement for the Royal Flying Doctors Service (RFDS) in *The Age*.

Dianne (left) and Dorothy (right) catching up after 10 years, in Adelaide (October 2022).

"It was a big ad and it just jumped out at me. I cut it out and I took it to where [my husband] ... was sitting reading. And I said, 'How about this one?' and he said, 'Yeah, that's really you. Yeah, you should apply for that.' I nearly fell over."

Dianne and her husband took a leap, establishing their new base in Mt Isa. They were 'welcomed as a part of the town' and described the community as a 'social place to be' from the Rotary Club and race days to helping with the rodeo, partaking in the Gregory Canoe Race, and looking on at the iconic Boulia Camel Races.

From development and behavioural health checks to implementing treatments such as wound dressings and iron injections, Dianne also spent much of her work time focused on health promotion.

"[My colleague Maree] worked on Mornington Island (Gununa), I worked in Doomadgee, and we did one day a week where we went out to one of the primary health care clinics," Dianne says.

Dianne and her colleagues provided parental education to increase health literacy, administered preventative vaccines to children, and supported families through advocacy and referrals to other community services.

They also worked closely with other health specialists and services and expanded family support including pregnancy education and mothers' groups.

In 2012, Dianne started a mothers' group in Doomadgee called 'Mums and Bubs' designed to increase parent self-efficacy, skills and confidence, and provide a non-clinical environment to observe children's development.

"I always judged my success by the number [of people] who came [to clinic or playgroup] without me having to recall... when they turned up at their own volition... I thought, 'Oh, that's fantastic. That's really lovely,'" she says.

"You just had to learn to work at a different pace and to be more patient.

"To realise that everything you thought might take a certain time, might take up to double or triple that time but if you were willing to just go along, gently [you would have an impact]."

Becoming a 'seagull'

After two years full-time, Dianne transitioned to FIFO for RFDS, or 'became a seagull' as some of her colleagues joked, flying in and flying out of Melbourne.

Dianne down by the Nicholson River at dusk, ready for a cuppa and a yarn, and to watch people fish.

Living in a guesthouse in Doomadgee was another positive experience Dianne recalls, providing opportunities to have a chat with other health workers, or people visiting the community such as the local vet or audiologist.

"I think I made a bit of a difference."

Dianne reflects on her time working remotely, explaining that the Mums and Bubs playgroup she developed, is still operating in Doomadgee after 11 years.

Though Dianne strongly attributes much of this success to the assistance and unwavering support she received from the Doomadgee locals, and Indigenous Health Workers, giving an extra special mention to Dorothy George (pictured left), whom she still keeps in touch with today.

"There was [also] a terrific commitment from the nurses who followed me to keep it going.

"I think I was very much a novice. A lot of [paediatric and midwifery] experience, but a novice in Indigenous remote health. And I acknowledge that, but I wasn't afraid to ask [when I wasn't sure].

"[I am proud that we] had 97 per cent full [immunisation] coverage for our cohort of children when I left Doomadgee. That was higher than the state average," she says.

Dianne encourages those both in the early and later stages of their careers, with a bit of preparation, to give remote health a try.

"I was always glad I had a few grey hairs... because I think it did help to be an older person with a lot of experience."

"Certainly, the grannies and the aunties were quite respectful of me and would come to ask or come to tell me they were worried about [someone in their family].

"I loved every minute of it. I mean, it was difficult at times, but on the whole, it was amazing. And people, I think, were appreciative." ●

The life and times of a CDE

Kerri Rothery was presented as a graduate at the 2022 CRANAplus Conference, for having completed a Master of Remote and Indigenous Health through Flinders University. We catch up with Kerri to discuss her role as a Credentialed Diabetes Educator (CDE) with Sunrise Health Service, covering her decision to become credentialed, emerging diabetes tech, bush smarts, and the privilege of working on Country.

It's a bright morning in Bulman, one of nine communities Kerri Rothery visits in her role as a CDE.

She arrives equipped with a Point of Care Machine, haemoglobin A1C and urine albumin-to-creatinine ratio tests, LibreView sensors, Blood Glucose Meter machines, booklets, leaflets, diaries, and lancets, ready to see the patients that the driver is bringing to the clinic.

It's her role to provide information, establish self-management plans, monitor progress, and follow up with over 400 patients.

"Education is about providing patients with information enabling them to make informed decisions and choices to improve their diabetic journey," Kerri says.

"You don't know what you don't know... Anyone who wants to learn, whether they're a RAN, a health centre manager, an Indigenous client, someone walking down the street – I'm just happy to sit, have a yarn with them, and see if I can empower someone's choices in life."

Having half the knowledge is not enough, Kerri says. It's like "working with one hand tied behind the back."

Incomplete understanding can show when clients boycott soft drink in favour of orange juice or iced coffee, or eat excessive carbohydrates, unaware that unused carbs convert to sugar in the blood. Therefore, helping to establish a fuller understanding is key. To gain an audience, you first need rapport. It's also beneficial to discuss the broader benefits of the healthier lifestyle that results from a diabetes management plan.

"Managing your sugars, you're eating better, which reduces your weight, which reduces your cholesterol, which reduces your blood pressure," Kerri says in relation to Type 2 diabetes. "You've reduced your cardiovascular risk, your impact on your kidneys."

Having as many patients as she does, variety is her every day, and Kerri must alter her education style when supporting patients of all diabetes types and ages across the lifespan – from Type 1 toddlers to Type 2 elderly.

"You have to ask yourself – have they ever had education before?" she says.

"What did they learn from that education? Do they want to know more – or are they at the clinic because they've been told to be here?

"If they're children, you're educating the family, not the child," Kerri provides as an example.

"The young ones are more likely to be Type 1s, so you generally meet adults who are frightened. They've got this beautiful child and suddenly he's Type 1, which is normally found out due to a clinical event."

Delivering the best care in a complex setting requires continuous professional development (CPD), which is one of the reasons Kerri decided to become credentialed by the Australian Diabetes Educator Association. This requires 1000 hours of practice, mentoring, and an ADEA-accredited post-graduate certificate.

Maintaining it requires 20 hours of additional CPD annually, which helps keep Kerri up to speed.

"When I started nursing years ago there was no continuous glucose monitors, no LibreView," Kerri says.

"Insulin pumps change about every 18 months to two years... Technology is becoming an amazing thing. I've had to stay up to date to be able to educate appropriately in this space."

Kerri is proud to have gone down the credentialing path and is loving the kind of remote practice it has opened to her.

"You also have to be smart," she continues. "Having a sat phone in the car. Bringing plenty of water. Not standing under the sun when it's 40 degrees. Taking your time, not overworking, because you won't last.

"Being adaptable. If a patient doesn't turn up on the day you've turned up, that's okay. It's probably not because of you. They're got other concerns that are more pending. You have to take it in your stride.

"My role requires me to spend time in communities. The normal, everyday person doesn't get to do that," Kerri continues.

"The welcoming I've had from communities has been amazing; having the privilege to stand by and see some ceremonial practices out at community... It's been a wonderful cultural learning experience that I will remember forever.

"Completing my Master of Remote and Indigenous Health has prepared me for this journey. However, my learning in this space has only just begun. By working with Indigenous communities my knowledge is continually expanding with wonder and I am fortunate to have this opportunity. Being out here working in the bush is my dream job." ●

Nurse-led skin screening in SA

South Australian nurses will have the chance to lead skin cancer detection at numerous pop-up screening clinics across the state in 2023/2024, as part of Project Check Mate, a newly funded pilot program led by Rosemary Bryant Research Centre (RBRC), Uni SA. Marion Eckert, Director (RBRC) and Professor of Cancer Nursing; Greg Sharplin, Research and Strategy Manager and Senior Research Fellow (RBRC); and Pam Adelson, Research Fellow (RBRC), discuss how rural and remote nurses can help to increase early detection of skin cancer in their regions.

Pilot 'Project Check Mate' is taking a unique and sustainable approach to early skin cancer detection, by mobilising and upskilling regional nurses to assist local GPs in provisional diagnoses of skin cancer.

Recently awarded a grant from The Hospital Research Foundation, the pilot will launch in South Australia in early 2023 to address skin cancer screening barriers experienced in regional and remote Australia.

Above: Scott Maggs, Skin Check Champions (front centre), Jane Homberger, Skin Smart Australia (centre) and nurses after a skin check pop-up clinic in September. The dots on the manikins are patient placed if they had a suspicious lesion found. Right: A doctor and nurse using a dermatoscope

The funding was generously matched by health promotion charity Skin Check Champions, who for around 10 years have organised pop-up, nurse-led skin check clinics across Australia.

Greg Sharplin, Senior Research Fellow, emphasises that collaboration is at the heart of the project.

"Hopefully at the end of the pilot we can tell a really good story about how many checks we've conducted, how many potential lesions we picked up, and also how many nurses we were able to train," he says.

Higher rates of skin cancer in regional Australia

Skin cancer rates are around 30 per cent higher in regional areas than they are in metropolitan areas. Barriers to having skin checks in regional and remote areas include distance, reduced access to services, and the demands and responsibilities of lifestyle taking precedence over health care.

In September of this year, at a Skin Check Champions' pop-up screening in regional Queensland, nurses scanned 630 people and detected 300 lesions, and of those, 50+ lesions had features suspicious of Melanoma.

"Nurses have a real opportunity to own a bit of this space because no one's really doing that work at all in regional areas," says RBRC Director Prof. Marion Eckert.

"There are only around 550 dermatologists across the country, so it's just not possible [for them to deliver the services that communities require]."

The nurse-led screening approach

Nurses will be trained by Skin Smart Australia to use a dermatoscope, a handheld, non-invasive instrument that magnifies and illuminates the skin surface and allows for the visualisation of subsurface skin structures that are not visible to the naked eye. The instrument will capture digital images that can be forwarded to a GP or dermatologist to follow up, diagnose or monitor.

Skin cancers, as a primarily visual diagnosis, are considered one of the prime areas for technological health interventions. The pilot program will also be testing artificial intelligence (AI) to assist clinicians with provisional diagnoses.

Pop-up clinics will be established at three or four large regional events, in regional SA between 2023-24. Screening at each event will be free for anyone who would like to be checked, though there will be a strong focus on attracting high-risk groups including farmers, people who haven't had a skin check before, and people who tend to work outside.

Melanoma Institute Australia's *2022 State of the Nation – A Report into Melonoma*, details a five-point strategy to achieving zero deaths from melanoma by 2030.

"One of their recommendations is that first of all, we need to have a standard of care for actually doing skin exams," says Research Fellow Pam Adelson.

"We don't have that in Australia. A lot of GPs don't use a dermatoscope.

"[Pictures taken by it] can be transferred to a dermatologist, so it's ideal, especially for those who are not located near services."

Calling regional SA nurses

UniSA is inviting regional nurses of South Australia, who may wish to be involved in dermoscopy and screening, to get in touch.

Event details are to be confirmed but are expected to take place from January 2023.

For more information or to submit your expression of interest, contact Marion at **Marion.Eckert@unisa.edu.au**

An opportunity for rural and remote nurses to lead the way

In partnership with Skin Smart Australia, UniSA also hopes to develop a skin cancer screening training program aimed to upskill regional and remote nurses.

"Dermatologists are largely city-based, and we know that GPs are stretched. Nurses [are] the largest workforce that can do dermoscopic assessments and take pictures with the dermatascope. So, we're quite keen to upskill nurses who are interested in working independently and with their GPs," says Pam.

If you're a nurse working in a rural or remote location, and you'd like to learn more, please contact Marion at **Marion.Eckert@unisa.edu.au**

CRANAplus also offers the online short course Skin Assessment, which can assist remote healthcare workers to develop a systematic assessment approach to clients who present with skin symptoms. **crana.org.au/online-courses**

Self-collection solutions

Testing for HPV using self-collection can increase our ability to eradicate cervical cancer by 2035, writes Carina Brown RM, Clinical Workforce Educator, SHINE SA.

In 2022, Cancer Australia estimates 942 new cases of cervical cancer will be diagnosed in Australia. Cervical cancer is twice as prevalent in Australian Aboriginal women and they are three times more likely to die from the disease than their non-Indigenous counterparts. Also, more cases will be diagnosed in rural and remote areas in Australia (Cancer Australia, 2022).

Currently only 63 per cent of eligible people in Australia are up to date with the cervical screening schedule recommended by the National Cervical Screening Program (Cancer Council, 2022). In response to targeting under-screened groups, the Australian Government introduced a partial update to the cervical screening guidelines resulting in increased eligibility of self-collection for HPV testing. This will not only result in less invasive testing but provide a way forward to increasing testing in under-screened groups, some of whom reside in regional and remote Australia (Cancer Council Australia, 2022).

Up until recently, attending a health service for cervical screening meant an invasive clinician-led procedure which could be uncomfortable and difficult for people with a trauma history. A recent study found embarrassment, fear of results, lack of time and lack of female practitioners as reasons for lack of participation (Nagendiram A et al 2019). Other studies cite histories of sexual abuse and trauma as a barrier (Cadman L, 2012).

Couple these research findings with the limited availability of appointments in GP practices and fly in/fly out clinics in remote regions, and it is easy to see how clinician-collected cervical screening tests get pushed to the backburner, resulting in under-screened populations.

Offering self-collection, which is controlled by the patient, could increase testing rates and is seen as a game changer in the fight to eliminate cervical cancer in Australia by 2035 (ACPCC, 2022).

Eligibility criteria

These new guidelines do not replace the need for formal cervical screening training offered by sexual health teaching organisations throughout Australia. To offer cervical screening to patients, clinicians should first complete cervical screening training which will be informed by the National Cervical Screening Program guidelines (Cancer Council Australia, 2022).

Undertaking the training will alert clinicians to the various criteria for who should be offered self-collection screening.

Mainly, people who do not have symptoms of concern between the ages of 25-74 who have ever been sexually active can be offered self-collection test. Examples of symptoms of concern are abnormal, post-menopausal and intermenstrual bleeding as well as pain or abnormal discharge. These people would not qualify for self-collection but instead would be offered a clinician-collected sample as further investigations are required and a co-test (cytology) should be ordered to detect any cellular changes. Co-tests cannot be ordered from a self-collected swab and must be ordered through a clinician-collected cervical sample.

Flocked swabs

One of the common concerns with the self-collection method is whether the testing is as reliable and accurate as clinician-collected samples. A recent meta-analysis found that the sensitivity and specificity of HPV testing to detect CIN2+ in self-collected samples were similar to those for clinician-collected samples when using validated PCR-based HPV assays (Cancer Council, 2022).

Self-collection HPV tests are obtained using a flocked swab which is highly resilient and can withstand very hot and cold temperatures, as well as lasting for up to 28 days once the swab is collected.

This robust feature of the test is what is most attractive to rural and remote clinicians who are logistically isolated from testing facilities.

The resilience of the swab also allows practitioners in rural and remote areas to test opportunistically in their clinics, rather than waiting for dedicated clinics, which are often set up on a fortnightly basis and are booked solidly with more immediate issues. This will hopefully result in the reduction of cervical cancer cases in rural and remote Australia and the World Health Organisation's goal to eradicate cervical cancer by 2035 will hopefully be met.

References

Australian Centre for the Prevention of Cervical Cancer (2022), Let's Eliminate Cervical Cancer by 2035, Australia's National Cervical Cancer Elimination Strategy | acpcc.org.au, cited 18/9/22

The Australian Government (2022), Cancer Australia, Cervical cancer in Australia statistics | Cancer Australia, cited 18/9/22.

Cancer Council Australia (2022), National Cervical Screening Program, Cervical cancer screening | Cancer Council, cited 18/9/22.

Cancer Council (2022) Updated guidelines prepare health professionals for cervical screening 'game-changer' | Cancer Council, cited 18/9/22

Cancer Council, (2022) Self-collected vaginal samples | Cancer Council. Cited 18/9/22

Cadman L, Waller J, Ashdown-Barr L, *et al* Barriers to cervical screening in women who have experienced sexual abuse: an exploratory study *Journal of Family Planning and Reproductive Health Care* 2012;**38**:214-220.

Nagendiram A, Bougher H, Banks J, Hall L, Heal C. Australian women's self-perceived barriers to participation in cervical cancer screening: A systematic review. Health Promot J Austr. 2020 Sep;31(3):343-353. doi: 10.1002/hpja.280. Epub 2019 Aug 7. PMID: 31353682. https://pubmed.ncbi.nlm.nih.gov/31353682/

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