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About the Cover: CRANApplus Remote Area Nursing Pathway Program participant and proud Yuwaalaraay woman, Jessica Payne (featured in our 'At a career crossroads' article starting on page 22).

Editorial

Editor: Sam Richards
Deputy Editor: Jody Horne
Journalists: Rosemary Cadden, Sam Richards, Jody Horne

Design and production

Graphic designer: Alison Fort
Printer: Newstyle Print
Distribution: 7,700 copies

To view magazine in digital format, head to crana.org.au/stories or scan the QR code below.



CRANApplus Magazine is published three times a year and distributed to CRANApplus Members nationally. For more information on membership, visit crana.org.au/membership. For advertising enquiries or if you have a story idea, email communications@crana.org.au



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From the CEO and the Chair of the Board



Dear Colleagues,

This edition's feature article 'At a career crossroads' shares real-life stories and advice on entering the remote health workforce and retiring after a fulfilling career. CRANaplus Members Jaimy, Michelle, Helen and Jess (who is featured on the cover) reflect on their experiences of the CRANaplus Remote Area Nursing Pathway Program, before retired CRANaplus Members Stewart, June, Tracy and Karen talk through how they have navigated the challenges and opportunities of retirement.

Later in the magazine, we visit the Torres Strait to catch up with J'Belle Foster who is the Nursing Director of the Torres and Cape Hospital and Health Service Tuberculosis Control Unit. I have many memories of caring for patients with TB during my time with RFDS and this article highlighted the important work being done to limit its transmission.



I remember what it meant to me to have access to CRANaplus resources and supports – back when CRANaplus was celebrating 30 years. This year, CRANaplus is celebrating 40 years of improving remote health, and we're inviting our members to join us in recognising the achievements of the remote health workforce during the last four decades. Key events include our 40th Anniversary Conference from 10–12 October and a special Anniversary Edition of CRANaplus Magazine that we'd love your help compiling.

If you have a story about CRANaplus to share, please email your ideas to Sam at communications@crana.org.au. You can read more about how to get involved on page 80.



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As we reflect on our past, it's important to acknowledge that now is not a time for complacency. As we anticipated, our 2022 Member Survey (see page 70) confirmed that staff shortages and safety remain significant concerns for our members and, by extension, our priority advocacy work as your peak professional body. We have recently released updated safety and security resources for individuals and organisations (see page 78) and we continue to advocate at all levels of government, and through various committees and steering groups, for improvements to workforce safety.

In other advocacy news, it is a privilege to be able to represent our membership on the National Women's Health Advisory Council (pictured above), which met for the first time this February. I have been able to draw upon the discussions of the CRANaplus Member Nursing and Midwifery Roundtable, and pass on their concerns about access to domestic violence services and support, reproductive and women's health services, and sexual assault training.

Both Fiona and I encourage all nurse and midwife members who would like to play an active role in our advocacy to express their interest in joining this roundtable via crana.org.au/clinician-roundtables. We will be taking new applications from June 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.

First Peoples

Growing Deadly Families

Last year, Queensland Aboriginal midwives Sonita Giudice and Melina Connors travelled 44,500 kilometres in cars, planes, and ferries – equivalent to circumnavigating the globe – as part of the ongoing implementation of The Growing Deadly Families (GDF) Strategy.

The extensive road trip by Sonita, a Gunggari and Wakka Wakka woman, and Melina, a Gurindji woman, took place over almost a year as they visited Queensland's 15 maternity Hospital and Health Services (HHS). During this time, the pair, which has over 10 years' experience as midwives each, scoped each HHS's model of care to understand if there were partnerships and co-design between the HHSs, the local Aboriginal and Torres Strait Islander Community Controlled Health Services and community.

Right: Sonita and Melina at the 39th CRANaplus Conference. Far right, left to right: Melina, Dallas McKeown, Katherine Isbister and Sonita.

The Strategy

The Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025 sets out the vision that all Aboriginal and Torres Strait Islander babies in Queensland are born healthy, into strong resilient families.



This requires every woman in Queensland giving birth to an Aboriginal and/or Torres Strait Islander baby to have access to high quality, clinical and culturally capable maternity services. As the Strategy states, 42 per cent of Queensland women miss out on early and frequent antenatal care.

There's a clear opportunity to improve access, and when engagement in care improves, particularly midwifery continuity of care, positive outcomes will be achieved for women and families across the first 2,000 days of life.

The GDF Midwifery team undertook an analysis to check the HHS's resources and capabilities within the clinical services capability framework, to determine what measures HHSs could take locally to support local birth.

Participants discussed the many issues and barriers of maternity services that exist for Aboriginal and Torres Strait Islander families. The following key areas for improvement emerged: culturally appropriate and equitable access to care, care close to home, continuity and relationship-based care to reduce retelling and repeating health story, care to be provided by an Aboriginal and Torres Strait Islander workforce, and the ability to keep families together.

First-hand experience

During the road trip, which at one time included eight flights in five days, Sonita and Melina were able to experience a small part of what it is like for women in remote locations who have to leave their home at 36 to 38 weeks of pregnancy and travel to another HHS to give birth.

"We experienced a little of what the women have to go through – with the travel, for example," says Melina.

"On top of having to be away from family and community, women are often in a totally new environment, facing new experiences, travelling alone, and having to plan for the care of their other children back home.

"Being away from home, family and community not only has emotional impact, but there are financial impacts."

The experience was invaluable for the midwives to be able to fully understand the impact of leaving Country at such a crucial time in women's lives.

In addition, they learnt that urban health services also face challenges in achieving and delivering a culturally safe and appropriate service for First Nations families. ►►

Photo: Janelle – stock.adobe.com

» Culture, consultation, and continuity

On their road trip, Sonita and Melina repeatedly heard that the three outcomes of the strategy were fully supported:

- The need for maternity services to have the full input of the communities involved.
- The need for continuity of care from pre-pregnancy through to birth and beyond.
- A focus on educating and employing more Aboriginal and Torres Strait Island peoples within services.

“It was clear that First Nations people want to have First Nations people giving them care where possible,” Sonita says, noting that women talked about a need for understanding of cultural knowledge and practices to make them feel secure, safe, and connected when they arrive in hospital.

Melina shared how a tertiary facility was excelling in continuity of care. This facility operates a continuity of care model from conception to five years. The midwife/maternity group practice leans into child health which continues with parenting classes and activities such as cooking and swimming lessons. They also have Welcome Jarjums to Country ceremonies for their new babies, connecting them to Country.

While continuity of midwifery care is vital for the mums and babies, Sonita points out that midwives themselves are recognising the improvement in their own work-life balance and sense of satisfaction when they can follow a mum and baby along the whole journey.

“Midwives who experience how rewarding continuity with a woman and her family can be frequently state they do not want to go back to another way of providing midwifery care,” Sonita says.

The desire to return to birthing on Country was a thread throughout their road trip, and Sonita and Melina were impressed with how communities adapted to the current situation, while also campaigning for change.



“One of my favourite examples is Palm Island,” says Sonita.

“This is a community 60 kilometres out to sea from Townsville where historically First Nations people were sent as punishment. I was so impressed by how resilient they are, their very strong advocacy for their communities on birthing issues. Palm Island community’s ultimate goal is to give birth on Country.”

Sonita has another example. A rural site in the north of Queensland, one of many mining towns, is planning to open birthing services locally. Once birthing opens, a number of women will still travel from Country to the hospital.

Above, from left: Sonita Giudice, Melina Connors, Sari Holland, Jane Connell & Kerry Foster on Palm Island; Sonita and Melina; Edi Powe, Sonita Giudice, Dr Jocelyn Toohill, Melina Connors, Alison Weatherstone, Lavinia Coyle, Vanda Simpson and Natasha Crocker on Thursday Island; Sonita Giudice, Natasha Crocker, Alison Weatherstone, Rachel Sargent, Melina Connors, Lavinia Coyle, Dr Jocelyn Toohill, Vanda Simpson and Edi Powe in Cooktown; Sonita and Melina in Mt Isa.



“To support these women with connection to their land, the hospital – with consent – [has] had soil provided and transported from different Country lands to the hospital grounds to enable parents to place the soles of their babies’ feet into this soil. This connects them to their land.”

Next steps

The Growing Deadly Families Strategy is intended for policy makers and for those who deliver maternity services to Aboriginal and Torres Strait Islander families in Queensland. It is expected that all health professionals who contribute to the maternal care of Aboriginal and Torres Strait Islander mothers and babies will be able to draw on the Strategy to support their practice and model of care.

Sonita and Melina are now off on the road again, undertaking phase two of strategy implementation, which involves supporting and advising targeted health services to review their co-design processes and explore the redesign of services, identify where there are gaps or where changes over the years mean new goals need to be considered and met.



“We are conscious that each community is different, and how important it is for us to yarn with the communities and all stakeholders, because the community know what they need and want, and will invest more into the models of care when they are involved in establishing them,” Melina says.

“This is true co-design. For First Nations mums and families to have a say in their care is something that I wholeheartedly will always advocate for. I really believe in this. We are growing deadly families!” ●

Celebrating excellence

CRANaplus was proud to sponsor multiple important industry awards in 2022, including NAATSIHWP's Models of Care and Career Pathways Innovation Excellence Award and IAHA's Allied Health Assistant Person of the Year Award. The winners are pictured below and opposite.



Above: Lorraine Randall received the 2022 Allied Health Assistant Person of the Year Award for her work with speech pathology and telehealth in the Top End. The award was given by Indigenous Allied Health Australia (IAHA). Right, left to right: Kalinda Wills and Loretta Longbottom from Waminda, with Amelia Druhan from CRANaplus at the 2022 NAATSIHWP Conference.



"We have a model of care that is holistic and a cultural foundation central to everything we do. The women that come through Waminda – there's a 'no wrong door' approach. We stand side-by-side and support them on their journey, to take care of their wellness and look forward to being the best versions of themselves they can be.

"Our women that work for Waminda, whatever their career goals, we support them to be trained in that area... Our health practitioners who accepted the award – it's a reflection of what they've achieved, how they do the work. To be recognised by your own people, through our own organisations that we partner with and are part of... it was really welcomed."

Hayley Longbottom, a proud Jerrinja/Cullunghutti/Wandi Wandian woman from Waminda, Women's Health and Welfare Aboriginal Corporation on NSW's South Coast.

The 2023 CRANaplus Awards are currently open for nominations. Help your peers to gain recognition for their work by nominating them for the Early to Remote Practice Award, Excellence in Remote and Isolated Health Practice Award, or Aurora Award for the Remote and Isolated Health Professional of the Year. Visit crana.org.au/awards to get started. ●

Understanding effective alcohol and drug treatments



The latest review into effective alcohol and drug-use treatment for Aboriginal and Torres Strait Islander peoples has the potential to encourage greater recognition of the value of First Nations health workers in communities, says Julie Woods, a First Nations counsellor with extensive experience in outreach, rehabilitation and counselling in this specialist area.

Julie, a Menang woman from South Western WA, was one of the authors of the Australian Indigenous HealthInfoNet's recent review of alcohol and drug treatment for Aboriginal and Torres Strait Islander peoples, along with Marguerite Tracy, Bradley Freeburn, Kylie Lee and Kate Conigrave.

The review points to the value of combining the best of cultural approaches with best-evidence western medicine, with strategies such as collaboration and two-way learning.

It emphasises the importance of culturally secure treatment and points to the importance of cultural awareness training for non-Indigenous staff, and for mainstream services to recognise the strategies that engage and build trust between health workers and potential clients.

Barriers affecting the potential for successful treatment include stigma linked to long-held attitudes and stereotypes around substance misuse by Aboriginal and Torres Strait Islander peoples.

People who need help may have experienced or witnessed discrimination in the past. The stigma can be internalised as shame. Fear of involvement of government child protection authorities can also pose barriers.

The review also emphasises the lack of available research examining the effectiveness of different treatment approaches, remarking upon the dearth of research providing definitive conclusions and the methodological limits of existing research.

"Given the widespread agreement of the key role of trauma in contributing to problem alcohol and other drug (AOD) use, there is surprisingly little Australian research on trauma-informed or trauma-focused approaches to healing, outside of tobacco management, and there is a need for work examining current and potential approaches," the review states.

Working with and for communities

While the value of Aboriginal and Torres Strait Islander staff is widely recognised, the emphasis on the importance of Aboriginal and Torres Strait Islander services and staffing is timely, Julie says.

"The key is using Aboriginal health workers, respecting their knowledge, experience and expertise and making sure that becomes part of the daily practice within all medical centres."

She adds that this includes the need for respect to be extended to people within communities.

"If people are not listened to, it minimises their authority," she says.

"The best approach is including people within the communities you are hoping to help in conversations about prevention or treatment services.

"Talk to the people, listen to them, and respect the experience of Elders within communities, the people facing these issues every day, grandparents looking after the kids.

"Make full use of their expertise. The Aboriginal health workers and members of the community know what their community needs."

Many improvements in alcohol and drug use treatments have been made over the 25 years or so since Julie began working in this field.

"We've come a long way," she says.

"The holistic approach, moving away from treating excessive alcohol and drug use as a disease, is now much more widely accepted, moving to treating the whole person, and extending the focus to look at the wider community.

"If you look at smoking, a lot of young people are not smoking any more. If we can get the same result with problem alcohol and drug use that would be fantastic. I can see it happening in the future."

Julie Woods puts forward a request: "I want specialists, people working in the field of problem alcohol and drug use to take notice of all the recommendations in this review. I want these professionals to read it. It makes sense. I want them to reach out and ask for more information."

To read the review or contact the authors, head to the Australian Indigenous HealthInfoNet website where you will find a comprehensive collection of relevant, evidence-based, current and culturally appropriate materials and information intended for use in the prevention, identification and management of alcohol and other drug use in the Aboriginal and Torres Strait Islander population. Their Alcohol and Other Drugs Knowledge Centre can be visited at: aodknowledgecentre.ecu.edu.au ●

In Focus

Taking education to remote Australia

Nurses are a mainstay of the rural and remote health workforce, so it's vital to invest in their professional development. That's the view of Jason Phiel, a long-term facilitator for CRANaplus courses, whose day job is Acute Nurse Unit Manager at Lorne Community Hospital in the Great Ocean Road Health region in Victoria.

"Education for healthcare professionals can be metro-centric and delivering [CRANaplus] courses in rural and remote locations is absolutely necessary," says Jason.

"Otherwise, rural and remote workers can miss out on essential professional development to improve their knowledge for good patient and community outcomes.



Right: Jason at work. Far right: Jason was deployed to PNG with AUSMAT following the earthquake in the Southern Highlands.



Photo: siday - stock.adobe.com

"I know what it's like for them... We don't always have a doctor on hand, and [while waiting for retrieval, we can spend hours] assisting and treating an emergency case.

"That's [why] these courses are so necessary – providing and helping to maintain the skills needed in high-risk situations."

Nursing as a career entered Jason's radar when he was in Year 12 and spending a lot of time in hospital with his grandmother who had cancer. He was inspired by the nursing staff.

"I like helping people; I also like what nursing offers and the different fields to enter," he says.

It was Jason's first overseas posting that set him on the path of choosing to work in the field of rural and remote health, in resource-poor communities.

"When I first went into nursing 30 years ago, I worked for a time in Nepal in the mountains for an NGO," Jason recalls.

"It was clear that resource-poor environments need the help. I also was drawn to the sense of community in these locations, the interaction with people and being able to meet more intimate health services."

Jason also spent some time on the Cocos (Keeling) Islands, a remote territory of Australia in the Indian Ocean, 900 kilometres from Christmas Island, comprising a group of coral islands that form two atolls. Only two of the 27 islands are inhabited.

For the past 20 years, Jason has worked in Lorne, in charge of the hospital's emergency department, acute care and dialysis units. He is a Rural and Isolated Practice Registered Nurse (RIPRN), having undertaken additional training and accreditation to be qualified to supply and administer scheduled medicines.

His experience in Nepal, of training people to be primary healthcare workers and empowering them through knowledge to help their communities, was also influential in Jason's choice to be a Nurse Educator, which he has done for the past 20 years. ►►

» When he saw that CRANaplus was looking for facilitators about 10 years ago, the decision was easy.

"I can't pin down one thing that keeps me facilitating," says Jason. "It's multi-faceted.

"Empowering people through education and knowledge is important, and I always enjoy networking, meeting amazing, inspiring people, and always, always learning from the participants and other facilitators."

When he's not in Lorne or facilitating CRANaplus workshops, Jason is also one of the 700 trained healthcare professionals in AUSMAT (Australian Medical Assistance Team) deployed nationally and internationally to manage local emergencies.

"My organisation knows I want to be engaged in my nursing – and that, through these outside interests, I bring a lot of new knowledge back to my workplace," says Jason.

Following interruptions to face-to-face courses during the first few years of the COVID-19 pandemic, Jason is delighted to be back on the road again, with plans to go to Nhulunbuy and Darwin and undertake additional tertiary studies this year.

"CRANaplus workshops have evolved and improved over the years," says Jason.

"The focus is skills-based, dynamic and participatory learning through a series of skills stations, scenarios and group work.

"These professionals [attending CRANaplus courses] are used to being in a clinic by themselves. They deal with primary care issues all day, every day, but that isolation also means that, in an emergency, they may be alone, having to make critical decisions in a resource-poor environment. That's where these courses are invaluable." ●

Right, from top: Trekking in Ladakh; Training scenario at work; Jason at Lorne Hospital.



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Strength in Diversity



Dr Ann Aitken PhD was appointed to the CRANaplus Board in October 2022, alongside Danielle Causer whom we introduced in edition #127. Ann is Director of Nursing, Midwifery and Facility Manager Atherton Hospital, FNQ, and brings more than 43 years of experience and extensive credentials in remote health to CRANaplus. Here, she shares her enthusiasm about her new position and joining a diverse and experienced team.

Above, left to right: Ann, Amelia (Ann's daughter) 6th year medical student on placement, and Dr Liz Hawkin, Director of Medical Services Atherton Hospital.

In 1980, after trying a few other career paths, Ann decided to give nursing a go.

Her early days at the Royal Brisbane training hospital were affirming; at last, Ann thought, a career that made her feel as though she had "gone home".

Yet it was quite a shift from the whitecoats at the Royal Brisbane to khakis of the Royal Cooktown.

"Our Med Super, I thought he was the gardener! He looked like The Crocodile Hunter," laughs Ann, reflecting on a fond, but surprising start to her remote career.

"It was quite different, but again, I loved it from the moment I got there," she says.

"It is where my love for rural and remote living, as well as work, really kicked off."

In 1994, Ann moved to Atherton, FNQ taking on various roles in and around the region.

Now, as the Director of Nursing, Midwifery and Facility Manager at Atherton Hospital for the past 18 years, Ann shares her anticipation for a new hospital under development at time of writing.

"We've been able to build a new community health building and a new three-storey clinical services building, which is really exciting," she says.

"It's a really nice thing to be able to say that I was a part of this.

"I've been offline a couple of years doing models of care and getting ready for us to move.

"It's actually reinvigorated my love for clinical practice. I'm thinking that I'll probably go back into a clinical role at the end of this project."

Though for the last 21 years, Ann has kept up her clinical skills through weekend work in community nursing, where she is also able to continue her passion for supporting palliative patients and their families.

"For me, that's the essence of primary health care, having that really nice continuity of care with our patients, and being able to support them in their own homes," says Ann.

Connected to CRANaplus

Ann describes "a lightbulb moment" hearing incivility research presented by the Bush Support Line team at a CRANaplus Conference: an idea that went on to influence her research for her Masters Degree in Conflict Management and Resolution.

Long interwoven with CRANaplus, Ann became a CRANaplus Fellow in 2017.

In 2016, Ann completed a PhD with her thesis exploring the lived experience of rural and remote nurses working in Queensland who cared for people with cancer who had died. Ann also holds a Masters Degree in Rural and Remote Health; is an accredited mediator; has completed her rural and isolated nursing endorsement in 2001 (RIPRN) and is an Immunisation Program Nurse.

When asked "why CRANaplus?", Ann answered that it had to do with the quality and relevance of our education and services to remote health workers.

"The great thing about CRANA is that it knows its stuff, it knows its audience, and it knows the situations that our nurses find themselves in."

On being on the Board

Thrilled to be appointed, Ann believes it's the diversity and breadth of talent that gives the CRANaplus Board its real strength.

Spending her career in Queensland, Ann is looking forward to collaborating with fellow Board Members to gain a greater understanding of the needs and challenges of the remote Australian health workforce.

"As a Board Member I will support CRANA to continue to do that good work."

"That good work, that is so relevant in making sure that our [remote] workforce has the skills and knowledge, and the support that it needs to be able to do its work safely, and for the benefit of our patients." ●

CRANAcast with Di Thornton

In episode 15 of CRANAcast, CRANaplus Fellow, registered nurse, and endorsed nurse practitioner from the Murray-Mallee region in SA, Di Thornton, shares her views on taking an “outside the box” approach to filling gaps in our current healthcare system and provides insight into her world of owning and operating a nurse practitioner-led health clinic.

Nurse-practitioner value

Di: Nurse practitioners are highly trained. We’ve got Masters degree; a minimum of three years of post-graduate experience, but I think you would find most nurse practitioners have way more than three years of post-graduate experience by the time they decide to take up the role.

You also have to have a minimum of 5,000 clinical hours at advanced practice before you can even be endorsed.

So, you go to Uni and you do your Masters and you pass but that doesn’t guarantee that you will become an endorsed nurse practitioner who can actually work and get a provider number. You have to provide evidence to AHPRA that you meet the clinical criteria.

We’re able to prescribe, and order blood tests, X-rays and ultrasounds. We’re able to interpret the data that comes back from those tests, and we’re able to treat people accordingly.

Most of us in rural and remote areas are very good at managing chronic conditions because there are lots of chronic conditions in rural and remote areas – as well as your normal flus, cuts, and anything else that walks through the door.



New fellows Wendy Cannon (2nd across), Kellie Kerin (centre), and Di Thornton (4th across) at the 2022 CRANaplus Conference.

Working together to fill the gaps

Di: I think it’s time the Australian health system really looked outside the box to how things can be done differently, while still meeting the needs of the communities in rural and remote areas.

We know what the statistics are like for our communities: the health outcomes are lower in rural and remote areas because of the lack of access and timely access to appointments and specialist care.

I’m so passionate that [nurse practitioners] are part of the solution. We’re not the answer to it – we need GPs.

I wouldn’t be where I am, and the streamlining of our practice wouldn’t have been as smooth, without having [a travelling GP] onboard to be able to handball things to and refer to when things are beyond my scope of practice.

We don’t want to be mavericks; we don’t want to be separate from the system as it currently stands. And we certainly don’t want to be at arm’s length to GPs, they’re our colleagues.

We need one another to make the system work, and for it to work for our clients.

To listen to the full episode, search for CRANAcast on Spotify or Apple Podcasts, or visit crana.org.au/cranacast ●

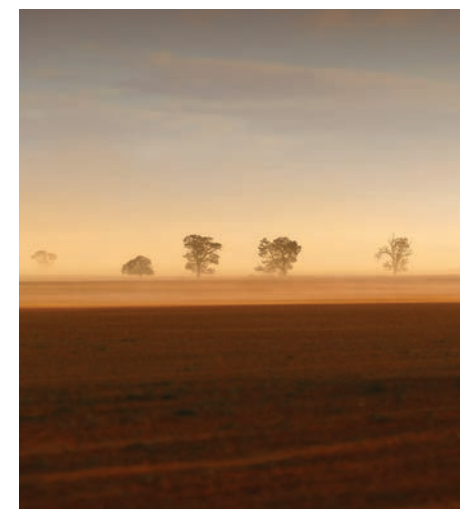


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The nurse practitioner workforce in the news

In February, CRANaplus welcomed the announcement of \$11.7 million in government funding towards the employment of 20 nurse practitioners (NPs) in Western Australia for two years as part of a pilot program that aims to improve access to high quality primary care.

CRANaplus CEO, Katherine Isbister, said at the time: “This program, by empowering models of care that allow NPs to work at their full scope of practice, can hopefully provide more widespread opportunities for NPs to make a difference, thereby reducing pressure on our healthcare systems and improving access to care.

“We are hopeful that the program will be trialled in rural and remote areas – and not just in Western Australia. We hope it can act as a foundation for the broader utilisation of the nurse practitioner workforce across all states and territories.” ●

Learning holistic and Culturally Safe practice in Ntaria

Undergraduate nursing student Karleigh Barbour reflects on her 2022 remote placement in Ntaria (Hermannsburg), NT, where her dream of becoming a RAN began to feel more like a reality.

I have lived in WA for the last 17 years. I've travelled throughout this vast state from coastlines to remote lands, but something keeps calling me to the red dirt of remote Australia. This is why I jumped at the opportunity when asked if I was interested in a four-week remote area nursing placement at Ntaria (Hermannsburg) NT, 126km outside of Alice Springs. I thought to myself "wow how lucky am I!" What an amazing opportunity to work alongside remote area nurses (RANs) and Aboriginal Health Practitioners (AHPs) and consolidate my learning in a remote Aboriginal and Torres Strait Islander (hereafter, respectfully referred to as Indigenous) community.

I arrived at Alice Springs on a warm 39-degree day. The taxi ride to my accommodation felt like I had my own personal tour guide: a lovely man from Nigeria who had lived in Alice Springs for the last 10 years and was super keen to educate me on all things Central Australia. He spoke about the local history of Alice Springs (traditional name Mparntwe), the traditional custodians who are the Arrernte peoples, and the West MacDonnell Ranges (traditional name Tjoritja) which were created during Dreamtime by Indigenous ancestors and represent a rainbow caterpillar called Utnerrengatye. What a great start!

My overnight transit accommodation in Alice Springs was a lovely share house with other health students from across Australia. Big thank you to Erica from NT Health for organising all my accommodation whilst in the NT. I could not have done this without you!



Above, from top: Karleigh (right) with RAN Demi Williams (left); Karleigh enjoying her time in Alice Springs; Karleigh at work.

The next morning, I was up super early and ready to start my journey to Ntaria. I was picked up by a lovely man from India who had lived in the NT for the last five years. Again, I felt like I had another personal tour guide.

I arrived at Ntaria Clinic and was greeted by an amazing team of RANs and AHPs keen to share their knowledge on remote area nursing, culture, and where the best places are to eat in Alice. The support I received was impeccable. I was able to consolidate my learning into clinical practice, gain new knowledge and insight, and assist with emergency evacuations with Royal Flying Doctor Service.

The local Indigenous workers were fantastic, all sharing their cultural knowledge and Dreaming stories and the different native plants/roots/seeds that support bush medicine – something I will cherish forever. All in all, the staff at Ntaria Clinic demonstrated the fundamentals of what it takes to become a great nurse. I will be forever grateful that I got to experience the holistic and Culturally Safe care they provide.

On one of my days off, one of the RANs and I went hiking through Ormiston Gorge. We ticked off the bucket list the 9km Ormiston Pound

walk and what an amazing view of the Country it was. Words cannot describe the beauty of this landscape: the colours, the wildlife, and the spaces in between were truly magnificent. We also went swimming at Glen Helen Gorge (traditional name Yapalpe) where the Finke River runs through during the wet season.

I feel so blessed that I was able to experience a remote area nursing placement in the NT. The friendships, memories, and valuable knowledge I gained are priceless. I hope to become a RAN one day and make all my preceptors proud of the knowledge they gave to me.

Big thank you to CRANaplus for this scholarship. I am truly grateful for this opportunity and the support I received. Thank you! ●

This CRANaplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.



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At a Career Crossroads

In this two-part feature article, we hear from CRANaplus Members about how they have navigated two of the most important moments in their careers – transitioning to and retiring from remote health practice.

Photo: Sam Richards.

Part 1: Transitioning to remote practice

Midway through 2022, CRANaplus accepted four nurses into its pilot Remote Area Nursing Pathway Program (RANPP). The program attracted interest from hundreds of nurses, highlighting the emerging workforce's need for structured transition programs of this kind. Following the program's completion in February 2023, we caught up with the four participants to discuss their career journeys and the benefits of preparation. This article also covers how to apply for scholarships and the differences between urban and remote nursing, plus Verus People answer your FAQs about agency work.

Helen Carman

"I'd done about eight years in the metro system in WA when COVID-19 arrived and resulted in border restrictions," says Helen.

"Normally, I was travelling, and felt I was exploring the world. I started to get a bit burnt out, lost. I was in ICU, and there was some compassion fatigue.

"I took a secondment, where I flew up to the Kimberley for four months. I knew I liked working regionally. But I'd never lived four months somewhere. I felt I was in a different world.



"The patients were different, the lifestyle different. Working away from Perth re-ignited my passion for nursing. I started thinking, if I like this, maybe I'd want to go further remote.

"You gain autonomy; and even though you've got support electronically, through telehealth and phone calls, you really need to know what you're doing.

"I was working in a little two-nurse ED, one of the most isolated I'd been in to that point. I don't have a midwifery background; in the city, you look after one speciality.

"A woman came in, in labour, and we ended up delivering this baby and it went fine. But we were on our own, and I remember thinking – I need to know a bit more about everything, for when these situations arise. ►►



“I had seen the program online, and wanted to do the Maternity Emergency Care course, which was included. It all lined up – I thought, what a godsend.

“I’ve met some girls in the country who have gone from the city to a really small clinic and lasted three or four days, then gone back.

“If you go remote on your own, independently, it’s pretty hardcore. I wouldn’t personally want to do it... This pathway has been a lot more gentle.

“If CRANaplus could fit more people on the pathway, so many nurses would love to do it.

“[My recommendation to fellow nurses is] just go for it. Perhaps start off at a bigger site, and work your way down smaller and smaller. Know you’ve got the background support, like the Bush Support Line.

“You don’t hear of many people working remotely, then you go remote – and there’s a whole support network of nurses doing the same thing. When you’re feeling far from home, you don’t feel lonely.”



Jess Payne

“I first went to Tennant Creek as a student and when we were planning on going remote again, I figured that was a good starting point,” Jess says. “I knew some of the people there and had an idea of where I was going.

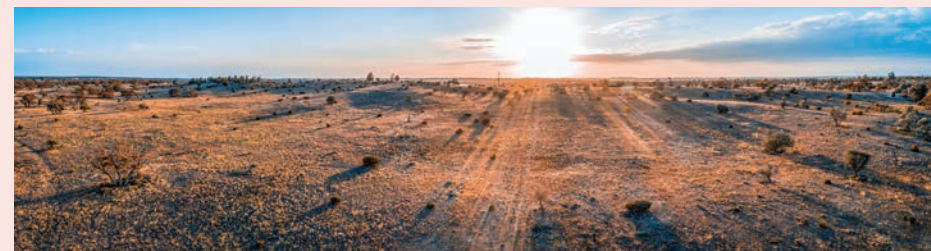
“[Working rurally and remotely] was something I’d always thought of doing, especially working with Aboriginal and Torres Strait Islander Peoples. I’m a Yuwaalaraay woman and I’m passionate about Aboriginal health and wellbeing so I always wanted to work in community, to achieve good outcomes. We look after our own.

“There’s always a bit of reservation, though – you’ve never been somewhere so remote. Being able to go somewhere in a really supported role as a student takes away some of your anxieties. The not knowing, the uncertainty, is a potential barrier. But I think once you take that leap, it’s amazing.

“There’s not any ultimate thing you can do to prepare yourself, but you can go in with a little more confidence in your practice.

“This program [coincided with] my first real experience as a RN in a remote area. It was amazing – even just having the support of other participants and the educators to bounce things off; and knowing you’re not alone in your feelings and everyone is going through the same things. Plus the REC and the MEC course were amazing – as a refresher, but also as completely new learning, contextualised to working in isolation.

“I’ve relocated to Victoria [recently] but I certainly hope to get back to remote practice when it’s right for me and my family. I want to develop my career, my leadership skills. I hope to inspire and empower other Aboriginal and Torres Strait Islander people to become involved in decision-making and governance in health organisations, so we can continue to decolonise attitudes and services to provide Culturally Safe and responsive care.” ►►



Differences between urban and remote nursing

With Michelle Mason, Professional Officer, CRANaplus

Location: Generally, you have to travel to a remote setting, sometimes hours by road. Some remote places require a plane to get to, especially after a wet season as dirt roads can get cut off with water. A benefit of remote locations is that there’s no traffic or traffic lights! The Modified Monash Model can be a helpful guide to remoteness.

Staffing: There are less staff based in a remote clinical facility (hospital or clinic) as there are less services available. In some settings there are no doctors on site permanently; instead, they’re on call via phone or teleconference. In others, they visit regularly, such as once a week. In urban settings, you may have dozens of nurses in each department, along with clinical educators, managers, ancillary staff, admin staff and even emergency services with a simple 000 call. In a remote setting, the emergency services often consist of nurses or Aboriginal health practitioners. Specialists may visit remote regions less frequently, and referrals are required for some procedures such as surgery, scans, and X-rays, which are often done in urban facilities.

Skill set: Although there are many skills required to work in a metropolitan hospital, especially in specialist contexts such as Emergency and Intensive Care, working in a remote setting requires nurses to be ‘general

specialists’ which means having varied experience, knowledge and skill across multiple areas. This may range from emergency skills, primary health care, health promotion, chronic diseases, palliative care, mental health, women’s health, and child’s health.

Resources: In many cases in remote settings, there may only be one or two shops available, a school and limited sports or community groups.

Lifestyle: Major differences with lifestyles will depend on the location. Most remote places won’t have a coffee shop down the road but will have beautiful landscapes for walking, fishing, and camping.

The take home message? Working in an urban setting and working in a remote setting are different types of nursing. Both have their rewards and challenges. It’s pivotal to do your research before choosing which type of nursing is for you.

If you decide you want to go remote, we encourage you to investigate the wide range of resources, support, and education CRANaplus can offer to support your transition to remote health care. Our ‘Going Remote Guide’ is a good place to start.

You can find this online at crana.org.au/going-remote-guide. We’re also happy to send printed copies out to you.

You can request these via professionalservices@crana.org.au. ●

Michelle Appo

"I decided in 2016 to be a registered nurse," Michelle says.

"When I was working in the hospital system it was very hard, as an Indigenous nurse, to see the treatment of remote Indigenous patients... You're fighting institutional racism.

"I thoroughly believe that I can do more for my people outside of the hospital system, rather than in... In primary health care [working for an Aboriginal Medical Service], it goes without saying they will always come to us first, before they will go to a tertiary institution like a hospital.

"This program has been absolutely, essentially important for me. I'm a third-year nurse now, and things are just starting to make sense, to click. Often you go down the wrong path and halfway through, you realise, *this* is the avenue I should've taken. Whereas this program, it takes you right there.

"It gives you the tools, the training, and the advice to start remotely... It's not hiding anything, so you go there with all the information and all the skills to do remote nursing.

"I'd like to start trialling remote. I still want to get that primary health care [experience for the next year or so]; it's really important to have that grounding first. Primary health care can change a person's life forever.



"I've got a lot of nursing friends, and my point to a lot of them is this: if you can talk to and treat an Indigenous person like you would any other person, any other nationality; if you can hold their hand like you would anyone else, then you know you should be remote.

"I think this program is essential. I'm an Indigenous nurse, and I've learned so much – even a lot more about my own history than I knew before. I hope [CRANaplus] gets funding to continue it."

Jaimy West



"I happened to have done my immunisation certificate, pre-COVID," Jaimy says, "and I wanted to see what was outside of Maitland, New South Wales.

"So I joined an agency, and accidentally joined 'rural and remote' instead of 'tertiary'. The next minute I'm in the Northern Territory in Tennant Creek, at the hospital, running [a COVID-19] immunisation clinic.

"I'm confident I could go anywhere and work, but you need to be aware of yourself and your connection to Country. It's one of those eerie things – as soon as I saw the red, brown, the heat, I knew I was where I needed to be.

"There was nothing about Tennant Creek I didn't like. I knew then I wanted to go and work in remote communities. ►►

Advice on applying for scholarships and grants

With Melanie Avion, Professional Officer, CRANaplus

CRANaplus offers a range of scholarships and grants, and you will find information on a variety of other scholarships, grants, and bursaries in our Pathway Incentives resource online at crana.org.au/pathway-incentives

Such opportunities can support you on a remote nursing pathway, but they are often competitive. Selection panels have to make challenging decisions based on the information presented in the application. When applying, there are some things you can do to put yourself in the best position to be successful.

Meet the stated criteria: Check you meet the criteria and that the focus of the scholarship or grant matches your circumstances. Selection panels do not consider applications that do not meet the criteria or requests for financial or other support outside the scholarship target. Therefore, focus your responses on the scholarship or grant goals. Sometimes you may need to be creative and explore how your circumstance might meet a funding organisation's goal.

Complete your application: Complete all questions and sections fully. Incomplete applications rarely proceed to selection panels for consideration. Remember, your application is your chance to fully present your case for support. If you leave out information requested by the panel you may risk your chances of being selected.

Submit on time or before: There are some scholarships and grants available which are always open and do not have closing dates, but these are rare.

When there is a submission closing date, plan to complete your submission early. This gives you a chance to avoid technical issues and to quality control your submission.

Quality control: In general, selection panels do not judge your submission based on spelling and grammar and are not seeking an epic essay. Clear, concise, and detailed responses assist selection panels, so proofreading and spell check are encouraged. Quality control also involves reflecting on the goals of the scholarship or grant and directly addressing these in any questions asked.

Seek out opportunities! There's nothing stopping you from applying to multiple opportunities; just remember to declare if you have already secured funds when offered a second scholarship or grant. Look for opportunities at your university if you are a student or try searching for philanthropic services, or opportunities from employers, local government or community service groups.

If you would like to discuss your application for CRANaplus scholarships or grants, incentives or pathways, or have a scholarship you would like to offer in support of rural and remote health professionals, please email Professional Services at professionalservices@crana.org.au. ●

Finding your dream job

The CRANaplus Employment Page features jobs from remote locations including the Pilbara, Arnhem Land, Katherine, Flinders Ranges, the WA Goldfields, the Riverland, Central Queensland, Broome, Cape York, Christmas Island, Norfolk Island, and North West Tasmania.

If you're prepared to work in remote health as an EN, RN, RM or in an allied health position or executive/management role, visit crana.org.au/employment to browse and apply for current vacancies. ●



"In my spare time, I jumped on the CRANAplus website and called CRANAplus and asked how I could further my education. That's how I found out about this program.

"I think there's so much pressure in tertiary now, people think they'll go out to a community and it will be easier. I think that's where some people fail and so I think I've been extremely fortunate to have been accepted into the CRANAplus Program. I've been given tools so that when I get back out there, I know what to expect.

"Through the program, we learned not just how we are going to look after the community and the nursing side of things; it brought home how to look after yourself, as well as cultural awareness and Cultural Safety.

"I also loved that I was able to stay home and keep my main job.

"My biggest piece of advice would be to join CRANAplus." ●

You can read more about the Remote Area Nursing Pathway Program at crana.org.au/pathway-program. To be notified of any future opportunities to participate in the program, subscribe to the CRANAplus newsletter via our website or follow CRANAplus on social media.

FAQs: Working for a nursing agency

Many nurses experience remote health practice for the first time while working for a nursing agency. CRANAplus has invited corporate member Verus People to answer your frequently asked questions about this mode of employment.

Q: What is nursing agency work?

A: Nursing agency work refers to the practice of hiring nurses on a temporary or contract basis through a nursing agency. These agencies act as intermediaries between healthcare facilities and nurses, providing healthcare facilities with nurses on an as-needed basis.

Nursing agency work allows nurses to work in a variety of settings, including hospitals, clinics, and nursing homes, and provides the flexibility to choose when and where they work.

Q: What qualifications do I need to work as a nurse through an agency?

A: In Australia, to work as a nurse through an agency, you typically need to have:

- A current registration and nursing practice permit with the Australian Health Practitioner Regulation Agency (AHPRA).
- A minimum of 12 months of recent nursing experience in an acute care setting.
- A current National Police Check.
- A valid Working With Children Check (WWCC) or equivalent depending on the state.
- A valid professional indemnity insurance.
- Proficiency in English language and comprehension.
- A valid visa (if you're an international nurse).
- Updated vaccination records.

It's important to note that the specific qualifications may vary depending on the agency and the type of work you're looking to do. It's best to check with the agency or consult with a recruitment agent for specific requirements. Also, having a specialised certification in certain areas such as ICU, oncology, paediatrics, mental health and others may also increase your chances of getting hired by an agency.

Q: What are the benefits of working as a nurse through an agency?

A: There are many benefits to working as a nurse through an agency. The most obvious is the flexibility of being able to choose when and where you work. You can also gain experience in different specialties, settings, and locations, which can help you to advance your career.

Additionally, working for an agency can provide you with a consistent and stable income, even if you're only working part-time.

It also allows you to have a variety of shifts, which can be beneficial for nurses who want to work part-time or have other commitments.

Q: How do agency shifts and schedules work?

A: Agency shifts and schedules vary depending on the agency and the location but usually run from two to 12 weeks in length. Some agencies offer a variety of shift options, including full-time, part-time, and casual work. Others may offer a more consistent schedule, with regular shifts.

Q: How do I find nursing agency work?

A: There are many ways to find nursing agency work. One of the most common is to search online for nursing agencies in your area. You can also ask friends or colleagues who have worked with an agency in the past for recommendations. Additionally, many hospitals and healthcare facilities have relationships with agencies and can provide you with information on how to find work through an agency. If you're interested in nursing agency work or would like to find out more then get in contact with our specialist Nursing team at Verus People by emailing nursing@veruspeople.com or giving us a call on 1300 063 437. ●



Are you transitioning to remote health practice? Have you secured a full-time, part-time, contract, or agency role in remote Australia?

Learn how to prepare effectively by contacting the CRANAplus Professional Services team at professionalservices@crana.org.au or by searching for our 'Going Remote Guide'. ●

Part 2: Retiring from remote nursing

Retired rural and remote area nurses Stewart, Karen, June and Tracy share their retirement journeys and discuss transitioning out of the workforce, preparing your finances and home, pursuing your interests, and navigating the emotions of retirement.

Stewart's realisation that he was approaching traditional retirement age planted the seed of retirement in his mind.

"I was still enjoying the job [in the APY Lands]," he says, "but I thought that no matter what anyone says, there are other things in life apart from working."

Karen's decision to retire was fast-tracked when her husband sold his business. She decided it was time, also factoring in the length of time she had worked in the health care industry and the needs of her family.

June moved to Marree in SA's north early in her career and nursed there for around 40 years.

Just recently, she realised it was time to scale things back and she now works casually as a home care assistant.

"I wasn't sure if I was really ready to retire," June says. "You don't always feel as old as you are... I am still as busy as before, as [I am] very involved with community. Probably even harder to get away now!"

For Tracy, whose name has been changed for privacy, the decision to retire was heartbreaking.

"Put off retiring until you really need or want to," she says. "Age is no barrier to doing various tasks safely and we have skills that remain valuable [until later in life]."

Preparing to leave work

When the time does come to retire, it's important to work closely with your employer to ensure an effective handover, Karen says.

"I notified my boss in December – that was giving six months' notice," she says.



Stewart Roper pictured outside the Adelaide training rooms with his photography.



June Andrew in 2013. Photo: RFDS.

"Planning for the continuity and best outcome for the health service is very important. I've stepped into jobs where someone has left suddenly and there's been no handover... Going in, and having to work out how the service functions with really no knowledge, is a hard task."

A quality handover can also be a feel-good experience, Stewart says. He is taking a gradual approach to retirement and is still working for brief periods in the APY Lands.

"I believe there's a point in any job where it would be worthwhile passing onto someone younger, so they can get things going and maybe bring in some new ideas," he says.

"It's nice to do a good handover – it makes it more satisfying for yourself that you've handed over and completed most of the tasks you should've done before you retired.

"In retirement, you always have options – whether it is volunteering for an organisation, or working part-time somewhere. At the moment, it's easy to get a hold of that kind of work – they're looking for people everywhere."

June tells CRANaplus Magazine she worked alone in Marree for around 30 years but nowadays there are other staff to hand over to. Because she lives in town, she's been able to continue passing on knowledge even after her official retirement.

"They still call on me occasionally to ask me questions and occasionally I've gone to help, manned the desk when somebody was sick," she says.

"Not totally stopping work has definitely helped with the change," she continues, referring to her new role in home care.

"If you really feel you're not ready, [staying involved in some way] makes you feel like you're still doing something you spent lots of time training for, and have been doing for years."

Preparing for life at home

Preparation for retirement ought to begin as soon as you decide you are retiring, interviewees for this article agree. ►►

Tracy advises readers nearing retirement to make their homes more liveable while they're still working.

"One should plan ahead to retire bearing in mind that income stops, so if not planning to move into a purpose-built retirement home, do everything to the house that needs to be done to make it safe to retire in," she says.

"For example, peripheral vision deteriorates, so ensure little step-type edges are smoothed out. If you have an under-bench oven, can you safely remove the hot roast at 80 years old? Maybe refurbish the kitchen while there is still an income to replace the cost.

"Consider developing a professional relationship with gardening and cleaning services before you need them so that you are happy to engage them when you can no longer do the tasks."

Preparing your finances is also key, says Stewart, particularly when it comes to setting up a retirement income stream with your super fund.

Financial readiness is a long-term project that ought to begin 10, 20 or more years before retirement.

"A lot of people wouldn't have a lot of super at this stage, certainly from my generation," he says.

"If you can afford it, just keep putting a bit extra into your super – so you've got a ready source to get by.

"The most important thing is to get rid of your mortgage. [It would be hard] to contend with a mortgage or rent if you didn't have an adequate income from super."



Karen Schnitzerling.

Pursuing hobbies

Karen and her husband used to play golf regularly, but working away it became impractical and so she quit – after promising herself that she'd play again when retired.

"Probably three months out from retirement, I made sure to have a little hit, to get into the swing of it," she says.

"My husband had already organised for me to be measured and bought new clubs... Now I'm playing two or three times a week.

"We also decided we're going to get another dog... and to get my garden ready for an open garden."

However, playing catch-up around the house has put some of Karen's well-laid recreational plans on pause for the time being.

"When you retire and walk back in [to your house] – not really having lived there for 20 years – you can be in for a surprise," she says.

"I haven't emptied the shelves for 20 years. Because I wasn't here... This must happen to a lot of rural and remote nurses returning home – you can't get to it until you've got time and are back living at home full-time."

Stewart, a passionate photographer with a published book of photographs called *Palya*, says his interests have been keeping him busy during his retirement.

"Being reasonably active with a pastime, having an interest... That's probably the most important thing," he says.

"I've got thousands of slides I've got to sort out still... I thought when I did retire I'd volunteer and do some work with the museum. Also, that I'd have more time to catch up with friends, which is always put on the backburner when you're working."

The emotional aspect

Stewart has experienced some doubts about whether he has made the right decision, but he expects this is a common experience and has been able to see his doubts as an inevitable part of his retirement journey.

"It's that nagging doubt whether you are doing the right thing," he says, "but you can't go on working forever so at some point of time you are going to have to face the decision."

Karen says she now has a philosophy that "when you leave work, leave work", because it's important not to meddle with the service that you have retired from, and to respect one's successors.

Although she initially thought she would keep up her registration, she ultimately decided not to because she had already "switched it off in my brain".

"There are certain events when working as a health professional, that do leave us with some residual stress, and I don't think we'll ever get away from that.

"But I try not to dwell on it, but to recognise it's there and know to seek help if it is not manageable for me.

"I finished my career during the pandemic and do feel a tad guilty about leaving a huge workload to my successors. Now, I'm very happy to engage in the recreational pursuits that I have and to give time to my husband, family, friends and dog."

June recognises the important role relationships play in health care, which is one of her motivations for staying involved.

"When I first got here hardly anyone went along to the health service," June recalls.

"They'd only go when they were just about on death's door. So I would encourage them to go, to be proactive. When they realised I'd be staying for a while, they started getting used to me.

"[When it came time to retire], the community wouldn't let me leave!" she says, tongue in cheek. "So they found me somewhere to live.

"Gradually, I'll probably do less and less. But at the moment, I'm getting around okay and doing things, so I'm happy.

"You've got to be happy with what you're doing – whatever you're doing."

CRANaplus Members approaching retirement who would like to stay involved may wish to consider being a mentor on the CRANaplus LINKS Mentoring Program. Head to page 74 to discover what your help could mean to an up-and-coming remote health professional. ►►

Advice from the CRANApplus Mental Health & Wellbeing Team

Retiring from work can be both an exciting and daunting phase in everyone's life. Most people look forward to their retirement and what's ahead, with time likely focussing towards activities for enjoyment and relaxation.

For those working in the rural and remote health sector, this can mean a significant change to responsibilities and expectations after sometimes a lifetime of connections with community, colleagues and clients and focusing on the care of others.

Will your days have less purpose? Will connections be greatly missed? These concerns are as legitimate as the excitement of winding up work. Mental health conditions can affect anyone at any time and can develop after a life change, like starting retirement. Figures indicate that around 10 to 15% of older Australians experience depression and 10% experience anxiety (Beyond Blue).

A lot of information is available to help prepare for this exciting life change.



Photo: beau - stock.adobe.com

There are ways to support your wellbeing, and some preparation before retirement will help to smooth the transition. Finding purpose, looking after your physical health, making connections, feeling safe and accessing support are all key elements in maintaining mental wellbeing.

Worrying about our physical health as we age is common, or perhaps health conditions have contributed to the decision to retire. Don't put off regular health checks and appointments. Early detection results in improved outcomes. It is also important to establish a plan to continue with physical movement after you retire.

If you have spent your days on your feet or moving about, whilst putting your feet up might sound perfect, establish a plan to maintain some physical activity that you enjoy after you retire.

Having purpose is essential for mental wellbeing. You feel like you have purpose when you do what's called 'purposeful activities'. Purposeful activities help you feel like you're contributing something to the world, whether that contribution is just for you, your family, your friends, your community or the broader population.

Connecting with the outside world regularly and seeking support when needed will also help your transition to retirement. Seek out what opportunities are available to connect with others post-retirement, and identify what supports are available to you if you need them.

A little planning and a focus on what supports your wellbeing will help make retirement as fulfilling as you had hoped. ●

CRANApplus Q&A

"What shoes would you recommend new RANs to be wearing? I understand the work is very different from normal RN work, and I don't think my runners will cut the NT wet season".

Corey, NT

Hi Corey,

Most rural and remote organisations and workplaces will have their own dress codes and policies around footwear for you to consult, and that will include footwear that is safe, non-slip, enclosed, and comfortable.

Many RANs out bush do wear runners/sneakers. Lace-up boots (safety boots) or hospital shoes like Hush Puppies can often be worn too. There's definitely an argument for wearing shoes that needles won't go through, in any context.

If you're headed remote, take multiple pairs as you may go through them in the wet season. They can become mouldy or disintegrate and may only last a few months. To counteract that you can try to store them in an air-conditioned room when not in use and allow them to dry out. Leather may not be the best in the wet, as it may be prone to rotting.

Michelle Mason,
Professional Officer, CRANApplus



Outcome: Corey ultimately went with 'Steel Blue' work/safety boots. He tells us: "I wear these 90% of the time, they've been pretty brilliant. Attending call-outs day and night, not knowing where you'll end up or what you'll step on, has made these the right choice. At times, when certain to be in the clinic I'll wear my old faithful ED work shoes". ●

Have a question about working in remote health that you'd like answered in the magazine? Email your questions to communications@crana.org.au

We'll feature selected questions in the magazine and arrange for an experienced RAN or expert to answer your question in an upcoming edition.

Corporate Members and Partners



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Anyinginyi Health Aboriginal Corporation (AHAC) provides primary health care services to Aboriginal people of Tennant Creek and four small communities. Anyinginyi is focussed on relieving the poverty, sickness, disempowerment, serious social and economic disadvantage, and dysfunction that affects the Aboriginal population of the region. Ph: (08) 8962 2633 ext. 5 Email: css_reception@anyinginyi.com.au anyinginyi.org.au



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



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



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



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



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



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



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



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



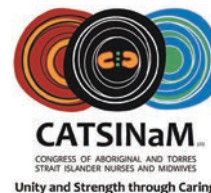
Central Australian Aboriginal Congress was established in 1973 and has grown over 45+ years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



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



CQ Health provides public health services across Central Queensland, in hospitals and in the community. CQ Health is a statutory body governed by our Board. We serve a growing population of approximately 250,000 people and employ more than 3,700 staff, treating more than 700,000 patients each year. Email: recruitment.rockhampton@health.qld.gov.au www.health.qld.gov.au/cq



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



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



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



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



The **Derby Aboriginal Health Service** is committed to core principles including Aboriginal self-determination, access, equity, empowerment, and reconciliation. Allied health programs include women's and child health, sexual health, social and emotional wellbeing, health education, diabetes, antenatal, renal and youth advocacy and support.



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

RECRUITMENT

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



Passionate about providing top nurses and health care workers to rural and remote areas of Australia, the **Evolve Healthcare** team have devoted their careers to the recruitment of highly skilled professionals within rural government hospitals, Indigenous health care, chronic disease, non-for-profit organisations, aged care, and mental health practices. Evolve Healthcare has dedicated offices and consultants within every major Australian state and offers local health care recruitment services throughout Australia. Ph: (02) 9189 3089 evolvetalent.com.au/healthcare/upload-cv/



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



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



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



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



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



Henderson Healthcare is more than just an Agency and team of expert Healthcare Recruiters. We are a supportive, energetic, and hardworking group of passionate professionals who seek to empower and encourage our staff to make the perfect match and find the best role that fits your needs. Email: enquiries@hendersonhealthcare.com.au www.hendersonhealthcare.com.au



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



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



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



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



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



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



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



KI Health is a boutique provider into rural and remote community areas across Australia, creating an inclusive world, where everyone can be themselves and thrive. We pride ourselves on our personalised services and welcome the opportunity to support new applicants and clients.
Ph: (08) 9592 6787/0412 518 778
kihealthservices.com.au



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



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



Mala'la Health Service Aboriginal Corporation services Maningrida, a remote indigenous community in Arnhem Land, Northern Territory, and surrounding homelands. It provides different services aimed at eliminating poverty, sickness, destitution, helplessness, distress, suffering and misfortune among residents of the Maningrida community and surrounding outstations. PH: 08 8979 5772 Email: admin@malala.com.au
malala.com.au



Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after traditional owners lobbied the government. MHHS is a mobile service that covers 15,000km² in remote East Arnhem Land. Ph: (08) 8970 5571 www.marthakal.org.au/homelands-health-service



Medacs Healthcare is a leading global health care staffing and services company providing locum, temporary and permanent health care recruitment, workforce management solutions, managed health care and home care to the public and private sectors. Ph: 1800 059 790 Email: info@medacs.com.au apac.medacs.com



Mediserve Pty Ltd is a leading nursing agency in Australia that has been in operation since 1999. The Directors of the company have medical and nursing backgrounds and are supported by very professional and experienced managers and consultants. Ph: (08) 9325 1332 Email: admin@mediserve.com.au www.mediserve.com.au



Miwatj Health Aboriginal Corporation is an ACCHO designed to facilitate Aboriginal and Torres Strait Islander (Yolngu) people in communities across East Arnhem Land taking control over their health. In addition to our Miwatj clinical services, acute care, chronic disease management and longer-term preventive care, our ACCHO focuses on education and primary prevention programs. Today, a significant proportion of our Miwatj workforce are Yolngu. However, we also depend on health professionals from elsewhere who work together with Yolngu staff. www.miwatj.com.au



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



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



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



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



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



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



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



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



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



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



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'.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarriritji and Parnngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parnngurr and Kunawarriritji. PAMS has over 830 registered clients with the majority living in Jigalong. PH: (08) 9177 8307 Email: pams.pm@puntukurnu.com www.puntukurnu.com



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



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. Are you interested in becoming a locum? For every rural and remote placement, you receive complimentary travel and accommodation, and incentive and meals allowances. 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 Kalbarrie 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.



Torres and Cape
Hospital and Health Service

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. 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. Email: recruitment.regional@yna.com.au Head to www.yna.comm.au for more information.

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The CRANAplus Magazine is an A5 size periodic publication with a readership of **15,000 per issue** across Australia and internationally. It reaches those who are passionate about remote health in Australia and provides a **high-quality space for your advertising**. In our content-rich publication, **your message will stand out**.

Publication Dates: April, August and December

For submission dates for upcoming editions, email communications@crana.org.au

*Discounts apply to consecutive issues only. Corporate members receive further discount on these rates. Contact membership@crana.org.au for further information.

Magazine is printed in A5 format. Other advertising sizes can be negotiated. Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date. All ads to be submitted in high resolution PDF format with trims and bleed, all fonts embedded and all colours converted to CMYK.





Support

Who can call the Bush Support Line?

The Bush Support Line is a space for all rural and remote health workers to talk. The line has been operating in various forms since 1997 and provides a non-judgemental, safe and anonymous space for health workers to discuss what is happening for them. This article answers your frequently asked questions about the Bush Support Line and debunks several myths in the process.

What is the Bush Support Line?

The Bush Support Line is a high-quality, free, confidential telephone support line. It operates 24/7 and is staffed by experienced psychologists with rural, remote and cross-cultural experience.

Who is the Bush Support Line for?

The Bush Support Line is free and available for the current and emerging rural and remote health workforce and their families.

This includes Nurses and Midwives, Allied Health Professionals, Paramedics, Medical Officers, Aboriginal Health Workers/Practitioners, and Aged Care workers. Interns or students who are enrolled in health disciplines in rural and remote areas, or are perhaps going on student placements in these areas, are also eligible to use the service.

The immediate families of our rural and remote health workforce play an essential role in the support they provide, so we're here for them, too; they can call the Bush Support Line at any time.

Do you need to be a CRANaplus member?

No, you don't. The Bush Support Line is not linked to CRANaplus Membership and is open to everyone working in the rural and remote health sector.

Is it just for me to talk about work issues?

Not at all. We are here to support you with both personal and professional issues.

Our psychologists understand the unique challenges the rural and remote workforce and their families face.

Some of the problems we regularly support callers with include the following:

- Feeling isolated, lonely, detached, anxious, irritable, sad, exhausted, or overwhelmed
- Managing challenging personal or professional relationships
- Adjusting to a new role, workplace, lifestyle, or community
- Managing unexpected personal, professional, or community challenges
- Working with challenging personalities or addressing workplace bullying or harassment
- Improving wellbeing and work performance
- Challenges regarding workplace practices
- Learning how to recognise and improve low mood, anxiety, or stress
- Connecting with a professional to debrief, problem-solve or decision-make.

Is it a confidential service?

The Bush Support Line is a safe place for people to discuss their challenges, and information shared with the Bush Support Line is managed under usual privacy and confidentiality guidelines, as would be expected of any psychology service.

You may be asked for limited personal information, such as your name, telephone number, date of birth and current location.

You can also choose to remain anonymous, and we will continue to provide you support within the regulatory limitations of the service. If you want more information about how we respect and maintain your privacy and confidentiality, we have a Mental Health and Wellbeing Privacy Policy available on our website at crana.org.au/terms-conditions

Do you need a referral or to prepare before you call?

No, you will be supported to share your experience and make sense of what is occurring, so it's more important that you do not put the call off. The Bush Support Line is available 24 hours, 7 days a week. Even if you only have a few minutes but are in need of support, give us a call. You can ring back anytime when you need to.

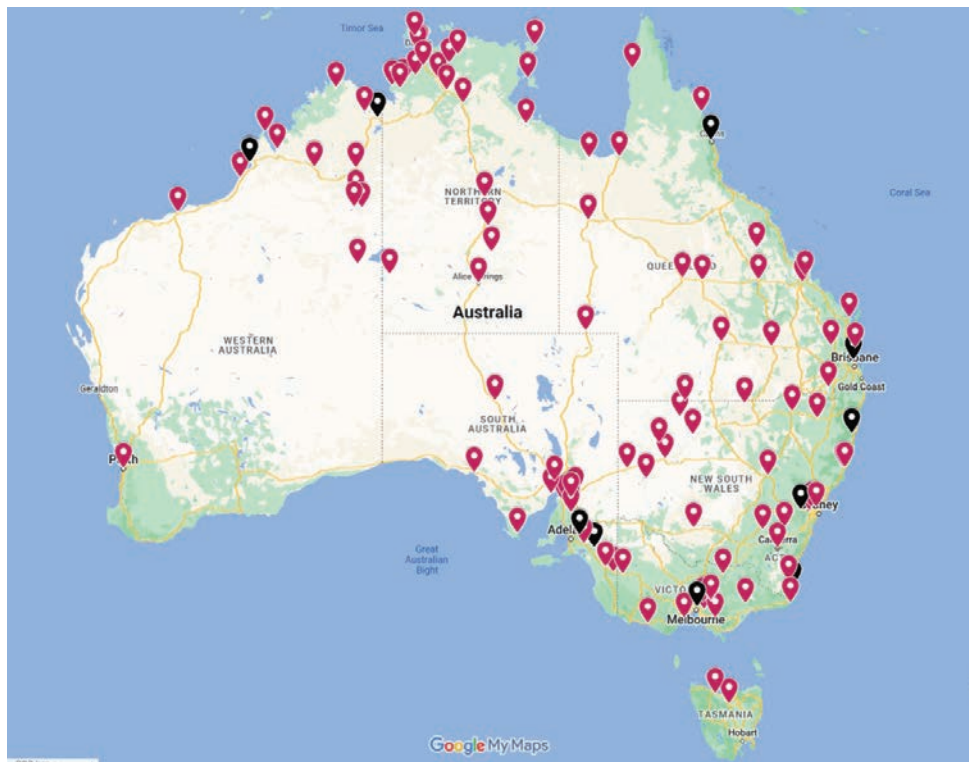
What can you expect when you call?

One of our experienced psychologists will answer your call, will briefly discuss and obtain your consent, listen to your reason for calling, explore what you would like to talk about and explain how they could help. You will be the focus of the conversation, so you and your needs will guide the psychologist.

Is it just a 'one-off' thing?

You can call as a once-off or whenever you need. Sessions are delivered as single sessions under a brief intervention model. ►►

Photo: Drew Davies – stock.adobe.com



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

We have regular callers who call as and when needed, for example, once or twice a month or every few months. Or people call several times in a few weeks or over a few months when they need support during more intense stress or a particular personal or professional challenge.

You may get a different psychologist if you call more than once. However, we make a digital record of each call. By providing us with identifying details, our psychologists can find any notes from previous calls and familiarise themselves with the general outline of your story if this is beneficial to any future calls.

Is it a crisis service?

The Bush Support Line isn't intended as a crisis line. It can provide telephone support to you as a health or associated worker and your family after traumatic events and incidents.

The Bush Support Line does not connect to emergency services or other services. If there is an immediate risk to safety, contact the appropriate emergency service or crisis line.

13YARN (13 92 76) provides 24/7 crisis support for Aboriginal and Torres Strait Islander peoples.

Lifeline Australia 13 11 14 is a national charity providing all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention.

How much will it cost to use the Bush Support Line?

The Bush Support Line is a free service. You will get high-quality psychological support over the phone from wherever you are in Australia, and it will cost you nothing. Our team of psychologists understands the unique challenges faced by the rural and remote health workforce.

We are passionate about and dedicated to providing this service to support the most important person in your world: you.

If you're still a little unsure about the service we provide or about your eligibility to use the service, you can read our Service Charter on our website or call the Bush Support Line on 1800 805 391 and ask us any questions. ●

Feedback

If you have previously used the Bush Support Line and would like to share any feedback about the service you received, please do so via this QR code.



FUNDING SUPPORT FOR YOUR ONGOING PROFESSIONAL DEVELOPMENT

Find out how the Health Workforce Scholarship Program bursaries and scholarships may help you!
Contact your local Rural Workforce Agency

www.hwsp.com.au

RURAL WORKFORCE AGENCIES

Mindful Photography Competition



Capture a moment that displays and encourages mindfulness for your chance to win a \$200 gift voucher.

The CRANApplus Mental Health and Wellbeing Team is running a Mindful Photography Competition – no fancy equipment or tourism-brochure locations required!

We're inviting all rural and remote health professionals to capture a moment that both displays and encourages mindfulness in its attention to small detail and curiosity about the world. It could be a dewdrop on a leaf, patterns in the sand, or a cloud formation – just to name a few ideas.

The competition is designed to encourage participants to take the opportunity to be more mindful and capture some of the 'present moments' they experience, wherever they are.

Above: The winning entry to our 2018 competition from Anne Tournay, called 'Moon & Eagles Nest'. Right, from top: Runner-up Kara Templeton's entry into the 2018 competition; Runner-up Andrea Porteous' entry into the 2018 competition.

The mindfulness of photography

Mindfulness is about being totally aware of yourself and your surroundings in each moment and fully observing what is happening within your body and the thoughts you have, without judgement.

Engaging in mindful photography is a powerful way to be in the present moment. In photography, you are capturing the moment – really focusing, noticing the light and the subject. It requires an awareness of what is capturing your attention – is it the colours of your subject, the textures, the shapes, or something else?

Mindful photography can increase enjoyment and memory for experiences, generate a positive mood and heighten life satisfaction¹. Do you have a photo on your phone that you revisit regularly? Does looking at it make you smile and take you right back to that moment in time and place?

The advantages of mindfulness are immense. Have you experienced the sense, when totally engrossed in a creative pursuit, fishing, snorkelling or even work, that you have lost track of time?

In that immersion, you can experience a sense of peacefulness, calm and contentment. Mindfulness is about choosing what you wish to 'attend to' in that particular moment.

Mindful photography can also be about seeing the world differently. Our perception of our surroundings greatly impacts our sense of wellbeing. Sometimes our environment can seem less than ideal. However, when we zoom in, beautiful, fascinating and remarkable things may emerge. Changing the perception of your surroundings and zooming in on the aspects that make it interesting will increase your engagement with them. This, in turn, gives meaning and improves overall wellbeing².

Taking a moment to reflect on where you are in your life physically, emotionally and spiritually can encourage self-discovery and growth. Photography is one way to document and connect your future self to this process. Photos allow us to be mindfully present in the here and now, and for our future selves to be transported back, when we want to reflect on and review experiences. Reviewing old photos provides important visual memory cues and allows us to reminisce.

Smartphones have changed how we experience photography, placing in our pocket the option of taking a photo at any given moment. This enables us to capture images of unexpected mindful scenes. You may be out for your morning walk and notice a shrub that has just started flowering or a tiny ladybug on a leaf. The best mindful photographs are the ones that are not expected. Resist the urge to edit or stage your photo. Allowing for what is there demonstrates a non-judgemental, accepting approach that is crucial to mindfulness.

Have you heard the saying, "You get more of what you focus on?" Why not focus intentionally on the interesting, remarkable, simple or ordinary but beautiful things around you? All the while, incorporating the essential elements of mindfulness: Intention (choosing to cultivate awareness), Attention (to the present moment, sensations and thoughts) and Attitude (being kind, curious and non-judgemental).



Entering the competition

Hopefully, you are now keen to submit a photo (or two) to our Mindful Photography Competition!

There are three VISA gift cards to be won – worth \$200, \$100 and \$50 for first, second and third place. Shortlisted photos will be displayed at our 2023 CRANApplus 40th Anniversary Conference and published in CRANApplus Magazine. Entering is also an excellent opportunity to experience the benefits of mindfulness and to feel calmer and more connected. Go on. Your body and mind will thank you!

Visit crana.org.au/2023photocomp to enter the competition. Entries close at 5pm (AEST) 16 June 2023.

References

1. Diehl K, Zauberman G. Capturing life or missing it: how mindful photo-taking can affect experiences. *Current Opinion in Psychology*. 2022;101334.
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Introducing a new face at CRANaplus: Laura Coldwell

In this edition, we introduce you to the newest member of the CRANaplus Mental Health and Wellbeing Team, Laura Coldwell. A UK-trained mental health nurse, with experience in sexual and remote health, we hear about Laura's ongoing journey to better understand culture to support her clients; learn about her role at CRANaplus; and the importance of looking after yourself.

We rewind a decade to when Laura was first introduced to remote health, taking on a nursing role in a mental health unit in Adelaide supporting patients flown in from remote communities. From Leeds to learning about the Australian bush, Laura describes her transition as "quite the culture shock".



Laura set her focus on Indigenous health and providing culturally appropriate care, completing her post-graduate study of remote health in Alice Springs.

She has since spent time in the Kimberley and on the Cape, to better understand the needs and ways to support diverse Indigenous populations across the country.

"In the Aboriginal and Torres Strait Islander population it's really interesting to see how [mental health nurses] work alongside traditional medicines, bush medicine, and traditional healers," says Laura.

"[My early career was a] massive period of reflecting on my privilege as a white woman and learning about history. It was very, very eye-opening."

At present, you'll find Laura dividing her time between her specialty role of sexual and reproductive health nurse in Lockhart River in Far North Queensland, and her new role as a Mental Health and Wellbeing Educator at CRANaplus.

Laura joined CRANaplus at the beginning of the year as a Wellbeing Educator and she looks forward to drawing on her professional background, as well as her own experiences of the pressures of working remotely.



"I think when you come from a place of being able to relate to people and what they might be going through, things are more sincere and are probably a little bit more helpful. People feel a lot more validated than from generic education that you might find online about mental health," she says.

"And I think that's the beautiful thing about CRANaplus, right?"

CRANaplus Mental Health and Wellbeing team, including Bush Support Line staff all have experience working in remote locations across Australia. Laura says this is what makes CRANaplus support particularly valuable; having the ability to draw from lived experiences.

"There's something to be said from getting education from people that have experienced those things."

Remote health clinics require the support of many people and roles to function well.

Far left: Laura diving in the Southern Great Barrier Reef off Wilson Island. Left: Riddell Beach, Broome, during a contract. Above: Laura (right) pictured with colleague Karen Koko, Senior Health Worker at Lockhart River. Right: Laura running sexual health bingo in Lockhart River, a great opportunity for health care workers to learn about different sexual health topics.

CRANaplus Wellbeing Workshops are available to everyone involved in their operation, including nurses, Aboriginal and Torres Strait Islander health workers, doctors, allied health, and administration and drivers.

"Obviously without all of those cogs, the wheel doesn't turn," Laura says. "All people, no matter their role – their experience is super relevant. Everyone deserves access to mental health and wellbeing support."

Laura goes on to explain that looking after yourself when you're working remotely is not always easy, but it is important.

"Your risk factors go up if you work remote. You're more susceptible to experiencing mental health issues, increased alcohol and drug use," she says.

A tip to begin is to look at the things you can control, such as organising planned leave, or scheduling an enjoyable activity for your next day off.

"What I tend to do is plan some things for the weekend when I'm home. Even something really small like going to the gym, or going out to the reef diving," she says.

"Self-care is really important: for you, but also the wellbeing of your clients. As we say, 'you can't pour from an empty cup.'"

For more information of CRANaplus Wellbeing Workshops visit crana.org.au/workshops ●



Educate

Education news in 2023

This year, the CRANplus Education team has rolled out a new two-day face-to-face workshop for the Maternity Emergency Care course. Readers can also look forward to the relaunch of our Advanced Remote Emergency Care Course this October (in Cairns following the 40th CRANplus Conference) and may wish to express interest in joining our growing pool of talented course facilitators.

The 2023 Education course schedule is well underway. Teams and equipment have been on the road and in the air since late January, moving across the length and breadth of the country delivering clinical education on location. What participants see and experience on a CRANplus clinical course is the product of efforts from many people, much of which is accomplished 'behind the scenes'. The recently published CRANplus Education Service Charter highlights many components of our work and what you, the sector, can expect from us.

This year will see a continued focus on continued quality improvement (CQI) in our systems and products. Our comprehensive CQI Framework, and the key roles dedicated to its implementation, are building momentum and driving innovation. As we emerge from the worst impacts of the pandemic and associated disruptions to course delivery, there is a palpable energy and creativity emerging across the team.

The new two-day Maternity Emergency Care (MEC) course workshop commenced in January. The maternity stream Clinical Educators have approached this with great thought and care and initial feedback from participants is very positive. We will continue to refine and adjust the program based on feedback from all of our stakeholders during the transition phase.

The much-anticipated Advanced Remote Emergency Care (AREC) course will make a return in 2023.

While service delivery disruption throughout the pandemic impeded progress on the re-write of this course, development is well underway for the launch of the new course following the CRANplus Conference in Cairns this October. A second course will run in Darwin in November.

The new AREC course includes Advanced Adult Life Support and builds on the core principles of early recognition, assessment and management of the critically unwell or injured patient.

It is designed for practising remote and isolated health professionals who are experienced and have an advanced level of clinical knowledge and skills. Keep an eye on our website for further information and registrations.

As the year gets into full swing we remain indebted to the generosity and skill of our volunteer clinical education facilitators. Our pool of over 140 volunteers remains strong and growing.

Each course is enriched by their clinical experience and knowledge, as well as their good will and desire to 'give back' in a way that is practical and purposeful.

We hope to bring more First Peoples facilitators on board in coming months, especially Aboriginal and/or Torres Strait Islander Health workers/practitioners. If you or someone you know may be interested please reach out to myself (amelia@crana.org.au) or our Executive Director of First Peoples' Strategies, Dallas McKeown (dallas@crana.org.au)

Hope to see you on course sometime soon!

Amelia Druhan
Deputy CEO & Executive Director of Education ●



Photo: Adam - stock.adobe.com

CRANplus Education Services Charter

Scan the QR Code below or visit crana.org.au/education to read the CRANplus Education Services Charter.



Responding to a Motor Vehicle Crash

Intensive Care Paramedic and CRANaplus Remote Emergency Care course Facilitator Casey Hayes provides advice on how to respond to a motor vehicle crash while working in a remote setting. Casey's advice is aimed at remote area nurses with limited experience in pre-hospital emergency care but may be of interest to all readers.

1. Remember your own safety

"Sometimes we get so overwhelmed with emotions, adrenaline, excitement – we forget our own safety," Casey says.

Arriving on the scene to find an agitated caller and a confronting scene, practitioners can easily overlook risks such as being near the road, fuel leaks, and shattered glass.

"However, it's often the nuanced risks such as airbags that may be missed," Casey says.

"If the airbags haven't gone off, and the car is fitted with them, they can spontaneously go off – something to be mindful of if you're treating a patient who is still in the car."

"In an urban environment, the fire service would hopefully be responding as well, and would potentially arrive before the ambulance crew. Their responsibility would be to make things safe, disconnect the battery, stabilise the vehicle and deal with any fuel leaks, for example. In a remote environment, this isn't often the case.

"Also consider vehicle stability. Often when we find vehicles, they don't have all four wheels sitting on the ground. They're on their side or their roof... It's important not to rush into a scene."

2. Allow sufficient time to prepare

"The moment people hear the word 'crash', they picture the worst," Casey says.

"We're dealing with high speeds, long distances, big trucks on these rural roads. But it's important to not let the emotion take over; to take your time and not rush.

"Before leaving, make sure you have the necessary equipment on hand. Some centres have well-equipped vehicles, but in many places, there is a troop carrier with an oxygen bottle and a stretcher in the back. Equipment or bags may be grabbed from the shelf [on departure]."

The distances, which are typically longer, may influence what you need to bring.

"If you have transferred your trauma bag to the troop carrier, it is important to ask questions such as: does it contain enough analgesia to provide pain relief for that patient for potentially two hours of driving – spent not in a hospital bed, but on a bumpy outback road?

"[Also], if it takes you an hour and a half to arrive and that patient has been sitting in the sun, what started out with just a broken arm could now involve a patient that is potentially dehydrated. Have you got enough fluid?"

Establishing a detailed understanding of the situation before departure will help you to make informed decisions about what equipment to bring. This may be time-consuming, and although the speed of the response is important, it is necessary to balance this against arriving well-prepared, Casey says. ►►



▶ Be aware that locations may be miscommunicated by callers who are unfamiliar with the area. Communication is at the crux of preparedness – both before you head out and while you're on the road.

"Do you have satellite phones or radios?" Casey asks. "Do you know how to use them? Are they charged?"

3. Assess the most appropriate location to deliver treatment

"It's important to understand when to be urgent and when not to," Casey says.

He poses the example of a patient with major chest trauma, and potential cardiovascular and respiratory problems. In such a setting, first responders will rightly consider C-spine precautions.

"We also need to remember, it can take an hour and a half to get a patient out of the vehicle and keep their spine perfectly in alignment," Casey says.

"[The question then becomes] – if they have major chest trauma and are struggling to breathe, and we're an hour and a half from the nearest clinic or airstrip... Is it better we get this patient out quicker and transport them to a more appropriate setting?

"You need to be assessing your patient – undertaking a good quality primary survey – and making that clinical decision."

Casey encourages practitioners to ask themselves: "What needs clinical intervention now... and what's better off being dealt with back in the clinic in a cleaner, sterile, calmer environment?"

4. Assess and communicate the extent and nature of the trauma

Understanding the mechanism of injury helps practitioners to appreciate potential injuries and anticipate the potential for deterioration.

"You may have a patient who is presenting quite well," Casey says.

"But, for example, if you know that it was a high-speed incident and the vehicle has rolled, this tells you this body has bounced around and had major forces exerted on it.

"If there's two people in a car and they hit a tree, it may happen that one person has severe neck pain, a broken leg, or multiple fractures in different spots, while the second person appears to have no injuries.

"Sometimes that's the case, but what we teach is that both of those people are in the same car, their bodies have been through the same trauma – as a general rule.

"If one person in a car is very sick, assume everyone in the car at least has the potential to become that sick. It's always important to find a means of getting that patient back to the clinic, where you can continue to monitor them."

A practitioner's attention can also be misdirected by 'distracting injuries', a concept Casey often discusses with new students and paramedics. Such injuries draw attention away from more serious risks to the same patient, or from a higher-risk patient in a multiple-patient scenario.

To this end, it's vital to perform effective primary and secondary surveys, and to continue to reassess throughout the treatment period.

The mechanism of injury and extent of trauma also need to be effectively communicated during handover, while following the ISBAR process.

"If you say the words 'motor vehicle crash' to 100 people, everyone will picture 100 different things," Casey says.

"We want to clearly relay the mechanism of injury and the extent of trauma, so the [amount of trauma isn't underestimated] and the patient isn't undertreated.

"During handover, aim to communicate a clear picture of the scene – how damaged the car was, intrusions, how many times it might have rolled, the estimated speeds, how far debris was spread up the road."

Lead with the most concerning details, rather than those of secondary importance, and if possible, take photos of the crash to show those you are handing over to.

5. Know what resources are in your area

Resources are less likely to be available in remote Australia. Therefore, recommendations that are appropriate for well-equipped urban settings may not apply.

For example, jaws of life – and the firefighters or emergency rescue personnel trained in their use – will not typically be available to attend a crash and extract patients in remote Australia.

"Every situation is going to be different, but the more people you've got there to help you, the better," Casey says.

"If you're lucky enough to have a volunteer fire service, I'd encourage you to go out and meet them, find out what they're capable of."

"If not, ask yourself and those who have worked there before: what other resources do we have available locally? Farmers who can help, orderlies, drivers on call, police? Where's the nearest clinic? Is there someone in the community – a volunteer in the school for example – who can come out and pick RFDS up from the airstrip and drive them out to the scene? Does the local school have a bus we can use to get [multiple] patients to the clinic or airstrip?

"If you can answer as many of these questions in a calm environment, and a day comes when there's a crash, knowing answers to these questions will prepare you to respond."

The CRANApplus Remote Emergency Care course teaches the knowledge and skills to respond with confidence to emergency situations faced in the remote setting, including safely approaching a motor vehicle crash and how to systematically identify and manage any life-threatening injuries. Head to crana.org.au/rec for more information. ●



Photo: fieldofvision – stock.adobe.com

Dreaming of Nhulunbuy



Amanda Forti RN RM joined CRANaplus as a Remote Clinical Educator in July of last year. Amanda has a Master of Philosophy in the field of Midwifery along with experience in private and public sectors, research, management, and education. Here, she discusses the power of a smile, her career-long dream to get to Nhulunbuy, and a bit about our Maternity Emergency Care courses.

"When I was a graduate nurse in 1989, a family friend involved in the evaluation of Remote Area Teacher Education programs in North East Arnhem Land said, 'You've just got to come up here and work'," says Amanda.

Just a heartbeat away from packing her bags and booking the next available flight, Amanda learnt that she would first need to become a midwife.

Above, from left: Amanda facilitating on a MEC course in Katherine, 2014. Above: Amanda facilitating.



"So, I went and did my midwifery, but I never got back there," she says.

After becoming a registered midwife in 1992, Amanda continued to build her skill set over the next three decades, adding research, management, and education notches to her belt.

Keeping her hand in clinical practice, Amanda also worked as a midwife at the Royal Women's Hospital, Melbourne; in Neonatal Intensive Care Unit (NICU) in London; and later as a clinical midwifery consultant (CMC) for high-risk pregnancy for NSW Health, among many other clinical roles.

All stars aligned

Amanda recounts a chance event in 2009 that went on to shape her life and career: meeting CRANaplus Fellow, Prof Sue Kildea at a bike store in Brisbane.

"We met when I was a nurse unit manager. We'd both moved to Brisbane at the same time," says Amanda.

"[Shortly after] there were some lovely women from Arnhem Land that came down to have their surgery. She was helping with cultural awareness for our staff. Her and I got chatting about the disparities of health care and what we could do.

"[Not long after] I became a researcher and midwife with [Sue], and it was soon after that she said, 'I really think you should become a facilitator for CRANaplus'."

Amanda went on to facilitate CRANaplus courses as a volunteer for around 10 years, prior to commencing her role as a casual Remote Clinical Educator for CRANaplus in July 2022.

"It all came together at the end of last year," she says, talking of her increasing desire to align with a values-based organisation.

"Education, to me, is the absolute cornerstone of changing health outcomes. Whether it's for women, families, patients and the workforce, it's all about education for me."

Having heart and a positive focus

Being emotionally available, having your heart in what you do, and forming a partnership with each individual woman are crucial steps to being a good midwife, Amanda says.

"We teach skills and theory, but also a lot about attitudes, and [why it's important] to smile when someone comes through the door," says Amanda.

"It's important to approach all women and families with a non-judgemental lens, be open and accepting of differences, and understand that fundamentally, all people have similar wants and needs."

"It's an absolute fundamental essential that you have attributes of kindness, openness, are non-judgemental and positive, and offer encouragement.

"[We aim to empower] health providers to know how powerful their roles are, how crucial their roles are, and how they can influence outcomes in so many ways."

"When we educate, we try not to sugarcoat the challenges, but we always try to offset them with the positives."

On CRANaplus courses

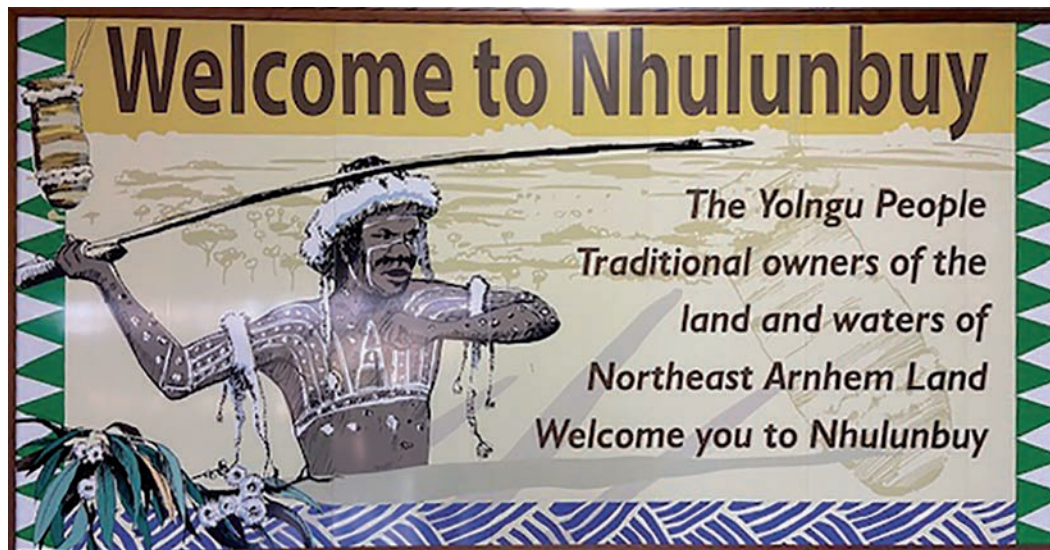
The CRANaplus Maternity Emergency Care course teaches participants to identify risks and provide maternity emergency care, along with health promotion and prevention strategies to support a healthy pregnancy and birth.

"We talk about not getting overwhelmed by solving all the problems at once," says Amanda.

"We teach students to prioritise, to be organised, to plan early, and to take a team approach.

"It's not about accepting a lack of resources. You may not have medical devices like ultrasound machines, but you have a measuring tape, and you can measure a pregnant belly without those things. We teach those skills."

"There are lots of things that can be done without technology." ►►



Making it to Nhulunbuy

Things came full circle in September of last year when Amanda was invited to facilitate a Maternity Emergency Care course in Nhulunbuy alongside CRANaplus Remote Clinical Educator Leonie McLaughlin.

"It was a dream come true... 35 years later, I finally got to Nhulunbuy and Yirrkala community and made some friends... I felt a real affinity for the place."

"It is amazing how CRANA and my work have woven their way through my life and my career."

"CRANaplus has been integral not just to my experience as an educator, but to my life experience." ●

Above, from left: Amanda in Nhulunbuy, September 2022; Welcome to Nhulunbuy sign. Right: Amanda and Leonie touching down in Nhulunbuy, September 2022.



Rural and Remote Health SA and NT

Helping to create the next generation of rural health professionals through our research and education programs in rural and remote communities.

Find out more



Engage

2022 Member Survey Results

In our 2022 Member Survey, we received responses from Members with varying specialties, employment patterns, experience levels and places to call home – yet a handful of common themes emerged that will guide our activities in 2023.

One of the most striking characteristics of our 2022 Member Survey is the diversity of the nurses, midwives, and nurse practitioners that make up the bulk of our membership.

There are interesting trends to unpack – such as the experience of new staff compared to experienced staff, or the level of support permanent/contracted staff receive compared to agency. However, across the survey, certain messages came through loud and clear for everyone.

What needs to change

31% of respondents are considering leaving remote work in the next two years. Some simply want to retire or work closer to home, yet many want to leave due to work conditions.

Many of you told us there's not enough staff to manage the workload. You're stretched and working exceptionally long hours, plus on-call. In some workplaces, there's only enough staff to handle acute needs, resulting in less attention on PHC.

In this environment, many of you are struggling to take leave when you need it – sometimes due to unsupportive management, other times because you feel duty-bound to stay. All of this taken together is sometimes resulting in burn-out and a lack of work-life balance.

These issues are, sadly, nothing new, but your feedback, and the emergence of this theme across many of your responses, again affirms the need for systemic change. We will continue to advocate for this.

7% of respondents don't work remotely but plan to. That two thirds of these respondents are managing their own transition suggests the Government needs to invest in programs,

You also told us that you love remote work for these reasons:

Love of the outback:

"I just love being in the outback!"

Country connections:

"Married to a local!"

"Country girl born and bred."

The variety:

"The ability to choose locations and contracts."

"Variety of presentations – not just one ward."

like CRANaplus' Remote Area Nursing Pathway Program (see page 22), that provide a managed, affordable, confidence- and skills-building transition.

Safety concerns remain a concerning trend. Within the last 12 months, 8% of respondents have been expected to attend call-outs on their own. 16% have experienced a safety and security incident in their accommodation; 21% concerns for the safety of their personal property; and 24% a safety and security incident while carrying out their role. Only 53% say their workplace has 'comprehensive' or 'some' safety and security policies that are followed. You can read more about what we're doing in the safety space on page 78.

Why we love remote health work

A love of remote health practice shone through in your responses, and this of course includes the responses of those who have considered leaving. So, why do we love remote health practice? What motivates us to head remote in the first place, and to stay?

More than two thirds of respondents work remotely because it enables them to make a difference to communities. 63% do it for professional extension and satisfaction, 48% for personal or lifestyle benefits, and 32% for financial benefits.

Using your feedback

We have also received feedback on topics including your favourite membership benefits, the issues we ought to advocate for, the CRANaplus services you use, additional services we could offer, and what you read in this magazine.

CRANaplus Member Terry has won the \$200 gift voucher for her participation. Congratulations Terry!

Feedback gathered in the annual Member Survey allows us to ground our services and advocacy in your needs as a remote health professional. We extend a warm thank you to those who were able to participate.

If you couldn't this year, we understand. This opportunity comes around annually, and you can always reach out with feedback or to share your experience at any time – via professionalservices@crana.org.au or through a structured channel, such as our clinician roundtables.

When asked whether you were likely to renew your CRANaplus Membership, many of you told us that you would renew because you wanted to stand with your colleagues and CRANaplus. You told us you wanted to "support CRANaplus and the remote workforce", "support a professional organisation that provides positive outcomes and realistic support for all remote workers" and "support the organisation that supports my profession".

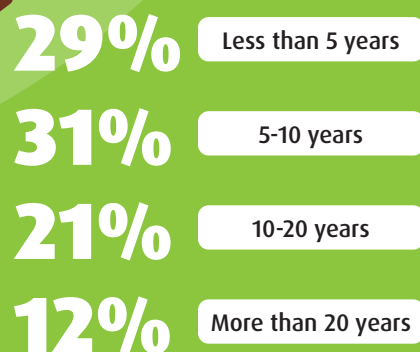
It is thanks to your ongoing support, and your valuable feedback, that we can continue to represent and support you. We proceed into 2023 with a deep sense of commitment to our Members – and we thank you for your commitment to us, which makes it all possible. ●

Photo: Sarah – stock.adobe.com

Why you work in rural & remote



Remote area working experience



Insight on why 88% plan to renew their Membership

"To support a professional organisation that provides positive outcomes and realistic support for all remote workers."

"I plan to work in remote so need the support"

"I really enjoy the magazine and regular emails. I feel less alone when I am so remote"



Top reasons for being a CRANApplus Member

Up to 5 were selected or listed

To connect with the remote health community

73%

54%

To access early course bookings

To support CRANApplus

71%

57% To access course discounts

31% are thinking of leaving remote

Some reasons include

"retirement"

"staff shortages"

"poor security in housing"

"burnout"

"safety concerns"

"no clinical leadership or management for months"

"unsafe working conditions"

"family and better work-life balance"



What's important to you of issues CRANApplus advocates for

67% identified 'safety & security' as 'most important'

followed by 'Workforce sustainability' (60%) and 'Resourcing to meet PHC needs' (56%)

Employment patterns

Work as agency/contract in a variety of communities

41%

Work in one community in a FIFO model

31%

Live and work in the same community (long term)

12%

Work conditions most important to you

Up to 5 were selected or listed

Safety and security 76%

Positive workplace relationships 66%

Supportive management 61%



Reflecting on the last 12 months

8%

have been expected to attend call-outs (at any time) on their own

21%

have been concerned about the security of their personal property

13%

have been concerned at times for safety and did not feel able to voice their concerns

Positive relationships between health service & community 51%

Appropriate staffing & skill mix 51%

Fit for purpose workplace & accommodation 50%

A mentor's support

The CRANaplus LINKS Mentoring Program for remote health professionals connects mentors and mentees from around Australia. Free for all parties, the program encourages career development and builds capabilities in clinical leadership, decision-making, networking, and resilience during studies, placements and recently gained employment. A mentee in the program, Dan Hanson, shares how the program has developed his career.

Dan Hanson completed his nursing degree at La Trobe University in Victoria and recently drove up to the Top End for his placement at the Royal Darwin Hospital. His sights are now set on securing a remote posting at the end of this year.



Above: Dan on the left with Aunty Estelle Bowen and a Red Earth colleague after three nights camping on the Daarba Homeland in the Hopevale region of Cape York. Opposite page: Getting kitted up for a small hike to the creek for a swim on the Panamuunji Homeland in the Hopevale region; Amazing sunsets at Dunmarra Roadhouse.

"Finding CRANaplus and the LINKS Mentoring Program was exactly what I needed," says Dan, "to have someone in the industry, someone able to help me go in the direction I want to go."

A rural nursing placement in Victoria, although not remote, was the beginning for Dan. Looking for opportunities to get into the bush and to have remote experience, he discovered LINKS and was paired with his mentor, John Wright, Deputy Chair of the CRANaplus Board of Directors, who works at the Tennant Creek Hospital as the Nurse Education and Research Coordinator.

"John's experience in remote situations is well suited to where I want to end up," says Dan. "He has a wealth of knowledge to share with someone like me who is tip-toeing around the edges."



"I would say the support of a mentor is possibly the most important aspect of mentoring, a guide on the side as opposed to someone out there instructing you."

"John was really helpful in driving me. If I had self-doubts about certain things he was always there, available to discuss my concerns."

"It's important to be supported in becoming resourceful, in finding things out for yourself, and having a mentor to confirm you are going in the right direction."



When Dan couldn't secure a remote placement during his studies, he and John came up with a plan to look for volunteer opportunities.

"I got a gig with an organisation called Red Earth, assisting with programs that involve students from mainly city schools spending time with Traditional Owners on their homelands," says Dan.

"I've done two stints, the first as a volunteer, the second in a paid position and those experiences solidified that remote nursing was the area I wanted to work in in the future."

Dan's mentor has stressed the importance of having a very good understanding of primary health, public health and prevention strategies as a foundation.

"We also looked at the need to be culturally safe, to create a space for others to feel safe," says Dan.

"That is a very big part of nursing and will mean different things in different contexts, whether it's an Indigenous community, a mining community or a small town. You need to get to understand your clients and be able to adapt to the environment you are in, to understand the people and understand what drives them, what makes them feel safe, to have a respectful relationship with them." ▶▶



Being independent and having to do things on your own is another aspect of remote work the pair have spoken about.

"I would like to think I have good problem-solving skills but I wouldn't say I am 100 per cent confident," says Dan.

"I am not complacent. To say you have no worries is not the right way to think. I will always have a long way to go and think that is the right attitude."

Dan, who previously was in the military, has always leaned towards client-service roles.

"I'm motivated to help people, so I was looking for a career helping others. Also mum is a nurse, so there was some influence there as well."

Now that Dan has achieved his goal to secure his placement in Darwin, he and John both decided to move the goalposts to continue the mentoring process and the goal now is to secure a remote posting at the end of this placement.

If you are interested in participating in the LINKS Mentoring Program as a mentor or a mentee, visit crana.org.au/LINKS. ●



Top: A nightly stopover for much needed rest near Tennant Creek on the way to Darwin. Above: Dan stopping over for some refreshments at Lakelands en route to meet Traditional Owners. Dan says, "Just south of this location we attended a car roll-over on my first immersion with Red Earth where an elderly woman needed to be extracted from her flipped-over vehicle and had to be medevaced out by helicopter. This situation was an example of people coming together in remote locations to achieve a common goal and help someone out in need". Opposite page: Dan with Tim McGreen (traditional owner of the Panamuunji Homeland), Tim's partner Elaine and Dan's Red Earth colleague Victoria.



Safety & Security Framework



CRANaplus recently released a new safety and security framework outlining its three areas of commitment to the safety and security of remote health professionals. We have also published new and revised resources for health professionals and organisations, which are designed to promote safety and security in remote health workplaces, writes CRANaplus Professional Officer, Melanie Avion.

We recently reviewed how we advocate for and provide professional support and resources to the remote health workforce, who have expressed ongoing concerns for their safety and security.

The outcome is the CRANaplus Safety and Security Framework for Rural and Remote Health Professionals, which describes our three areas of commitment to safety and security. The framework webpage links remote health professionals and health services to resources under each of these three categories.

We have designed this framework to support rural and remote health professionals, services, and organisations to actively improve safety and security outcomes and, in turn, contribute to community health and workforce sustainability.



SAFETY AND SECURITY FRAMEWORK For Rural & Remote Health Professionals



A range of extensively peer-reviewed, consolidated and targeted resources have been created or updated as part of the development of this framework.

Two factsheets are available, one offering guidance for employers, managers and recruiting agencies, the other for health professionals.

Additionally, workplace posters with the messages 'everyone has a right to safety' and 'health care staff deserve respect' are available to download, print and display.

CRANaplus is also pleased to launch its new Safety and Security for Remote Health Professionals reflective module.

This will assist you in finding information, support, and resources as you transition to remote practice, or help you develop your safety and security awareness if you are already experienced working in a remote or isolated setting.

We invite you to explore the framework, use the resources in your health service and complete the free Safety and Security of Remote Health Professionals reflective module as part of your CPD plan.

To view the framework and browse our safety and security resources, visit crana.org.au/safety ●

Celebrating 40 Years

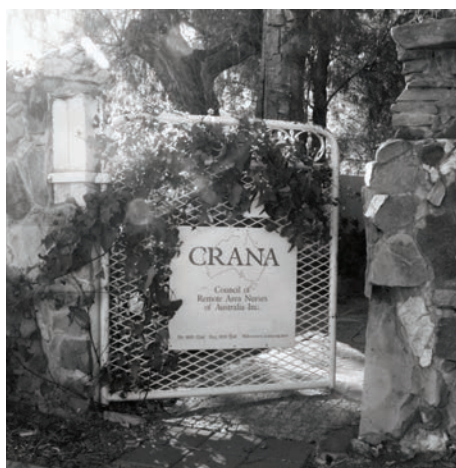
In 2023, CRANaplus celebrates 40 years of improving remote health. Founded in 1983 by passionate nurses and midwives, CRANaplus has expanded to include the services it is known for today, including clinical education and the Bush Support Line. Here, we outline how you can join us in celebrating our anniversary and the remote nursing and midwifery workforce.

40th Anniversary Edition Magazine

Later this year, we'll be publishing a special anniversary edition of CRANaplus Magazine. To help us relive the pivotal moments of the last four decades, we'll be joined by fellows, founders and the many nurses and midwives who have been with us for the journey. Inspired by our past, we'll also look to the future, dissecting its opportunities and its obstacles.

We'll also be sending members a small commemorative gift.

We want to involve our members, so if you would like to share a memory of remote area nursing and/or CRANaplus in the magazine, please email communications@crana.org.au.



Above: The front gate of our original Alice Springs office in Bath Street, 2007. Opposite page, from top: Our foundational conference in 1983; Members of CRANaplus in 1997.

History page on the website

CRANaplus will be relaunching an expanded history page on its website to share important stories from the past 40 years of CRANaplus. The new timeline will outline the national situation that gave rise to CRANaplus, how our services have expanded over time, and the most important moments of our shared history. Watch this space.



40th Anniversary Conference

Join us at the Cairns Convention Centre in Gimuy/Cairns from 10–12 October 2023 for our 40th Anniversary Conference.

With the theme of 'Building on 40 Years of Strength for a Sustainable, Skilled & Safe Workforce', our signature annual event is a terrific opportunity for the remote health

workforce to reflect on its achievements, while also looking towards the future of remote health and delivering practical advice for delegates to take back to communities.

To find out more and register, visit cranaconference.com

Head to crana.org.au/40years to join in the celebrations. ●



Connect

Preventing TB in the Torres Strait

Papua New Guinea experiences some of the world's highest rates of multi-drug resistant tuberculosis. The Torres Strait Protected Zone permits traditional inhabitants to travel without passport between certain islands and PNG and is now restored following the lifting of COVID-19 restrictions in October 2022. Four local cases were reported last year. In this Q&A, Nursing Director of the Torres and Cape Hospital and Health Service (TCHHS) TB Control Unit (TBCU), J'Belle Foster, walks us through how she and her team are limiting the spread.

Thanks for joining us, J'Belle. For many of our mainland readers, the management of tuberculosis is not a daily concern. For the TCHHS TBCU, it's your every day. Tell us, where must an effort to contain TB begin?

We implement quite a high index of suspicion when it comes to patients presenting with signs and symptoms of TB.

On the Australian mainland, it might be unusual for clinicians to 'think TB' if someone presents with a cough that has lasted more than two weeks but for us, that means that minimum criteria has been met for TB work-up.

This method enables us to keep on top of TB reactivation in previously exposed individuals in our communities, and also to identify new cases.

Although the active TB case numbers of TB are low, we have a large portfolio of cases with latent TB that we manage in the region.

These are the people who have been exposed to TB in the past, and these are the seedbeds for future cases, so we need to make sure we have effective care pathways in place to prevent reactivation.



TB nurses Adana Maza and J'Belle Foster standing on Saibai Island with PNG visible in the distance.

Local control of TB management was first implemented around six or seven years ago. Since then, has the Unit gained a deeper understanding of effective TB management?

When I first established the TCHHS TBCU in 2016... I asked myself, how am I going to write policies and procedures that support evidence-based practice in this new TB Unit without the evidence? Best I go find that evidence, and hence, the research project for my PhD thesis was born.

Every single study in my PhD thesis – which is titled *Epidemiological profile of tuberculosis patients from the Torres Strait Islands, including visitors from Papua New Guinea to the Torres Strait Protected Zone* – was carefully and purposefully selected to make the biggest impact from an operational and programmatic perspective.

The whole purpose was to gather evidence from our specific region which would give us the best chance of improving the lives of our patients. And improve lives we did!

I truly believe that many areas of remote nursing could benefit from translational research, and I am very interested in helping other nurses to undertake research that benefits their programs and improves patient outcomes.

Powered by this research, what initiatives have you been able to put into place to treat and prevent TB?

My team and I implemented over 50 initiatives – I'll talk about a few of them.

We work closely with the Daru TB Programme in Papua New Guinea. We have established early communication; jointly developed cross-border policies and procedures; established an agreement that we will not discharge any patients back to the PNG health system until we have been given assurances that they have sufficient anti-TB medications available for patients; and work together to avoid over-reporting of TB cases. ►►

Aerial shot, Thursday Island.

► Our contact tracing of laboratory-confirmed TB cases is shared with Daru TB Programme – as well as the acid-fast bacilli, culture, Xpert, and/or chest X-ray results of any PNG national.

We have translated TB screening materials into Tok Pisin (a phonetic language used by borderlands communities in PNG). We partner with the Islanders Board of Industry Service (IBIS) each year for World TB Day activities and food incentive vouchers for patients to promote cure and nutrition, and have partnered with Tagai School on Saibai Island to provide fun, interactive TB education to year five students. I have also previously partnered with the local rep from the Department of Foreign Affairs and Trade and the Torres Strait Island Regional Council to deliver mass community TB education in remote communities.

Education for clinicians working in the Torres Strait is now provided based on the risk profile of specific islands or island groups.

We offer TB-related onboarding packages to all staff and train PHC clinicians in the principles of Directly Observed Therapy (DOT) for TB patients and have implemented video-DOT. We have arranged extra training in handling and shipping of biological specimens and/or dangerous goods to clinicians working on remote islands.

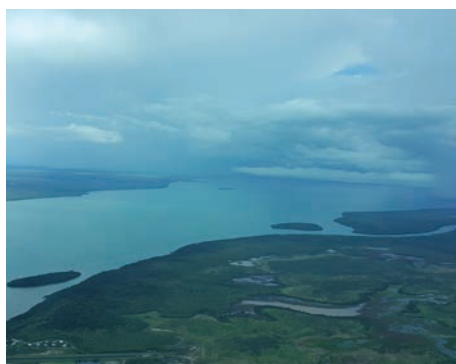
One of my studies showed that we achieve a high yield of TB diagnoses using two instead of three sputum specimens, so now we are approved to discharge patients after there are two negative sputum smears.

Right: The Doldrums (where the water looks like glass) taken from Thursday Island, looking out at Prince of Wales Island in the Torres Strait; Australia (Saibai) PNG border. Far right: TB nurses Adana Maza and J'Belle Foster waiting out a storm front on an uninhabited island while on route to work; A sign for PNG nationals arriving on Boigu Island.

We identify 'Champion RNs' at TI Hospital who we trained as trainers in different sputum collection techniques (such as nasopharyngeal aspirates, nasogastric aspirates and sputum induction), and have developed a new sputum induction procedure.

We have also designed two separate TB screening forms for use in the region – one for PNG nationals and one for residents of the Torres and Cape. This is because the risk profiles are different. For example, the PNG national TB screening forms include questions about exposure to woodfire smoke (used for cooking) and exposure to betel nut users (which amplifies the risk of transmission of TB to others).

The BCG vaccine is now available to PNG nationals born in Thursday Island Hospital. We also manage Australia's largest BCG vaccination program, in which the vast majority of our population under five years of age are eligible for the vaccine. ►►



» **What a well-rounded strategy – thank you so much for sharing. Can you give us an example of how it has made an impact?**

I found a significant reduction in the time to treatment since the TCHHS TBCU commenced operations in the region. The median time to treat over the past 20 years was 124 days, and the TBCU had reduced this to 39 days in just four years!

This was such an exciting finding... [Because] the cornerstone of an effective TB program is to find and treat patients as quickly as possible.

Speaking more globally now, has COVID-19 helped or hindered TB management?

During COVID, the TB crisis was largely forgotten in so many places around the world. There was the disruption to health services, diversion of resources towards the COVID-19 response, the decline in TB case detections, and the interrupted treatment of TB patients.

COVID surpassed TB as the world's deadliest disease in October 2020 but TB surpassed COVID in October 2022 in terms of the numbers of deaths.

Now the global TB problem is far greater than it was pre-COVID... COVID-19 gave TB the foothold it needed to grow and thrive.

Unless we find and treat our Latent cases, we should expect to see reactivation of TB disease long into the future as a result of hampered TB control efforts during the pandemic.

What we need now is a robust and well-coordinated response to the threat.



Above: Saibai Island markets – where PNG nationals come to sell their handicrafts. Opposite page: TB Outreach; Jeffrey's Journey with Tuberculosis (Saibai Island residents were the voices in this educational animation created as part of a large TB awareness campaign).



We are sure you will be a key player in that response, J'Belle, and that it will involve measures identified in your translational research – such as the implementation of rapid diagnostic technology (Xpert) to reduce treatment times and the training of clinicians in fine needle aspiration of enlarged lymph nodes to assist with detection of extrapulmonary TB. Changing tack before we finish up, can you paint a picture for our mainland readers of what it is like to work in the Torres Strait?

Most of the islands have runways but some don't so the only way in and out is via helicopter.

Thursday Island, where the hospital is located does not have a runway so it's a short ferry ride over to Horn Island where the airport is. Travelling out to the islands is a real treat – every single time.



You can see turtles and dugongs and a croc lazing in the sun if you're lucky. And the colour of the water and the reef – it's like a dreamscape.

Some of the islands are low lying mudflats and others have great towering hills with frangipanis, and coconut, banana and mango trees. And after working in the Torres Strait for the past nine years, walking into some of the Primary Health Centres on these islands now feels like coming home. ●

The changing face of Aged Care

RN Lauri Ida Buckingham has worked with the Rural Locum Assistance Program (Rural LAP) for over 10 years. During this time, she has travelled thousands of kilometres around Australia to work in multipurpose services (MPS) – small country hospitals that have evolved into multipurpose facilities with an aged care component. Laura reflects on the high-quality aged care she has seen in Gulargambone, Trangie, Coolamon, and Dorrig, and calls on her fellow clinicians to rally together to respond to the “challenge of the century”.

Initially, I did not choose to commit to the aged care field. However, I soon learned that it is a rapidly expanding phenomenon and that we are all engaged in some way.

There is now a higher percentage of the population that is elderly and vulnerable than ever before and, within that situation, lays a real challenge that, during my travels, I find each site is endeavouring to meet in its own way.

The challenge is how to humanise and uplift the often overwhelming disempowerment of ageing and how to create environments that re-empower and instil quality in ageing Australians' lives.

Residents' needs are diverse and complex, ranging from those largely independent, mobile hostel dwellers to those needing more assistance, those with dementia, anger management issues, and increasing numbers of immobile bariatric residents with complex health and ever-occurring palliative care needs.

Aged care offers a challenge for health practitioners, demanding a different set of skills and a different approach to paediatrics, ED, ICU and other clinical fields. In fact, I believe it is the challenge of our century.

Aged care facilities are a barometer of humanity in our institutions and how successful we are as a society in implementing our highest ideals.

Enjoyment of life, self-worth, and a sense of purpose are essential to enhance life at any age, particularly in elder years when society does not naturally supply these gifts.

Attaining these goals, in my observations, requires a dense mix of funding, creativity, idealism, community integration and, above all, shoes on the ground. The most vital components are adequate, realistic staffing and the creation of nurturing environments for the residents and aged care workers.

Recruitment and retention are huge challenges, yet within them lies the answer to providing positive lives for the elderly and the key to attracting and keeping new people in the field.

Low staffing is dangerous in any environment, particularly in dealing with vulnerable, fragile people.

Exacerbated workloads deplete the patience, insight and generosity essential to building and sustaining a nurturing environment.

My locum travels have exposed me to many positive approaches by facilities to deinstitutionalise aged care and integrate it into the community using more effective methods by involving schools, clubs, groups, churches, local musicians, theatre groups, pet therapy and any other creative option available.

In reshaping environments in this way, greater stimulation is provided for the residents, and they become far more enjoyable places to work.

In the middle of the drought three years ago, I witnessed the local school children singing and dancing in the rain for the residents at Trangie MPS.

At Gulargambone MPS, a troupe of Elvis impersonators had the place jumping, so much so that even the resident suffering most from dementia was tapping her toes and joy radiated from her face.

Pre-pandemic at Coolamon MPS, Friday was a night out for the ladies who delighted in dressing up and being brought safely home by the local cabbie.

The most homely environment I have observed was at Dorrig MPS, with high tea, bingo, jam making, knitting and sewing circles, movie sessions, games and anything the residents can think of.

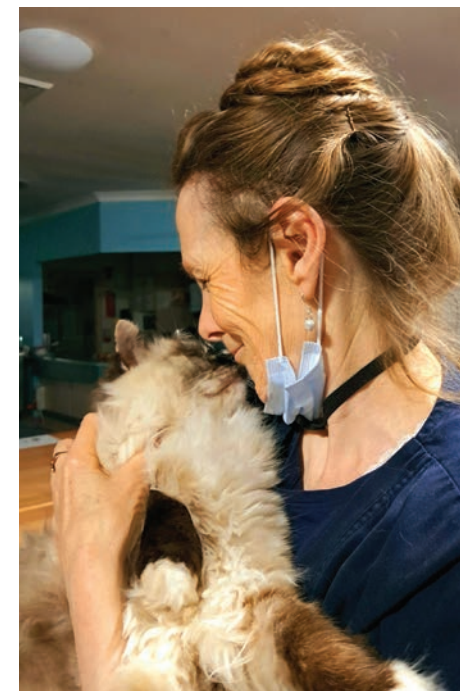
One resident manages the chickens and sells eggs as a small business.

One ingenious staff member has created a worm farm on the balcony for one of the bed-bound residents, which produces bottles of potent liquid worm fertiliser so that, even though the resident has minimal movement, she can enjoy the payment jar filling before her eyes.

And at this establishment resides Rosie the Ragdoll Cat, who had stand-offs with Wallie the Border Collie.

There are always fish, the wild birds are fed on the balcony, and pets are encouraged to be brought in with family.

One of the most delightful developments has been the realisation among many facilities of the vital role of integrating pets. Throughout their lives, most residents have enjoyed the companionship of different animal species and draw enormous comfort and stimulation from their presence.



I have noted that tactile experiences, particularly for dementia residents, cultivate a calming state of mind and draw out a very personalised furry friend interaction.

Aged care is a phenomenon we are all touched by. Our greatest challenge is developing routines to provide stimulating and happy environments for people in the last years of their life with practices that attract and retain the most motivated and inspired clinicians.

We must all work together. After all, it is a destiny we are all moving towards in one way or another. More importantly, it is a mark of the implementation of society's highest achievement, to always strive towards ensuring the quality of life for everyone, no matter what stage of life. ●



Evolve Healthcare

In this guest article, CRANaplus corporate member Evolve Healthcare catches up with Ronnie (below) and Tracy (right) to discuss their experiences of travelling and working with the agency, and why they love what they do.

Why do you love working rural and remote?

Ronnie: I have a great passion for First Nations health and find the remote community model of care suits my personality and preferences within a working environment.



I have been lucky to work with great teams of nurses and medical staff who continue to provide mentorship and networks whenever I've needed support.

Tracy: The opportunity to see more of our country provides me with a better understanding and insight as to how others live and the difficulties faced when living in remote areas.

Favourite Evolve Talent rural and remote working location?

Ronnie: There are so many, but my top picks would be Lombadina and Kalumburu as a RAN and Thursday Island as a Midwifery Group Practice (MGP) Midwife.

Tracy: A favourite remote working location was Fitzroy Crossing. It gave me a different perspective on the realities of living in remote areas for contract workers and permanent staff.

It's not always easy to access resources that we are used to having on tap – the distances to travel for resources are just the norm for those living permanently in these areas.

What do you love about working with Evolve?

Ronnie: The team are super friendly and genuinely interested in me and my family.

I feel a part of the Evolve Family and know they have my back. I feel comfortable sharing how I'm feeling during placements and have regular contact to check in on my general and mental health.

The Evolve team is quick to answer queries and work hard to ensure I get the placements requested.

Tracy: Always prompt in responding to my endless questions and issues that arise. Contracts are quickly organised and great support.



Top three experiences during your Evolve Talent placements?

Ronnie: Crabbing with an Elder in One Arm Point, WA, Visiting the island off One Arm Point with fellow nurses. Going to the Pearl Farm on Friday Island in Torres Strait.

Tracy: Meeting so many contract nurses, all so friendly with many interesting stories to tell. Support from orderlies who picked us up and drove us home for our own safety could not be faulted.

What challenges have you overcome during this time?

Ronnie: Off-road driving the troopy ambulances in the sand and flooded roads in WA.

Taking a major trauma case by road to meet a doctor in a second ambulance for transfer to a rural hospital before tertiary hospital by air.

For more information, visit evolvetalent.com.au or contact (02) 9189 3089. ●



Culturally appropriate palliative care on Country

Many Aboriginal and Torres Strait Islander people express the wish to be cared for, and to die, on Country if possible. When care at home is preferred, it can be provided by clinical services to help connect family, culture, community, Country and spiritual wellbeing, writes Prof. Liz Reymond MBBS (Hons), PhD, FRACGP, FACHPM, Director of the caring@home for Aboriginal and Torres Strait Islander Families project.

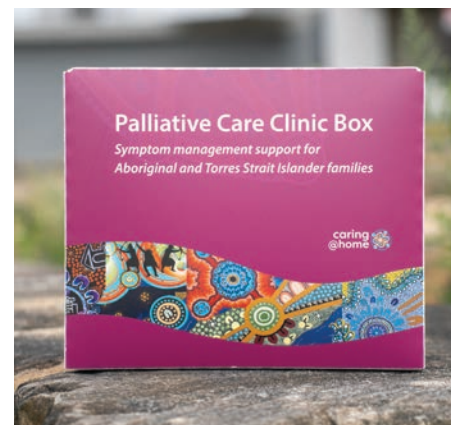
The Palliative Care Clinic Box, a free, culturally appropriate resource developed by the caring@home project, is one tool to assist families and carers to support Aboriginal and Torres Strait Islander people who choose to remain at home or on Country for the final stage of their life.



When a person expresses a strong desire to return to Country and the family and community are supportive, clinical services can use the resources to teach families and carers how to care for their loved one at home. Clinicians can educate the family about common end-of-life symptoms and how to help manage these symptoms at home including how to give subcutaneous medicines if the need arises.

Using the resources enables clinical services to provide person-centred, high-quality palliative care and, as illustrated by the story highlighted right, can lead to beneficial outcomes for the person, their family and the community.

The resources in the Palliative Care Clinic Box are freely available to clinical services and applicable Australia-wide. They have been tailored from the standard caring@home resources, and include family tip sheets on symptom management, step-by-step guides about giving subcutaneous medicines, short training videos, a medicine book and wall chart. There are also specific resources for health professionals and clinical services to support teaching families and carers.



The caring@home team undertook an extensive consultation process over two years with Indigenous and non-Indigenous health professionals from primary health care and specialist palliative care clinical services and other key stakeholders in each state and territory, seeking advice and feedback on the development of the resources.

Since launching in August 2022, 500 Palliative Care Clinic Boxes have been distributed to clinical services around Australia with positive feedback received from clinicians and families about the usefulness and practicality of the resources.

Clinical services can order a free Clinic Box by visiting www.caringathomeproject.com.au. All resources can be downloaded from the website.

caring@home for Aboriginal and Torres Strait Islander Families is a National Palliative Care Project, funded by the Australia Government. This project is conducted by a consortium involving Australian Indigenous HealthInfoNet, Palliative Care Australia, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and led by Brisbane South Palliative Care Collaborative. ●

"We gave that medicine; you know the one for sickness in the gut. Sis did real well using them easy instructions and tips in the [caring@home] resources. And I'll tell you what, after days of not eating, he smelt them roo tails being smoked on the barbie and a few hours after that sick medicine kicked in, he hoovered them tails right down.

He says that the roo tail, this is the cultural symbolism used for balance and strength... and the roo tail is used to defend off harm and threats. The roo tails give us direction, propulsion and speed. And I'm telling you what, we all know he can use these as he nears the Dreaming.

He sat by the fire with this family tonight. At three, his spirit danced in the flames, his body now at rest... because you guys ensured that his spirit got to rest in the definition of his own peace."

– Aboriginal family from remote Western Queensland.

This story was shared with the permission of the family involved. We thank them for their generosity in allowing us to publish it. ●



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