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CRANAplus improving remote health

magazine

the voice of remote health

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CRANA plus
improving remote health

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From the Acting CEO and Board Chair

Dear colleagues,

Welcome to the December edition of the CRANAplus Magazine. This abundant edition shares stories, awards, events and recognition of the rural and remote health workforce. CRANAplus inducted five new Fellows this year, and in this edition, we introduce Mark Goodman (see page 8). Our Fellows will be featured across our 2025 Magazine editions. In this edition, we also meet the winners of the 2024 Australian Remote Health Awards that were announced this October at our annual conference.

If you are interested in sharing your views and experiences, why not submit an expression of interest for our Member Nursing and Midwifery Roundtable? In this edition, we introduce you to our new South Australian Member, Sam Fleming (see page 11).

A warm welcome to all the delegates who joined us for the glittering CRANAplus Conference at Crown, Melbourne, this October. For those who were not able to attend, this edition includes photos, a wrap-up of the activities, and snapshots of what was an exceptional program.

The 2025 education course calendar has now been released, with over 110 courses offered this calendar year. The calendar has been released up to June 2025 (see page 58), and watch out in the next edition for courses for the second half of the year. Those participating in online or face-to-face courses will be transitioning to a new learning management system early in the new year, and we are excited to bring you a whole new look in 2025.

After 19 years (2005–2024) on the Board of CRANA, then CRANAplus in various roles, I (John) am stepping down this year. It has been a fascinating journey and a great privilege to be a part of it. I give a big thank you to the many dedicated people who have been my fellow directors on the Board over the past 19 years, and particularly to the current directors who have supported me as the Chair in my final term. Directors Fiona Wake and Nick Williams are also stepping down this year, and I especially want to thank them for their many years of service on the Board, and to CRANAplus in general.

I will still be around as a Fellow of CRANAplus and as a facilitator on CRANAplus courses, so this is not really a goodbye. As I step back from my role on the Board, I am confident that CRANAplus is in good hands and well able to cope with the challenges of the future while retaining the rich heritage that made us what we are today – the voice and conscience of remote and isolated health in Australia.

We both hope you enjoy this edition of our Magazine, and all the best for the festive season ahead.

Pamela Edwards, Acting CEO, CRANAplus
John Wright, Board Chair, CRANAplus Board of Directors

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

First Peoples

Photo: CJO Photography – stock.adobe.com

From strength to strength

Melina Connors, inaugural First Nations Midwifery Director for Queensland Health, is passionate about the state's Growing Deadly Families strategy. Here she talks about how her new role plays a vital part in that passion.

The Growing Deadly Families Strategy is Queensland's Aboriginal and Torres Strait Islander maternity strategy that aims for all women birthing Aboriginal and Torres Strait Islander babies to be able to access culturally safe, continuity of care through their maternity journey.

It is well established that when mothers are healthy and supported throughout their pregnancy, their babies are more likely to be born at full term and at healthy birth weight. Investing in the health of mothers and babies contributes to the best start to life, leading to better lifelong outcomes for those mothers and babies.

Melina speaking at the CRANAplus 2024 Remote Nursing and Midwifery Conference.

The introduction of the Growing Deadly Families Strategy highlights the significance of birth as a cultural and ceremonial event. The first ever First Nations Midwifery Director in Australia, Registered Midwife and proud Gurindji woman Melina Connors leads the implementation of the Growing Deadly Families Strategy.

Melina's involvement in the strategy began in 2021 when, as a Clinical Midwifery Consultant, Melina led the scoping that informed future work on implementing the Growing Deadly Families Strategy. Melina travelled over 100 thousand kilometres throughout the state, looking for partnerships within communities and services and co-designing models of care that supported the strategy's vision.

An Aboriginal woman, a Mum to three daughters and a Mimi to two grandchildren, Melina knows firsthand the impacts of receiving maternity care in a model that wasn't built for her. "My journey into midwifery came about from my own maternity and birthing experience. My cultural needs weren't factored into the midwifery care I received. I think that's the moment when midwifery chose me," Melina says.

As the inaugural First Nations Midwifery Director, Melina has a unique understanding of the Growing Deadly Families Strategy Implementation, having worked years on the ground, direct with Midwives, Aboriginal Health Workers, General Practitioners, Obstetricians and a range of other health professions involved in delivering maternity services. Melina has taken the time to speak with health professionals, consumers, community members and families to understand their views. She knows one size will not fit all in achieving culturally safe care for First Nations women and families.

"We are expanding Growing Deadly Families at the moment, and it is very exciting to see that as a collective we are recognising the need for First Nations governance of that strategy, through imbedding leadership positions to guide and strengthen our approach." A major goal of the strategy, says Melina, is to continually increase the number of Aboriginal and Torres Strait Islander people trained across all the areas of maternity care. "Women have told us time and time again that they want to be cared for by the same person throughout their pregnancy and that they want to be cared for by people who are culturally capable." The Growing Deadly Families Strategy and its implementation is supporting additional positions within hospital and health services, as well as pipelining the incoming workforce and providing additional cultural support for the existing workforce. "We're throwing our best at it from all angles and it's an honour to play a role in the implementation of this strategy and show what it can achieve," says Melina.

Melina presented the Growing Deadly Families Strategy at the recent CRANAplus conference in October in Naarm. During the session, Melina's message was "If we get it right for First Nations women, we will get it right for all women". ●

Advocacy for closing the continuity gap for remote midwives

For midwife Donna Stephen, holistic care and continuity of care are paramount for expecting mums. In this article she explains why.

"I see myself as an advocate for flexible and holistic care," says Donna Stephen, who works in remote communities in the West Kimberley region for the Kimberley Aboriginal Medical Service (KAMS).

"Am I a driver, a social worker, a cook? I'm all that and more," says Donna who reckons the ever-adapting role of Remote Area Midwife suits her personality perfectly.

"I think I've got the best job. Every day for me is a unique journey and holistic care, creating a supportive network for families, can mean many things.

"It includes health education and health promotion in the community as well as providing health services. It's speaking to a pregnant mum who may also ask about skin sores or other health issues for her other children; it means giving medical advice and support beyond the issues revolving around pregnancy, antenatal and postnatal care.

"Whenever I can, I attend community events to get to know the families, like sports carnivals and health promotion days at school. Community engagement is 100 per cent important. That can also be spending time with groups of women, cooking a curry, putting on face packs."

Donna is based in Broome and her current job sees her regularly fly 180 kilometres south to the Aboriginal community of Bidyadanga, and drive north out to Beagle Bay, meeting women in the communities on a regular basis, collaborating closely with health workers at the local clinics and other healthcare providers, and involving community resources.

"Daily life is different each day," she says. "KAMS doesn't have strict rules about time spent with each patient and this flexibility allows me to prioritise my work to suit each patient's needs and cater for the number of patients I see on any particular day, which can vary widely."

Donna's career as a midwife began at 30, when she said to herself: 'What am I doing with my life?' Before that, she worked in banks, working her way through the ranks from teller at 20 to bank manager.

"Once I had my first son, I realised what an honour it was to be a midwife, to be helping women at such an important time in their life," she says. Donna has now been nursing for 20 years.

After completing her nursing and midwifery training, Donna, her husband and two young sons set off on a trip around Australia and, in those 15 months, Donna got opportunities to work as a nurse/midwife in places like Kalgoorlie and Derby in Western Australia and also in Queensland.

Back in Perth, Donna worked for a multicultural NGO focusing on migrants and refugees. The family always wanted to live in the country, however, and when her husband got a job transfer to Broome "we thought we were the luckiest people on earth," she says.

The family has lived in Broome for just over 12 years, and Donna has worked for KAMS for eleven of these in various roles – regional coordinator, research and child health nurse – and has visited and worked in many of the clinics in the Kimberley region.

"We talk about holistic care all the time in the health industry," says Donna. "Midwives know how beneficial it is, and we all want to provide it. It's not always easy but here, there's no question of ticking boxes or lip service to the concept."

The KAMS midwifery model also promotes continuity of care, and Donna regularly meets her patients from early pregnancy through to 36-weeks gestation. At the 36-week point, the women travel to either Broome or Perth to prepare to give birth. Donna then has them back again within days of birth through to eight weeks postnatal (and often beyond).

This goes a long way to help the midwife gain a deep understanding of individual needs and "it's well recognised that continuity of care improves health outcomes for mothers and babies," she points out.

Donna's dream is to bridge the continuity gap when the mothers go to the hospital, to enable remote midwives to attend to women in the birthing suite. But she acknowledges that there are barriers and hurdles to achieve it.

"Research shows that continuity of care is a good thing: with statistics showing, for example, that it results in lower levels of caesarean births.

Donna sees that bridging that gap would also benefit midwives in remote communities, enabling them to keep up their birthing suite skills. She would also like to see student midwives getting more training in antenatal care.

In the meantime, as she continues to advocate for change, Donna spends her time supporting her expectant mothers and continually looking to improve on the service. ●

Photo: Greg Brave – stock.adobe.com

In Focus

Rugby player to remote nurse

Newly inducted CRANAplus Fellow and volunteer facilitator Mark Goodman was sixteen when he cut his hand on a can at the shop he was working at. The six hours he spent in emergency, watching the comings and goings, was to shape the rest of his life. He was stitched up by a nurse.

"I was going to be a policeman," Mark recalls, "but I thought, that's pretty cool [nursing]. So I went home and a couple of weeks later I applied for nursing school.

"In the 80s it still wasn't the done thing for men. We had 10 per cent males in my class when I was hospital trained."

At the time, Mark was playing rugby: "Team-mates used to joke to my opposition, 'you just got outstripped by a nurse,' which was supposed to be an insult at the time. It's a bit more acceptable these days!" Mark says.

Luckily, Mark was not put off, and many people have been the beneficiaries of his career since. Be it patients in remote communities, nurses who come to his workshops as a CRANAplus volunteer facilitator or those that have experienced his lead-by-example management style firsthand.

Mark has held multiple leadership positions in Australia and New Zealand, including as Executive General Manager of the Torres and Cape Hospital and Health Service for three years, including during COVID.

"We had a lot of challenges up there, because we had the international border with Papua New Guinea. Movement of peoples across the border posed a real risk for COVID entering Australia through that part of the world."

But even whilst in leadership roles, Mark was drawn back to clinical work: "I can't help myself... If there's something going down in the emergency department... I'm in there. I've managed to maintain my clinical skills even though I've had management roles, by staying involved." Mark says.

When asked, what drives him to do this, he says: "It's so easy in management roles to get caught up in the bureaucracy, to remember many years ago when you were a clinician, to believe that everything is fine and dandy. But getting out and doing some clinical shifts... gives you a reality check."

It was his love for clinical practice that drew Mark back to a clinical role, "I decided I'd had enough of being manager again, so I came back to being a clinician and found a really nice role. I work nine days on and five days off, drive in, drive out to Croydon (Queensland).

> "I've struck the remote area nurses' perfect job with a balance between being remote and doing what I love, and for my partner, who wanted a home, chickens and a dog."

When asked what drew him to remote nursing specifically, Mark says: "I suppose it was the exploring my full scope of practice. I had an ambulance background, which certainly gives you a bit more scope and the insights as to how to deal with emergencies...

"I was very much used to, as an ambulance officer, working in a very small team or on my own and dealing with whatever's thrown at you. And that's very true of where I am now." ▸▸

Five newly appointed Fellows of CRANAplus (left to right) CRANAplus CEO Linda Kensington; Josh Stafford; Katherine Neil; Mark Goodman; Lesley Woolf OAM; Board Chair John Wright; Heather Keighley.

He admits that at times, "it can be a bit of an adrenaline rush."

And what's on the horizon?

"I swap between management and clinician quite often, but I'm remaining a clinician for the near future. Right now, I'm exploring the opportunity to undertake my nurse practitioner training, part-time, over the next couple of years."

If you attend a CRANAplus course, you might just get the opportunity to meet Mark on the road as a volunteer facilitator: "Last calendar year I did eight courses. I got to all parts of Australia and met lots of really interesting nurses. I love to hear people's stories."

And the highlight: "You'll often get repeat customers... they'll come back a couple of months later and they'll go 'since I did that course with you, this has happened... and I used these skills that you guys taught me.'

"Getting that feedback about preparing people for the remote care is really cool. It's a big part of it."

Mark was recently appointed as a CRANAplus Fellow at the 2024 CRANAplus Remote Nursing and Midwifery Conference in Naarm, for his demonstrated leadership in rural and remote areas across South Australia, Northern Territory, and Queensland, including: addressing preventable diseases, partnering with community, empowering local healthcare workers, and working in a natural disaster response.

If you would like to nominate someone as CRANAplus Fellow for their exemplary work in remote health, visit: crana.org.au/fellowship

A jillaroo's calling to remote health

Newly appointed CRANAplus Nursing and Midwifery Roundtable member Sam Fleming was raised in Quirindi, a small rural town in New South Wales with a population of 2,500. Coming from a large farming area, she initially aspired to become a teacher. However, before starting university, she decided to explore the world. Her journey took her to England, where she worked as a nanny and barmaid before spending six years as a jillaroo in the Northern Territory and Kimberley region. It was her love for country life and vibrant remote communities that kept drawing her back until she finally decided to study nursing in Broome at Notre Dame University.

As a CRANAplus Nursing and Midwifery Roundtable member, Sam proudly shares her story – from the gratifying human connections to the realities of working in regional and remote health care – and what changes she'd like to see in the future.

Can you tell us about your journey to becoming a nurse?

My passion for rural and remote health care began during my time as an aged care worker in Broome, where I found fulfilment in building connections with residents and enjoying my placements in bush clinics over acute hospital settings.

In 2014, I started my career at Derby Aboriginal Health Service (DAHS), focusing on Indigenous health, and later worked (for a short time) as the sole nurse in a small clinic at Pandanus Park, which solidified my commitment to rural health care. I now work at Oak Valley Health Services, located 1,200 kilometres northwest of Adelaide.

How did you end up at Oak Valley?

I met my partner in Derby during my second year post-university, which led us to move to Geraldton, where I spent a year working at the regional hospital. From there, we relocated to his hometown of Ceduna in South Australia, where I worked at Ceduna Hospital for four and a half years. During that time, I completed a Graduate Certificate in Emergency Care and gained experience as a dialysis nurse.

Many of my patients were Indigenous, and I enjoyed hearing their stories about the places they grew up and missed dearly. I eventually sought a new direction in my nursing career, wanting to step away from acute and emergency care.

After mentioning my interest in a local GP clinic, one of my NUMs connected me with the General Manager of Maralinga Tjarutja Aboriginal Corporation, leading to an opportunity at Oak Valley Health Service.

Clinic isn't just for people. Bath time for baby white wombat.

What does a typical day look like?

A typical day at Oak Valley? It's anything but typical! We're located in between the Anangu Communities of Yalata Community (Eyre Highway) and Tjuntjuntjara Community in Western Australia. The Anangu people frequently move between these communities, meaning the population can fluctuate dramatically – from around 30 in the afternoon to over 50 by the next morning.

Our tasks include conducting health checks and medication rounds during school visits (around 18 kids), dispensing Webster packs for regulars, providing emergency care, and liaising with the Royal Flying Doctor Service (RFDS) when necessary. We also oversee aged care, which resembles assisted living more than traditional aged care. During significant cultural events, we can host up to 11 aged care clients and 10–15 clients staying with family members, and community numbers can climb to over 300.

How does working in a remote community differ from working in a larger hospital?

Working in primary health has a different rhythm compared to an acute hospital setting. While it's still busy, the pace is slower, allowing more time for interaction and connection with patients. Trust is not given automatically; it must be earned through consistent, compassionate care. In a tiny community like Oak Valley, we often find ourselves isolated from larger towns (Ceduna is 500 km away).

However, in emergencies, the community rallies together, providing food, airstrip checks, and transportation for clinic staff and RFDS crews.

What unique challenges do you face in providing care in a remote setting, and how do you overcome them?

Our community is highly mobile, which complicates consistent care, especially when patients may be away for extended periods.

It can also be challenging to obtain medication and health summaries from other small health services for visitors. We have addressed these challenges by fostering strong partnerships with permanent staff in neighbouring clinics.

We've built a robust network for mental health patients who need monthly depo needles, ensuring they receive timely care through collaboration.

What's the most satisfying aspect of your role?

Being recognised by community members from my previous role in Ceduna has been gratifying. I love spending time with children and their mothers; while bathing the kids, I engage in conversations about health issues and upcoming immunisations.

Over my two and a half years here, I've had the privilege of watching babies grow into toddlers and children grow into teenagers who leave for school in Adelaide.

Left: Famous Sturt Desert Pea. Above: Wildlife around clinic.

What surprised you about working in rural and remote health care?

Transitioning from Geraldton to Ceduna, I was struck by the diverse roles rural nurses must fill. In a larger hospital, a ward nurse focuses on a specific set of patients with defined treatment plans. In Ceduna, nurses are phlebotomists, emergency responders, ward nurses, x-ray technicians, and more. While this can be pressuring, it's also empowering. At Oak Valley, I appreciate the autonomy of remote clinic work, supported by the Central Australian Rural Practitioners Association (CARPA) Manuals and a reliable team ready to assist.

Can you describe a particularly rewarding experience you've had with a patient or family in this community?

Due to cultural sensitivities, I cannot delve into specifics. However, advocating for palliative patients to return to their community has been profoundly rewarding. Collaborating with our health team and the community to provide palliative care during the final days and hours of life was an honour.

What keeps you motivated and passionate about your work in a remote setting?

The people truly motivate me. Our health team – comprising the manager, an admin staff member, and myself – works cohesively. We trust each other and get the job done together. Community members know they can rely on us, and sometimes they drop by just for a cup of tea, which reflects the strong connections we've built with the Anangu people.

What tips would you give nurses interested in exploring a career in rural and remote locations?

Absolutely give it a try! Start with shorter placements closer to home to gain confidence before branching out. Nursing is incredibly varied, offering numerous paths to explore.

When working with Indigenous communities, remember to listen more than you speak. Observe how experienced staff interact with patients; every community has unique customs.

Building trust often starts with understanding family relationships and cultural backgrounds before addressing medical issues. Over the years, many non-Indigenous individuals have come and gone, so it's essential to make people feel heard.

Why did you decide to apply to become a CRANAplus Roundtable member?

I was encouraged to apply due to the lack of representation from remote South Australia. Initially, I hadn't considered it, but I now feel I have enough experience to contribute meaningfully. CRANAplus has been an excellent resource for education and support through the Bush Support Line, and I believe it's time to give back.

What strategies do you use to educate patients about their health, especially in a community with limited resources?

We receive valuable support from organisations such as the South Australian West Coast ACCHO Network (SAWCAN) and the Aboriginal Health Council of South Australia (AHCSA), which provide culturally appropriate resources that are easy for community members to understand.

I strive to keep my educational efforts concise, planting the seed for further discussions later. It's important to avoid sounding preachy while sharing information.

What changes or improvements would you like to see in health care delivery in remote communities?

Streamlined funding and reporting processes would greatly benefit health care delivery.

In our small clinic, I've seen how my manager spends countless hours on funding reports.

Each funding source requires different proof of appropriate use of funds, leading to complex and time-consuming reporting processes. ●

Lessons from the Tanami Desert

In her final undergraduate nursing placement, Karri Withers was fortunate to secure a position in the remote community of Balgo, WA, through the Majarlin Kimberley Centre for Remote Health. This placement highlighted the complexities of Aboriginal health and solidified Karri's commitment to working in remote areas, while fostering a deep respect for the nurses dedicated to these communities.

For my final undergraduate nursing placement, I was lucky enough to interview for and attain a placement in Balgo through the Majarlin Kimberley Centre for Remote Health in Broome. Balgo is a remote community of around 400 people in the Tanami Desert in central WA close to the NT border.

Although I had worked remotely before in the West Kimberley as an Assistant in Nursing (AIN), the resources contained in a hospital make for a far different experience than the heavy reliance on personal experience and knowledge of Remote Area Nurses (RANs) and doctors working in remote clinics.

The sheer complexity of practice in this environment makes me feel I could never put into words eloquently enough an understanding of what it is like and the internal struggle you feel trying to be a good nurse in a remote community.

I could see so many problems yet none were a simple fix. Aboriginal health is multi-faceted in the way that issues and social determinants stemming from colonisation compound each other to affect health adversely.

Although I gained an enormous amount of clinical knowledge, the most valuable part of my placement was the people I worked with and worked for. I was lucky to be in such a supportive environment with a focus on teaching and with managers who truly trust their RANs.

And of course, the patients make every hard thing you do, worth it. To get a 'thank you' or a smile, and to be the person patients feel comfortable with makes all the difference in my day and reminds me why I chose to be a nurse.

The advice that has stuck with me most since finishing the placement would be 'just do what you can'. This was the best way I found to be a good student and still be able to enjoy what I was doing.

Nurses can't be everything to everyone. I can't fix a system single-handedly, but I can help in the individual choices I make to improve the health of my patients.

For me, this experience cemented my passion for Indigenous health in Australia and the importance of nurses in remote Australia. I have the utmost admiration for these nurses who are hugely educated on their patients, communities, and medicine. They are some of the most inspiring men and women I have ever had the privilege of working with. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.

Building skills and connections in Tennant Creek

Second-year Flinders University nursing student Lauren Hoskin recently had the opportunity to complete a four-week nursing placement in Tennant Creek, an experience that significantly impacted both her professional and personal growth. From immersing herself in the region's rich cultural heritage to gaining hands-on experience in a remote healthcare setting, each moment provided valuable lessons and insights.

I was recently given an opportunity to complete a four-week nursing placement in Tennant Creek and I couldn't be more grateful for this experience. I was able to immerse myself in cultural opportunities from the moment I arrived in the Northern Territory. While awaiting in Alice Springs for a few days prior to flying out to Tennant Creek, I decided to do a day tour out to Uluru. This was truly a magical experience.

I was able to enrich myself in so much traditional history and stories that have been passed through generations for thousands of years. Eventually the time came to transit out to Tennant Creek, and we were lucky enough to get a flight on the Royal Flying Doctor Service.

During my placement in Tennant Creek, supported by the CRANAplus scholarship and sponsored by Aussiewide Transport, I gained invaluable experience working in a unique and challenging healthcare environment. This placement offered a solid foundation in various nursing practices and skills, specifically in remote settings. I developed the ability to build rapport with patients through empathetic communication, ensuring they felt comfortable and valued. My commitment to providing comprehensive and culturally sensitive care was integral to my practice.

I actively participated in community events like NAIDOC Week, which helped foster a sense of community and cultural understanding.

For instance, I engaged in an online education session run by Flinders University and hosted by Uncle David Copley to learn about the history and significance of NAIDOC Week, followed by a Yarning Circle in the hospital courtyard. These experiences enriched my understanding of cultural safety and community engagement.

The placement also refined my organisational abilities and taught me to adapt to limited resources, providing holistic care that considered the social, cultural, and economic backgrounds of my patients. My proactive participation in educational sessions and community events underscored my dedication to continuous learning and professional development.

In my free time, I embraced the local culture and environment, visiting sites like Mary Ann Dam and the Battery Hill Gold Mining & Heritage Centre. These activities further deepened my appreciation for the region's history and traditions.

Overall, this placement, supported by Aussiewide Transport, sponsor of the CRANAplus scholarship, allowed me to develop a strong skill set and a deep appreciation for patient-centred care, preparing me to contribute effectively to any healthcare team. I am grateful for the opportunity and the support provided, which has significantly enriched my nursing career. Furthermore, this placement and opportunity entirely has fuelled my desire to eventually become a Remote Area Nurse, and I cannot wait to do future rural placements. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by Aussiewide Transport.

AUSSIEWIDE ECONOMY TRANSPORT

Mental health nursing on Thursday Island

Allis Conrad was fortunate to undertake her final-year nursing placement on Thursday Island in the Torres Strait. Supported by a warm team, Allis gained hands-on experience in mental health care while learning about the unique challenges and cultural sensitivities of providing health care in the region.

April in the Torres Strait is typically the end of the Kuki (pronounced Cook-ee) or wet season, where the winds change from strong north-west to the south-east trade winds.

I was fortunate to gain a final year nursing placement on Thursday Island during this time, in conjunction with La Trobe University, James Cook University (who kindly organised accommodation), and the Torres and Cape Hospital and Health Service (TCHHS). Coming from regional north Victoria, where it was already starting to turn cold, the new tropical climate whilst fairly rainy was still appreciated!

I timed my arrival with the Gab Titui Cultural Centre's 20th Anniversary celebration, so on just the second day I saw cultural dances from islands all over the Torres Strait – it was a perfect start to what would prove to be an incredible experience.

I was undertaking my mental health and wellbeing placement and quickly settled alongside the very experienced and exceptional team on Thursday Island.

In previous placements, I had not felt so welcome, included, and respected but I soon learnt that in the Torres Strait, to have such a welcoming and warm spirit was the norm.

There was a sense of like-minded staff who clearly loved caring for the people of the community.

The multidisciplinary mental health team on Thursday Island works with the acute presentations of both adults and youth in crisis, or consumers in need of case management care.

This meant I was able to spend time with both the adult and youth service, observe some acute triage, a medication clinic, and practise writing mental state examinations.

The team also performs outreach services to the outer islands via fixed wing or helicopter, with the aim of increasing the availability of mental health services to the community.

I felt like I had won the lotto when I was invited on one of these outreach trips, this time to Mer (Murray) and Erub (Darnley) Islands to observe how outreach operated and how the services were provided.

I was impressed with how Queensland Health operated remote health in regard to telehealth, video calls, liaising with other HHSs and fly-in-fly-out patient transfers. From a student perspective, this all looked smooth and co-ordinated when in fact I'm sure it required a lot of planning and alignment of services involved.

Already passionate about First Nations health, I learnt first-hand that the subject of mental health in the Torres Strait is still a challenging one, tangled up by old stereotypes and stigma. In the aim of negating this, I tried to learn as much as I could about local ways and knowledge to reduce cultural barriers.

I really valued the opportunity to increase my skills and knowledge in this area and I'm certain this placement will stand me in great stead to my goals of working in this specialty in the future.

Big ESSO (a Torres Strait expression that means 'biggest thank you') to the Thursday Island Mental Health and Other Drugs Team, the Social and Emotional Wellbeing Team, my amazing accommodation host Sue, and the La Trobe University placements team who were open to trying this remote placement option. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.

HESTA

Vale Carole Taylor

Dear CRANAplus Members and Stakeholders,

It's been many years since I've had the pleasure of addressing you. However, I do so today with a heavy heart to acknowledge the death of Carole Taylor, one of the great characters who contributed and gave so much to CRANAplus and the Remote Health workforce.

Carole passed away peacefully in July 2024 at the Alice Springs palliative care unit.

Carole was the Chief Executive Officer of CRANAplus from 2008 to 2013. During her tenure she managed the organisation through significant growth and organisational change to ensure it was prepared for an uncertain future. Although originally from Victoria, Carole made Alice Springs her home.

Here is an excerpt from *Hansard*, of Marion Scrymgour's speech on the 21st of August: "Carole spent many years working for the Hawke and Keating governments, most notably in the office of then minister Peter Staples. She was widely admired by her peers for her ability and skills. Carole worked hard as the senior private secretary, negotiating with cabinet ministers to loosen their grip on their funding for achieving better policy and program outcomes, especially in aged care and particularly for regional and remote areas of Western Australia, the Northern Territory and Queensland. She was a committed champion for improving the lives of others."

Just about every conversation I had with Carole would veer toward what can we do to address the social injustice, the inequality and the embedded racism that Aboriginal and Torres Strait Islander Australians endure. She was always quick to remind and emphasise how this was so profoundly amplified by remoteness.

Her life was one of commitment and service, something she pursued with directness, clarity, and enthusiasm. I recall many occasions of us both sitting in a Parliament House office waiting to discuss 'uncomfortable' or 'awkward' truths with politicians. Thankfully Carole's relationships within that place, her political acumen and her ability to prosecute complex issues with such clarity, helped ensure that the needs of the Remote Health workforce were not only heard, but also clearly understood.

I recall fondly watching Carole dominate a large room of important people, during a vigorous round table debate, when she overheard speakers talk about how remote health was a mere component of rural or regional health. A mistake few people ever made twice!

I'm sure I speak on behalf of everyone who worked with her, knew her and benefitted from her advocacy, as I extend the condolences of the CRANAplus mob to Lenny, William and all her extended family and friends.

I feel fortunate to have worked and known her. Thank you, Carole Taylor; your legacy will live on across remote health.

Christopher Cliffe RN FCRANA
CRANAplus Chairperson 2006–2013

Looking back on a unique opportunity

Ann Knuckey has retired as a Registered Nurse after 48 years – but she still loves to look back on her nursing career, mainly in midwifery. "I never once thought I don't want to do this anymore," she says. Here Ann talks about her nine years as a facilitator for the CRANAplus Maternity Emergency Care (MEC) course.

"After I was approached to become a CRANAplus facilitator in 2012, I did 24 Maternity Emergency Care courses, teaching in almost every state in Australia," she says.

"I thoroughly enjoyed the unique opportunity to join the team of midwives teaching the MEC course to nurses and remote area nurses who work in various clinics in rural, regional or remote parts of Australia.

"Our enthusiasm and passion as midwives must have influenced some of the nurses who said they would now consider studying midwifery.

"Some participants also admitted at the beginning of the course they had some trepidation in caring for pregnant women but, at the conclusion of the course over two and a half days, they stated they felt more confident. They had gained a lot of knowledge from the lectures and learnt many practical techniques during the skill stations.

"As facilitators, we use life-like models to demonstrate the process to follow during a normal birth and how to manage various emergency situations e.g. a breech birth, cord prolapse, shoulder dystopia and postpartum haemorrhage.

> "The midwives who make up the team of facilitators from CRANAplus are chosen for their wealth of knowledge, skills and years of experience they each bring to the MEC course.

"They each work in different areas of midwifery for example: birth suites, neonatal intensive care units, emergency care, research, antenatal clinics, postnatal wards in major metropolitan hospitals, flight nurses or in health units in remote, rural or regional areas.

"As midwives we know that, for most women, giving birth to their baby is a normal part of life. Our role is to care for women during their pregnancy journey and to encourage women to attend regular antenatal checks to prevent possible complications for her and her unborn baby.

"The ultimate goal of course is for women to have a healthy pregnancy and safe birth of a healthy baby and to know they are supported by midwives at every stage.

"I always wanted to be a midwife," Ann says. "As soon as I did a midwifery course, I knew that was what I wanted to do with my nursing."

Before retiring, Ann spent 35 years in the Kimberley, after spending three years travelling and working as a nurse and nanny in England. She also went to Egypt and worked for five months for a UK company as a nurse caring for tourists on cruise boats travelling up and down the Nile. Before returning to Australia, she also spent four months volunteering in Israel working on a kibbutz and travelled around Europe, Scandinavian countries and Russia, finally trekking for two weeks in Nepal.

Back in Australia, Ann worked as a registered nurse and midwife at Broome Hospital, followed by ten years as a community midwife at Community Health in Broome, and one year as a nurse educator for the Rheumatic Heart Disease program (part of the Kimberley Population Health Unit in Broome).

She then worked for six years as a community midwife in Halls Creek followed by six years in Derby, visiting remote Aboriginal communities located outside both regional towns.

> Ann says she has really enjoyed her time working as a nurse and midwife and can recommend it to anyone considering it as a career.

"I consider it such a privilege to be caring for women and their families at such a special time in their lives," she says. ●

Photo: myphotobank – stock.adobe.com

Personal touch is Helen's mantra

Membership officer Helen Phipps has notched up 15 years in the role at CRANAplus. Here she reminisces about her time with the organisation.

The cover of our CRANAplus Magazine (pictured right) in June 2010 (Issue 78) says it all with membership officer Helen Phipps showing how thrilled she was with the success of the organisation's membership drive. Less than a year after she took on the role, numbers had swelled from 470 to 900.

Now, in 2024, there are around 2,100 members. And Helen's mantra is still the same: to support our members and give the personal touch whenever she can.

"I still get satisfaction when I watch the membership grow," Helen says. "It's all about building relationships with new and existing members, and reaching out to past members.

"When I started 15 years ago, one of the first tasks for me and my then Manager Anne-Marie Borchers, who advised me to apply for the job, was to ring every single past member of CRANA. Back then, all the names, going back to 1980, were on a hard copy spreadsheet.

"And even now, with every subscription that expires, I retain contact. It's the personal touch.

"Technology is a wonderful thing, streamlining many services, but the temptation can be to lose that personal touch.

"I email every past member, and it's not a blanket email, each one focuses on each person."

Much of Helen's working day will see her on the other end of the phone or sending emails, helping members access the CRANAplus courses, answering questions and providing information about scholarships and discounts and the Bush Support Line.

"CRANAplus is out there doing important things, constantly improving and opening avenues to help remote health workers not to feel so isolated," says Helen.

"I appreciate that communication is a barrier in the outback and if that means I have to phone someone back, make specific arrangements to get information to a member, then I will."

Celebrating 15 years in the job earlier this year, Helen shared a few stories of the early days with her South Australian colleagues: a number of them about the rough conditions in the first SA office, an old house on South Road in the suburb of Mile End, others about their colourful neighbours.

Originally brought in as the receptionist, Helen soon took on the Membership Officer role when that part of the organisation moved from Alice Springs. Her office was in the old kitchen at the back, next to a former sleepout, being used to store the education equipment for the face-to-face workshops.

Helen was recognised for her 15 years of service at the 2024 Remote Nursing and Midwifery Conference Gala.

In one early-days story, Helen recalls a knock at the back door. "There was this gentleman with a lot of gold chains around his neck and slicked-back hair. 'Can I help you?', I asked. He looked me up and down and said. 'I don't know.' And the penny dropped. I suggested he knock at the door of the next building: that was the local brothel." Those neighbours provided quite a few stories.

Helen has seen the organisation grow over the years, not only in memberships, but also the scope of services and its rising status as a major voice in Canberra for remote health workers. The principal reasons for existing are still the same today for CRANAplus: education, advocacy and support.

The expansion of the education arm has seen two moves to new premises to cater for the storage needs for the props and equipment, first to Dudley Park, then to the current premises at Wingfield in the northern suburbs.

Helen's role has also expanded and she's is also in charge of scholarship administration and around 60 corporate members and affiliate partners.

"We get 60 new members each month, new remote health workers, people wanting to do a course, coming to the conference, graduate students who apply for scholarships. Of course there are people who move out of remote work as well. But many like to keep in touch with what's happening, no matter where they now work or have retired.

"I always wanted to be a nurse from the time I was five," Helen says. "It's funny where life takes you.

"When I left school, I was too young to go into nursing so I took on office work." By the time she did get an offer to start nursing training, Helen decided to stick with a steady job and a weekly pay packet.

"I don't regret that decision," says Helen. "I did a good job wherever I worked. I worked in financial institutions, as a teller, a cashier. Most jobs didn't last much longer than two years.

"But when I got the opportunity to come to CRANAplus in 2009, it felt right. Here was an organisation that wasn't just about making money, an organisation that treated its staff well. I soon learned the extent of the work that CRANAplus does, and I was a part of that. I loved it then. And I love it now.

"And when I see what nurses do, you know, I don't think I could have done it anyway. I am so glad I am here. I am helping people, but in a different way, helping people deal with admin and IT.

"In my mind I think how I would feel if I needed advice or support. I give them my time. In remote areas, the phones often don't work, so, for example, if they need me to ring them back, I understand."

Thinking about retiring?

"I used to say I wouldn't think about retiring until I was 75," says Helen. "I'm now 74. I think I have to rethink that number," she laughs.

"I will keep on working while I am still healthy."

Heart of Australia's national expansion

Over the past decade, Heart of Australia has had remarkable success in bridging the 'health care gap' in rural and remote communities in Queensland.

Its innovative fleet of trucks with custom-designed clinics has travelled over a million kilometres, delivering critical health care to nearly 20,000 people, helping patients avoid 40 million kilometres in travel for appointments, and saving more than 800 lives. We sat down with Heart of Australia Founder, Director, and Cardiologist, Dr Rolf Gomes on the organisation's 10th anniversary, where he reflected on the program's achievements and its newly announced national expansion, including the rollout of the National Lung Cancer Screening Program.

As Heart of Australia celebrates its 10th anniversary, the organisation has already had a profound impact on Queensland's remote communities. Its innovative front-line medical service has delivered specialist healthcare services to the regions, including, but not limited to, cardiology, urology, neurology, gastroenterology, diagnostic testing and more.

So when the Federal Government announced in May 2023 that it was establishing the National Lung Cancer Screening Program (NLCSP) and it needed to find a way to deliver the program to people who don't live in the cities, Heart of Australia and its trucks with soon-to-be-patented battery-operated CT scanners was the solution.

When the Government mentioned the possibility of mobile CT scanners to make the screening program accessible to country Australians, it was a case of the "right place, right time, right technology," recalls Dr Gomes.

Above, from top: Dr Rolf Gomes; Appointment in the Heart Truck; Heart of Australia Team. Right: Heart Truck Clinic.

"Two years ago we launched our mobile CT scanner which allows us to do hospital-grade CT scans in the middle of nowhere, which is actually quite unique.

"What it means is you can drive that truck out to anywhere in the middle of the desert, in the cane field, at the showgrounds, and people can walk up the stairs and have a CT scan of their chest or a CT scan of any part of their body. It's a hospital grade CT scanner. You don't need to have any dedicated, fancy power supply at the other end..."

As Dr Gomes talks about the Heart of Australia trucks' mobile CT scanners, he proudly states that the first one was actually manufactured in Queensland, and the world's first battery-operated CT scan was actually performed in a car park in Narangba, a suburb of Moreton Bay.

Lung Cancer is Australia's fifth most common cancer and the leading cause of cancer death.

Currently, only 26% of lung cancer patients survive beyond five years, primarily because the disease is often diagnosed too late.

"By finding this disease earlier, we can significantly improve survival rates," explains Dr Gomes.

The Heart Trucks, of which there have been six generations, were all designed, and manufactured or modified in Queensland too, featuring all the things you'd expect from a medical clinic.

One of the key advantages of Heart of Australia's mobile clinics is their ability to provide immediate care. And in the case of diagnostic testing for the Lung Cancer Screening program, the trucks serve as a hybrid of a mobile radiology service and a comprehensive diagnostic testing facility, allowing specialists to conduct various tests on-site. This eliminates the need for patients to make multiple trips and wait weeks for results. ▸▸

"So the beauty of having the trucks is you have your entire toolbox with you," Dr Gomes notes.

"When I'm in really remote and isolated locations, which I often am, and talking to someone about pain in their chest, I don't have to say, 'I'll write a referral for you to then ring up and make a 3-day trip to have a stress test and run on the treadmill for nine minutes.' I can instead say, 'Why don't you step in the room next door?' And I can do the stress test because I have the treadmill and the ultrasound machine and everything.

"You can close that loop very quickly."

This immediate access to diagnostic tools streamlines the healthcare process, allowing for quicker diagnoses and treatment.

As part of the $45 million in Federal Government funding, Heart of Australia will expand its specialist care to all states and territories, taking their fleet of trucks from six to eleven, ensuring that 'far-flung' communities of Australia receive the critical care they need. The program's expansion from Queensland to other regions is particularly crucial for First Nations communities that face higher lung cancer rates and have limited access to medical facilities.

"This national expansion is a testament to the success of our model and the undeniable value of delivering specialist health care in rural and remote Australia," Gomes proudly states.

Key to the program's success in addressing healthcare disparities, has been the increasing involvement of medical specialists. Gomes acknowledges that it used to worry him when he'd travel to country medical practices and discover the same issues.

"You'd hear the same story – 'that we used to have a gynecologist, but then they retired'. Or 'we used to have an ophthalmologist, and their city practice became too busy," Gomes says.

"We wanted to establish a sustainable model that could continually provide specialist services to regional areas, ensuring that they don't lose access as providers retire or relocate."

Gomes explains that what has started to take shape is a sustainable pathway to bring specialists to the regions in the land version of the Royal Flying Doctor Service, but not for emergency retrieval.

"Initially, when I started the program, it was myself and two other cardiologists. But now we've got over 30 specialists. They've heard about the program. They've picked up the phone or sent an email saying, 'We've thought about doing this ourselves.'"

Alongside specialists, one of Heart of Australia's fundamental workforce roles historically was a hybrid role called a Medical Aide. This role did everything from reception support, helping a patient with an ECG, driving a support vehicle, and shuttling staff between airports.

As Heart of Australia prepares to expand its reach, the workforce is broadening to include nurses, cardiac thermographers, respiratory technicians, radiographers and more.

Dr Gomes invites healthcare professionals, especially those looking to make a difference in rural settings, to get involved: "We are really looking for anyone who would like to get out of the city, who'd like to do something for country Australians where those services are really appreciated".

With the first of the new Heart of Australia's trucks launching in August 2025 and subsequent trucks rolling out every three months, Heart of Australia is set to truly transform health care access across the nation.

Reflecting on the expansion into other states, Dr Gomes proudly remarked, "So it's great to see it become the Heart of Australia. Our team has worked so hard over the last 10 years. I'm a cardiologist, but when you're covered in grease and sweat, reaching for your stethoscope in the middle of nowhere because an hour ago you were helping a driver under the truck change a flat tyre, you know, the work's pretty real."

The National Lung Cancer Screening Program will be available for eligible people from July 2025.

To learn more about Heart of Australia and the impactful work they do, visit heartofaustralia.com

Far left: Heart Truck on the road. Above: Heart Truck in regional town. Left, from top: Road boss in Weipa; Hospital rounds.

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.

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Website: www.affinitynursing.com.au

Alliance Rural & Remote Health, known as CQ Nurse, brings quality nursing care to rural and remote areas of Australia. Alongside Alliance Nursing, 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
Website: www.allianceruralremote.com.au

Anyinginyi Health Aboriginal Corporation (AHAC) provides primary healthcare services to Aboriginal people of Tennant Creek and four small communities. Established in 1984 as Anyinginyi Congress Aboriginal Corporation, in 2003 we underwent a name change to become Anyinginyi Health Aboriginal Corporation. That year also saw an expansion of services outside of Tennant Creek. Anyinginyi remains focused on our central objective. That is to relieve 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
Website: www.anyinginyi.org.au

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

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 Website: www.achsm.org.au

The **Australasian College of Paramedic Practitioners (ACPP)** is the peak professional body that represents Paramedic Practitioners, and other Paramedics with primary healthcare 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 Website: www.acpp.net.au

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

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

The **Australian Primary Health Care Nurses Association (APNA)** is the peak professional body for nurses working in primary health care. APNA champions the role of primary healthcare 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.

The **Australian Stroke Alliance** is a $40 million program bringing together 40 organisations committed to transforming prehospital stroke care. We plan to take brain imaging to the patient via road and air medical retrieval, speeding up diagnosis and treatment. This is a once-in-a-generation opportunity to address an unmet clinical need and to deliver urgent stroke care for all Australians. Ph: (03) 9342 4405 Website: austrokealliance.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 healthcare manuals suite.
Website: www.carpa.com.au

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 Website: www.cena.org.au

Connect Staffing was born from the merger of Connect Health Services (established in 2004) and Elite Hospitality Personnel (established in 2015). With almost 20 years of experience staffing Australia's largest healthcare, aged-care and hospitality organisations, we retain a high-performing workforce because we don't just fill positions, we help people find fulfilment at work. Ph: WA: (08) 9206 0800 VIC: 1300 696 396
Website: www.connectstaffing.com.au

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

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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 healthcare provider requirements. We are a preferred supplier for governmental and private healthcare facilities in Queensland. Contact us on (07) 4617 8888 or register at www.downsnursing.com.au

Connecting skilled nurses with remote career opportunities, **E4 Recruitment's** specialist Remote Nursing team offers short and long-term roles in regional, rural, remote, and Indigenous communities. Supporting healthcare facilities across Australia since 2012, we provide access to diverse nursing roles, ensure clear communication throughout every step of the process, and offer professional development opportunities. Our focus is on matching the right individuals with the right opportunities, contributing to the future of health care. Ph: 1300 854 400 Email: remote@e4recruitment.com.au Website: e4recruitment.com.au

Passionate about providing top nurses and healthcare workers to rural and remote areas of Australia, the **Evolve Healthcare** team has 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 healthcare recruitment services throughout Australia. Ph: (02) 9189 3089 Website: evolvetalent.com.au/healthcare/upload-cv/

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

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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 Website: www.healthymale.org.au

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

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

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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

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

James Cook University – Central Queensland Centre for Rural and Remote Health (Emerald).
Here at JCU CQCRRH our aim is to attract, build, and retain a high-quality health workforce across Central Queensland. This in turn will lead to the delivery of better health, aged-care, and disability services in regional, rural, and remote communities across Central Queensland. Ph: (07) 4986 7450
Website: www.cqcrrh.jcu.edu.au

James Cook University – Murtupuni Centre for Rural & 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). Its vision of 'A Healthy, Vibrant Outback Queensland' shapes its values, partnerships and commitment to building a workforce in and for the region.

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

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

The Lockington & District Bush Nursing Centre opened on 6 December 1959 and now services an area of approximately 1,042km^2. Its nursing services include wound care, pathology collection, ECGs, health promotion, nursing advice, first aid, blood pressure and blood glucose monitoring, post-acute care, hospital in the home, district nursing and emergency care. Ph: (03) 5486 2544 Email: admin@ldbnc.org.au
Website: www.ldbnc.org.au

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

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

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

Medacs Healthcare is a leading global healthcare staffing and services company providing locum, temporary and permanent healthcare 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 Website: apac.medacs.com

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. Website: 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. Website: 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. Website: 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. Website: 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 Website: 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 healthcare 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: liz.unkles@health.nlk.gov.nf
Website: www.norfolkislandhealth.gov.nf

Nurse at Call is a 100% Australian-owned, people-first nursing agency with over 23 years' experience in regional, rural & remote communities placement. Our mission is to prioritise the welfare of our employees, clients, and the communities we serve. With a dedicated, expert team, we deliver nursing staff precisely matched to the unique requirements of each facility and region. Our approach goes well beyond just filling vacancies; we ensure that every nurse seamlessly integrates into the culture, values, and specific needs of the facilities they serve, fostering meaningful connections and delivering impactful care from day one.

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.
Website: nursesmemorialfoundationofsouthaustralia.com

Omega Medical helps employers source medical and healthcare talent when they need to fill temporary, locum or permanent positions. They specialise in aged-care, hospitals and allied health. Omega Medical has a vast clientele in need of aged-care workers such as: hospices, retirement homes, in-home care, respite-care centres, nursing homes.
Email: avi@omegamedical.com.au
Website: www.omegamedical.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, Kunawarritji and Parnngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parnngurr and Kunawarritji. PAMS has over 830 registered clients with the majority living in Jigalong.
Ph: (08) 9177 8307 Email: pams.pm@puntukurnu.com
Website: 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 healthcare 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.
Website: www.flyingdoctor.org.au

Do you work in a rural or remote healthcare 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
Website: 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 healthcare 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
Website: 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. As a trusted agency in nursing and midwifery placements, we excel in connecting highly skilled nurses and midwives with healthcare facilities in rural and remote communities. Our nurse-led approach guarantees that our placements align with the unique requirements of both healthcare providers and the communities they serve. To learn more about our services, or explore the opportunities we offer, please visit our website at www.skillednursing.com.au or contact us on 1300 444 100 or email enquiries@nursingjobsaustralia.com

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

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 Website: www.sustainhr.com.au

Talent Quarter works with a shared and singular purpose – connecting the best healthcare 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 healthcare recruitment. NSW, VIC, TAS & QLD Ph: (02) 9549 5700 WA, SA & NT Ph: (08) 9381 4343 Email: hello@talentquarter.com Website: 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 healthcare centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.

Vanguard Health Nursing and Medical Recruitment places healthcare professionals into rewarding roles that fit your needs right across Australia. Our mission is simple – to enable local healthcare services to help ALL Australians achieve better health and a better life where they live. With our mission guiding our approach, our supportive and hardworking specialist recruitment team will use their in-depth health industry knowledge to place you into meaningful roles and give you the best opportunity to make a positive impact in your specialty area. We are a preferred supplier for government and private health care facilities across Australia. Contact us to hear about available roles in any location you are interested in working in across Australia. Ph: (07) 3831 3008 Email: workforce@vanguardhealth.com.au Website: www.vanguardhealth.com.au

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

Wurli-Wurlinjang is an Aboriginal Community Controlled Organisation (ACCHO) providing a wide range of effective, quality-controlled, culturally appropriate and progressive healthcare services in Katherine. Established over 40 years ago, we are one of Australia's most mature and experienced ACCHOs. Over the years, Wurli has focused more on the underlying determinants of health, men's health, mental health and family wellbeing, alcohol and other drugs and several other related areas. Wurli delivers services from several locations across Katherine including delivering general and acute care at our main clinic. Ph: (08) 8972 9100 Email: wurli@wurli.org.au Website: www.wurli.org.au

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 pre-conception health for the general public and health professionals. Ph: (03) 8601 5250 Website: 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.com.au for more information.

Support

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Building a happy workplace

Building a safe and happy workplace is a lot like building a house, writes MC Mandile, Senior Psychologist, Bush Support Line. The foundations must be laid well for the rest of the house to stand stable and withstand the test of time. We spend a lot of our time in our workplaces, and generally, if we are happy there, we will stay longer.

On the Bush Support Line, we frequently receive calls from rural and remote health workers who want support as they are experiencing challenges in their workplace. What are some of the ways you and your team can invest time in building a safe and happy workplace?

The Gottmans are world-renowned relationship gurus who have established The Gottman Institute and are leaders in relationship research, education, and support. They developed The Sound Relationship House[1], a concept based on decades of research, that outlines how to build secure partnerships in an intimate relationship.

Photo: seventyfour – stock.adobe.com

Given how closely we live and work with each other in rural and remote health, our relationships with our colleagues can be just as important as those with an intimate partner. Therefore, we've adapted the Gottman's concepts to consider the nature and needs of building a functional and happy workplace.

When working in rural and remote health settings, relationships can have unique pressures and challenges. We can have a limited choice of people around us to form relationships with, and sometimes we may find ourselves in roles within relationships that can become quite intense very quickly. Some examples of this could include sharing a house with a colleague, seeing them every day at the one pub in town, or playing the same sports. In rural and remote workplaces, we often find that our colleagues become our friends. When the relationship has been built well, and we have a good relationship, this may not seem too much of an issue. However, this may be a different situation if the relationship has not been built according to the builder's code.

I want you to imagine a multi-floor house. Now, imagine this house represents your workplace, and let's explore its different levels and structures.

Floor 1: Getting to know each other

Do you know all the people in your workplace? Not just their name, but things about them such as their likes and dislikes, their cultural and spiritual backgrounds and beliefs, things they enjoy and dislike about their role, what they do for self-care, what they want to learn more about and what areas they already know a lot about.

This would be done with all team members, regardless of their role and if they are permanent, part-time or contract staff. Be mindful that not everyone likes to share everything about themselves; some are open books, while others are very private and will share little pieces of information over a long period. However, you can learn a lot about a person from casual conversation without it sounding like you are filling in an online dating profile.

Floor 2: Talking nicely to each other

Say what you appreciate about a person out loud as hearing the pleasant things others think of us is meaningful. Examples could include, "I like how you talk to new patients and spend the time listening to them", "I appreciate working alongside you in high-stress situations as I always feel so calm", and "I love how kind you are to people on the phone, even when they can be challenging to deal with." Other options could be the clinical skills you admire or appreciate in someone.

Floor 3: Turning towards someone for help

Nurture an environment where someone can ask for help and express their needs safely, which requires you to listen and respond without judgement, but with care and support. I am fortunate to be able to do this within my team with anything IT-related. I know that I can go to anyone and, if they don't know the answer, they will direct me to someone who may know. They don't make fun of or judge me, but support and care about what I am doing, even if they have to show me a few times.

Floor 4: Giving people the benefit of the doubt

Rather than assuming the worst, view situations through a positive lens which, in turn, contributes to team cohesiveness. For example, imagine one of your colleagues rushing past you without acknowledging you. Rather than thinking things like "How rude!" or "They are such a snob", consider "I hope they are OK. I am going to check in to see how they are doing later" as a more helpful alternative.

Floor 5: Conflict is OK!

What!?!? Yes, conflict is absolutely OK, but it is how you do it. The Gottmans can predict divorce with 90 per cent accuracy just by watching how couples argue. All relationships should have conflict; how we manage that conflict will either help build our safe and happy workplace or watch it crumble. Have a look at *The Four Horsemen and how to stop them with their antidotes* https://www.gottman.com/blog/the-four-horsemen-the-antidotes/[2] for ways to get better at effectively managing conflict. Try using "I" statements and asking for what you need. For example "I'm feeling frustrated about needing to induct all new contract staff as I find it hard to also keep up with my workload. Would you please organise a roster to do this?" Imagine a reply like "I'm sorry I didn't realise it was impacting your workload. I had just noticed how great you are at it and did not think about the implications it had on your time. That is a great idea to work out a roster to do it, I will get onto it straight away. Thank you for letting me know." This request and response may be idealistic, however assertive communication often goes this way. If it doesn't, you know where you stand and what remains in and out of your control moving forward.

Floor 6: Encourage goals

What are your goals in your workplace? Who do you share your goals with? How can they be achieved? Having goals and having them supported by colleagues and management in your workplace will help support this level of the happy workplace. Reviewing and supporting goals should occur regularly and not be a once-a-year discussion at review time.

Floor 7: Having a shared meaning

As a workplace, what is your shared meaning? What cultures or rituals do you have? For example, do you have a weekly shared morning tea, or an acknowledgement and cake for each team member's birthday? What small intentions could you implement that would help to bring you all together as one team? As humans, we are hard-wired for connection. When we feel connected with others in our workplace it contributes to a happier workplace.

The walls of trust and commitment

We have discussed the important floors of our relationship house, yet the walls of trust and commitment are essential to holding our home together. I love Brené Brown's research and her analogy of "The Marble Jar",[3] where we build trust through small moments or acts, and those moments are like marbles. We each have a marble jar with other people and to build trust, we need to put marbles in their jars, whilst they also put marbles in our jar. We need someone to show us they are deserving of our trust (and vice versa) through these small opportunities. Brené Brown has also established "The BRAVING Inventory",[4] which breaks down trust into seven elements. Have a look at them and maybe give them a go sometime this week.

When we have a solid house, with easily accessible floors, we have a happy and secure workplace. We feel safe, connected, settled, grounded, alert, mindful, and compassionate. We are in the optimal state to perform our duties, learn, thrive, and support others. We can maintain curiosity and be open to all that comes through our doors.

If you experience challenges in the workplace, you can call the BSL on 1800 805 391, where you will be greeted by one of our experienced psychologists who will provide you with a safe and confidential space.

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2. The Gottman Institute (2024) *The Four horsemen: The antidotes, The Gottman Institute.* Available at: https://www.gottman.com/blog/the-four-horsemen-the-antidotes/ (Accessed: 5 July 2024).
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4. Brown, B. (2023) *Dare to lead the braving inventory, Brené Brown.* Available at: https://brenebrown.com/wp-content/uploads/2021/10/DTL_BRAVING_102221.pdf (Accessed: 11 July 2024).

Photo: Ashley Whitworth – stock.adobe.com

Showcasing and promoting wellbeing

Mental Health and Wellbeing was a key theme in October at the 2024 Remote Nursing and Midwifery Conference in Naarm (Melbourne).

Our Mental Health and Wellbeing Team hosted the ever-popular Wellbeing Lounge, which saw a record number of visitors across the preceding expo day and the two-day conference. The Wellbeing Lounge allowed attendees to step back from the buzz of the conference, recharge, decompress and connect with new and familiar faces.

This year in the Wellbeing Lounge, favourite activities returned by popular demand, such as mindful colouring and Lego. The 3-Minute Angels gave delegates some much-deserved 'me time' with soothing neck and shoulder massages. We were also thrilled to welcome some special guests – wellbeing and therapy dogs Milo and Chilli from Miracle Paws.

So many of our delegates excitedly awaited their arrival; then they came to connect with them. These pawsome professionals filled the Wellbeing Lounge with smiles and calm. We even had to police our CRANAplus team, who wanted to take these gorgeous dogs home!

Our Wellness Connection Yarn was a new addition to the Wellbeing Lounge this year, drawing in engagement and much discussion as the responses grew over the conference. The Wellness Connection Yarn captured professional and demographic data and encouraged delegates to reflect on their wellbeing.

It provided insights into how people have managed their wellbeing when challenged and considered how they feel in the present. The overwhelming majority of people used strategies including physical exercise, support from family and friends, engagement with animals/pets and time outdoors to manage their wellbeing when it has been challenged.

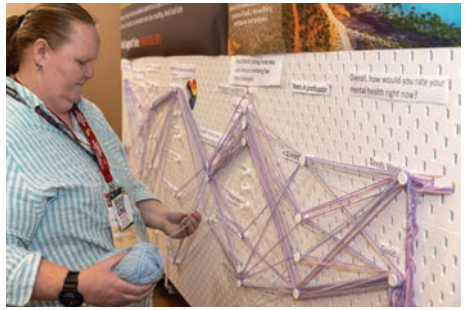
Our team engaged in meaningful conversations about our services and resources, sharing how we support those working in rural and remote health. A significant addition this year was the option for delegates to book one-on-one sessions with our Bush Support Line Senior Psychologists, creating a safe space for professional support to address both personal and work-related challenges. As always, the Bush Support Line (1800 805 391) remained available 24/7 throughout the event, ensuring round-the-clock support.

Right, left to right: Dr Nicole Jeffery-Dawes, Stephanie Cooper and MC Mandile; Exchanging Insights Thriving in the Remote Health Workforce – Dr Nicole Jeffery-Dawes, Senior Psychologist for the Bush Support Line and panel; Chilli and MC Mandile; Wellness Connection Yarn; Mindful colouring in the Wellbeing Lounge.

Adding depth to this year's program was a panel discussion led by Dr Nicole Jeffery-Dawes, Senior Psychologist for the Bush Support Line.

Titled 'Exchanging Insights: Thriving in the Remote Health Workforce', this session brought together experienced remote health professionals who shared their personal stories, challenges, and strategies for managing wellbeing when working in the unique and challenging environment of remote health. This discussion sparked meaningful conversations post-panel. Many attendees acknowledged how the panel members were seen as role models for normalising times when they have experienced vulnerabilities and challenges with their wellbeing, even though they have vast experience working in rural and remote environments. They felt empowered by the panel discussion to be OK with 'not being OK' and to prioritise their wellness journey using help and support when needed.

The conference also featured three breakout sessions dedicated to mental health and wellbeing, drawing in delegates eager to learn about the impacts of mental health in remote health, and exploring innovative ways to support wellbeing in the challenging environment of rural and remote health. Adam Searby, Associate Professor at Monash University, shared insightful research on nurse alcohol consumption, including factors such as workplace environment, rurality and remoteness, and alcohol culture. Ann Vaughan, Health Services Manager at Harrow Bush Nursing Centre in Victoria, showcased her experience promoting wellbeing and positive connections in rural workplaces. Wayne Horwood, Psychotherapist, and Karen Cribb, Registered Nurse, both from IPL Queensland, discussed small changes in the workplace that can lead to excellent outcomes, improving wellbeing and openness to discuss suicide, specifically in remote mining locations. As part of the main conference program, Tiyana Gostelow from Safeside Suicide Prevention presented evidence-based suicide prevention skills applicable to the rural health workforce.



It was evident from the high levels of participation in these sessions and activities that workforce wellbeing is a priority issue for the rural and remote health workforce.

If you could benefit from mental health support, call one of our experienced rural and remote psychologists on the Bush Support Line. This service is available 24/7 for the rural and remote health workforce, their families and students on 1800 805 391.

Stephanie Cooper,
Bush Support Line Manager I Psychologist

Educate

Photo: Alexandre ROSA – stock.adobe.com

Why should midwives attend a Midwifery Upskilling course?

Remote health practice in Australia demands a high level of skill and ability to effectively respond to and manage the normal, the complex and the (thankfully less common) emergencies, writes Leonie McLaughlin, CRANAplus Remote Clinical Educator.

The Midwifery Upskilling (MIDUS) Course was developed in consultation with remote area midwives and doctors, following an identified need for a short course that specifically targeted midwives and obstetric trained GPs working in a remote or isolated setting.

The MIDUS Course aims to provide midwives and doctors in remote, isolated and/or rural settings with the skills and knowledge to offer culturally safe and evidence-based maternity care across the childbirth continuum. It provides an overview of current evidence informed best practice in antenatal, intrapartum and postnatal care, all from the perspective of evidence informed, high quality care, contextualised to the rural and remote setting.

Key strengths of CRANAplus' MIDUS Course

- It is a very interactive with facilitated small group, student led learning, with four case study rotations and four skill station rotations which cover PPH, NNR, Breech and Shoulder Dystocia.
- There is very little didactic learning e.g. lectures. Instead, we aim to tap into and build on an existing knowledge base and established midwifery scope of practice, and encourage course participants to bring their own context, knowledge and skills to the table for discussion and shared learning.
- It includes updates on normal pregnancy, birth and postnatal care, as this is often 'bread and butter' for the remote midwife, and ensures that if normal parameters are well understood, then variations can be quickly identified and managed, and/or escalated for consultation/referral/retrieval as required.

Most other courses focus on maternity emergencies, which are critical, but only part of a midwifes' scope of practice, and in particular for the rural and remote midwife who may work in isolation, neither have access to updates and education in their remote setting, and often work without a great deal of collegial support on a regular basis.

- All content is contextualised to the rural and remote maternity care provider. As we know, there is no point to suggest a pathway, or emergency response, a piece of equipment, which is just not available in a small, low-resourced setting.
- It is the only course specifically designed for the rural and remote maternity service provider and adds the rural and remote context to the content of current, evidence informed practice. We closely reference the CARPA Women's Business Manual, The Primary Clinical Care Manual, along with the NSQHS Standards, and those of other relevant professional bodies, and refer closely to the ACM National Midwifery Guidelines for Consultation and Referral, to guide and support the practitioner.

There are, of course, other excellent courses available for midwives by other providers. However, these are mostly run in the big city centres, are conducted in situ with discrete teams, cover mostly emergency management, and are not contextualised to the rural and remote setting.

The CRANAplus MIDUS Course is offered across the country, approximately five times per year, and runs over almost three days, from 3pm on Day 1, then two very full days on Days 2 & 3.

There are pre-course and on course assessments which cover theory, and on course practical assessments, which assist the course participant to focus and direct their learning into key areas and enable them to feel confident that they are updated in both theoretical and clinical knowledge.

For more information on MIDUS, visit crana.org.au/MIDUS

Adapting CRANAplus education

"The challenge was on, like an episode of Ready, Steady, Cook with only five ingredients to make a six-course dinner, we were off to Christmas Island and Cocos (Keeling) Islands to deliver ten courses, with five CRANAplus Educators, carry-on equipment and only seven weeks to prepare," says Anna Heaton, Clinical Educator CRANAplus. Here, Anna and team share their insights to tailoring and delivering CRANAplus courses for a specific environment.

This is exactly what CRANAplus Education is designed to do: deliver education right to the heart of remote area nursing. And I know everyone was excited about this assignment. A visit to these beautiful islands had nothing to do with it, of course.

It was not all plane sailing (see what I did?) as Leanne Laurie, Remote Clinical Educator, shares her diary entry dated 5th August:

Our day was finally here. Excitement was palpable, bags packed, and we were ready to go! Here we are 18 months on from the floating of our PEC/PALS course delivery to boarding the plane to deliver 10 CRANAplus courses over 12 days. A huge undertaking for Indian Ocean Territories Health Service (IOTHS), participants and facilitators/educators.

We arrived at the airport three hours early. At security, we embarrassingly had all our food and drink supplies confiscated because we failed to realise we were going International. After restocking on the other side, we boarded to settle into our four-hour flight to Christmas Island.

All was going well. We excitedly chatted about the day finally arriving, and we really couldn't believe it was finally happening. As we commenced our descent, we were advised that the clouds were very low and that we would circle around until they lifted so we could land.

Still, with high optimism, we gazed out of the window, catching glimpses of the paradise we were so close to yet so far from. We could see the white beaches and turquoise waters surrounded by lush green foliage; it was calling our names.

And then, like a rocket, we soared back high in the sky. Our hearts were like stone as the captain announced we could not safely land. We were off to Java to refuel.

That's OK. We would refuel and head back. The clouds would have lifted, the weather would have cleared, and we will just be a few hours delayed. But to our dismay, as we sat like a stranded whale on the tarmac refuelling, we were told "No, you are headed back to Perth". The silence was deafening, the shock settled in, and our hopes were dashed.

That was a very long, mystery flight to nowhere. We all sat with our heavy hearts and hoped we would find another way to get where we needed to be.

We arrived back in Perth only to be absolutely drenched by torrential rain, with a two hour wait for accommodation and transfers to be sorted, with no word on any recovery flight in sight. By 2am, we were right back where we had started that morning.

The good news is that we did make it, albeit 48 hours later. One thing remote area nurses are good at is adapting under pressure. Plan D was hastily developed and activated.

The Indian Ocean Territories (IOT) is a unique place to work. Both islands are closer to Indonesia than Australia and house a melting pot of different cultures. Christmas Island is predominantly of Chinese descent and has a large Malay population.

The hospital here has a small emergency department and general ward and serves a population of approximately 1,700 people. Cocos (Keeling) has a total of 27 islands covering a land mass of 14 km^2. Only two islands are inhabited and have a small healthcare clinic. They have a total of one nurse unit manager, five registered nurses, one doctor and three health workers covering both clinics, serving a population of approximately 600 people.

The islands did not disappoint. On arrival, we were met with a unique land of rugged landscapes, ancient forests, abundant marine life, soaring sea birds, wild coastlines, remote, picturesque tropical beaches... and lots of crabs.

The courses

Remote Emergency Care (REC), and Paediatric Emergency Care and Paediatric Advance Life Support (PEC+PALS) combined

Anna Heaton, Remote Clinical Educator, Emergency Stream

Resources, including precious healthcare staff, are limited in such a remote environment. This left us with only a short time to deliver the best emergency care education that we could. We combined our leading courses by providing all the theory online.

The workshops then focused solely on developing skills and putting theory into practice. The scenarios were written to fit the clinical environment, and a technical debrief/discussion included the different considerations and skills required across the lifespan. This enabled the learning outcomes of both the adult and paediatric courses to be fully covered.

Cocos (Keeling) Islands had requested an Advanced Remote Emergency Care course, which was again adapted to be appropriate to the environment. This course included advanced skills, including front-of-neck access and chest drains.

The scenarios were developed to include advanced critical care considerations when dealing with acutely unwell emergencies such as sepsis and burns in such a remote environment. The highlight of this course was running a mass casualty scenario that included the Australian Federal Police (AFP) and all clinical staff. ▸▸

The scenario commenced on the AFP boat and involved three casualties, including a 45-year-old male having had a cardiac arrest and upturned the boat. His 37-year-old wife was thrown overboard, sustaining major injuries including C-Spine precautions, fractured pelvis, fractured femur, multiple lacerations and an embedded propellor blade. The couple's child, an 18-month-old, was also thrown into the water, sustaining a submersion injury and later deteriorated and arrested. The scenario involved four AFP staff, six local nursing and medical staff, along with numerous keen bystanders willing to help.

After patients were stabilised on the boat and the jetty, they were transferred by mule (not the four-legged one) back to the clinic for further treatment, management and evacuation.

There were lots of challenges with limited resources, much improvising, and a whole lot of skill demonstrated in treating and managing the casualties successfully. The team provided outstanding emergency health care. This was a fantastic exercise in team collaboration, communication and best use of resources. I think we left Cocos (Keeling) with some food for thought.

Practical Skills course

We concluded the Emergency Stream courses with four fun sessions: plastering, suturing, emergency eye care and ear presentations. The day was all about lots of hands-on practice while learning valuable skills. We saw some terrific suturing techniques. The emergency stream courses ended with everyone acquiring at least one plastered limb. It was great fun all around.

Midwifery Emergency Care (MEC) course

Amanda Forti, Remote Clinical Educator, Midwifery Stream

The MEC courses were busy and fun, filled with Leonie and I teaching in tandem to deliver a truncated program. Both doctors and nurses well received the program. Delivering MEC in 12 hours or less was an exemplar of what can be achieved in a limited timeframe with a small team of health professionals who usually work together.

Having minimal equipment to teach with (only that which we could carry) provided some challenges, and the odd raised eyebrow from customs officers as they noted the replica human pelvis in my hand luggage as I went through security. Fortunately, the paediatric mannikin, pregnant belly, model placenta and birth instruments were all checked in.

It was wonderful getting to know the IOHT team, and we were extremely grateful for the opportunity to experience the delivery of maternity care, work, and life in this very remote setting. We also had the opportunity to explore and spend time in a place of incredible natural beauty (particularly underwater), affording us lifelong memories.

First Line Triage (FLT) course

Leonie McLaughlin, Remote Clinical Educator, Midwifery Stream

A First Line Triage (FLT) course was conducted on each island. This course focuses on the triage of patients and appointment management in the primary health setting.

The aim was to upskill the non-clinical primary health practitioner to confidently assess patients whilst applying the principles of triage to ensure patients receive appropriate care. Both were delightful, engaged groups made up of admin and some health worker staff. Each half-day session involved lots of discussion, relevant case studies, and facilitation, enabling the group to tease out local issues and create potential solutions together. The content around the importance of positive and effective communication across all roles within the clinic was enjoyed and actively engaged with.

The participants' feedback on the day was very positive. They reported that the course had really helped them understand their roles and responsibilities. Providing a theoretical framework reinforced the need to follow an agreed-upon, consistent, and formal triage process in their primary care/clinic settings. It even extended to the request that the clinical staff be informed of their triage process as well.

A very rewarding teaching and learning experience for myself and these key members of the teams in the Primary Health clinics on the islands.

The greatest benefit for us as educators and for the staff, was not only delivering the workshop in the environment in which they work, but also working with the whole of the team. It was fascinating to see how everyone slipped into their normal roles. They were incredibly supportive of each other and debriefing included some thought-provoking discussions on how they could improve their emergency care moving forward.

Amanda Forti sums it up beautifully:
The entire journey was a career highlight for Leonie and myself. Sharing the experience with each other, the emergency stream educators and our remote colleagues was a rare experience of what working as a Remote Area Nurse and Remote Clinical Educator (Nurse & Midwife) can look like.

None of these courses could have gone ahead without the amazing dedication and support of both the Nurse Managers and Clinical Educators, Vicky and Leah, on the islands.

There were about a thousand emails and phone calls as we tried to gather information about the diversity of the care they deliver, the emergencies that present and how these are managed in this unique environment. We were dedicated to tailor-making these courses to be of the best learning benefit to all the staff.

In addition, huge thanks to our fabulous volunteer facilitator Steve Gust who just goes with the flow and his lovely wife who made for an excellent Trauma patient. The mass casualty would not have been the same without you.

I think I can honestly say, that whilst it was an exhausting time for everyone involved, the experience was illuminating, highly educational and a whole heap of fun! We look forward to visiting again. Thank you from everyone at CRANAplus Education.

Anna Heaton, Remote Clinical Educator, CRANAplus

2025 Education Schedule

Below we have published our course schedule for January-June 2025. Please visit the CRANAplus website for up-to-date information on available courses.

Courses for the second half of 2025 will be released early next year, and as usual, CRANAplus Members will have early access to bookings.

January

Mon 20–Tues 21 – Adelaide (SA)
Remote Emergency Care (REC)

Tues 28 – Online
Triage Emergency Care Intensive (TEC Intensive)

Thur 30–Fri 31 – Adelaide (SA)
Remote Emergency Care (REC)

February

Mon 3–Wed 5 – Adelaide (SA)
Advanced Remote Emergency Care & Advanced Life Support (AREC+ALS)

Mon 3–Tues 4 – Perth (WA)
Remote Emergency Care (REC)

Thur 6 – Online
Triage Emergency Care Intensive (TEC Intensive)

Fri 7–Sun 9 – Adelaide (SA)
Midwifery Upskilling (MIDUS)

Sat 8–Sun 9 – Perth (WA)
Maternity Emergency Care (MEC)

Tues 11–Thur 13 – Perth (WA)
Midwifery Upskilling (MIDUS)

Thur 15–Fri 16 – Perth (WA)
Paediatric Emergency Care + Paediatric Advanced (PEC+PALS)

Sat 22–Sun 23 – Broome (WA)
Remote Emergency Care (REC)

Mon 24 – Broome (WA)
Advanced Life Support (ALS)

Tues 25–Wed 26 – Broome (WA)
Maternity Emergency Care (MEC)

Thur 27 – Online
Triage Emergency Care Intensive (TEC Intensive)

March

Sat 1–Mon 3 – Darwin (NT)
Midwifery Upskilling (MIDUS)

Wed 5–Thur 6 – Darwin (NT)
Maternity Emergency Care (MEC)

Thur 6 – Online
Triage Emergency Care Intensive (TEC Intensive)

Sat 8–Sun 9 – Darwin (NT)
Remote Emergency Care (REC)

Mon 10 – Darwin (NT)
Advanced Life Support (ALS)

Mon 17–Wed 19 – Alice Springs (NT)
Advanced Remote Emergency Care & Advanced Life Support (AREC+ALS)

Mon 24–Tues 25 – Alice Springs (NT)
Maternity Emergency Care (MEC)

Clustered Courses

Many of our courses will run back-to-back in the same location, allowing participants who want to undertake several courses to save on travel and just take one block of leave.

Thur 27–Fri 28 – Alice Springs (NT)
Paediatric Emergency Care + Paediatric Advanced (PEC+PALS)

Sat 29–Sun 30 – Alice Springs (NT)
Remote Emergency Care (REC)

Mon 31 – Online
Triage Emergency Care Intensive (TEC Intensive)

Mon 31–Wed 2 April – Alice Springs (NT)
Midwifery Upskilling (MIDUS)

April

Sat 5–Sun 6 – Cairns (QLD)
Maternity Emergency Care (MEC)

Tues 8–Wed 9 – Cairns (QLD)
Remote Emergency Care (REC)

Thur 10 – Cairns (QLD)
Advanced Life Support (ALS)

Sat 12–Mon 14 – Cairns (QLD)
Advanced Remote Emergency Care & Advanced Life Support (AREC+ALS)

Wed 23 – Online
Triage Emergency Care Intensive (TEC Intensive)

Tues 29–Wed 30 – Brisbane (QLD)
Remote Emergency Care (REC)

May

Thur 1–Fri 2 – Brisbane (QLD)
Maternity Emergency Care (MEC)

Sat 3–Sun 4 – Batesman Bay (NSW)
Remote Emergency Care (REC)

Mon 5–Tues 6 – Batesman Bay (NSW)
Maternity Emergency Care (MEC)

Thur 22 – Online
Triage Emergency Care Intensive (TEC Intensive)

Sat 24–Sun 25 – Katherine (NT)
Remote Emergency Care (REC)

Mon 26 – Katherine (NT)
Advanced Life Support (ALS)

Sat 24–Sun 25 – Shepperton (VIC)
Remote Emergency Care (REC)

Mon 26–Tues 27 – Shepperton (VIC)
Maternity Emergency Care (MEC)

Thus 29–Fri 30 – Hobart (TAS)
Remote Emergency Care (REC)

Sat 31–Sun 1 June – Hobart (TAS)
Maternity Emergency Care (MEC)

June

Sun 8 – Launceston (TAS)
Advanced Life Support (ALS)

Tues 10–Wed 11 – Launceston (TAS)
Remote Emergency Care (REC)

Thur 12–Fri 13 – Launceston (TAS)
Maternity Emergency Care (MEC)

Tues 17–Wed 18 – Perth (WA)
Paediatric Emergency Care + Paediatric Advanced (PEC+PALS)

Fri 20–Sun 22 – Perth (WA)
Advanced Remote Emergency Care & Advanced Life Support (AREC+ALS)

Sat 21–Sun 22 – Albany (WA)
Remote Emergency Care (REC)

Thur 26–Fri 27 – Albany (WA)
Maternity Emergency Care (MEC)

Sat 28–Sun 29 – Roma (QLD)
Remote Emergency Care (REC)

Mon 30 – Online
Triage Emergency Care Intensive (TEC Intensive)

Information correct as of November 2024. Schedule subject to changes. For up-to-date course information, please visit crana.org.au

Engage

Photo: ausnative – stock.adobe.com

2024 Conference Recap

The 2024 CRANAplus Remote Nursing and Midwifery Conference in Naarm/Melbourne this October was truly inspiring. This year, we kicked off the event with a free Expo, open to the public, that provided an invaluable opportunity for attendees to explore career pathways in remote nursing and midwifery. Participants connected with experienced professionals in remote areas, engaged directly with employers in remote healthcare and gained some hands-on experience at our clinical skill stations. The Expo was lively, and the feedback was overwhelmingly positive.

The conference officially commenced with a Welcome Function on Wednesday evening, where we celebrated five new inductees into the CRANAplus Fellowship Program and honoured their exceptional dedication to remote health. Congratulations to Josh Stafford, Lesley Woolf, Heather Keighly, Katherine Neil and Mark Goodman.

We will introduce each of our new Fellows in future editions. You can read more about Mark Goodman on page 8 and Lesley Woolf on page 68.

The following two-day conference program delivered an array of presentations, beginning with a thought-provoking opening address from the Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor Alison McMillan PSM. This was followed by Melina Connors, the inaugural First Nations Midwifery Director for Queensland Health, who presented on the implementation, governance and expansion of the Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy and other Queensland Government initiatives. You can read more about Melina's work on page 4.

CRANAplus Bush Support Line Psychologist Dr Nicole Jeffery-Dawes led a brave and inspirational panel discussion on managing wellbeing while working in remote health through the *Exchanging Insights: Thriving in the Remote Health Workforce*.

Read more about the panel and the highly popular Wellbeing Lounge on page 50.

We also had the opportunity to take a break from the serious business of improving remote health and have a laugh with comedian Nurse Georgie, who had the audience in stitches with her bluntness, charm, and razor-sharp wit. Australian comedian, maths geek, and media personality Adam Spencer blew our remote health minds away with his energy-packed conversations on maths, tech, science, and sustainability in the rural and remote context.

For the first time in CRANAplus conference history, following a record number of high-quality abstract submissions, the event featured concurrent sessions across three key streams: mental health, alcohol and other drugs; clinical practice; and workforce development. The impressive array of presentations left delegates deliberating over which session to attend; such was the calibre of the content on offer.

Above: Conference attendee practising at the clinical skill stations.

Breakout sessions snapshot

Dalya Holowinski outlined the Emergency Care Assessment and Treatment (ECAT) program used in regional NSW to support nurse initiated emergency care. Ammie Thredgold described an innovative nurse-led initiative of an App to enable easy access to clinical guidelines in a timely manner. Elise Bell described the process of re-establishing suspended remote birthing services on Kangaroo Island. All three presentations showed the power of nurse-led initiatives to improve patient care.

Saz Newberry and Margaret McCallum outlined a process to improve working relationships between Aboriginal and Torres Strait Health practitioners and nurses in rural and remote health centres.

Ammie Thredgold described the SA Regional Emergency Nursing Capability Framework which provides a framework to develop nurses' clinical capacity at all levels along the novice to expert continuum.

Dr Kirsty Smith (Kirby Institute) outlined the First Nations molecular point-of-care testing for respiratory and sexually transmitted infections that has been used successfully in remote health services for over eight years. Test, Treat and Go.

Professor Marion Eckert presented an innovative approach to conducting skin checks using AI technology. The study trained regional primary care nurses to perform community-event-based skin checks in pop-up clinics in SA with follow up care with local GPs.

Nick Williams, CRANAplus Board Member

I had the privilege of moderating two workforce sessions at this year's CRANAplus conference. The quality of all the presentations was excellent but more importantly the work that is being done in this space is inspirational with real outcomes.

Mark Ramjan and Catherine Priestley discussed workforce shortages and 'pipeline' strategies to develop Remote Area Nurses (RANs) through targeted programs. Kate Hancock focused on sustaining the rural urgent care nursing workforce with placement opportunities, while Adj Prof Karrie Long introduced Australia's National Nursing Workforce Strategy to maximise the value of the Nursing workforce.

Phillip Harnas presented a Transition to Remote Practice program being used at KWHB and introduced a new acronym PRAM!

Fiona Hildebrand explored clinical supervision models for RANs, and Georgia Ward and Gemma O'Grady emphasised the impact of extended placements on rural nursing education.

Melissa Allen highlighted Domain 4.1 of the National Rural and Remote Nursing Generalist Framework – Developing Capability in mental and emotional resilience of remote area nurse.

Fiona Wake, CRANAplus Board Member

To see a full list of abstract presenters view the 2024 program at crana.org.au/past-conferences

Above, from top: Opening address from the Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor Alison McMillan PSM; Melina Connors, First Nations Midwifery Director, Queensland Health; *Exchanging Insights: Thriving in the Remote Health Workforce* panel, led by CRANAplus Bush Support Line Psychologist Dr Nicole Jeffery-Dawes; Comedian Nurse Georgie; Adam Spencer; *The Framework: From Publication to Implementation* panel; Dr Amy-Louise Byrne PhD; *Q&A: Remote Realities in 2024* panel.

We extend our gratitude to Heather Keighly (pictured above) for stepping in to present on behalf of esteemed Deputy Rural Health Commissioner, Adjunct Professor Shelley Nowlan. Heather provided an insightful update on Shelley's work in shaping the Federal Government's agenda of enhancing access to rural and remote health services and addressing critical workforce shortages in these areas.

Heather also seized the opportunity to expand on a session the previous day where Professor Karrie Long, Chief Nurse and Midwifery Officer at Safer Care Victoria, created a palpable buzz in the air after using Slido to gather delegate input on the draft National Nursing Workforce Strategy and key issues affecting the remote health workforce.

Another highlight of the conference were the panel discussions, including *The Framework: From Publication to Implementation*, which explored the National Rural and Remote Nursing Generalist Framework, its current and future applications, and its potential to raise the profile of the profession and guide workforce development. We also heard from Dr Amy-Louise Byrne PhD on Nurse Navigators – Champions of the National Rural and Remote Nursing Generalist Framework (more on page 84) and Tiyana Gostelow on SafeSide Prevention – An Evidence-Based Suicide Prevention Approach.

The last session of the conference *Q&A: Remote Realities in 2024* saw members of the CRANAplus Nursing & Midwifery Roundtable share their experiences and analyse pressing workforce issues, including workforce sustainability and resourcing.

In closing, delegates gathered for the Gala Dinner at the prestigious Crown Palladium, fully embracing the theme of 'fascinators, feathers, and fedoras' to celebrate the hard work and achievements of the past year.

The RMH Scrub Choir (pictured above) set the tone for an uplifting evening, where we celebrated the exceptional contributions of nurses, midwives, and healthcare teams committed to advancing remote health care through the *2024 Australian Remote Health Awards*.

Congratulations to this year's recipients Gayle Woodford Memorial Scholarship – Erica Stone; Early to Remote Practice Award – Catherine Priestley; Excellence in Education and/or Research Award – J'Belle Foster; Excellence in Remote and Isolated Health Practice Award – Susan Wilkes; Collaborative Team Award – Indian Ocean Territories Health Service's Nursing Team Christmas Island; and Aurora Award for the Remote & Isolated Health Professional of the Year – Lesley Woolf.

Left: Welcome function. Above, from top: Gala Dinner at the prestigious Crown Palladium; Conference delegates; Conference delegates – mothers and daughters; Conference exhibitors.

A student's perspective

Undergraduate Student Volunteer Conference Scholarship

My check-in time for the first day of the CRANAplus Conference was midday. By 12:30 I was still lost in a sea of velour carpet and Peter Alexander pyjama shops; how big can Crown Casino possibly be? Turns out we were not the only conference in the village, not even the only conference on that floor. After meeting three friendly security guards, two receptionists (and the helpful CEO of an entirely different conference) I stepped into a sea of clinicians from the entire width and breadth of our country. Stallholders representing CRANAplus, Aboriginal Community Controlled Health Organisations, agencies, the NMBA and many more welcomed me with warmth, patience, kindness... and un-uncountable number of free branded pens. (I think I'm prepared for MO pen-pocketers until N6.) The next two days brought new faces, fascinating talks, snacks, more new faces, more snacks, a sneaky nap in the mindfulness room, lunch, snacks, exceptional cultural safety insights and importantly, free coffee. More than once I found myself joking about, saying tiny spring rolls, with someone I later realised was not just my potential future boss but my future boss's, boss's, boss's boss. A humbling experience and a hallmark of how familial the remote area workforce can be. Now at the end I am utterly knackered; humbled to be walking away with contacts, offers of mentorship and advice, as well as a slightly exhaustion-fogged memory of attempting the moonwalk next to at least two CRANAplus Directors... Nursing students, get to the conference if you possibly can, it really is a game changer. I'd like to extend a massive thank you to everyone who gave me their time, wisdom and friendship, as well as to CRANAplus for their scholarship and welcome. I'd also like to extend a big thank you to the Clever Care Nursing Agency whose support covered my flights, ticket and an entirely (un)reasonable haul of new books from the Queen Vic markets.

See you all at the next one.

Learn more about each of the award recipients in the Educate and Engage sections of this edition. Let's join together in applauding these outstanding professionals who go above and beyond to ensure that quality health care is accessible to everyone, no matter where they are.

Finally, but importantly, a heartfelt thank you to Dallas McKeown, our exceptional MC, for expertly guiding the conference and creating an engaging, seamless experience for everyone.

We extend our sincere gratitude to our Gold Partner: James Cook University Central Queensland Centre for Rural and Remote Health; and Silver Partners: Healthcare Australia, and the Australian Primary Health Care Nurses Association; whose generous support made this event possible. A warm thanks as well to all our sponsors, exhibitors, and attendees for coming together to create such an inspiring and positive experience. We look forward to seeing you at our next conference!

To view the full gallery of images, scan the QR code (left) or visit crana.org.au/2024conferencegallery

Making primary health sexy

For Lesley Woolf, Executive Health Manager at Mala'la Health Service Aboriginal Corporation in Maningrida, this is a time of recognition for her decades of commitment to help improve the health of Aboriginal people in remote Australia. Here she talks about her belief in the rising star of primary health care.

"I am just doing my job," says Lesley whose latest accolade is the 2024 CRANAplus Aurora Award – for the Remote and Isolated Health Professional of the Year, which was presented to her at the organisation's conference in Melbourne in October. As her nomination states: *Lesley's quiet dedication to and advocacy for the health of remote communities reflects CRANAplus values, particularly integrity, social justice, and inclusiveness in supporting the delivery of quality, safe health care in remote and isolated settings.*

Earlier this year, Lesley was awarded the Medal of the Order of Australia in the King's Birthday 2024 Honours list for service to Indigenous health and to rural and remote nursing. And in 2023, she was chosen as a finalist in the NT Senior Australian of the Year Awards for her work in transitioning health services to Aboriginal Community Controlled Organisations in the Territory.

Lesley is quick to embrace the entire nursing community in acknowledging her recognition: "You do what needs to be done, identifying needs and working as hard as you can to get things done. You see what can be improved and try to get that. You want to make a difference."

She then moves on to talk about her favourite topic – primary health care. "If we are going to improve health in Australia, in fact worldwide, we really need to look more carefully at preventative health, be proactive in terms of health.

"I think primary health and remote health is becoming sexy and more attractive than ever.

As a member of a panel at the conference discussing the National Rural and Remote Nursing Generalist Framework, Lesley recognised its value in providing guidance for nurses in remote areas, processes for organisations striving to be better, and recognition of the extent of the work done by remote area health professionals. This framework describes the unique context of practice and core capabilities for rural and remote Registered Nurses in Australia.

"While I see interest in remote health care moving in the right direction, it's still hard to get nurses into these roles particularly with the right skills and experience. It's important that they are well prepared and receive a lot of support. To go out there unprepared can scar people for life.

"I can see more and more people wanting to become remote area nurses. I think that's great.

"The old adage of seeing people who go into the outback being Missionaries, Mercenaries and Misfits, is fading. In terms of the health field, we are seeing more people wanting to be remote area nurses for the right reasons, with a genuine interest in Aboriginal and primary health care.

"There are more and more opportunities for nurses to follow that path and, of course, CRANAplus is an important part of that, including offering more and more courses that provide easier access to professional development and rural and remote context."

Lesley is also thrilled to see more Aboriginal people becoming health practitioners, and more being done to make this possible. "When I see local people with the knowledge of health practitioners speaking to local people, often in language, talking to each other about health, taking ownership... that's my dream."

Lesley, who has now been at Malal'a for nine years, lists a few opportunities over the years that opened her eyes and expanded her mind on the depth and value of primary health; instances and opportunities that made her think over the years.

Working in Queensland for 30 years, Lesley's nursing career started on the wards of Cairns and Mount Isa Hospitals, soon managing the emergency department. "I saw such disparity in the burden of disease for Aboriginal people," she says. "I was probably a bit naïve."

Coming back years later as Director of Nursing, Lesley then had responsibility for all the communities in the far west region. "I'd previously gone out to Doomadgee which had a little clinic that was basically falling down, it was so poor. There was no real health service and patients had to be flown out all the time. ▸▸

Left: Lesley with her 2024 Aurora Award; Lesley speaking on *The Framework – From Publication to Implementation* panel at the CRANAplus 2024 Remote Nursing and Midwifery Conference; John Wright CRANAplus Board Chair presenting Lesley with the 2024 Aurora Award at CRANAplus' 2024 Gala Dinner; Lesley was also appointed a CRANAplus Fellow at the Welcome Function of the CRANAplus 2024 Remote Nursing and Midwifery Conference.

"If a child had a temperature, they had to fly them out, the health service was so limited. As Director of Nursing, I started talking about a new health centre, and I focussed on the fact that it would be so much more cost effective. There would be no need to fly out so many patients. Eventually we got that seven-bed health centre."

A huge eye-opener which was 'a tough gig', was her appointment to the Board of Directors for a diversionary centre in Mount Isa, dealing with people who would otherwise end up in prison. "There, I saw how providing a feed, a bed and care, and they'd walk away a much better person. Sometimes, I'd manage to fast-track them to the emergency department to see a doctor.

"It became obvious that if you care for people, provide basic care, you can change lives."

Moving to the Northern Territory to work and eventually for Sunrise Health Service in Katherine, Lesley was moving essentially from a background in hospital environments to community. "The CEO at the time made me think differently. I say thank you every day in my life that he helped to change my direction," says Lesley. "He gave me that opportunity.

"I had been in hospitals most of the time, focussed on how many beds, how many spare beds, beds in emergency, and there was never enough money.

"I had come in from a fairly green perspective. I thought before this that I knew what primary health care was. But I realised I knew nothing about primary health care and I had to be humble and ask a lot of questions.

"Sunrise was all about service provision – in the home and in the community. It was about prevention rather than reaction. Working with the community and talking about what their priorities are. Thinking of what is best for the community. And I realised that it was important to apply this in the hospital setting too.

"In primary health care you can control budgets better than in a hospital," Lesley acknowledges. "You can have patient recalls. We work on preventing people from getting sick, not helping people get well.

"While hospitals are so essential, I can see that primary health care also has an important role to play and really is essential in making a difference."

Driver for change of direction

In her first remote experience, Registered Nurse Catherine Priestley's commitment has been recognised, receiving the 2024 CRANAplus Early to Remote Practice award. Here she explains how her interest in primary health care was the driver for her transition from acute metropolitan care to remote practice.

"While working in emergency in western Sydney, I'd see patients come through who would have benefited from stronger primary health care," says Catherine. "We'd see people, for example, come in with COPD (chronic obstructive pulmonary disease) every fortnight.

"Maybe if they had stronger support with preventative measures, disease management at a community level, with information on how to take their medicines, more education on the importance of vaccinations.

"I'd speak to patients, seeing these missed opportunities, but you don't have time to focus on these things in ED."

Catherine, who grew up in western Sydney and studied nursing in Wagga Wagga, has worked at multiple metropolitan Sydney hospitals as well as for the NHS in the UK, before undertaking a Master of Public Health and Tropical Medicine, where the importance of primary health care came to the fore.

"I certainly learned that a stronger primary healthcare system would be of benefit to all Australians," says Catherine, who started looking at her options for a change in direction.

"I started to look at rural and remote, knowing that there is a gap in those areas in the provision of health care," she says. "Primary health is a specialist area and primary healthcare nurses in rural and remote areas are specialist generalists."

"Having a varied background is a strength, but my background doesn't make me an expert primary healthcare nurse. There are many agencies sending nurses into those locations, but I felt I needed more support. I wanted to make sure I was prepared."

Above: Catherine (right) with Rural Generalist Registrar Dr Leah Ginnivan.

It was then that Catherine learned about an NT Health initiative which aims to support registered nurses with a minimum of three years post graduate experience. "Through the Top End Public and Primary Health Care Transition to Remote Health Nurse Program, I knew I would get a year's training and educational support to do courses, helping me gain relevant skills, experience and knowledge with a specific focus on remote area nursing. It was just what I wanted and needed."

And so in February this year, Catherine arrived in Wadeye, about 420 km south west of Darwin, one of the largest remote communities in the Territory with a fluctuating population of around 2,500 people.

"I found Wadeye to be a very welcoming community and it's a very collaborative health practice. It's a challenging environment, being geographically isolated and lacking many of the physical resources I was used to in Sydney. A patient starts a new medicine, for example, and you can't just send them to the pharmacy. The medicine they need may not be available and you have to wait some days for it to be delivered. Specialist support is not on hand either – it may be hours away by plane.

"Some days are challenging and I am very mindful of the need for self-care. It would be very difficult to take on this kind of role if you aren't open to new experiences."

Part of the NT transition program are components of cultural awareness. "I did a two-week orientation program and a week of cultural training which was really valuable," says Catherine. "I found it helped me to reframe how we deliver health care.

"It emphasises that we are now in a community with a different culture, different social structures, a different language – like going to work in a different country.

Chosen for the 2024 CRANAplus Early to Remote Practice Award, her nomination states: Catherine is a nurse transitioning from acute metropolitan care to remote practice and in her first remote experience has demonstrated a commitment to collaborating with colleagues and other services to support the community and deliver evidence-based care.

She has broadened her practice including primary health care and demonstrated openness to learning and developing as a culturally safe clinician and developing rapport with the community. Catherine exemplifies CRANAplus values of Excellence, Respect and Inclusiveness.

"Daily, I need to be mindful that the health care and service I deliver is meeting the needs of the community and what they want and need; not my perceptions of what they need,"says Catherine. "Doing this makes me more thoughtful –one size does not fit all.

"I've been doing CRANAplus courses, so far completing the REC and the MEC courses. They were fantastic, always geared to reframing clinical skills for the rural and remote context.

"I have asked a million questions and will ask a million more."

And, come next February, Catherine knows she will confidently be ready to apply for any remote or rural position as a junior remote area nurse.

The Nutbush has its limits

Susan Wilkes, the Director of Nursing at the Birdsville Primary Health Centre, Central West Hospital and Health Service – which is a part of Queensland Health – was a presenter at this year's conference on dealing with medical challenges at mass gatherings.

Ms Wilkes (pictured right) also was the recipient of the CRANAplus Excellence in Remote and Isolated Health Practice Award.

When we think of mass sport and music gatherings in outback Australia, Birdsville on the edge of the Simpson Desert soon comes to mind.

Think of the challenges facing nurses as tourists gather for these events, and motorbike accidents will pop up as a strong contender.

Not so obvious, however, but high on the risk assessment list at the Big Red Bash in Birdsville (pictured below) is the over-zealous response from Nutbush enthusiasts taking up the festival call to strut their stuff as the music starts.

"Desert sand and Nutbush may not be the best combination," Sue told the audience at the conference during her presentation to share the lessons learned from mass gathering events in Birdsville and the impact it has on the healthcare services and community.

"Interesting fact about the Nutbush, it can be considered a high-risk dance as the last two years has seen broken bones, sprains and cardiac issues, just to name a few presentations."

Birdsville, smack in the middle of Australia, has a population of 106 according to the 2021 Census. That figure can fall to about 60 in the summer, says Sue.

"So, while the music festival and the Birdsville Races attract many thousands of people, the small events also have a big impact on the town, as well as on the Birdsville Primary Health Centre and Central West Hospital and Health Service," she says.

"The population can triple for the weekend with events that attract a few hundred people, such as Bronco Branding, the rodeo, the Simpson Desert Ultra, golf events and car rallies.

"While some will say they are not mass gathering events, the increase in population will have a significant impact on the nurse's ability to provide safe care. Whether it's a rodeo with 300 people or 12,000 people for a music festival, the impact on the health service and community is significant."

Sue's conference presentation outlined the collaborative effort by the whole community to handle mass gatherings, listing numerous agencies and individuals involved, ranging from

Photo: Travelling Jewel Photography.

the event organisers and security to the Royal Flying Doctor Service and police officers, fire service and SES volunteers, the shire council and locals, as well as Birdsville Primary Health Centre staff and the Central West Hospital and Health Service of which the health centre is a part.

"We all work together to give the tourists the best experience possible," says Sue.

Unknown to Sue as she spoke, she had been nominated by her work colleagues for the Excellence in Remote and Isolated Health Practice Award, the nomination emphasising

Photo: Travelling Jewel Photography.

her commitment to everyone in the Birdsville community: local patients, clinic staff, volunteers and other agencies in town; along with tourists, event participants and visitors.

The nomination began by stating that Sue, an experienced Registered Nurse and Midwife, "demonstrates a depth of knowledge and skills at an advanced practitioner level in a rural and remote setting with limited resources. Susan is a strong advocate for patients – particularly in ensuring access to appropriately skilled staff to ensure their ongoing health and wellness along with emergency care response to locals and visitors alike. This includes throughout mass gatherings and events."

Over the last three tourist seasons, Sue has been involved in making significant changes in planning and preparing for events, both large and small. Interagency planning is part of the collaborative approach.

"I am already starting to prepare for 2025, locking in staff so flights and accommodation can be booked," she says.

Sue has also turned her attention to calculate the correct staffing ratio for a mass gathering event held in these small remote communities.

In 2023, the music festival had multiple paramedics and a doctor onsite and in 2024 they changed their focus of medical care to doctors, nurses and paramedics. Even with an increase in medical coverage at the music festival, the clinic in town had more presentations this year, even though crowd numbers were down by thousands.

At the Birdsville Races (pictured left), the clinic is the only access point for medical care, and while the numbers are less than half of the music festival, the number of presentations and retrievals are similar, therefore requiring the same staffing numbers for both events.

"We are continuing to collect data to allow us to support the arguments towards an evidence-based model," says Sue.

"Informed by the elements of safety for mass gathering events in remote environments. ▸▸

"We are doing this in collaboration with Professor Pauline Calleja, James Cook University, to inform an evidence-based workforce model in rural and remote environments in mass gathering events."

The additional staff that Sue brings out to Birdsville is comprised of senior clinicians who know Birdsville and can support other nurses with an interest in developing remote area nursing skills.

"This team can therefore take care of the community as well as respond to the additional clinical demand that mass gatherings and large visitor numbers bring in a very remote environment," she says.

"With the graduate nurses coming out, there is an opportunity for the transfer of skills. For example, nurses coming out before the event itself have a chance to learn how a remote clinic operates, an opportunity to experience day-to-day running.

"This will include liaising with the RFDS, responding to ambulance callouts, and providing primary health care for the whole community. It doesn't stop.

"They get exposure and experience with outback situations and develop their skillset – and we do get a lot of motorbike incidents.

"Two of the girls have asked to come back next year to work during the tourist season to gain more experience in the primary healthcare setting."

As her nomination stated: "Sue has additionally demonstrated a profound and lasting contribution to the professional growth of junior nurses through her mentorship and guidance. Sue encourages colleagues to grow within their role offering support, education and guidance, and is known for her integrity, excellence, inclusivity, respect and social justice."

Sue has been nursing for 35 years.

I've always gone back to the Bush, she says, pointing out that she is a country kid, having grown up on a dairy farm, she said.

Starting as an Enrolled Nurse working in places like Goondiwindi, she then trained through university to be a Registered Nurse.

"I spent some time in the big smoke in Melbourne in emergency and ICU, consolidating my skill set," she says.

"I then worked as an agency nurse in many parts of Australia, before training as a midwife and heading back to outback Queensland to work."

Sue came back to Birdsville in 2022 to do some relief work for the Central West Hospital and Health Service – and stayed.

"This is a very inclusive community, very supportive of myself and the other nurses," she says.

So, it is no surprise that Sue's nomination also emphasised her "strong bond with her community, going the extra mile, not because it's required but because it is the right thing to do".

The power of translational research

Registered Nurse and PhD scholar J'Belle Foster, who has spent years working and researching TB in high-risk areas overseas and on Australia's border with Papua New Guinea, has been recognised with the 2024 CRANAplus Excellence in Education and/or Research Award. J'Belle exemplifies the CRANAplus values of integrity, social justice, accountability, excellence and respect and here she talks about the achievements gained from her work – and the hopes she has that her research will continue to translate into action.

When J'Belle began her PhD research she never anticipated the evidence for improvements she would unearth close to home or the outcomes it has achieved.

Already well established as an expert in tuberculosis (TB) with overseas work in Nepal and Northern India, J'Belle was sent to the Torres Strait, first to work on an Active TB Case Finding project, followed by a federally-funded TB project to ensure the safe and ethical transfer of Papua New Guinea TB patients from the Torres Strait back to the Papua New Guinea health system.

"Living and working in the community I was studying allowed me to understand nuanced social dynamics, like the perceived threats of cross-border TB transmission," says J'Belle. "This embedded understanding informed the research and also influenced my clinical practice. Living and working on location made sure the evidence I gathered was translated into actions that were culturally and contextually relevant."

Her research resulted in tangible changes such as updated TB screening procedures, new training for clinicians, and better collaboration between healthcare services at the Australia – Papua New Guinea border.

Her experience has made her a strong advocate for the benefits gained from research undertaken on the ground, and also for the focus on translational research – translating the academic work into practical action.

However, she points out that there is work still to be done. "My work identified significant policy and practice gaps, such as the inadequacies in current early warning tools for detecting clinical deterioration in TB patients.

"We need mechanisms that are fit-for-purpose, particularly for vulnerable populations like children suffering from TB and malnutrition. I've advocated for changes to clinical tools that could save lives by better identifying critical cases."

Emphasising the benefits of translational research, J'Belle says: "Ultimately, the goal is not only to highlight these issues in academic papers etc, but to ensure they lead to lasting, positive changes in actual health care delivery and governance."

J'Belle publicly shared her extensive work in the field of TB at the 2023 CRANAplus conference. "The response I received was overwhelmingly positive and supportive, which was incredibly validating and inspiring," she says.

"One of the central themes of my research is the call for nurses and other healthcare professionals to be brave and to advocate fiercely for patient safety. We must challenge practices that have become normalised but that compromise patient welfare, particularly in remote and cross-border settings where patients are vulnerable.

"I want to inspire nurses to resist becoming complacent or feeling powerless in the face of 'normalised' systemic issues. We must confront these assumptions and prioritise ethical health care, even when it feels daunting. We must question and speak out when patient safety is at risk, especially when dealing with endemic diseases, where the consequences can be fatal."

J'Belle says her research raises critical ethical questions about the responsibilities facing clinicians. "How do we balance resource constraints with our duty to provide care that does not discriminate based on nationality or geography, and how are we supported in this incredibly difficult environment?" she asks. "My research aims to keep these moral dilemmas at the forefront of policy discussions."

J'Belle says: "I am deeply honoured and grateful to have received the CRANAplus award this year, and I extend my heartfelt thanks to all who have supported and believed in the impact of this work, especially those who inspire me in our shared mission to improve health care in remote communities.

"Winning the CRANAplus award is a testament to the impact we can make when we work courageously and collaboratively for the greater good."

J'Belle says she always knew she wanted to work in low-and-middle-income settings with people who were most underserved. After nursing and research stints in China and Vietnam, she spent some time in the foothills of the Himalayas in Dharamsala, mainly with Tibetan children brought over the border and housed in monasteries and boarding schools.

This is where, she says "I fell in love with working with TB patients. It is a curable disease but also deadly. I wanted to help people deal with the fear and stigma attached to TB, understandable feelings as many have seen their loved ones die.

The nomination that secured the CRANAplus award for J'Belle states in part: J'Belle has made a significant contribution to the field of public health by leading a federally funded TB project across the Torres Strait Islands and Papua New Guinea border. J'Belle identified gaps in TB service delivery, which propelled her to write a business proposal and successfully secure funding to establish Australia's first TB Control Unit situated within an Indigenous community.

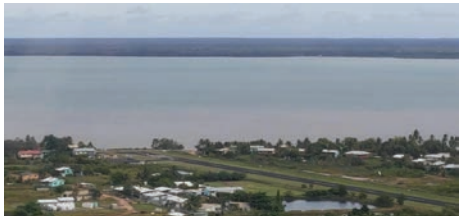
"When I initially established the TB Unit," says J'Belle, "there were no existing policies or procedures to effectively manage TB control at the Australia- Papua New Guinea border. The primary aim of my PhD was to generate the necessary evidence to support patients and develop a comprehensive TB program in this high-risk region. I could never have anticipated the extent of our successes during the implementation phases of this translational research, outcomes that I have since documented and measured in my research publications."

Since submitting her PhD thesis, J'Belle has spoken at numerous national and international conferences and forums, including the TB Centre for Research Excellence Symposium and WONCA World Conference in Sydney, and the TB Research Advancement Center Seminar Series at Johns Hopkins University Center for TB Research. She also presented at the National TB Coalition of America, and most recently, was invited by the Australian Respiratory Council and Global TB Center to train nurses and outreach workers on the provision of TB care at the Pacific Islands TB Controllers Association (PITCA) Conference in Pohnpei, Federated States of Micronesia.

She is currently a Research Fellow in the Surveillance and Evaluation Research Program at The Kirby Institute, UNSW Sydney. "I am privileged to be part of an incredible team dedicated to addressing significant healthcare challenges in remote and underserved communities. Our work focuses on rapid point-of-care testing in remote First Nations communities, ensuring timely diagnosis, prevention and treatment of infectious diseases where it is needed most.

"This work isn't just about generating scientific knowledge, but also about empowering communities and healthcare providers with the tools and information they need to act swiftly and effectively, with cultural safety at the forefront of every decision.

"This kind of work demonstrates impactful career pathways that are available to nurse researchers. Translational research offers opportunities to contribute meaningfully to public health while staying deeply connected to patient care and community engagement."



Photos: J'Belle Foster.

Left and above: Saibai Island, with Papua New Guinea in the distance; Horn Island – a major route in and out of the Torres Strait; Papua New Guinean boats on Saibai Island at low tide.

2024 Gayle Woodford Memorial Scholarship recipient

Erica Stone was announced as the 2024 Gayle Woodford Memorial Scholarship recipient at the 2024 CRANAplus Remote Nursing & Midwifery Conference Gala this October. Here Erica shares her journey so far, the challenges and opportunities she has faced in regional healthcare settings, and what receiving the 2024 Gayle Woodford Memorial Scholarship means to her.

As a registered nurse, Erica has already seen and experienced a great deal. Starting her career in the emergency department of a metropolitan area, she enjoyed the variety of her work, where no two shifts were the same.

"I'm not one that enjoys ward-working or routine. I like something different and exciting where I don't know what's coming in the door. So I moved to emergency, studied, and stayed there, working my way through all the roles. Then I thought, 'Now what do I do from here? I don't think this is where I want to be the rest of my life,'" Erica explained.

While remaining in the city, she held two roles in sexual health, both of which she really enjoyed. However, she soon realised she was looking for a new way of life altogether.

"I quickly realised that commuting for a nine-to-five job in a metro area, catching a bus for an hour to work every day, wasn't the life I wanted to continue."

Erica learnt upon an opportunity in Alice Springs. After investigating further and successfully moving through the recruitment process, she embarked on a remote placement in Alice Springs, kick-starting her career in rural and remote health care.

"I went there, and I loved it. I loved the hospital, working in remote settings, the people, and the colleagues. I realised at that stage, 'Wow, this is something I could see myself doing—being in this remote setting and not knowing what's coming through the door again.'"

Since then, she's had an 18-month journey in agency nursing in regional and remote healthcare settings, primarily caring for Indigenous communities, which has taken her as far as the Torres Strait region.

Her next opportunity is set to take place in Doomadgee, Queensland, later this year, primarily serving an Indigenous community located about 140 kilometres from the Northern Territory border.

In discussing the lessons of working in regional and remote communities so far, Erica acknowledges that despite moments of frustration, she's had to change her mindset.

"I find that when I work in predominantly Aboriginal communities, it can be very frustrating because I want the best for the patients who walk through the door. However, sometimes what I believe is the best outcome for them isn't what they perceive to be their best outcome. So I've had to adjust my thinking quite significantly when entering communities; it's not about what I want as the healthcare provider."

When asked how she builds trust within communities, she admitted it's tough and she is not always successful, given her often short stays in any one health setting. Nevertheless, her unwavering dedication drives her to advocate for her patients and help them increase their health literacy.

"I try to encourage my patients to understand that, even though I'm the health worker, I'm working in their best interests. I often serve as the voice between the patient and the GP or the doctor on-site.

"I think that's one of the most important strategies in building trust within the community – knowing that I'm not just going to hand them a box of tablets without explanation. It's my job to ensure they understand what we're doing and why."

The Gayle Woodford Memorial Scholarship, sponsored by CRANAplus and Flinders University College of Medicine and Public Health, covers the course fees for the Graduate Certificate in Remote Health Practice offered through Flinders University.

Erica expresses her desire to continue the legacy of change that Gayle and others initiated to improve health outcomes for people living in remote and regional communities. ▸▸

Left: Erica holding the Gayle Woodford Memorial Scholarship plaque; Erica (centre) with the CMR Cornerstone Medical Recruitment team, sponsors of Erica's attendance to the 2024 Remote Nursing and Midwifery Conference; Erica with nursing colleagues in Broome; Erica trying out some of the clinical skill stations with CRANAplus Remote Clinical Educator Leonie McLaughlin.

"At the gala dinner, the lovely lady next to me was in awe, and we discussed Gayle and the legacy she left behind. For me, receiving this scholarship means I want to honour her legacy.

"I hope that I can also bring change to communities – whether that's today or tomorrow or in 10 years time – but I hope that by working in community just like Gayle did, you know I can make a difference to people living in remote and isolated Australia."

Although Erica is only halfway through the Diploma of Remote Health Practice, it's had an immediate impact on her work, especially with Aboriginal and Torres Strait Islander people.

"Now that I'm studying this diploma, I apply the social determinants of health every time I walk into a room where I'm caring for someone.

Above, left to right: Crossing the Nullarbor; Beachside on Thursday Island; Erica in Kangaroo Sanctuary in Alice Springs; Visiting Simpson Beach, Broome.

"This course is providing me with so much more insight and compassion," she says.

Next year, Erica is set for an entirely new challenge: she'll be returning to Alice Springs to undertake a two-week intensive course on pharmacotherapeutics as part of the degree, which will enable her to administer medications in communities without a doctor or pharmacist.

"These skills are essential, and I wouldn't possess them if I hadn't pursued this degree," Erica states.

When asked about the most pressing issues for First Peoples' health, she referenced how important environmental factors are in influencing health outcomes.

"There are so many social determinants of health and if we addressed just one or two, such as housing for example, we'd get significantly better health outcomes."

When asked what advice she would give those considering applying for the scholarship, she encouraged others not to hesitate.

"I pursued this opportunity because I dreamed of working in remote areas and making a difference. If anyone shares that passion and believes this scholarship could help, they should absolutely go for it."

While Erica doesn't have a single mentor, she finds inspiration in those who have come before her.

"Seeing influential figures at the conference, like Lesley Woolf [CRANAplus 2024 Aurora Award recipient for Remote and Isolated Health Professional of the Year] and Aboriginal midwife Melina [Connors, First Nations Midwifery Director, Qld Health] inspires me.

"Their contributions to the community make me aspire to create a similar impact one day."

It's evident that Erica's transformative journey is just beginning. When asked about her long-term goals, Erica envisions establishing permanent roots in a remote Australian community to create lasting impacts on individuals' health outcomes.

"I see my future in remote communities – not just as a contract nurse, but as someone who has a home there, empowering the residents to take control of their own health care.

"I guess that's my goal: to be there and make a difference. Even if it's just in one community, I believe that would make a huge difference."

Erica's attendance at the 2024 Remote Nursing & Midwifery Conference was sponsored by her employer CMR | Cornerstone Medical Recruitment.

Nurse Navigators a win for coordination

For complex and vulnerable patients, the introduction of Nurse Navigators, as the name suggests, is geared to assist their winding journey within the healthcare system.

Queensland Registered Nurse and researcher Dr Amy-Louise Byrne outlines here the benefits of this role.

"The current health system, we have to acknowledge, is disjointed. It is just not fit for the modern situation," says Amy.

"Someone goes to hospital because of their heart, a cancer, a broken leg. They are dealt with, and discharged and then are channelled into silos – a specialist here, a community service there.

"Nowadays, people are living longer and the typical person in the system has multiple chronic illnesses, say a heart issue, asthma and a skin cancer.

"The original system is not designed for this and the creation of the Nurse Navigator role is a recognition that better coordination is needed.

"These people need holistic care: possibly multiple specialists, services, medications. And the Nurse Navigator is there to traverse and coordinate them all."

In her presentation at the recent CRANAplus conference on Nurse Navigators and where they fit within the Rural Remote Nursing Generalist Framework, Amy pointed out that this new model of care fits in with and supports all the other roles, be it RN, RAN, specialist, GP, community nurse etc.

"Nurse navigators fit into that framework with their advanced skills in negotiation, problem solving, collaboration and coordination, and navigating the complexity of the system," says Amy.

Above: Dr Byrne alongside Danielle Jocumsen who presented an abstract poster on the roles and skill requirements of registered nurses working in rural and remote areas.

"They understand the system and the constraints of the system. They can do creative things and are encouraged to work at the margins. They have the courage to bend the rules to navigate red tape and the cumbersome bureaucratic system.

"Nurse navigators exist throughout the entirety of Queensland – and offer value to all services. However, I believe they are particularly effective in rural and remote contexts.

"While rural and remote nurses champion health care and health equity for their communities, seeing gaps in services and working to ensure that their communities have safe and effective care available, the Nurse Navigator champions the work of the rural and remote nursing. Within the generalist framework, this goes someway in supporting, celebrating and shining a spotlight on the generalist roles they undertake," says Amy.

As we all know, rural and remote nurses are stretched to the limit; it is difficult to keep health workers in a community for any length of time; and there is often a predominance of FIFO workers and student nurses.

Amy, an RN with 15 years' experience including emergency care and rural/remote practice, taking on roles such as clinical nurse and Director of Nursing, moved into the world of academia, research and education in 2019.

"My research areas are nurse-led models of care, rural and remote health, Aboriginal and Torres Strait Islander health equity and health system redesign with a focus on person-centred care. She is currently Senior Lecturer and Postgraduate Research Coordinator in the School of Nursing, Midwifery and Social Sciences at Central Queensland University

"I am very happy working in academia. It suits me. I feel I can contribute to nursing in a very different way. Once it was in the clinical sphere, now it's advocating for the professional nurse from a research perspective.

The Nurse Navigator role was introduced into the Queensland health system in 2017 and that state now has more than 400 Nurse Navigators.

"People who are referred to the Nurse Navigator usually have very complex situations, lots of challenges, and are using the hospital a lot," says Amy.

"The Nurse Navigator is a conduit, and could be working across perhaps the hospital area and the community area; across acute and primary care; public and private health care.

"They may have to travel or liaise and assist with travel and accommodation; speak to all necessary areas not just health, for example, housing or Centrelink; make health appointments on the same day and maybe advocate for families.

"The people who choose to go into this area are very senior nurses, with professional maturity and a high level of skills and experiences," says Amy.

"This role suits people who don't want to become a manager or an educator. They want to be person-centred and remain as a clinical nurse – and yet use all their skills."

In most nursing roles, case management focuses on clinical care and coordination, while patient navigation focuses on social support and advocacy. Case management is typically disease-specific, while navigation is typically individualised. "There is room for everybody," says Amy.

Data collected since the introduction of Nurse Navigators in Queensland shows that:

- Navigator-led alignment of care for outpatient appointments resulted in a cost saving of $3,350 per navigated person per annum
- Readmission rates decreased by 6%
- Failure to attend appointments decreased by 5.7%
- Discharge against medical advice reduced from 1.7% to 0.2%
- Nurse Navigators embedded a novel clinical pathway with senior nurses leveraging their extensive knowledge and experience to journey the patient across the health care boundaries
- Nurse Navigators deliver person-centred care
- People receiving care and their families loved navigation.

"I am clearly a huge advocate for the Nurse Navigator model of care," says Amy. "Navigation is a golden opportunity – and certainly they are a model which can be looked upon to drive the rural generalist framework.

"The specific area, however, that does need further attention and development is leveraging system improvement. And I believe that more needs to be done to capitalise on Nurse Navigators' understanding of the limits of the system from both the health care and from the consumer perspective.

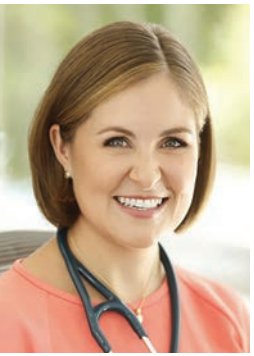
"This will go a long way to help consumers connect with the care that they need.

"This is the area that needs future attention."

Photo: Reto Ammann – stock.adobe.com

Connect

APSGN in focus



CRANAplus spoke with medical doctor, researcher and educator, Dr Allison Hempenstall, Public Health Medical Officer of the Torres and Cape Hospital and Health Service, to discuss the nuances of acute post-streptococcal glomerulonephritis (APSGN), its causes, symptoms, trends and the importance of prevention strategies.

Acute post-streptococcal glomerulonephritis – otherwise known as APSGN – is an inflammatory disease of the kidneys following a skin or throat infection with Streptococcus pyogenes, known as group A streptococcus (GAS), or occasionally groups C or G streptococcus.

In Australia, reports suggest Aboriginal and/or Torres Strait Islander children have amongst the highest rates of APSGN reported worldwide, and the rate of new cases has increased over the last 25 years. Despite this, still so much is unknown about APSGNs prevalence in Australia and a lot of more can be done in the prevention of the disease.

What is APSGN and how is it caused?

APSGN stands for acute post-streptococcal glomerulonephritis. It's an autoimmune response after exposure to a Strep A infection (e.g. tonsillitis, impetigo). Autoantibodies that are supposed to target the Strep A infection instead target the kidneys.

What is your current exposure to APSGN?

We see quite a bit of APSGN in Far North Queensland and there is emerging evidence that an episode of APSGN increases a patient's risk of chronic kidney disease later in life.

Particular virulent strains of Strep A can spread quickly through a community and cause an APSGN outbreak. All these things are important to understand better in order to try and reduce and ultimately prevent cases.

What are the common symptoms and complications associated with APSGN?

The symptoms include: oedema (facial or peripheral), hypertension and haematuria. Complications range from hypertensive crisis (acute) through to chronic kidney disease (chronic).

What trends have you observed in the incidence of APSGN in Australia over recent years?

We know that there are higher rates of APSGN in First Nations communities, especially those who are socio-economically disadvantaged, as this essentially is a disease of socio-economic disadvantage.

But overall, I don't think we really have a good grasp on the true incidence of APSGN in Australia. I would hope that as socio-economic disadvantage improves over time, APSGN cases will decline.

How does the prevalence of APSGN in First Nations communities compare to other populations in Australia?

Although the evidence is limited, some studies have reported that the prevalence of APSGN in First Nations communities is higher than non-First Nations communities.

What are the major challenges in addressing APSGN outbreaks in remote communities?

There are many challenges including access to remote locations (especially in the wet season when transport may be limited) and human resources (outbreak responses are resource intensive and often require a team to fly into a community and work in partnership with the local staff).

What preventative measures can communities take to reduce the incidence of APSGN?

Have you heard of the nine healthy living practices? These are: washing people, washing clothes and bedding, removing wastewater, improving nutrition, reducing overcrowding, reducing insect bites, reducing impacts of dust, controlling the temperature of the living environment, reducing hazards that cause trauma.

How effective are current treatment options for APSGN, and what is the prognosis for affected individuals?

Current treatments for APSGN include stopping the Strep A with a long acting penicillin antibiotic; managing high blood pressure with antihypertensives; and managing oedema. ▶▶

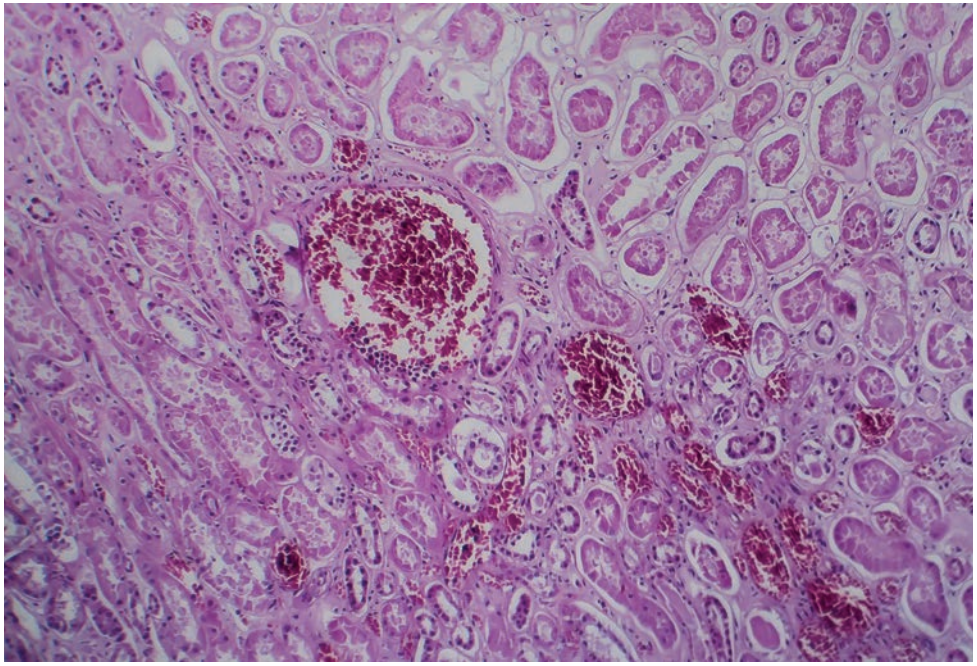


Photo: Dr_Microbe – stock.adobe.com

What policy changes would you advocate for to improve the management and prevention of APSGN in Australia?

Healthy housing is a human right. Yet in Australia – many people of all ethnicities do not live in safe and healthy housing. This is everybody's issue that we must address at a local, state and national level.

How can healthcare systems better engage with First Nations communities to address health disparities related to APSGN?

Ensuring any local public health responses are First Nations-led and in close partnership with local First Nations communities (for example the local council and local healthcare centre).

What do you see as the future directions for research and public health policy regarding APSGN?

We need to better understand APSGN across all of Australia. There has been fantastic epidemiological research from the Northern Territory, however we need to understand the disease in other areas such as Queensland.

Are there any promising developments, such as potential vaccines or innovative treatment strategies, on the horizon for APSGN?

The Australian Strep A Vaccine Initiative (ASAVI) is an Australian-led global initiative with the goal of reducing the disease burden caused by Group A Streptococcus (Strep A) infection through effective vaccination.

References

https://www.health.qld.gov.au/cdcg/index/acute-post-streptococcal-glomerulonephritis-apsgn

For more information on Healthy Living Practices, visit: https://www.health.nsw.gov.au/environment/aboriginal/Pages/healthy-living-practices.aspx

Supporting nurses in bladder cancer care

In the ever-evolving landscape of health care, education and support for healthcare professionals are critical, especially in specialised fields like bladder cancer care.

BEAT Bladder Cancer Australia is stepping up to the challenge that is not only empowering nurses but is also enhancing patient outcomes across the country. Recently, CEO Adam Lynch shared insights into the organisation's multifaceted approach, highlighting their commitment to education and support for nurses in both urban and remote communities.

Bladder cancer is Australia's 11th most common cancer, with more than 3,000 people diagnosed each year and around 1,200 fatalities annually. BEAT Bladder Cancer Australia was established in 2018, directly inspired by the tragic passing of Adam's wife, Anna, who lost her battle with bladder cancer the year prior.

BEAT Bladder Cancer team and Dallas McKeown, CRANAplus.

BEAT was created to provide information and support to those affected by this devastating disease and has since evolved with a four-fold strategy. Today, the organisation focuses on creating awareness within the community, providing support to patients and carers, collaborating with health professionals to establish trusted referral pathways, and finally, influencing early patient access to treatments through policy engagement and informing patients about new treatments.

Empowering nurses through education

Initially focused solely on patients, BEAT quickly realised that health professionals, especially nurses as the frontline providers of care, had a real need for trusted bladder cancer information to support them in their healthcare settings.

"Nurses are in constant touch with their patients, offering a broad range of vital support outside of the clinical setting. This can be extremely challenging." Lynch highlighted.

To address the needs of nurses, BEAT collaborated with major nursing associations to repurpose the information they were providing to patients into educational resources tailored for nurses. This led to the creation of two accredited modules: one for primary healthcare nurses and another for urology/oncology nurses:

- Primary healthcare nurses: Focuses on symptom identification and the diagnostic process, empowering nurses to recognise early signs of bladder cancer.
- Urology/Oncology nurses: Concentrates on treatment pathways, equipping nurses with the knowledge needed to support patients through their treatment journeys.

These courses are designed to be accessible and flexible, allowing nurses to engage with the material at their convenience. They are free of charge and eligible for Continuing Professional Development (CPD) hours, making them an attractive option for nurses at all career stages.

In-service sessions: Learning on the go

In addition to the online modules, BEAT Bladder Cancer Australia regularly conducts in-service training sessions for nursing teams nationwide, including those in regional centres. These popular 45- to 60-minute bespoke learning sessions are designed to be interactive, allowing nurses to tune in remotely and engage with the material directly.

Lynch highlighted the enthusiasm from nurses during these sessions, noting the extremely high demand for bladder cancer education. "Nurses want to learn and be equipped to provide the best possible care," he said.

Community education in remote settings

Understanding the diverse needs of Australia's remote communities, BEAT recently collaborated with team members at CRANAplus to adapt educational resources specifically for Aboriginal and Torres Strait Islander communities that nurses could utilise in their rural and remote settings. By providing culturally sensitive materials, the organisation aims to help educate Aboriginal and Torres Strait Islander community members about bladder cancer and the symptoms to look out for.

A vision for the future

As BEAT Bladder Cancer Australia continues to champion education and support for nurses, the impact on patient care is significant. By empowering nurses with knowledge and resources, they are ensuring that nurses, regardless of their location or experience level, have the tools they need to make a difference in the lives of their patients.

To learn more, arrange an in-service, or request any brochures, please visit: www.beatbladdercanceraustralia.org.au

BEAT
BLADDER CANCER AUSTRALIA

Supporting nurses and allied health professionals to take leave

In rural and remote communities, nurses and allied health professionals are delivering vital services to meet the needs of their communities. Their dedication is unwavering, and the demands on their expertise are often significant.

Taking leave for rest and Continuing Professional Development (CPD) is crucial not only for their wellbeing but also for sustaining the high quality of care they provide. However, we understand that ensuring seamless coverage during periods of leave can be a logistical challenge. That's where the Rural Locum Assistance Program (Rural LAP) comes in.

Supporting the wellbeing of rural health professionals

At Rural LAP, we understand the dedication healthcare professionals in rural and remote areas bring to their roles. The need for their expertise, especially in communities where healthcare services are limited, can make it difficult for them to take the breaks they need.

Burnout among healthcare workers is a well-documented issue, particularly in rural and remote areas where fill-in support may be limited. Rural LAP provides temporary locum support to nurses, midwives, and allied health professionals, enabling healthcare facilities in rural and remote locations to continue delivering high-quality care without disruption.

Rural LAP provides experienced locums, ensuring continuity of quality care, so health professionals can take leave knowing their patients are in capable hands.

Why it's important to take leave

We know that health professionals in rural and remote areas feel a sense of responsibility and duty to their community, making them hesitant to take leave. However, taking leave is essential for avoiding burnout, maintaining mental and physical health, and staying resilient in the face of workplace challenges.

Rural LAP encourages healthcare professionals to prioritise their wellbeing, by offering a reliable and skilled pool of locums, we ensure that the healthcare system remains robust even in the absence of regular staff members. This not only benefits the healthcare workers taking leave but also supports the long-term sustainability of health care in rural and remote areas.

How to become a locum with Rural LAP

If you are a nurse, midwife, or allied health professional looking for an opportunity to travel to some of Australia's most beautiful locations, explore new work environments, make a meaningful difference, and contribute to the wellbeing of rural and remote communities, becoming a locum through Rural LAP could be your next career move. Our program offers healthcare professionals the chance to work short-term placements, providing flexibility and the opportunity to broaden their clinical skills.

Joining Rural LAP as a locum is easy. You simply need to visit our website and complete the expression of interest form.

Once you are credentialed, you will be matched with placements that suit your skills, preferences, and availability.

At Rural LAP, we are proud to support the well-being of rural and remote nurses, midwives, and allied health professionals by ensuring they can take time off without impacting the quality of care in their communities.

If you are a healthcare professional wanting to take leave and require locum support, you can also submit a request through our website. Visit rurallap.com.au for more information.

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