







Issue 129 | August 2023

CRANA 
improving
remote
health **plus**

magazine

the voice of remote health

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

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About the Cover: Camels cast a shadow towards the ranges in this shot taken by Meg Gibson during her nursing placement in Mparntwe/Alice Springs.

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From the Acting CEO and Board Chair



Dear colleagues,

Since our last edition, Katherine Isbister has stepped back from the role of CRANaplus CEO. I have had the good fortune to work alongside Katherine in my role as Executive Director, Mental Health and Wellbeing. I know that I reflect the sentiments of my colleagues when I say just how grateful we all are for her authentic and visionary leadership over the last four years. We will continue to feel the difference she has made as her tireless advocacy and governance, strategy and continuous quality improvements bear fruit.

I have been appointed Acting CEO, and feel humbled to be leading the peak professional body for the remote health workforce. Health professionals working in the bush depend on CRANaplus for tailored support, education, and advocacy, and all of us here are committed to maintaining these 40-year-old traditions during this period of transition. From a Member's perspective, it will be business as usual, and no doubt some excitement and anticipation as the organisation introduces and welcomes the new CEO. With the support of the Executive team, the Board is currently undertaking a thorough process to appoint the next CEO and expects to announce the permanent appointment by the end of the year.

In this edition's feature, we're showcasing healthcare in two contrasting environments, Christmas Island and Antarctica (page 14). Elsewhere, Ros Jinks transports readers back to the 80s along the Trans Australian Railway (page 86), and two nurses and our very own Senior Psychologist Nicole Jeffery-Dawes discuss their first-hand experiences of living and working through recent flood events in WA, NT and Queensland.

We also catch up with Sandra Vicary, a longstanding CRANaplus Member who has just retired after 60 years of nursing in rural New South Wales (page 10); invite Remote Clinical Educator Leonie McLaughlin to discuss why RANs need to be able to recognise sepsis during pregnancy (page 56); and display the winners of the Mindful Photography Competition (page 48).

As you'll see on page 62, there is an engaging program to look forward to at the 40th CRANaplus Conference in Gimuy/Cairns, October 10–12. We are also sure that delegates will value the opportunity to reconnect with colleagues and provide feedback on nursing workforce development, the National Rural & Remote Nursing Generalist Framework 2023–2027, and safety and security.

Warm regards, and see you in October

Pamela Edwards, Acting CEO, CRANaplus
Fiona Wake, Board Chair, CRANaplus Board of Directors



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



Photo: THP Creative - stock.adobe.com

First Peoples

Empowering Nurse Practitioners

At this year's CRANaplus Conference, proud Wonnarua woman and Nurse Practitioner (NP) Lesley Salem will shine a light on the challenges and opportunities facing the Nurse Practitioner workforce in remote Australia.

Proud Wonnarua woman and Nurse Practitioner Lesley Salem will be joining the line-up of inspiring keynote speakers for the 40th CRANaplus Conference on 10–12 October at the Cairns Convention Centre.

Lesley is currently working in private practice as a generalist and chronic disease Nurse Practitioner. Her nursing is dedicated to improving the health of those with chronic disease in rural and remote Australian communities and inspired by her dedication to improving the health and wellbeing of Aboriginal and Torres Strait Islander people and those with socio-economic disadvantages.

Over 20 years ago, Lesley became Australia's first Indigenous Nurse Practitioner and in 2022, she was awarded Member of the Order of Australia (AM) for her significant service to nursing and to Indigenous health.

Nurse Practitioners have the capacity, knowledge, and legislative support to begin increasing high-quality care to clients in remote areas of Australia, Lesley says.

"There are, however, elements of legislation, law and access, and continuing prejudice that prevent a NP from delivering care to their full scope of practice," she says.

"To be a sustainable workforce within the remote context we need to remove barriers that impede our profession."



"The current system... does not [always] allow the consumer, the people of Australia, to have a choice in who provides aspects of their health care.

"This is not safe practice financially or for improved health outcomes... [and may] increase mortality and morbidity and financial risk to the patient."



Post-graduate study for nurses is well-recognised, but post-qualification study for NPs is not nursing-driven, Lesley adds.

"Expanding a scope of practice in a silo or generalist/chronic disease field is not available or coordinated," she says.

"We participate in many medical training programs instead. Consideration of expanding scope of practice [also] needs to be a focus for NPs."

You can hear Lesley discuss this topic in depth as a keynote speaker at the 2023 CRANaplus Conference this October in Cairns. To find out more about the speakers and program, head to page 62. ●

In Focus

On home soil

CRANaplus course facilitator Jackie Hanniver reflects on the magnetic pull of country Australia, and the less obvious benefits of delivering training where remote health staff work and live.

"CRANaplus offers excellent courses and the fact that they are provided in environments close to where the participants work is a real plus," says Jackie, Regional Services Manager with the Royal Flying Doctor Service (RFDS) in Broken Hill.

"From Broken Hill, it's a five-hour drive to a major centre, adding a day on either side of the course. To have courses held close by and accessible is an extra bonus.

"Telehealth and online courses work well, [but] there's nothing quite like hands-on."

When courses are available where remote health professionals live and work, participants are more likely to feel comfortable and actively participate and engage, Jackie adds.



"[Participants] are happy to share information about what works and doesn't work in the context of their own environment, bringing it back to their world," she says. "This is so useful for everyone.

"As facilitators, we don't walk in there thinking we know it all. We are always learning ourselves, learning from each other. And from the participants."

"These courses also show you that you are not alone. Whatever your concern, it's nice to bring you back to this fact. It's good for your mental health. There will always be others in the room who have been there, and who can advise you."

Although she is originally from Melbourne, Jackie has always had a fascination for small communities.

"For my nursing training, it was no surprise to anyone when I took a job working in Warrnambool in country Victoria," she says.

"I also knew that I'd get a well-rounded experience rather than doing the same thing every day."

Just before she headed off for a nursing stint in Abu Dhabi, an advert for a flight nurse with the RFDS caught Jackie's eye.

"I realised that would challenge me and expand my skills," she says.

"You need to be at the top of your game to do that job.

"My time overseas was a fantastic experience, with exposure to people from different backgrounds, and when I returned to Australia I studied midwifery, and worked in emergency and critical care. Always with that advert in mind."

Since Jackie joined the flight nursing team in Broken Hill 12 years ago, she has seen the primary health and mental health teams expand, reflecting the industry's growing focus on prevention.

After her son was born, Jackie moved into an education role and when she took on her current managerial role last year, she saw an opportunity to volunteer as a facilitator with CRANaplus. She hopes to be able to facilitate two courses a year.

"I had [participated in] CRANaplus courses myself, and the Royal Flying Doctor Service uses the CRANaplus courses for its training," she says. "So I know how valuable they are. And I urge anyone who gets the opportunity to attend one to take it." ●

Photo: camron - stock.adobe.com

A deeper understanding

Meg Gibson from the University of New England reflects on the cultural lessons learned during her nursing placement in Mparntwe/Alice Springs.

In August 2022 I was lucky enough to be chosen by my university to attend a four week placement in Alice Springs Hospital. For my placement I was allocated the paediatric ward. Throughout, I was exposed to the health inequalities that the First Nations people face.

This clinical placement benefited me as a nurse and individual as it enhanced my understanding of Indigenous cultures, emphasising the importance

of providing high-quality care to Aboriginal and Torres Strait Islander patients. Given this opportunity, I obtained significant knowledge and experience within the regional and remote health care setting.

I got to attend an Introduction to Central Australian Aboriginal Cultures and Context which I achieved a certificate for.

This education day explored cross-cultural communications and introduced Indigenous cultures in Central Australia. It also outlined the health status of Indigenous peoples, social determinants of health and how health influences aspects of life.



I feel so privileged to have been able to experience this student role in Alice Springs Hospital as it allowed me to adapt and build on my nursing skills to enhance my contribution as a practitioner.

Within the placement I also experienced the beautiful sites of Central Australia such as Uluru, MacDonnell Ranges, Kings Canyon and Field of Lights.

I would also like to thank HESTA for their Sponsorship of my Scholarship. ●

This CRANaplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.



60 years a nurse

CRANApplus Member Sandra Vicary retired recently, having just reached the milestone of 60 years of nursing in rural New South Wales. She remembers asking permission to marry as a young nursing sister, caring for one of Australia's first kidney transplant patients, and working through the "Y2K" scare.

Inspired by a visit to a bush nursing post arranged by her school, Sandra walked into her small local hospital on 16 January, 1963 and interviewed successfully for a role as a cadet nurse. She was 16.

"We wore a cap that confined all your hair," Sandra remembers, "The uniform had short sleeves, navy and white stripes with a large white collar and cuffs, black stockings and black or brown shoes, of a particular leather. Around the waist was a very heavy starched belt, held together with a buckle of two silver pieces."

When she turned 17, Sandra commenced as a trainee nurse. Each year a star was added to your cap, or a button to your uniform, to mark your progress.

"You went to a Preliminary Training School in six-week blocks and lived in the quarters," Sandra recalls, "and every day they taught you things like temperatures, pulses, taking a blood pressure, bathing a patient. Then you went back to the ward."

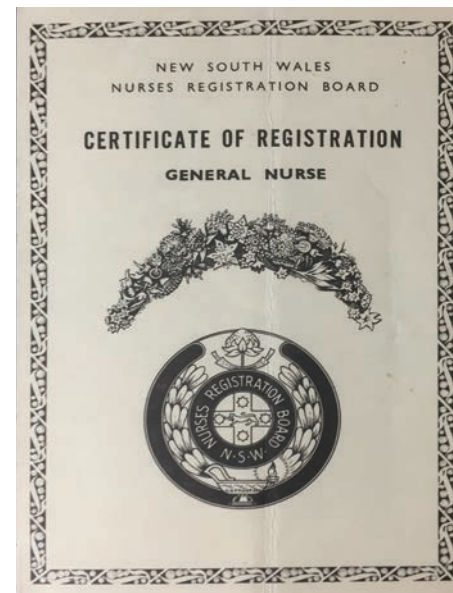
During her fourth year, Sandra gained experience at the "Coast Hospital" – Prince Henry Hospital at Little Bay, Sydney. She recalls the hyperbaric chamber for treatment of the bends and the lazarette for leprosy patients – among other details.

This page, from top: Sandra as a young nurse; The silver nickel plate worn on a waist belt in Sandra's early workplace. Opposite page, from top: Sandra's nursing registration early in her career; Sandra, a working nurse for many years by this point, graduating from university.



"All the gardens and cleaning outside were done by prisoners [from the nearby Long Bay Jail]," she says. "They wore white uniforms with numbers on their back. All the bread used by the hospital was baked at Long Bay Jail."

"I saw two girls who were polio victims on the iron lung. The first kidney transplant in New South Wales, and I think Australia, I nursed her..."



"You had to [slip her food through the door] under purple light; and gown up and be quite sterile to go in."

Towards the end of her training, Sandra returned to the country and to familiar nursing traditions, including a regimented private life.

"We paid board and got fed, three meals a day," Sandra recalls.

"The sisters had their own table to sit at and so did the matron. When the matron walked into the dining room, everyone stood up and put their hands behind the back. When she sat down, you sat back down again."

Sandra still found the pluck to ask the local hospital board whether she could marry the love of her life. ▶▶



» “Because nurses couldn’t be married when I trained,” she explains. “You had to get permission. You still had to live in the nurses’ home, where we all lived, and could only go home to be with your husband on your days off.”

As the ring slid onto her finger, her hair unfurled from the veil. The 70s were dawning and the Australian nursing sector was becoming secular and centralised.

“Slowly, a lot of the hospitals gave up their nursing training; that was when education of nurses at university started,” Sandra remembers.

“Lots of the buildings were converted... I went back and did a diploma at what became Charles Sturt University – and [later] a Bachelor of Health Science, and one for mental health as well.”

She remembers the early days of the “milk run” when the state ambulance service’s first two planes – “Alpha Mike Goff” and “Alpha Mike Bravo” – started landing in Wagga Wagga every Monday and Thursday to retrieve patients to Sydney.

These early signs that technology would revolutionise healthcare continued to fulfil

their promise years later when computers appeared on the ward. At larger hospitals, Sandra had to adapt to unfamiliar tech, but it was in the rural hospitals – where admin staff clocked off at 5pm – where the need for computing skills was greatest.

Then suddenly, for a few wild days, the healthcare industry’s growing dependency on computers poised to backfire. Gen Y and Z readers may be too young to remember the Y2K scare.

“I was on night shift at the high-dependency ward with 12 patients when they changed from the 1990s to the 2000s,” Sandra says, “Just myself and another RN. All the executives were upstairs. The bosses, admin staff, IT staff – like buzzy bees.

“We had two large wooden doors you came through to get to our ward, out of the stairwell or lift. Oh, the anticipation, that someone would open the door, come rushing in and say: ‘you’ve got to do this, you’ve got to evacuate!’

“But nothing happened. The phones never got disconnected; the computers just rolled over, never shut down. About 4am, everyone packed up and went home. It was the year 2000.”

Throughout her career, Sandra found her passion for aged care growing and of all her career achievements, she’s most proud of her advocacy in this space.

“Some of the older members of our community had said ‘everything is done for the young – football, tennis, golf – all done for the young people. Nothing here for the oldies. We keep getting pushed aside,’” she says.

“Having a nursing background in a hostel and nursing home, and retirement village management, I had a bit of an idea about that and thought ‘let’s go for it, give it our best shot’.

“I got together with that community of 500 people and we formed a committee to raise money to build aged care units for the socially disadvantaged in town. With contacts I had with an architect, he drew up plans, and we started to fundraise.

“As the money came in and the momentum grew, the support increased. With a grant from the Commonwealth, we built the first two units. People of the town and district could see it was going to happen.

“When I left there, we had built five units, using one and a quarter million dollars in grants. I’ve had lots of opportunities, being a nurse – and not all of them in hospitals.”

Reflecting on a career that has also included working in prison health and as a DON, Sandra says there is no secret behind her 60 years of nursing (that or she won’t tell us). She does, however, have a few closing reflections as she bids farewell to scrubs.

“Accept everyone you care for,” she advises.

“There are times when they frustrate you and are doing the wrong thing and you have to be firm, but you can still treat them as a human being, politely and with empathy. If you can treat everyone like you want your mother and father treated, then I think you’ve done very well.

“The camaraderie, the friendships, the people I’ve met, the advances of medicine and surgery – how wonderful to have gotten to now and see what I’ve seen. Will someone [who is starting out now] have that opportunity to see as much?” ●



Barellan Aged Care.

Photo: Nancy Lashbrook © Barellan Aged Care.



Sandra among the ribbon cutters at the Barellan Aged Care Facility.

Photo: C2Hills Consultancy.



Outliers and outposts

Can you think of two more contrasting environments than Antarctica and Christmas Island? And yet, as Stehnie Nel and Dr. Edi Albert's stories show, working in these two isolated locations has more in common than you might think. In the side-by-side articles that follow, we stake the tropics against the poles to unveil a few universal truths of working in remote health.



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Photo: Mario Hoppmann - stock.adobe.com

Part 1: Nursing on Christmas Island



Community health nurse Stehnie Nel discusses cultural awareness when working with Chinese and Malay clients, community immersion as a self-care strategy, and witnessing the annual Christmas Island red crab migration.

It takes almost four hours to fly the 2600km distance between Perth and Christmas Island. This north-westerly Australian external territory sits below Indonesia, at roughly the same latitude as Bamaga, and rises to 361m at its highest point. Rainforest covers over 60 per cent of it.

Community health nurse Stehnie Nel first ventured to the populated northern tip of "The Rock" during a contract role with Indian Ocean Territories Health Service (IOTHS) in 2010.

The same health service delivers care to Cocos (Keeling) Islands (but not the immigration detention centre on Christmas Island).

She's since moved the family over and now lives alongside roughly 1700 fellow islanders, who for the most part summon from European, Chinese and Malay backgrounds. As Stehnie puts it, "We're a unique territory."

"The health service is a one-stop shop," she says. "We've got a GP practice, primary health care facility, a ward for in-patients, emergency care, a midwife/child health nurse, telehealth facility, social worker, laboratory, and nurses based at the hospital. I am the community health nurse and venture out into the community."

When she does, she takes a garden rake. ►►



“More often than not, Christmas Island red crabs live in the rainforest, but from November to January, they migrate to the ocean to spawn, and the roads will just be covered in red.”

“Most people here are encouraged to have a rake on the back of their ute, so one person can walk in front of the ute and rake all the crabs out of the way,” she says.

“Once the babies spawn, they come back to the forest. It’s just a magical sight.”



A deft touch with a rake is but one of the many unique skills that nurses need when practising on the island.

“We’re far from the mainland and the medical retrieval companies require a jet; we can’t have propelled aircraft land here,” Stevhnie says.

“Jets are often scarce, so it may be a few days before an unwell patient can be medically evacuated. We need advanced life support skills to be able to manage an emergency for a lengthy period and to be able to recognise deterioration in a patient’s condition.”

“Some of our nurses here are X-ray operators as we don’t have a full-time radiographer. Nurses are required to have their pharmaco-therapeutics course under their belt and we have a suite of medications that we can administer under a standing order outside of office hours.

“We’re very primary health focused. Our nurses here need to be familiar with RACGP primary healthcare guidelines and have excellent primary health care skills, including but not limited to the ability to undertake audiology and spirometry tests.

“There is a prevalence of diabetes and chronic kidney disease in the community here, and a lot of our health promotion is around those two topics. We also have a very large elderly population, so there’s a focus on discussing osteoporosis, falls prevention, advance care directives and Enduring Power of Guardianship and Attorney.”

Given the work bridges diverse cultures, cultural awareness informs everyday practice and is built into the orientation procedures for new staff.

“We are very fortunate in that we have a few enrolled nurses on Christmas Island who can speak multiple languages,” Stevhnie says.

“We also encourage the local community to apply for jobs, such as health care workers, and assist them with education and training.

“We utilise our multilingual staff, and the telephone interpreting service, to translate. All staff here are very open to learning basic Malay, Mandarin, Hokkien and Cantonese words, which helps with establishing that initial rapport with the patient.”

One of the ways in which the health service demonstrates cultural awareness is by respecting traditions surrounding death. ►►



There are particular cultural and religious needs for patients who die, particularly for those of Buddhist and Muslim faith.

"We always respect the wishes of family and work with them in partnership to facilitate these wishes," Stevhnice says.

Accommodation is provided on the island to nurses who are recruited from the mainland. The distance from Perth and price of flights – around \$1200 return – mean that most staff visit the mainland less frequently but for longer periods.

During the wet season, the humidity sometimes creates low cloud cover, obscuring the airstrip.

When this happens, planes may not be able to land and will need to turn back to Perth.

"That's one reason why it's so important to immerse yourself into the community, and make use of the lovely beaches, fishing, and rainforest," Stevhnice says.

"We have a social club for staff and there is an activity pretty much every day of the week. Mondays are boot camp; Tuesdays, Korean barbecue and karaoke; another night, arts and crafts. The nurses [will] sometimes get together for a sunrise/sunset swim/snorkel at The Cove.

"The husband of one of the nurses created a mini-golf course recently, and there's also a decent full-scale golf course.

"The whole community gets invited to celebrate cultural festivities such as Chinese New Year with the Chinese population, and Hari Raya Haji with the Malay population.

"We're a very close-knit nursing team on Christmas Island, and it almost feels like family. Christmas Island is home for me now, for sure." ●

THE HEARTBEAT OF RURAL AND REMOTE COMMUNITIES

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Part 2: Risk management in Antarctica

Dr. Edi Albert, Senior Lecturer in Remote and Extreme Environment Medicine at the University of Tasmania, has spent his career working in a variety of extreme environments – including Antarctica. He sheds light on what it's like working on the southernmost continent, career opportunities, risk management, and why you should continue practising the guitar.

Antarctica is the coldest, driest and windiest continent. A land of such extremes may not attract a native or permanent population, but it does play host to an itinerant population of scientists, adventurers and tourists.

With the southernmost continent's average temperature ranging from -10 to -60°C, any Antarctic program or expedition requires extensive pre-departure planning and education, and is made possible by temperature-controlled facilities and specialised equipment. Stereotypical health conditions associated with extreme cold (like hypothermia and frostbite) are therefore rare.

"The role for a healthcare professional working in this environment encompasses not only treating people with problems but extends to helping plan what is often a logistically complex expedition so that it is achieved safely and functionally," Dr. Edi Albert says.

Clinicians working in this environment are often required to do so at an extended scope of practice due to resource limitations and distance from outside help.

To demonstrate the realities of retrieval, Edi gives an example from the Antarctic

Peninsula, one of the more active areas, where you'll find national stations (e.g. American, Chilean, Ukrainian, British) with doctors and tourist ships with differing medical capabilities.

"If we were in a small tourist yacht and we had a problem, we could probably transfer a patient to a bigger ship," he says.

"They could steam all the way up to King George V Island and arrange a medevac from South America or keep going: it might only be 48 hours across the Drake Passage and back to Ushuaia, Argentina, where there's a hospital."

However, he notes that evacuation can cost tens of thousands of dollars – meaning it is frequently insurance-based – and that sometimes there may be limits to what can be done.

"You might have to just put up with more discomfort and risk because evacuation simply takes longer and might not even be possible," he says. ►►



Above:: Dr. Edi Albert with RFDS. Below: Davis Station, Australian Antarctic Division.



Photo: Graeme – stock.adobe.com



"For example, at the stations in the middle of winter, it may not be possible [to evacuate] for several months. That then tells you what sort of level of health care provision you need to have.

"Working in an isolated environment requires you to be prepared to extend your scope, improvise and take calculated risks because after all, healthcare is really about risk management."

This page: Nursing at Perisher Ski Resort – a great stepping stone to even more cool stuff! Opposite page: An ice strengthened yacht quietly at anchor on the Antarctic peninsula – the nurse doubles as the cook.

A range of non-clinical skills will also enable health professionals to thrive when working in an extreme, isolated environment like Antarctica.

"In scientific, recreational, and expedition contexts, it's often about, 'what roles or functions can you fill outside of healthcare?'," Edi says.

"You're not always going to be doing a lot of health care, because you've got healthy people. Can you drive a boat? Can you drive over-snow vehicles? Can you just muck in with a shovel and clear the snow? What are you like at cooking? Can you play a musical instrument?"

While nursing roles with the Australian Antarctic Division are currently very limited, there are certainly other maritime and expedition opportunities.

The superyacht industry employs nurses and you may find yourself working not only as a nurse, but also as a steward, boat driver, surfing or diving guide, or crewing a sailboat.

If a job in this environment appeals to you, Edi advises you to follow the apprenticeship model of building up skills bit by bit through a gradual exposure to more extreme working environments, or through courses like University of Tasmania's Expedition Medicine or Medical Care on Offshore and Inland Waters.

This can help to build resilience, preparing you to work effectively in a context where you may face the paradox of isolation and lack of privacy, the interplay of different personalities, and what may seem to be a harsh and strange environment.

"The thing that brings people back is that they just love being in that environment.

"It calls to them. It sings to them, and they feel at home there as opposed to feeling at home in a flat in a city. You meet your tribe. It could be a sense of belonging that people find," Edi says.

Do you work in an interesting community or environment? We're always looking for story ideas and would love to hear from you at communications@crana.org.au ●



Corporate Members and Partners



2XM Healthcare is an Australian-owned and operated Rural and Remote Nursing specialist. Based in WA our consultants have over 20 years' combined experience in the industry and have experience in supporting remote area clients and candidates in their searches. We are committed to developing high-quality relationships and our mission is to support the R&R community as best we can. For all our up-to-date jobs, please visit www.2xmhealthcare.com.au or call (08) 6388 0700.



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



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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



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



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.



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



The **Australasian 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



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



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.healthinonet.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



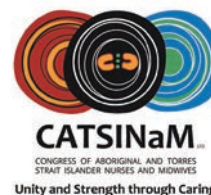
Central Australian Aboriginal Congress was established in 1973 and has grown over 45+ years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



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 **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 evolvetailent.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

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 www.kihealthservices.com



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.



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 (Yolŋu) 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 Yolŋu. However, we also depend on health professionals from elsewhere who work together with Yolŋu staff. www.miwatj.com.au



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



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 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



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



Omeo District Health is a publicly funded, small rural health service in East Gippsland's high country. It has provided a range of health services to the Omeo community and surrounds for over 100 years. Currently it delivers primary, hospital, residential and home based support services, GP outreach services, dental and some paediatric outpatient services. Email: reception@omeohs.com.au www.odh.net.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 Parngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parngurr 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.



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*.



Skilled Medical's Nursing and Midwifery Division, led by a team of dedicated nurses, specialises in recruitment and placement services tailored for rural and remote areas. Our nurse-led approach guarantees that our placements align with the unique requirements of both healthcare providers and the communities they serve. Ph: 1300 444 100 Email: enquiries@nursingjobsaustralia.com.au www.skillednursing.com.au



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



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



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



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.



Photo: Shuang Li – stock.adobe.com

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Support

Coping with the Kimberley Floods

Senior Psychologist for the Bush Support Line, Dr Nicole Jeffery-Dawes, reflects on the emotional and professional challenges her community faced during the floods in the Kimberley earlier this year and shares what she's learned about resilience, community and never taking a crisp lettuce for granted.

When I was asked to write my experiences for this article, I didn't think much of what I had been through, as I was only just out the other side of things. However, it provided me an opportunity to do some reflective journaling of sorts, and I realised just what the community, myself included, had been through in a relatively short period of time. Writing this was a cathartic experience, and has also allowed me to reflect on how I can better prepare myself for the coming wet season.

I moved to the Kimberley for work over ten years ago, but Kununurra has become my home.

I fell in love with the landscape and country, the big sky, the waterfalls and swimming holes, the people and the sense of community. I've worked in very remote communities and experienced their unique challenges, and I've also been here in town for some significant challenges too: when the town flooded in 2014; as a "vollie" I fought the bushfires that almost took out town in 2018; and I was Planning Lead in the local pandemic response in early 2020 and watched as State and Local Government Area borders shut, and everyone stayed at home to protect one another. And, pretty much every year without fail, the Great Northern Highway will get cut off between here and Perth during some stage of the wet season due to flooding, and they can't get fresh food to us for a week or so. Despite all of these challenges, we plan as best we can. We pull together as a community and know it won't last forever, and that we can get through this.

However, this year seemed different. Starting on the 30th of December 2022, the remnants of ex-Tropical Cyclone Ellie hung around the Kimberley and dumped torrential rain across northern Western Australia. This caused the Fitzroy River to swell to record highs, sweeping away the instruments used to measure the flood height, and they observed some of the highest flow rates ever in an Australian river. Multiple bridges and roads were impassable, and many of the region's remote Communities were either inundated or cut off and required emergency evacuations.

The road between Broome and Derby had washed away in kilometre-long stretches and needed to be rebuilt. However, it wasn't until around the 9th of January 2023 that it became apparent that the Fitzroy River bridge was so severely damaged as to be deemed unusable. This bridge is part of the only sealed road that links the East Kimberley to anywhere else in WA, including Perth, where our food comes from.



Photo: Foundation for Indigenous Sustainable Health.



Above: Flooding in Fitzroy Valley, January 2023.

Photo: Foundation for Indigenous Sustainable Health.

Due to strict quarantine rules in WA, we can't bring any fresh produce into the state. Nor can we grow much up here at this time of year, due to weather and insects that eat everything. Like our mail, our fresh produce goes via Perth to be sorted and distributed. ►►

▶ With the bridge out of action, the only alternative route was along the Nullarbor, up the Stuart Highway in the centre, and turn left at Katherine. This adds about 2000 km to the already 3000 km trip, but after a few weeks of no fresh food, the trucks started arriving.

Although the fresh produce, dairy and frozen food range in our only major chain supermarket were extremely limited (around one-tenth of the normal range), we made do as best we could. Our local independent supermarket reviewed their supply chain and brought in fresh food from Perth by boat. We supported them when they could meet the increased demand.

The local butcher also did his best, but this wasn't a great help for vegetarians. I learnt I could order fruit and vegetables through an independent buyer in Perth and have it trucked up, so that's what I did: but I only got the chance to put the one order in.

The new internet hardware I had ordered at the end of January with the hope of improving and maintaining my video connection for work was still nowhere to be seen in the post at the end of March.

In another turn of events in early March, both the Timber Creek and the Victoria River in the Northern Territory (NT) flooded and cut off the only other access road in the supply route to the East Kimberley, essentially turning us into an island.



Photo: DFES.



We could no longer get fresh food, let alone mail and other stock and supplies to businesses.

Aviation fuel is also trucked in, so there was insufficient fuel for aircraft to fly from Perth as they couldn't adequately refuel. Only one commercial airline flies between Darwin and Kununurra, and even during a typically erratic wet season, you can't always depend on catching a flight.

As a Community, we did as we normally do during challenging times like this: we banded together, used humour where we could, swapped and shared the food we did have with our family and friends, and had a darn good rant to one another.

People put up funny posts on the local Facebook Community Noticeboard, trying to sell a piece of suss-looking broccoli to the highest bidder and the like. The banter in the comments sections was pure comedy gold.

The local restaurants were inventive with their menus and the produce they had available to them, with one establishment even including a menu special of an "East Kimberley Salad" made up of half-mouldy lettuce and tomato with a \$50 price tag.

We were regularly reminded through media and word of mouth of those who lost so much in the recent flooding and were grateful we still had our homes, our families together, and our relative comforts. But after over two months of 'making do' and now this most recent challenge of being completely cut off and short on food, cracks were starting to show.

Given the past few years' challenges, people were becoming tired of constantly trying to maintain a cheery outlook and do without: resilience was at an all-time low. People were quick to snap at one another, becoming easily irritable, and tempers were quick to flare. ▶▶

Opposite page: Noonkanbah evacuation/relocation. This page: Shoal Air pilot, Alex, captured these images of Fitzroy Crossing while supporting Horizon Power contractors to keep the power station and network running.

► It was really disheartening to go to the supermarket and constantly see nothing but bare shelves in the meat, dairy and produce sections as you walked through the doors. The uncertainty of not knowing if the bridge would still be there in the NT after the water receded also added to people's worry.

It was over a week after we were cut off that we heard that the Government was enlisting the assistance of the ADF to fly in food for us and that barges loaded with trucks of produce would arrive in the next three to four days. This news excited everyone, boosted their spirits and gave them something to look forward to. The local port workers built a landing platform for the barges, to code, in a day! However, when the plane arrived, it was carrying dry goods, which was less of an issue as our supermarkets keep a stockpile for potential flooding and road closures. What we needed most was fresh food. This was a disappointment for everyone.

This is where self-compassion came in. Yep, things were looking pretty grim right about now. We were upset that items that we had ordered weeks, if not months ago, to help make life a little more comfortable in this remote setting, weren't arriving by mail. We acknowledged this, and also that we were tired of trying to meet our own and our family's food and nutritional requirements. We gave ourselves permission to feel the disappointment we experienced. We gave ourselves space and allocated time to go there: to express our feelings and cry, scream, whatever was needed to let the frustrations out. We allowed ourselves to go there but also knew we couldn't live in that space.

So, we dusted ourselves off, pulled up our big-person pants, and reminded each other and ourselves of all the things we did have and were grateful for.

We weren't starving, only facing limited



Photo: DFES.

options. We swapped increasingly creative recipes that had ever-diminishing ingredient lists. We used humour at every opportunity. We were reminded by the 'old timers' of more challenging times when they needed to get their orders into the store by September as there were no deliveries at all, including any (let alone fresh) food or mail, until the following year at the end of the wet season around March.

Some children were given a firm but honest talking-to about adjusting their expectations during these times. We compared ourselves to other areas in the world, including those at war. We were reminded that we had our health, safety, food to eat, homes to go to, and good friends to lean on.

We were, in fact, so fortunate and this latest, albeit prolonged challenge of no access to fresh food, limited goods and services in other shops (I had ordered new tyres at the start of December),



Photo: DFES.

no flights to Perth and no mail, only served as a reminder about the little we need to survive and what really is important in life.

Ironically, fresh food arrived by barge and by plane on the same day the highway reopened and the trucks could get through. It was also like Christmas when the mail started arriving at the post office! But this challenging time has reminded us to be grateful for what we have and not to take things for granted. Things still aren't back to 'normal', and won't be for months, if not years until the bridge is built, but that's okay. I've got my vege garden up and running for this year and seem to be growing and preserving enough to feed half the town. But I know that come the next wet season, our food security will be compromised again for months, and I want healthier options to choose from rather than food full of chemical preservatives. During this dry season, we've been buying



and putting away a few non-perishable items into the 'wet season pantry' so that we won't have to do a big (and expensive) shop later in the year. And now, when we have a yarn with others, we laugh about it all and then swap produce and ideas about storage.

Together, we can get through anything. ●

This page: Damaged road leading to Fitzroy Bridge, January 2023. Opposite page: Between Fitzroy Crossing and Noonkanbah, January 2023; New seedlings planted in April are making up the large and hopefully productive vege patch.

Incivility costs



Uncivil workplace behaviours that border on bullying can have a destructive impact on staff wellbeing and health care delivery. As Therese and Kristy from CRANaplus' Mental Health and Wellbeing team write, the best way to combat incivility is to "Be the behaviour you want to see in your workplace".



The Bush Support Line regularly receives phone calls from remote health workers who are experiencing significant distress due to workplace issues, including unacceptable workplace behaviour.

We all know that when people are rude and dismissive to each other, staff wellbeing suffers, but what's often overlooked is the impact this could be having on our clients/patients. Uncivil behaviour significantly impacts on patient care and has a direct and negative impact on patient outcomes, as well as significant and harmful effects on the performance of medical teams.¹

This is in part because exposure to rudeness weakens the collaborative mechanisms essential for patient care and safety.

Clients enter the healthcare system, relying on healthcare workers to look after them and make them well, and yet they sometimes receive substandard care at the expense of this uncivil behaviour.

What is civility?

Civility is best described as the "rules of engagement" for how people relate to each other. Demonstrating civility means showing regard for those around us and being thoughtful, respectful, courteous, and polite.

Civility sounds simple. However, there is more to it than avoiding uncivil behaviours. It relies on positive gestures that encourage, inspire, lift up and promote engagement, connectedness and collaboration.

Why is civility important?

Civility matters in rural and remote health workplaces because collaboration and open communication contribute to high-quality patient care, workforce retention and greater satisfaction and wellbeing for staff. This is heightened in rural and remote health settings, where you are often required to work closely within a small team.

Civility is also important because workers may be living and working away from their usual social support or have limited external social contacts.

Treating not only your co-workers and colleagues but your clients and patients with civility requires authenticity, trust, communication and more than anything else, respect.

What does incivility look like?

Research suggests that incivility is of increasing incidence and concern in Australian health workplaces and across all public and private sectors.^{2,3}

Incivility is a key antecedent to bullying and may include ostracism, sabotage, infighting, scapegoating and criticism. Uncivil behaviours are characteristically rude and discourteous and display a lack of regard for others.

Examples include:

- Failing to acknowledge another person's presence
- Taking credit for others' efforts
- Sabotaging an individual's efforts
- Withholding knowledge or information from others
- Talking down to others
- Withdrawing from open communication or effort
- Spreading rumours about colleagues (gossiping)
- Being discourteous in everyday exchanges, for example, not saying 'please' or 'thank you'.

What can you do?

Behaving civilly in the workplace is everyone's responsibility. Here are a few things you can do to increase civility in your workplace:

- Be a role model. Check out our Mindful Monday on 'Modelling the behaviour you want to see'.
- Call out uncivil behaviour. The behaviours you walk past are the behaviours you accept.
- Take a bird's eye view of your workplace culture and contribute to addressing the things that you can.

- Alert managers to the issues outside your sphere of influence that require attention. Leaders and managers play an essential role in modelling civil behaviours and intervening early when incivility occurs.
- Seek help when you need it. Talk to one of the experienced psychologists on the Bush Support Line, who can help to clarify the issues and identify problem-solving behaviours.

If you would like to learn more about civility, tune into the latest episode of CRANAcas: Supporting your Wellbeing, 'The Power of Civility' with Therese Forbes. You can listen at crana.org.au/cranacast_support or on Spotify, Google Podcasts, or Apple Podcasts.

**Therese Forbes, Senior Psychologist
Kristy Hill, Acting Executive Director, Mental Health and Wellbeing**

References

1. Riskin, A et al. Rudeness and Medical Team Performance; Paediatrics (2017) 139 (2).
2. Hutchinson, M. (2009) Restorative approaches to workplace bullying: Educating nurses towards shared responsibility. Contemporary Nurse, 32, (1-2): 147-155
3. Atashzadeh Shoorideh F, Moosavi S, Balouchi A. (2021) Incivility toward nurses: a systematic review and meta-analysis. J Med Ethics Hist Med. 3;14:15. ●



Photo: BullRun - stock.adobe.com

Mindful Photography Competition

Congratulations to everyone who participated in the CRANaplus Mindful Photography competition. Check out the competition winners over the next few pages!

The CRANaplus Wellbeing Team would sincerely like to congratulate everyone who took the opportunity to participate in our Mindful Photography competition. It was a rewarding experience to see so many rural and remote health workers taking the opportunity to consider their surroundings on a deeper level, opening themselves up to viewing things with a different or new perspective, and capturing a story in a single photo.

The judging panel thoroughly enjoyed the experience and for that we thank everyone who entered.

It was a challenging task for the judges, who rather than judging an image on the traditional conventions of a photo (e.g. lighting, technical quality, creativity, composition), were asked to consider how the photo told a story of being in the moment.

Judges were asked to assess how the photo considers the key components of mindfulness:

- **Intention** – choosing to cultivate your awareness.
- **Attention** – to the present moment, sensations, and thoughts.
- **Attitude** – being kind, curious, and non-judgmental.

We received so many incredible entries from health workers from all over Australia, making it a very challenging job for the judges.



1st place – Karen Dawe

Pioneer River, Mackay, Queensland

"To sit in my kayak as dawn breaks, among the platypus and kingfishers, is a joy in just being."

There were so many entries that truly stood out, captivating the judges with their ability to evoke a true sense of mindfulness that we have awarded not only a first, second and third prize but have made another six special mentions.

Once again, congratulations to all of the entries. May you continue to capture mindfulness through photography.

Finally, we would like to thank everyone who submitted a photo and took the opportunity to be more mindful.

We hope these photos will encourage you to consider using photography to practise

mindfulness. There is plenty of research out there showing the benefits of mindfulness, specifically mindful photography, including increased happiness, motivation, and more appreciation of life.¹

So, give it a go, relate to the present moment by stopping, observing, focusing and capturing!

References

1. Sutton, J. (2021). Mindful Photography: 11 Therapeutic Ways to Use Your Camera. Positive Psychology. Accessed 09 Feb 2023 at <https://positivepsychology.com/mindful-photography/>



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2nd place – Juergen Lohrbaecher (above)

"The Mangrove", Palm Island, Queensland

"It captured the moment of peace and magical colours just before sunset of a mangrove in the water, just the barking dog in the distance missing."

Special mention – Jo-Ann Riley (right)

Telegraph, Fitzroy River, Western Australia

"Remembering to relax."



3rd place – Salina Woolley (above)

Balgo, Western Australia

"There are rainbows everywhere in life if we go out and look."

Special mention – Rebecca Voigt (left)

East Arnhem, Northern Territory

"The picture forces you to be in the present and absorb every detail of its beauty."



Special mention – Meredith Brown (right)

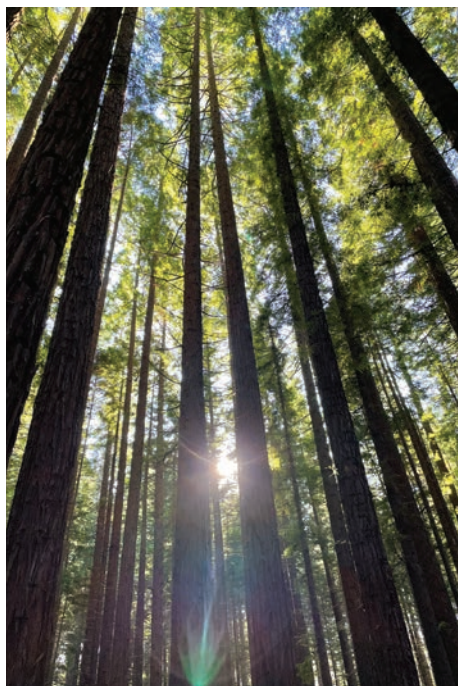
Warburton, Victoria

"The trees reaching up to the sky as I take deep calm crisp breaths. Each breath I expand, open and grow toward my goals. Clarity being in nature and letting her guide me."

Special mention – Janice Bartley (below)

"Clipped Wings", Zeehan, Tasmania

"There is not only beauty in the minutiae of our world, but also beauty in its imperfections. A damaged wing as part of a beautiful whole is still a moth who can fly. A reminder, not to worry about life's small imperfections and setbacks."



Special mention – Annie Denholm (left)

"Untouched Paradise", West Arnhem Land, Northern Territory

"I was captivated by the beauty of Arnhem Land and was able to not only appreciate its beauty and sacredness but also to be at peace and clear my mind."

Special mention – Jenna Matters (below)

Kalumburu, Western Australia

"This photo was taken on an afternoon walk with my colleagues after finishing a day's work in a remote community in the East Kimberley. Getting out in nature and appreciating its beauty is our way of slowing down after a busy day. My colleague picked up this rock and asked me to take a photo of it. It reminded me to be mindful and to observe the finer details of my surroundings." ●



Educate

Quiz: Remote Emergency Care

We've adapted the questions below from the pre-course online learning component of our face-to-face Remote Emergency Care course. Test your knowledge and view the bottom of the following page for the correct answers.

1. Can you list the 6 different types of burns?
2. What is the mean age of children who suffer burns? Only 1 correct answer.
 - A) 2 years old
 - B) 4.5 years old
 - C) 10 years old
3. Most snake bites do not require antivenom. In the cases that do require antivenom, the client could experience signs of: venom induced consumption coagulopathy, sudden collapse, myotoxicity, neurotoxicity, thrombotic microangiopathy or _____?



Photo: Kris - stock.adobe.com

4. What is the most common insect to cause an allergic reaction?
5. What are the most common organs affected from blunt abdominal trauma?
 - A) Large bowel, Spleen and Pancreas
 - B) Small Bowel, Pancreas and Liver
 - C) Kidney, Spleen and Liver

6. Scenario: Your client presents to the clinic with symptoms of sharp, severe pelvic pain, nausea, tachycardia and hypotension. She is 25 years old. What do you do?
 - A) Ask her to wait in the waiting room as it is not her turn to be seen
 - B) Bring her into a consult room immediately, assess and manage her symptoms and call the DMO
 - C) Do a quick assessment, give her some paracetamol and ask her to return to the clinic if she gets worse.
7. You have just performed a Glasgow Coma Score on a client who was involved in an MVA. His eyes open to pain, he is confused, and his motor response localises to pain. What score did you give him?
 - A) 7
 - B) 9
 - C) 11



Photo: Oporty786 - stock.adobe.com

8. Scenario: A 45-year-old male presented to your clinic with chest pain. You assess him further and gather the following information – pain is described as sharp on deep breathing, he has a history of a cough after an injury to his right side of his body and on assessment, you identify that he has reduced breath sounds on the right side. What is the diagnosis most likely to be?
9. In relation to trauma-related deaths, what is the percentage of deaths in relation to chest trauma?
10. How many bony vertebrae are in the human spine?
 - A) 33
 - B) 28
 - C) 38 ●

Correct answers:

1. Thermal, Cold Exposure, Chemical, Electrical, Inhalation, Radiation. 2. B) 4.5 years. 3. Renal impairment. 4. Honey bee. 5. C. Kidney, Spleen and Liver. 6. B) Bring her into a consult room immediately, assess and manage her symptoms and call the DMO. 7. C) 11. 8. Pneumothorax. 9. 20-25%. 10. A) 33.

Put sepsis at the forefront



RN, RM and Remote Clinical Educator at CRANaplus, Leonie McLaughlin, is passionate about helping nursing staff in remote communities provide best-practice care in the absence of maternity services and care providers. Here, she discusses

CRANaplus' recently updated Maternity Emergency Care (MEC) and Midwifery Upskilling (MIDUS) courses and why sepsis needs to be front of mind.

"There are not a lot of midwives in remote locations and so remote area nurses (RANs) often have to step up and look after pregnant women, new mums and their babies outside their normal scope of practice," says Leonie.

"One of our major goals at CRANaplus is to provide support to these remote nurses, by providing them with the skills, tools and information they need to be confident in their assessment and collaborative care of the peripartum woman."

Along with her colleague Amanda Forti, Leonie coordinates more than 30 MEC and MIDUS courses throughout the year across Australia.

The pair have spearheaded recent course updates, such as more interactive, hands-on learning in the MEC course and additional course and pre-course learning material.

"We cover emergency and co-morbidity situations in maternity, but also the normal aspects of ante and postnatal care," Leonie explains, "such as the skills to conduct a thorough assessment for pregnant women, understanding the normal pregnancy, birth and postnatal period."

"This is often 'bread and butter' for these RANs in consultation with their local maternity care providers, and, importantly, then enables the RANs to identify variations from normal, and to escalate care in a timely manner."

One such variation is sepsis. As defined by the Sepsis Alliance, sepsis is the 'body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure, and death... Sepsis can lead to severe sepsis and septic shock.'

Sepsis is now a major focus in CRANaplus' recently updated MEC and MIDUS courses. Early recognition and commencement of treatment are vital; doubly so in a low-resource remote setting where help is further away.

"It's all very well for the nurse to have the skills to assess and consult, but providing treatment in the first hour and getting the patient to the hospital are also key priorities," Leonie says.

"As per the sepsis guidelines and pathways, we encourage nurses to always consider sepsis as a possibility in any presentation, and to keep at the front and centre of their mind: 'Could this be sepsis?'"

"In maternity care, one of the things pregnant women can present with may appear to be pneumonia or a urinary tract infection. With a postnatal patient, it could be mastitis, a wound, or retained products – but always, 'Could this be sepsis?'"

Leonie says there is an excellent array of resources and information available online to help clinicians identify and manage sepsis (refer to the box below).

"On each course, we may have 24 participants, all from remote communities, and each situation can be different," says Leonie.

"These participants are our peers, and they are often very, very experienced nurses and midwives, who need to translate what needs to be done into their own settings."

"The more generic questions we share are so important. Questions like: 'Do I have a birthing box?' 'What drugs do we have on hand?' 'Are they in date?' 'Who is in charge of checking these resources?'"

"When our course participants go back to work, we encourage them to review their local protocols, equipment and resources."

"We've had participants report that, on checking, they've discovered drugs that are well out of date, and birthing kits that need re-sterilising or refreshing."

"This course gives participants the opportunity to pause for thought, to think about their protocols and their birthing kits, neonatal resus equipment, other equipment and resources for maternity care, and how they will prepare for and respond to the presentation of a peripartum woman."

To register for an upcoming MEC or MIDUS course, head to crana.org.au/courses ●



Photo: annaperevskina – stock.adobe.com

More information on sepsis

- Sepsis Australia australiansepsisnetwork.net.au
- Australian Commission on Safety and Quality in Health Care provides background information on the National Sepsis Program and the National Sepsis Awareness Campaign
- Australian College of Nursing runs sepsis courses
- The Clinical Excellence Commission (NSW Government) offers sepsis tools, publications, pathways and a Sepsis Kills program to improve recognition and treatment and reduce preventable harm to patients with sepsis.

CRANApplus Q&A

"Hi CRANApplus. Paediatric burns are not uncommon in the community I work in. These often result from spilled boiling water. Despite having previous experience/training in burns, I still find myself lacking confidence at the thought of responding to paediatric burns. In borderline cases I sometimes struggle to know if paed. burns need referral and retrieval. What advice can CRANApplus offer?"

Jane



Hi Jane,

Thanks for your question. Below, I've provided an overview of the approach to burns that we teach during courses, which uses the C.R.A.N.A. mnemonic.

C

CONTEXT: Your remote/isolated situation

Burn injuries pose a significant risk to the health and lives of children in Australia. Research has consistently shown that Indigenous children and those residing in rural and isolated regions bear a disproportionate burden of burn injuries – your interest in burns care is well-founded.

R

RESPOND: Primary Survey
(+ triage considerations)

Like all traumas, paediatric burn assessments require a primary and secondary survey with the initial aim of identifying and managing immediate life threats. It's important to not get distracted by the burn injury; a prompt and accurate initial assessment and triage are essential for ensuring appropriate and timely care. This lays the foundation for a comprehensive treatment plan.

A

ASSESS & MANAGE: Secondary Survey
+ targetted assessment & interventions

Determining burn extent and depth

An accurate assessment of burn extent and depth is crucial for determining the appropriate management strategy. In paediatric patients, this task requires careful attention due to unique anatomical and physiological considerations. Clinicians employ a combination of clinical examination, burn area estimation tools such as the *Lund & Browder Chart* or the *Rule of 9s*, and in some cases, imaging techniques to determine the precise extent and depth of the burn injury in children. Employing standardised assessment tools helps ensure consistent and reliable evaluation, enabling tailored treatment plans.



Photo: malajscy – stock.adobe.com

Assessing burn depth

Classification	Depth	Colour	Blisters	Capillary Refill	Sensation	Ooze
Superficial	Epidermal	Red	No	Brisk	Present	None
	Superficial Dermal	Pale pink	Present	Brisk	Painful	Copious
	Mid-Dermal	Dark pink	Present	Sluggish	+/-	Mild
Deep	Deep Dermal	Blotchy red	+/-	Absent	Absent	Scant
	Full Thickness	White	No	Absent	Absent	None

Managing Burns in Infants and Young Children

We teach the FACADE mnemonic for this step:
First aid, Analgesia, Clean, Assess, Dress, Elevate.

It's important to note that babies and young kids have special vulnerabilities that require specific attention. Skin physiology, body surface area-to-weight ratio, and the potential for developmental complications must all be considered. Cautious fluid resuscitation, meticulous wound care, and attention to pain management are paramount. Infants and young children may be more susceptible to heat-related injuries, demanding proactive prevention strategies. A multidisciplinary approach involving paediatric specialists ensures optimal care for these young patients.

Fluid Resuscitation Guidelines

Fluid resuscitation is a critical component of managing paediatric burn patients, aiming to restore and maintain proper circulation and perfusion. However, the fluid requirements in children differ from those in adults. Careful assessment of burn size, depth, and associated factors determine the appropriate fluid resuscitation approach. The *Modified Parkland Formula* is the accepted standard in most clinical areas for calculating fluid requirements in paediatric burns.

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.

N

NEXT STEP: Communication: retrieval/referral

Referring paediatric burn patients to specialised burn centres is crucial for ensuring optimal outcomes. Consider transfer when the child is requiring care beyond the comfort level of the clinic or hospital and generally for all burns that are:

- >10% TBSA
- All full thickness
- Special areas: face, ears, eyes, neck, hands, feet, genitalia, perineum, or a major joint, even if <10%
- Circumferential
- Chemical
- Electrical
- Associated with trauma and/or spinal cord injury
- All inhalation/airway
- Children <12 months

Recognising these criteria and promptly referring patients to specialised centres facilitates access to a comprehensive range of expertise, resources, and specialised therapies, ensuring the best possible care for children with severe burn injuries.

A

ASSIST TEAM: Leadership in emergencies

CRANApplus encourages staff to utilise support frameworks such as the TAKE STOCK Hot Debrief Tool to ensure that you and your colleagues have an opportunity to reflect on events in a supported manner. An event meets the criteria for a hot debrief in cases of an unexpected death, distressing event, staff request, unexpected outcome, and paediatric resuscitation.

I hope this is of assistance. For further education on managing paediatric emergencies including burns consider attending CRANApplus' Paediatric Emergency Care & Paediatric Advanced Life Support course. You can find more info at crana.org.au/pecpals

References:

<https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12729#azph12729-bib-0003>

https://remotephcmmanuals.com.au/download/39290?filename=RPHCM_STM_Manual_8thEd.pdf

https://www.health.qld.gov.au/__data/assets/pdf_file/0016/1215043/PCCM_11th_ed.pdf

<https://cdn.wchn.sa.gov.au/downloads/WCH/children/burns/paediatric-burns-assessment-form.pdf>

https://www.rch.org.au/clinicalguide/guideline_index/burns/

<https://www.rcemlearning.co.uk/foamed/take-stock-hot-debrief/>

Brooke Maloney
Remote Clinical Educator
CRANApplus ●



Engage

40th Conference Preview

Catch up on the speakers, pre- and post-conference events, and social opportunities that you can expect at the 40th CRANApplus Conference in Cairns this October.

On 10–12 October, for the 40th CRANApplus Conference, the remote health workforce is heading to the Cairns Convention Centre in Gimuy/Cairns, Queensland.

This year's theme is 'Building on 40 Years of Strength for a Sustainable, Skilled & Safe Workforce'.

Our signature annual event gives nurses, midwives and other health professionals a chance to reconnect with the remote health community, have their say, and benefit from targeted professional development.

For our 40th, we'll be celebrating the past 40 years, focusing on present priorities, and planning for the future.

The conference program

Visit www.cranconference.com/2023-program for the most up-to-date version of our program, which includes the following keynote speakers:



Prof. Eddy Strivens

Prof. Eddy Strivens is a Geriatrician and Clinical Director for Older Persons, Subacute and Rehabilitation in Cairns, Far North Queensland, a Professor with James Cook University School of Medicine and a former President of the Australia and New Zealand Society for Geriatric Medicine. **Meet Eddy on page 68.**



Lesley Salem

A descendant of the Wonnarua Nation in New South Wales, Lesley Salem is currently working in private practice as a generalist and chronic disease Nurse Practitioner. Her nursing is dedicated to improving the health of those with chronic disease in rural and remote Australian communities. **Meet Lesley on page 4.**



J'Belle Foster

J'Belle Foster is a Nurse and PhD Scholar with a passion for translational research. In 2014, she moved to the Torres Strait to work on a Federally funded cross-border Torres Strait/Papua New Guinea (PNG) TB project and subsequently established the Torres and Cape TB Control Unit. She will discuss making research-led changes to local policy to improve patient outcomes, diagnostics, collaboration, and disease management.



Alison Weatherstone

Chief Midwife at the Australian College of Midwives, Alison has lived experience across WA, Victoria, Queensland and Kenya. She is drawn to rural and remote midwifery and has a keen interest in access to safe woman- and family-centred maternity care, midwifery leadership, breech birth, and global maternal health. Alison has played key roles in the implementation, review and sustainability of Midwifery Group Practices across Far North Queensland.



The Hon Ged Kearney MP

Ged Kearney is the Assistant Minister for Health and Aged Care and the Federal Member for Cooper. Ged started her working life as a nurse and rose to become Federal Secretary of the Australian Nursing Federation. From 2010, Ged served as the president of the ACTU. Ged is an advocate for social justice, workers' rights and universal healthcare.



Prof. Alison McMillan PSM, Commonwealth Chief Nursing and Midwifery Officer

A registered nurse for over 40 years, Prof. McMillan provides high-level strategic policy advice to the Australian Government and the Executive and staff within the Department of Health and Aged Care on nursing, midwifery, health system reform, health workforce, regulation, and education. ►►



Ruby Gala Dinner

Formally concluding our 2023 Conference is our 40th Anniversary Gala evening on Thursday 12 October, hosted in the Trinity Room at the Cairns Convention Centre. The conference dinner is always a great opportunity to 'let your hair down' and enjoy the company of your colleagues before heading back home. This year is extra-special, as we celebrate 40 years of uniting as a workforce.

There will be mingling, drinks, and photos on the red carpet, followed by CRANaplus awards and acknowledgements before we settle into a three-course meal and socialising. Live music from Tony George Entertainment will round out the evening, with dancing and non-dancing options (including a photo booth) to interact.

Rubies are the traditional symbol for a 40-year anniversary, so this year's event has a voluntary 'Ruby' theme. Embrace the theme by wearing red clothing or accessories, or even ruby sparkles if you're feeling fancy!

Opportunity to have your say

National Nursing Workforce Strategy Consultation

The Commonwealth, in partnership with Victoria and in collaboration with all jurisdictions, is developing Australia's first National Nursing Workforce Strategy. In order to develop the Strategy, the Department of Health and Aged Care is consulting to capture viewpoints on nursing workforce issues from a wide variety of stakeholders. They will be hosting a session at our 40th Conference.



Pre and post-conference opportunities

This year delegates can make the most of their trip to Far North Queensland by opting to participate in a range of optional pre- and post-conference learning opportunities and events.

The events below are free for delegates to attend, but spaces are limited and bookings are essential.

Message Stick Gathering 10 October

Join the inaugural Message Stick Gathering led by CRANaplus' Executive Director of First Peoples' Strategies Dallas McKeown. Dallas will guide participants to craft a message on the meaning of Cultural Safety from their perspective. This message will subsequently be presented during the main program. Indigenous and Non-Indigenous delegates are welcome.

Wellbeing Workshops 10 October

Partake in a complimentary Wellbeing Reset and/or Meditation for Resilience led by members of CRANaplus' Wellbeing team. The Wellbeing Reset provides participants with the opportunity to check in with themselves and consider steps to promote their wellbeing. The Meditation for Resilience will demonstrate a powerful tool for maintaining wellbeing as a rural and remote health worker.

Responding to Sexual Violence Training 13 October

CRANaplus Members tell us they would benefit from training in recognising and responding to sexual assault. To help meet this need we have invited the Monash University Department of Forensic Medicine (DFM) to deliver a fully-funded training session on this topic, specifically their 'Sexual Violence: Responding to Adult Disclosure' one-day intensive workshop. This workshop will be held at The Pullman, Cairns. Delegates can register at: dfmcourses.jobreadyplus.com/apply_to_courses/cranaplus ▶▶



Our sponsors

CRANApplus thanks its sponsors for their support of the 40th CRANApplus Conference, including our Major Partners, Flinders University Rural and Remote Health SA and NT and James Cook University – Centre for Rural and Remote Health. There's still time to come on board as an exhibitor or sponsor and show your support for the remote health workforce. Please visit the 'sponsorship & exhibition' page of the conference website for more information.



Wellbeing space

The CRANApplus Mental Health & Wellbeing team will have the Wellbeing Lounge set up again at the 40th CRANApplus Conference.

The Wellbeing Lounge is in a room adjacent to the exhibition space, and offers delegates a chance to take a break and recharge. This year, the Wellbeing Lounge features a range of activities. Delegates can:

- Experience a 10-minute head and neck massage
- Recharge phones and devices
- Sample mindfulness activities
- Browse or add to our gratitude wall
- Learn more about CRANApplus' Wellbeing workshops, resources and the Bush Support Line
- Connect, collaborate, and share wellbeing strategies with others
- Meet members from CRANApplus' Mental Health & Wellbeing team.
- Take home prizes and giveaways!



To register to attend or learn more, scan the QR code (left) or head to cranaconference.com

Encouraging ageing well



Looking at healthy ageing has been a lifetime's work for Professor Eddy Strivens, a keynote speaker at the 40th CRANaplus Conference in Cairns this October. Here he talks about replacing outmoded models of care, dementia's link with vascular health, and becoming an "accidental researcher."

Professor Eddy Strivens, a practising clinician and national leader in geriatric medicine and dementia, stresses that the goal is not about living longer, it's about the quality of life in your remaining years.

And when it comes to dementia, he says the aim for his patients is not to concentrate on the disease, but to look at what you can do to encourage ageing well.

"Sure, it's important for dementia patients to get their affairs in order," he says, "But then focus on your quality of life."



This page, from top: Sunrise on Horn Island; HART team (left to right): Dr. Kathryn Meldrum, Valda Wallace, Diane Cadet-James, Dr. Kishani Townshend, Torres Webb, Janet Swanson, Dr. Jenny Mann, Prof. Eddy Strivens, Mel Kilburn, Fintan Thompson, Rachel Quigley, Associate Professor Sarah Russell, Betty Sagigi, Chenoa Wapau, Dr. Yvonne Hornby-Turner. Opposite page: Clinic on Mabuia Island with members of HART.



Eddy says about half of all dementia cases are potentially preventable by looking at preventative measures and his top three suggestions to prevent dementia, to reduce its progression, and, at the third stage, to promote a life of living well are:

- Exercising, which he believes is as good as taking medicine, and he emphasises using weights and bands as well as aerobic exercise
- Eating well, particularly by adopting a Mediterranean diet
- Engaging in society; for example, joining groups, having a hobby, keeping in touch with family and friends and taking an interest in the community.

"Surprisingly – it all starts in pregnancy," says Eddy, who finds what drives him when it comes to improving health is looking at either end of the living spectrum.

"It's never too early and it's never too late to look closely at those mid-life factors.

"We can't do anything about family and age, but we can change things like vascular risks from smoking, lack of exercise and also lack of education.

"I call myself an accidental researcher," Eddy continues. "I'm a clinician through and through but to answer clinical questions about ageing, I discovered the importance of linking research with clinical outcomes."

It all goes back to some of the work he did with a clinical outreach service in the Torres Strait a number of years ago.

"We saw increased rates of dementia and at a younger age," he says. "The rate was three times what you'd expect on mainland Australia. We then started to recognise high rates of health issues such as vascular diseases and strokes. ▶▶



Above: A Yarning Circle on Warraber Island with (left to right) Chenoa Wapau, Rachel Quigley and Associate Professor Sarah Russell. Opposite page: Warraber Island from the air.



"We didn't have the right tools to support these people. Let's face it, back then those tools were created for ageing white US psychiatric patients. Not at all applicable in the Torres Strait."

"What we needed was to develop culturally appropriate cognitive assessment tools."

This led to a current five-year project for Professor Strivens and a team of James Cook University researchers working with longstanding community partners in the Torres Strait, as well as the University of Western Australia, Melbourne Health Aged Care, the Top End Health Service, the Torres and Cape Hospital and Health Service, and the Cairns and Hinterland Hospital and Health Service.

The team includes academics, clinicians, and researchers, all with an interest in gerontology and integrated service delivery models.

"The big lesson we have learned through this work," says Eddy, "is the need across health generally to co-design programs with the community involved. It's the community programme that is successful, not a programme designed in Canberra."

Eddy emphasises the importance of research within communities, defining the problems within the community, and designing the research in tandem with the community.

"Through surveys and feeding back results into the Torres Strait community, we learned the people didn't want to concentrate on the disease of dementia, but to look at what could be done to encourage ageing well," he says.

"We undertook yarning circles with the community to check out what healthy ageing looks like for them and, through participatory research, how individuals can change to promote ageing well."

"Our research priorities are driven by the priorities identified in the communities."

Eddy, originally from Norfolk in England, arrived in Cairns for a 12-month stint – "and I'm still here 20 years later. I fell in love with the role I had in geriatric care, with the community and with this part of the world."

"I am so grateful for the Healthy Ageing Research Team (HART), the community teams and the hospital collaboration that has been crucial for this program." ●

Limited-time Membership offer for students

Whether you're studying nursing or midwifery, or undertaking training in an allied health speciality, CRANaplus wants to support you on your pathway to developing a career in remote and isolated health. Until June 2024, CRANaplus is offering free CRANaplus Membership for students.

For a limited time, CRANaplus is offering a free one-year CRANaplus Student Membership, valued at \$70, to any undergraduate student who is interested in exploring a career in rural, remote and isolated health. Available until June 2024, students are invited to sign up for free via the CRANaplus website. By becoming a CRANaplus Student Member, you will be eligible to apply for an undergraduate remote placement scholarships, designed to empower nursing,

midwifery and healthcare students to experience remote health firsthand by providing up to \$1000 to cover the costs of fares, travel and accommodation associated with clinical placements.

Student Members will also have access to valuable resources and networking opportunities to help them prepare for their dream career, including a subscription to the CRANaplus Magazine; discounted CRANaplus Conference registration and Member-exclusive updates via email. Student Members are also invited to register for our LINKS Mentoring Program, an opportunity to be connected with an experienced remote health professional from across the country.

To take advantage of this limited-time offer head to crana.org.au/membership ●

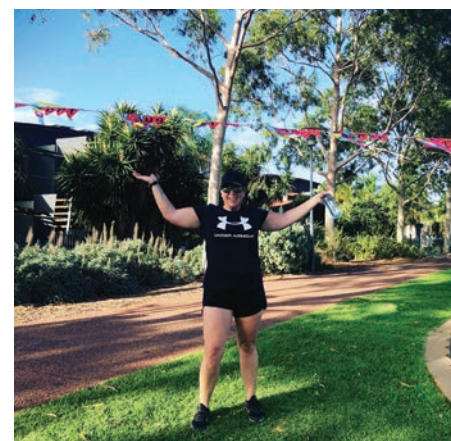


"Finding CRANaplus and the LINKS Mentoring Program was exactly what I needed; to have someone in the industry, someone able to help me go in the direction I want to go."

Dan

"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."

Karleigh



"Being supported by CRANaplus and FNT to follow my dreams has been amazing, and I would urge anyone thinking about a rural placement to explore CRANaplus' opportunities and just give it a go!"

Kelly

Becoming a remote area nurse

If you are interested in working as a remote area nurse or midwife, but uncertain how to get started, you may want to check out our new free reflective online module, 'Becoming a remote area nurse: essential knowledge'. It's proven highly popular since its release in May.

When nurses and midwives are provided with the necessary information and support during their transition to remote practice, they find that a highly rewarding, even life-changing career awaits them as a remote area health professional.

The reverse is also true; when information or support is hard to come by, nurses and midwives may be deterred from an exciting career shift, before or soon after getting started.

To help aspiring remote area nurses and midwives to assess their readiness and make the career shift confidently and successfully, CRANaplus has developed an online module titled 'Becoming a remote area nurse: essential knowledge'.

The module addresses many of the questions we are commonly asked, with an eye to supporting workforce sustainability.

This reflective module challenges common assumptions about remote area nursing, introduces helpful programs to support pathway and career planning, and provides the essential knowledge required to thrive in remote health practice. It includes information that experienced RANs wish they knew when they started out and helps to paint a clearer picture of the reality of remote health work, including the broader scope of practice and autonomy.

It's been designed for:

- Nursing and midwifery students
- Nurses and midwives at any career stage considering transitioning to rural or remote area practice
- Nurses and midwives considering or undertaking short-term agency contracts in rural or remote areas.

CRANaplus acknowledges the valuable contributions of members who have generously offered their expertise, experiences and advice in developing and reviewing this resource. We would particularly like to thank CRANaplus Fellows, Kylie McCullough and Lyn Byers.

If you're interested in working in remote health, now or in the future, we encourage you to access the module here: crana.org.au/becoming-a-RAN ●

Expectations versus reality

Below, we fact-check a few common assumptions about working in remote practice. This content is taken from the module.

"Remote communities are small and the workload will be less stressful."

The population of remote communities can fluctuate, and the health needs are generally greater. At times and in some locations always, you will experience long working and on-call hours.

"Working in a remote area is a chance to get away from the politics of acute, tertiary settings."

Collaboration with healthcare providers is even more important in remote settings! You will likely work with an even more diverse team who may be on site with you every day, visit regularly or be working remotely. You will also be working with other service providers and the community. Wherever there are people, there are politics!

"I have emergency management experience and will extend my emergency skills in a remote area setting."

Your skills will be helpful to you. However, this will be a small component of remote area work and every area of your practice will be extended.

"I loved my holiday and now I am looking for a sea/desert/tropical/tree change."

Holidays can inspire! Real life is not always the same. Ensure you prepare for working in the remote setting and manage your expectations.

"I'm keen to help fix the health problems of those living in remote areas."

Remote communities are resilient. As a remote health professional you can support health in the community. Reflect on how you can collaborate with the community to reach their health goals and further empower the community.

"I am burned out and I do not want the shift work lifestyle anymore."

You may or may not have 'shifts' depending on where you work, but you are very likely to have on-call requirements. Therefore, at times you are likely to work very long hours with significant pressure.



Connect

Braving rising waters

“Navigating a moderate flood event in a remote community can be a challenging and eye-opening experience for health-care professionals,” writes well-versed Rural LAP locum Gawaine Glasby RN, of his time in Naiyu (Daly River), NT.

Recently, during my locum placement with the Rural Locum Assistance Program (Rural LAP), I had the opportunity to witness firsthand the impact of flooding on the community of Naiyu (Daly River) in the Northern Territory and the invaluable support provided by organisations like Rural LAP and the Top End Health Service (TEHS).

Naiyu, a remote community with a population of approximately 460–500 residents, is situated along the banks of the Daly River.



Above: Flooded landscape. Right: Flooded footy field. Far right: Flooded road signs.



Over the years, Naiyu has faced numerous flood events, making them well-acquainted with the challenges and disruptions caused by rising water levels.

Typically, the community welcomes two nurses and two senior Aboriginal health practitioners and receives medical visits from general practitioners twice weekly.

Monitoring the river level at the local police station, the Bureau of Meteorology (BOM) issues three flood warnings for the Daly River. Minor flooding occurs at 12.6 metres, while moderate flooding is declared when the river rises above 13.1 metres. When the river surpasses 14.2 metres, the community is issued a major flood warning and evacuated to ensure safety as they switch off the power, sewerage, and water services. ►►



During the first two weeks of my three-week visit, the region experienced constant moderate to heavy rainfall. As a result, the community witnessed the gradual rise of the river and the surrounding areas submerged in floodwaters, including parts of the community.

A minor flood event was declared initially, leading to daily briefings with emergency services and local essential service providers.

Above: NTES volunteers; Emergency Services boat track; Road closed; Gawaine's ride to Darwin; Flooded building.

Additional police with water rescue expertise and NT Emergency Services (NTES) members were deployed to the community to assist as necessary.

As a healthcare team, we updated the vulnerable cohort list in the community, identifying individuals who would benefit from early evacuation through medical retrieval in a significant flood event, including an elderly non-ambulatory client and two antenatal clients who were only three weeks away from their due dates.



This proactive decision proved crucial, as the retrieval plane barely managed to land due to heavy rain and poor visibility. The following day, parts of the airstrip flooded, making further fixed-wing medical retrievals unsafe.

A few days later, moderate flood levels were declared, leading to the closure of the road and airstrip for all fixed-wing aircraft. However, small charter flights were able to land on the shorter runway. Medical retrievals, if needed, were now conducted by helicopters. While the community still had access to higher ground through a 20-minute boat ride to a nearby outstation where most community vehicles were parked, the sense of isolation grew, especially with uncertainties surrounding the arrival of supplies due to potential flooding on the main road to Darwin.

In this challenging environment, the clinic operated with reduced team numbers due to the flooding, and there were no visits from general practitioners. NTES teams provided invaluable assistance as we travelled by boat to the nearby outstation, ensuring we could promptly attend to urgent health needs.

The unexpected presence of crocodiles in the community added a layer of risk, making routine activities like walking more perilous.

Under normal circumstances, going for a walk around the community would be a leisurely activity, with the main concern being the presence of camp dogs. However, the risk escalated during the flood when we spotted crocodiles in the community. It made one seriously reconsider popping out for an after-work stroll.

As the time approached for my departure, heavy rains caused the highway to flood, leaving me with no choice but to be airlifted out of the community via helicopter.

Thanks to the support provided by Rural LAP and TEHS, I was transported by helicopter, typically used for mustering cattle.

The exhilarating journey over the flooded landscape culminated on the outskirts of Darwin, where I was dropped off in a paddock and subsequently picked up by a friend.

Experiences like these remind me of the unpredictable nature of remote nursing and the continuous surprises that await healthcare professionals in these unique settings.

Each encounter adds new colours to the ever-changing canvas of my nursing career, with the final composition remaining a mystery.

As I eagerly look forward to future adventures and challenges as a remote nurse, I remain grateful for the support and resilience of communities like Nauiyu and the organisations like Rural LAP and TEHS that assist in a time of need. ●



Floods and Chalkboards



CRANaplus Member Paul Reeves, Clinical Nurse Coordinator, provides a snapshot of his recent work out in North West Queensland.

I am a CNC Remote Relief for North West Hospital and Health these days. I have specialised as a Casual Relief RN for Cairns

and Torres Hospital and Health Service for six years but decided to head out to the North West of Queensland.

[During the flooding], Burketown was hit the worst. However, waters headed south and passed through towns like Camooweal.

A new highway bridge was built but even at approximately 10 metres high was no match for the volume of water heading to Camooweal.

Camooweal was cut off from both Northern Territory and Mount Isa due to floods and road damage.

This affected food and water supplies coming into the small town.

Some people's houses were underwater and livestock were trapped on patches of islands.



We were isolated due to flood waters and damaged roads. There were risks during and after the flood. Especially mosquito-borne viruses and diseases like melioidosis.

The above photo is of Dajarra, two hours' drive south of Mount Isa. I built a huge chalkboard to help locals see our next specialist and RFDS appointments. Visual communication engagement with the remote communities – keeping it simple and informative.

Not seen in the photo is a pot of beautiful marigolds. A welcoming sight for those entering the clinic.

The last photo I took before the floods. This is the road heading towards the Camooweal Caves. I hope you enjoy the tour. ●



Cytomegalovirus



How much do you know about CMV? As the first port of call for antenatal screening in much of remote Australia, nurses are key to early detection and treatment. So urges remote area nurse Mel Howard, following her eye-opening experiences on the “other side of healthcare” with her second son Huey.

Remote area nurse Mel Howard gave birth to her second son at 34 weeks.

At 20 to 26 weeks, rhesus isoimmunisation had occurred, despite anti-D injections. Huey needed a full blood transfusion when he was born and spent 8 days in NICU.

It was the beginning of a rocky journey for Huey, who experienced a range of health issues during his first years – including periods of apnea, pneumonia which escalated into bronchomalacia, meningitis, issues with balance and immunosuppression.

Mel knew something was wrong and as she struggled to connect the dots, she and her partner Pete moved progressively south to be closer to the health services in Perth.

Taswegian Mel bid farewell to remote area nursing, hard as it was for her to say goodbye to her adopted home far north of WA's capital.

“The biggest wake-up call for me was when Huey had a bad episode of apnea in the middle of the night.

“I rushed to the clinic in my pyjamas, got tele-health on the screen and said ‘he’s not breathing very well, will you help me?’ They said: ‘Where is the nurse?’ And I said, ‘I am the nurse’.



“If my child has a respiratory arrest here [in a remote area], am I the nurse, or am I the mum?”

It was only later, when Huey was three, that everything started to make sense.

“I found him standing next to a speaker one day, listening to music,” Mel says. “I asked, ‘what are you doing, sweetie?’ And he said, ‘I can’t hear anything from this ear anymore, mum’.

“I booked him in for a hearing test and the week after that he had a hearing aid. Within three months, his hearing loss doubled and I insisted he get an MRI. Six weeks later we received a phone call from his ENT that changed our lives.

“His ears are in pristine condition, but his brain, about 35 per cent of his white matter, has been irreversibly destroyed with widespread lesions, calcifications and cysts.”

“The ENT sent through the report and it says ‘imaging suggestive of cytomegalovirus’. I was like – what the hell is cytomegalovirus? That was the beginning of our CMV journey.”

Cytomegalovirus sits within the herpes family, with seropositivity prevalence in adult women ranging between 40% and 90%.¹

It spreads via infected bodily fluids and though it’s typically mildly symptomatic for adults, it remains dormant in a person’s system for life and may reactivate.

If it’s caught or reactivates during pregnancy (due to immunosuppression), congenital cytomegalovirus can occur – as in Huey’s case.

Determined to understand her son’s condition, Mel travelled to a CMV conference in Canada and had a placenta sample from birth analysed, confirming the diagnosis. ►►



▶ Armed with information, she's working alongside the CMV community to raise awareness – particularly among remote nurses, who are often the first port of call for antenatal screening.

"CMV is not always discussed by health professionals of the world because they do not want to increase anxiety during pregnancy.

"Yet it's easily preventable in pregnancy. Don't share the spoon with your toddler, or if you work in paediatrics or a school or in daycare, use the best hand hygiene you can.

"Women deserve to be educated. We deserve to know that if we kiss our other child on the lips when we're pregnant, that child might give us CMV and that might affect the pregnancy. Give us the facts and if we still choose to kiss our child on the lips, we've made an educated decision," she says.

"CMV should be like rubella, like mumps – it shouldn't exist anymore."

On top of increased awareness, Mel is also advocating for increasing screening and increased pregnancy monitoring in Australia, drawing inspiration from programs being rolled out in the USA and Canada.

"CMV is all about early detection and early treatment," she says. "If we did pick up on [CMV early], Huey could've been on antivirals for six months and wouldn't have had the damage he's had... But that's okay. It's happened, it's done, it's our path – but I couldn't get through life without trying to spread the word.

"At the end of the day I'm the luckiest woman in the world. He's a super rare little bundle, a glimmer of joy."

Mel's family have decided to stay within driving distance of Perth for Huey's appointments, but Mel is glad to be flying in and out as a remote area nurse again when the clinic is a little "short".



She's approaching the role with a new energy.

"Early in your nursing career, if a mother says 'there's something wrong with my child', you might eye-roll and think 'another overbearing mother'," she says. "But being on the other side of the healthcare system has been eye-opening... There's something to be said for that parental instinct," she now firmly believes.

"If a mother presents with concern for their child, I document that clearly, and if they're not

comfortable going home after the assessment, then I'll escalate it further and continue looking into it for them, spending extra time listening and giving them options to return.

"Working in emergency, you see people's lives and dreams ripped away from them in a heartbeat... It takes the wind out of you when you're on the other side, but also makes you appreciate this job, and the position we have – to be able to help people and be there for people when they need it most."

To learn more about cytomegalovirus, visit Cerebral Palsy Alliance's website to complete their free eLearning course on CMV: <https://cerebralspalsy.org.au/elearning-course-midwives/>

Reference

1. Naing ZW, Scott GM, Shand A et al (2016) Congenital cytomegalovirus infection in pregnancy: a review of prevalence, clinical features, diagnosis and prevention. Aust N Z J Obstet Gynaecol 56(1): 9-18. ●

That time I saved a horse's life

In the 1980s, when a horse suffered a cut to the neck in Tarcoola, SA, new-to-town remote area nurse Ros Jinks performed a successful "backyard surgery" to save its life. Her story evokes the golden years of SA's railways and the unusual duties RANs were (and still are) called upon to perform.

I was working in the tiny town of Tarcoola in South Australia, population around 150. The year would have been 1982, so a while ago now!

Tarcoola was a railway town specifically to service the Trans Australian Railway line, and trains which went through. They used it to refuel goods trains, inspect trains, and maybe also top up water for passenger trains of Indian Pacific and Ghan.

The town consisted of about 25 or so railway houses (mostly in rows), a school and a few houses for teachers and principal, also a small pub with accommodation (although it did not offer public accommodation while I was there) and a small church. There may have been one or two privately owned houses.

The closest other medical service and hospital was in Port Augusta, about eight hours by train, or just under two hours by plane (no regular service, private planes only), and RFDS would generally taxi up to the back fence of the hospital.

The hospital was more of a clinic servicing mostly the town but also the few surrounding pastoral (sheep) stations on occasions.



Tarcoola church in 2020.



Photo: Silvia - stock.adobe.com



Photo: Christopher Meder - stock.adobe.com

With the passenger trains travelling through town, occasionally the nurse was requested to attend to sick passenger/s. The trains didn't formally stop – no passengers were allowed to disembark unless they were getting on/off there, but went through late at night (at 11:30pm to Alice Springs or 3–4am in other directions).

It was supported by the RFDS with medical clinics twice per month or for emergency evacuations (mostly to Port Augusta, although on one occasion a sick child I removed from the Ghan was flown directly to Adelaide) and generally staffed by two RNs.

The days of routine surgery and births in the hospital had long ceased by the time I worked there. The nurses were appointed by the Bush Church Aid Society so there was an expectation that the nurse/s would also have some involvement in running church-related activities, such as Sunday School and Kids Club. The visiting minister attended from Port Augusta reasonably regularly so the nurse/s also facilitated church services in the small church.

Backyards were generous and galvanised iron fences divided the yards. A few of the families had horses and a couple kept one or two in the backyard from time to time. One family had recently acquired a horse from one of the adjoining sheep stations and was attempting to break it in. They were training it with a halter around the head and likely a mouth-bit. I learned this after the event. The discussion was that a horse in the adjoining/nearby yard was calling and this horse put its head over the fence to respond then panicked when it couldn't lift its head, resulting in a large gash along and under the jaw line.

I remember the situation clearly and that I'd only been there about a week. A car screeched to a halt and the doorbell rang almost simultaneously. I promptly answered the door to see a lady and her son standing there looking concerned but no sign of physical injury or distress. She mumbled something like "I don't know if you can do anything, but Sister Helen used to" (Helen being the recent previous RN), and "my horse has cut an artery or something in its neck". ▶▶



The Trans Australian Railway.

So, I instantly changed into some older clothes, gathered a couple of things (medical equipment) and went with her.

Another man in town had already been called to attend; he was more experienced with horses and he took one look and told them to “go get the sister”. There were about four men in attendance and one had his hand over the gash, slowing down the bleeding. I figured that if I didn’t do anything the horse was going to die so I had nothing to lose!

So – the “surgery”. It was very difficult to access the neck area of the horse to see what I was doing properly so it was decided to get the horse on the ground. I think by this stage I had managed to successfully locate the lacerated artery and clamp off the bleeding (by almost blindly poking artery forceps into the wound) so it was a matter of over-sewing said blood vessel and sewing the wound.

A large tarp had been obtained and a light on a very long extension cord from the house, as it was quite dark by this time. The men managed to pull the horse down to the ground and sat on her while I did my ‘surgery’. After the suturing was completed the men allowed the horse to stand again. She was given a course of intramuscular antibiotic and lived to tell the tale.

Sadly, it was some weeks later that she managed to break a leg (knocked on a water trough) and had to be euthanised. (I was on a short break home in Sydney at the time so received a phone call after the event. If I was there maybe I would have tried to plaster it?)

I also spent some time further along the line in Cook – which is similarly situated midway between Port Augusta and Kalgoorlie, but there’s no pastoral stations in the middle of the Nullarbor Plain. It had about 20 houses all in a row with a school set back and a couple



Wilgena Hotel, Tarcoola in 2020.

of teachers’ houses nearby, and was a three-hour flight from Port Augusta, overnight on the train, with twice monthly clinics from RFDS.

Concrete sleepers were progressing so the small siding towns of three to four houses were being dispensed with less maintenance required on tracks, but those adjacent to Cook were still in place, so medical care was extended to the small populations (about three houses) in those places as well as (train) travellers.

Few people visited the towns by car apart from visiting tradespeople for things like Telecom, as most people arrived by train. With advances in technology, there was no longer a requirement for permanent Telecom workers.

One of their jobs was to do weather observations and report to the Bureau of Meteorology three hourly around the clock except for midnight. This job was absorbed by the hospital “Sisters” (RNs).

Because the Indian Pacific train stopped for about a half hour for refuelling and watering, and also crew change (WA/SA), at respectable times (8am and 7pm local SA time), a souvenir shop was established and operated from a small caravan adjacent to the train station. Money raised helped support the town, hospital and RFDS, so of course it was another community job for the hospital staff to be involved with. The town is now mostly gone but remains an important refuel and crew change stop so only a couple live there on a permanent basis.

Hope that gives a bit of insight into working as a RAN in the past days of railway towns in South Australia. Some of the nurses also got involved with veterinary care on a slightly more formal basis, attending to sterilisation of cats (and dogs?) on occasions. I recall the occasional veterinary work on injured/sick animals during my time there, as the closest vet was of course in Port Augusta. ●

Staying safe around camp dogs



Camp dogs are culturally significant, a source of joy, and a mainstay of many remote communities. However, health professionals who work in or visit remote communities may sometimes find them intimidating. Here, Dr Bonny Cumming from Animal Management

in Rural and Remote Indigenous Communities (AMRRIC) shares advice and resources for how to stay safe around dogs.

Picture a remote Aboriginal or Torres Strait Islander community scene – camp dogs are sure to spring to mind! They are an ever-present part of life for most remote Aboriginal and

Torres Strait Islander communities. Despite their free-roaming nature, they are by no means un-owned strays! The vast majority are beloved family members, and they can also be valued hunting aids, protectors against physical and spiritual intrusion, incorporated into Kinship systems, and for some communities, interwoven into creation stories, cultural responsibilities, and ceremonies.

While camp dogs regularly bring moments of joy, and play an important role in culture, when they suffer poor health and management, they can detrimentally impact both the physical and mental health of communities. Dog attacks can result in significant physical and mental trauma for victims, zoonotic pathogens can transmit from dogs to people (particularly immuno-compromised people), and for dog lovers, owning or witnessing sick and injured dogs yet having limited access to services that can assist them, may bring about distress. ►►





AMRRIC's advice for staying safe around dogs:

- Talking to locals about dogs in the community can help you be aware of which dogs, if any, are known to display threatening behaviours.
- When arriving at a property announce your presence – honk your horn or call out before leaving your vehicle or entering the property.
- Watch your body language, vocal tone and eye contact. Just like us, dogs react to our body language, the tone of our voices and our eye contact. Keep your posture relaxed. Move slowly and calmly. Keep your voice low and calm. Avoid direct sustained eye contact.
- Carry treats or dog biscuits when walking around community or entering properties to gently throw towards the dog/dogs (underarm). This can help you distract threatening dogs and can also help to build trust.
- If you are approached by a threatening dog – don't run! Sudden movements can escalate the situation. Instead, keep calm and slowly back away, while calling out to the owner or other bystanders for help.

For more tips and tricks, see AMRRIC's Staying Safe Around Dogs educational resources.

Limited access to animal health services and resultant overpopulation are the underlying drivers of the majority of these concerns and are something that AMRRIC works hard to address through direct veterinary and animal health service delivery, capacity-building training and support, and advocacy for sufficient and sustained resourcing for these important services. We also regularly provide remote advice to community members and service providers who have concerns for either an individual dog (or cat) or a whole population. We understand what it is to be an animal lover but restricted in your ability to access veterinary services, and we thank the many health clinic staff who come to the aid of injured and ill animals in the absence of veterinary services.

Many people who work in or visit remote communities have reported feeling threatened or intimidated by community dogs. When it comes to dog safety, learning to read and

respond to dog body language is key. To assist, AMRRIC has developed a range of dog safety educational resources for audiences ranging from children to adults, all freely available on our website. For anyone new to communities, our Staying Safe Around Dogs videos and online module are particularly useful resources that discuss dog behaviour and body language, as well as how to recognise the danger signs and tips and tricks to de-escalate threats.

Remember, each community and each dog is different. When interacting with free-roaming dogs, practice caution, particularly during early mornings and evenings when dogs are most active. By understanding dog behaviour, you'll go a long way to avoiding dangerous situations.

For more advice and resources, including our "Staying Safe Around Dogs" videos and request for assistance form, visit www.amrric.org or call 08 8948 1768. ●



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