Thank you

As 2016 draws to an end the CATSINaM Board, CEO and Staff sends our best wishes for a safe and relaxing holiday over the Christmas/New Year break and we look forward to sharing 2017 with you.

The secretariat will be closed from the 22nd of December through to the 9th of January 2017.
CEO WELCOME

In this last quarter, CATSINaM realised a long-held aspiration to expand our annual conference into an international space where we can reflect on our journeys and share our learnings and aspirations with First Nations nurses and midwives. To pay respect to this achievement, the ‘Unmasking our collective history and pride in our global identity’ International Health Workforce Meeting and associated events held from November 6-8th is a strong feature of this newsletter.

The Board and Secretariat would like to thank every person who played a role in the conference, and contributed to the wonderful atmosphere that was created from our ‘Hall of Fame’ dinner on the Sunday night, through to the closure of the Conference on Monday evening. We also appreciate the Members who made it through to the final component of the conference, the Annual General Meeting held early Tuesday morning.

Another feature of the last three months is the many opportunities CATSINaM has had to speak to or write for audiences who include important stakeholders that we hope will play a role in working with us to achieve our strategic directions. These have included presentations to the Council of Deans of Nursing and Midwifery, the South Pacific Nurses Forum, the National Press Club, the Chief Nurses and Midwives, National Rural Health Alliance, National Aboriginal Community Controlled Health Organisation, Australian Nursing and Midwifery Federation and many more. These opportunities allow us to educate others about CATSINaM, our history, membership and both current and future work. We can land critical messages about the role they can and need to play in increasing and supporting the Aboriginal and Torres Strait Islander nursing and midwifery workforce, and improving health experiences and outcomes for Aboriginal and Torres Strait Islander Australians.

At the request of the Croakey online health publication, I wrote a piece in October on ‘A call to acknowledge the harmful history of nursing for Aboriginal and Torres Strait Islander people’ (https://croakey.org/a-call-to-acknowledge-the-harmful-history-of-nursing-for-aboriginal-and-torres-strait-islander-people/). It contributed to Croakey’s work on highlighting the impact of the ‘lock hospitals’ on Aboriginal and Torres Strait Islander peoples in the late 1800s and early 1900s, in which Lynore Geia (a CATSINaM Member) has been involved.

The piece canvassed the idea of the nursing profession making a formal apology for their involvement in colonising and harmful practices, similarly to the decision taken by the Australian Psychological Society. This has generated some responses already, and we trust this conversation will continue in 2017 as the nursing profession reflects on its next steps in contributing to improved health experiences and outcomes for Aboriginal and Torres Strait Islander Australians.

As we come into the Christmas/New Year period, we know a substantial proportion of you may be working in frontline health services to provide care and support to our communities. On behalf of CATSINaM and our wider membership we thank you for the wonderful work you do, and hope it is a safe and joyful time for you and your families. For those of you enjoying a break from work, we hope it is relaxing and restorative. We look forward to our work with you in 2017 as we keep aspiring to realise our personal and collective hopes and aspirations.

Kind regards,
Janine Mohamed

Who joined the CATSINaM Hall of Fame? Who are our CATSINaM...
You have been hearing about the CATSINaM Hall of Fame and the new title ‘Fellow of CATSINaM’ for six months – so what has happened? On November 6th we held the CATSINaM Inaugural Hall of Fame gala dinner as the lead-in event to our annual conference. The evening was a celebration of Aboriginal and Torres Strait Islander leadership.

The CATSINaM Hall of Fame recognises the trailblazing heroines and heroes of the Aboriginal and Torres Strait Islander nursing and midwifery sector who paved the way for so many Aboriginal and Torres Strait Islander nurses and midwives that followed. The CATSINaM Fellowships are awarded by the Board as recognition of the significant professional achievements of awardees within the nursing and midwifery profession. Fellows are selected through a process.

To an extended applause, the CATSINaM President, Shane Mohor inducted Dr Sally Gould as the first Member of the CATSINaM Hall of Fame, then announced Dr Doseena Fergie and Professor Rhonda Marriot as the first two CATSINaM Fellows. The honours bestowed on these three amazing women are consistent with the following statement from Shane’s speech.

“We want to extend this honouring by sharing the introductory speeches for each inductee with the whole membership.

**Speech for Dr Sally Goold**

It was probably the worst kept secret that Dr Sally Goold O-A-M is to be honoured here tonight. Born in Narrandera, Sally is a Wiradjuri woman who conquered discrimination to become the first Indigenous registered nurse in New South Wales. To name just a few of her career highlights, Sally helped establish the Aboriginal Medical Service in Redfern and lectured at the Queensland University of Technology’s School of Nursing.

Throughout her journey, Sally questioned why there were so few Aboriginal and Torres Strait Islander nurses. That question sparked an idea that would advance the recruitment of our peoples into nursing and midwifery for generations to come. Sally was instrumental in forming CATSIN, and was appointed our organisation’s founding Executive Director.

Sally’s leadership, courage and determination has elevated opportunities for Aboriginal and Torres Strait Islander nurses. Sally has paved the way for us to think we could possibly become a nurse or a midwife. For us to all become heroes - for us to work to redefine our people’s health.
Throughout her journey, Sally questioned why there were so few Aboriginal and Torres Strait Islander nurses. That question sparked an idea that would advance the recruitment of our peoples into nursing and midwifery for generations to come. Sally was instrumental in forming CATSIN, and was appointed our organisation's founding Executive Director.

Sally's leadership, courage and determination has elevated opportunities for Aboriginal and Torres Strait Islander nurses. Sally has paved the way for us to think we could possibly become a nurse or a midwife. For us to all become heroes - for us to work to redefine our people’s health.

Speech for Dr Doseena Fergie

Dr Doseena Fergie has dedicated her life to helping others and has always used her positions within the health sector and Aboriginal and Torres Strait Islander communities to give back. For more than 35 years she has worked as a nurse and midwife, providing direct care to the community. Her academic work has in turn championed improved health outcomes for Aboriginal and Torres Strait Islander people, with themes of women’s leadership emerging through her work.

Dr Fergie has been a long serving member of CATSINaM and has championed increased Aboriginal and Torres Strait Islander nursing and midwifery numbers across Victoria.

Speech for Professor Rhonda Marriott

Professor Rhonda Marriott is an inspirational Aboriginal midwifery leader who has dedicated her working life to the professions of nursing and midwifery. This includes 45 years of experience in clinical positions. Academically she has had a distinguished career that includes becoming the first Indigenous Head of a University School of Nursing in Australia.

As a CATSINaM Member Professor Marriot was a key player in the development of our recent; Birthing on Country Position Statement; in partnership with the Australian College of Midwives and CRANAPlus. The position statement upholds the right to practices of Birthing on Country as an integrated, holistic and culturally appropriate model of care.
‘Unmasking our collective history and pride in our global identity’: Our 2016 Conference

Messages from our speakers

This was the theme of our 2016 CATSINaM Conference, designed as an international health workforce meeting that brought together eleven high profile First Nations nurses, midwives and leaders in the health sector from five countries: Australia, Aotearoa/New Zealand, Canada, USA (Hawai‘i specifically) and Norway.

In their opening oration, a wonderful atmosphere was created through the sharings of three Ngangkari from the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women’s Council (NPY Women’s Council) who shared how they work with local health clinics to ensure cultural knowledge and healing is part of the response. They reminded us about the importance of caring for our spirit.

“If they have lost their spirit, it is somewhere. My job is to find that spirit and place it back where it belongs in the body.”

We were further immersed in culture as Shane Mohor acknowledged and welcomed our international guests. Each group performed their cultural protocol of greetings and an exchange of gifts with the CATSINaM, setting the scene for the conference through their generosity of spirit, sharing of wisdom, and acknowledgement of resilience in navigating the impact of colonisation, and recovering and honouring health traditions.

Professor Alex Brown (Director, Wardliparingga Unit, SA Health & Medical Research Institute) posed a provocative question - can Aboriginal People save the world? He shared his journey of being interested in ‘closing the gap’ for a long time, well before it became a catchy term, and described how doing this involves understanding and overcoming inequalities, addressing racism and building
An original CATSINaM Member, Professor Gracelyn Smallwood provided an overview of Australia’s nursing and midwifery history based on the PhD work of another CATSINaM Member, Dr Odette Best. She shared the story of May Yarrowyck who was born in 1876 and believed to be the first western-trained Aboriginal nurse; she was listed as registered in 1907. This is an important part of much needed ‘truth telling’ in Australia about our real history. Gracelyn highlighted this need by sharing an interaction with the late Nelson Mandela where he commented that…

“Can Aboriginal people save the world?
You bet we can, you just need to let us.”

Moana Jackson (Director of Ngā Kaiwhakamārama i ngā Ture and Lecturer at Te Wānanga o Raukawa, Ōtaki) is a lawyer who has worked with the health sector in Aotearoa/New Zealand, including nursing and midwifery, and was elected Chair of the Indigenous Peoples’ Caucus of the United Nations working group on the Rights of Indigenous Peoples. He talked about “walking around the wall that has been erected to contain Indigenous peoples through colonisation”. He spoke about drawing on hope, courage, truth telling and the strength of our cultural traditions.

“We’ve been taught not to talk about our freedom, as if the only one is what the coloniser defines for us. A truly well person lives freedom as they define it - that is connected to the collective of which they belong….The freedom to be well, to walk proudly in this world as an Indigenous person of this land. When we can all do that we have achieved the aims of Indigenous good health.”

In her work as Kaiwhakahaere of the New Zealand Nurses Organisation (NZNOO), Kerri Nuku leads work that is similar to what CATSINaM does, but as part of the national nursing organisation where she works alongside the NZNO President to articulate the concerns and voices of Indigenous people. Consistent with Moana’s messages, Keri explained the approach they have adopted in gaining greater recognition for the contribution of Maori nurses and midwives...

“If we were to wait for permission, it would never come. We must realise our freedom to decide who we are and want to be in this world.”

Dr Nina Siversten, Sea-Sámi from Northern Norway and Lecturer at Flinders University, shared the little known story of her people’s colonisation experience in what is thought to be one of the most socially democratic countries in the world. This involved 250 years of assimilation policy, forced residential schooling – stolen generations, and erasing of Sámi language, culture and traditions; a policy that only formally ended in 1987. She explained that like Australia and other colonised countries, Sámi are operating in a health system that is divorced from their culture and language, and struggles with retention of its workforce in arctic, rural and remote areas.
Dr Nina Siversten, Sea-Sámi from Northern Norway and Lecturer at Flinders University, shared the little known story of her people’s colonisation experience in what is thought to be one of the most socially democratic countries in the world. This involved 250 years of assimilation policy, forced residential schooling – stolen generations, and erasing of Sámi language, culture and traditions; a policy that only formally ended in 1987. She explained that like Australia and other colonised countries, Sámi are operating in a health system that is divorced from their culture and language, and struggles with retention of its workforce in arctic, rural and remote areas.

Our friends from Alberta, Madeleine Dion Stout (a Cree speaker, Kehewin Nation) and Dr Lisa Bourque-Bearskin (Lake Cree Nation in Alberta and Associate Professor of Nursing, Thompson River University), spoke from the wealth of their distinguished careers in nursing, including with the Canadian Indigenous Nurses Organisation. Dion drew on the words and song lines of the Cree language to unpack how we can operate effectively as First Nations health professionals in a western system, while also caring for self while we care for others.

“Culture is the art and act of living life as ceremony – we stock up and pool our resources and provide give-aways, share our gifts through take aways and anticipate future needs by re-gifting.”

Lisa reflected on the journey of the Canadian Indigenous Nurses Organisation, and how they are responding to ‘calls to action’, not unlike CATSINaM. In her recently completed graduate studies, her personal call to action was to reclaim “our nursing bundles and the role of traditional healers” and explore how “Indigenous philosophy was manifesting in nursing practice” so we can “learn to be true to our own Indigeneity”.

Dr. Jamie Kamailani Boyd (Associate Professor at the University of Hawai`i) outlined the impact of colonisation on the islands of Hawai`i and the development of health services and the role of Hawai`in people within it. She explained that “nursing history is very small, but the future is grand”, and provided wonderful examples of how her work to recruit and retain a small number of Hawai`in nursing students, including through the joint creation of culturally grounded curriculum and textbooks that do not exist in the university system. There is “no cultural safety training in Hawai`i, just a checklist of ‘things’ to know about Hawai`in people”

Sharon Kaiulani Odom is a dietician and the ROOTS Program Director, Kokua Kalihi Valley Health Center, Hawai`i. She spoke on how their program focuses on birthing from a cultural perspective so it reclaims the respect it originally had prior to colonisation. What began as a passion undertaken outside of work has developed into a complete program from early pregnancy to postnatal that involves both mothers and fathers.

“We take our families through our land to introduce them to everything they can use. If you take them when you are pregnant, your child can say they were born knowing these plants. This is what we mean by birthing a nation, bringing all of culture with you into life.”
An introduction to the HealthFusion Team Challenge was given by Donna Murray who is the CEO of Indigenous Allied Health Australia – a sibling organisation to CATSINaM. This annual event is one of their responses to the needs of isolated Aboriginal and Torres Strait Islander students across the allied health spectrum. Although the challenges started as a mainstream initiative, IAHA has adapted it so it is culturally safe and responsive, and offers their students a completely unique experience as it is a “holistic and inter-professional approach that builds connection and keeps culture central in our work”. Donna issued an invitation to participate to the CATSINaM membership, to strengthen relationships between nurses, midwives and allied health Aboriginal and Torres Strait Islander students.

A commitment to collective endeavour for shared goals

The final panel ‘Songlines’ session focused on how we can consolidate our collaboration as First Nations nurses and midwives. It closed with signing a ‘Statement of commitment’, where each signatory committed to participate in a process to explore the viability and value of the establishment of an Alliance amongst First Nations’ nursing and midwifery organisations. The diagram below outlines the suggested process – we will share this journey with you through the Newsletter and other events.
CATSINaM at the South Pacific Nurses Forum

Shane Mohor and Janine Mohamed represented CATSINaM at the 2016 South Pacific Nurses Forum held in the Solomon Islands from 31st October – 4th November. The conference theme was ‘Towards Nursing Excellence for Universal Health’ and brought together evidence, experience and innovations highlighting nursing contribution to Universal Health Coverage and demonstrating how nurses are important to ensuring access and quality of health care for all.

Janine presented on ‘Our Global Identity as Indigenous Nurses and Midwives’ that reflected on the growth in and representation of Aboriginal and Torres Strait Islander nurses and midwives in Australia, our advocacy work on recognising the uniqueness of and growing the Aboriginal and Torres Strait Islander nursing and midwifery workforce, and the value we see in building our relationships across the South Pacific with First Nations nurses and midwives. Shane and Janine had the opportunity to put this into action, as they met with several of the speakers coming to our November 2016 International Health Workforce Conference.
The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework Initiative

With the support of the Initiative Steering Group, we are making rapid progress in developing the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (N&M Framework). The finishing touches are being put on the Final Draft version of the N&M Framework. This will be shared with nursing and midwifery higher education providers through a series of jurisdictional workshops in early 2017, advertised to all Schools of Nursing and Midwifery in November.

If you work in higher education and have not yet heard about the Orientation Workshops, then please check with your Head of School of Nursing and Midwifery who was sent the information - you are able to register from now up until three weeks prior to a workshop date.

The purpose of the Orientation Workshop is for higher education providers to:

- gain an orientation to the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (N&M Framework) and its relationship to the original Framework
- start identifying how to map and transition your existing curriculum to meet the recommended benchmarks in the N&M Framework
- learn about resources that can assist implementation of the N&M Framework
- discuss whether a 'Companion Document' with good practice exemplars should be developed to accompany the Framework and if so, what to include in it.

The confirmed CATSINaM-led January/February 2017 workshops are:

- **Townsville**: January 30th (8.30-2.30), James Cook University
- **Brisbane**: January 31st (9.00-3.00), University of Southern Queensland, Ipswich campus
- **Adelaide**: February 6th (9.00-3.00), University of South Australia, City East campus
- **Perth**: February 7th (9.00-3.00), Curtin University
- **Sydney**: February 9th (9.00-3.00), Western Sydney University, Parramatta South campus
- **Melbourne**: February 14th (9.00-3.00), host university being finalised

We look forward to sharing what we learn from the workshops and the next steps in this initiative in our next newsletter.

How is CATSINaM working for you at a national level?

The Family Matters campaign
CATSINaM is a participating organisation through membership of the Champions Group. The aims of the Champions Group is to provide: advice, the strategic direction for the campaign, leadership and high level of support for activities and support the jurisdictional working groups. CATSINaM's interest in this campaign aligns with our interest in eliminating racism and culturally unsafe health care practice. We wish to ensure Aboriginal and Torres Strait Islander people are safe have strong links to community and culture.

Engaging with universities

If you have a relationship with a university near you, or are willing to visit one in Orientation Week 2017, please register your interest with us. We will provide you with all the information you need to run the session, including a recommended agenda and series of points to cover, and will help you liaise with the university.

Contact: Irene Peachey, Membership Engagement Officer on (02) 6262-5761 or membership@catsinam.org.au

Upcoming events

In addition to the ‘Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework Orientation Workshops’ described above, we are planning to hold a two-day symposium next year, potentially in March 2017, titled ‘Instruments of Change – nurses and midwives working together for Aboriginal and Torres Strait Islander health equity’. We will send an email blast to Members and our stakeholder networks once the date and location are settled, so what our space!

Save the Date:

2017 CATSINaM Professional Development Forum
26 - 28 September 2017
Gold Coast, Australia

Member / Stakeholder Dinners

<table>
<thead>
<tr>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelaide</td>
<td>5 April 2017</td>
</tr>
<tr>
<td>Melbourne</td>
<td>6 April 2017</td>
</tr>
<tr>
<td>Brisbane</td>
<td>11 April 2017</td>
</tr>
<tr>
<td>Darwin</td>
<td>17 April 2017</td>
</tr>
<tr>
<td>Cairns</td>
<td>27 April 2017</td>
</tr>
<tr>
<td>Sydney</td>
<td>9 May 2017</td>
</tr>
<tr>
<td>Hobart</td>
<td>10 May 2017</td>
</tr>
<tr>
<td>Perth</td>
<td>31 May 2017</td>
</tr>
</tbody>
</table>
Growth in our membership – what is happening?

Did you know our membership has increased from 87 in March 2013 to 860 in December 2016?

As we step into December 2016, we are delighted to see our membership continuing to grow. It has now reached 860 Members, which is almost 10 times the number we had just over three years ago in March 2013. Importantly however, over 83% of our membership is made up of Aboriginal and Torres Strait Islander Australians who are qualified or student nurses and midwives, including registered nurses, registered midwives and enrolled nurses.

If you know an Aboriginal and Torres Strait Islander nurse or midwife who is not yet a CATSINaM Member, please encourage them to join and build our strength in numbers. Non-Aboriginal nurses and midwives can also join as Affiliate Members, so encourage them to join as allies who can support us in achieving our objectives.

Just released - Overcoming Indigenous Disadvantage: Key Indicators 2016

The first edition of this report was in 2003 – 13 years and six reports later we have an expanding picture of what the available data tells us about the lives of Aboriginal and Torres Strait Islander Australians. As the report notes, data is a critical but only one part of the picture – the substance behind the data are the stories of people’s and communities’ lives, and case studies of effective programs.
Just released - Overcoming Indigenous Disadvantage: Key Indicators 2016

The first edition of this report was in 2003 – 13 years and six reports later we have an expanding picture of what the available data tells us about the lives of Aboriginal and Torres Strait Islander Australians. As the report notes, data is a critical but only one part of the picture - the substance behind the data are the stories of people's and communities' lives, and case studies of effective programs and services. This report includes some case studies, but notes there are a low number of rigorously evaluated programs across Indigenous policy areas to draw on. This does not mean a low number of effective programs, just a low number of programs where we can be confident they are effective.

While Chapter 8 focuses on 'Healthy lives', from a social determinants of health perspective there are many chapters of interest to nursing and midwifery. And the outcomes - they are mixed. While there are improvements in the child mortality rates (particularly for 0-1 year olds), increases in completion of Year 12 or higher education and a greater proportion of people whose main income came from employment, there are higher levels or sustained levels of psychological distress, incarceration and substance misuse.

Access the full report from this link:

Supporting priority research projects

Over the last few months we have been liaising with the key people leading two research projects relevant to CATSINaM priorities. The first is a Victorian-based collaborative research project on continuity of midwifery care for Aboriginal women in Victoria. The second is work by the University of Canberra on restorative practices in health care as an accountability practice with Aboriginal and Torres Strait Islander families and communities. We hope to share the learnings gained from them through future CATSINaM newsletters and/or events. All of the people and organisations involved are listed at the end of each description.

Partnerships and collaboration: Implementing continuity of midwifery care for Aboriginal women in four Victorian maternity services

Numerous government reports and inquiries have recommended that strategies to improve maternal and infant health outcomes for Aboriginal and Torres Strait Islander people are urgently needed. Caseload midwifery (where women have continuity of care from a 'known' midwife during pregnancy, labour, birth and postpartum) is considered to be the 'gold standard' in maternity care, and is associated with better clinical and psychosocial outcomes, however few Aboriginal women have access to this model.

We are undertaking collaborative work funded as a Partnership Project by the National Health and Medical Research Council to help address this issue in four Victorian maternity services. The partners are Judith Lumley Centre, La Trobe...
Given communication failings are identified as being the primary cause of over

health-care settings.

trust and equity contribute to existing and potential communication barriers in

voice in university and health care environments. These relational issues of identity,

nurses and midwives to feel unsafe to reveal their identity. This identity 'gap' or

compounded because there is evidence that some negative cultures within the

health care relationships of many Indigenous Australians. This problem is

institutions associated with colonisation, as well as the distrust engendered by

The historical harms that have been perpetrated within hospitals and other

participating health services have met regularly with their Aboriginal hospital teams

towards implementation of this new model of care. Engagement with all

key stakeholders has been (and remains) a critical aspect of the project. The

partner with VACCHO has been a key driver, and ensured high level input both in

the development and implementation of this work. Other ongoing key aspects

include:

- Aboriginal community leadership on the investigator team.
- The establishment of an Aboriginal Advisory Committee to provide cultural
  guidance and oversight, and promote community engagement regarding the
  project.
- Engagement with Aboriginal Community Controlled Health Organisations
  such as the Victorian Aboriginal Health Service, Koori Maternity Services and
  Rumbalara.

Researchers: Helen L McLachlan,1 Della A Forster,1 2 Sue Kildea,3 Jane
Freemantle,4 Jennifer Browne,5 Jeremy Oats,6 Michelle Newton,1 Marika
Jackomos,7 Jacqueline Watkins,8 Simone Andy,5 Sue Jacobs,2 Ngaree Blow,2
Karyn Ferguson,4 Catherine Chamberlain,9 Susan Donath,10 Lisa Gold,11 Helena
Maher,2 Jenny Ryan,2 Belinda O'Connor,1 2 Fiona McLardie-Hore,1 2
1. La Trobe University, Melbourne. 2. The Royal Women's Hospital, Parkville. 3.
University of Queensland, Brisbane. 4. University of Melbourne, Shepparton. 5.
Victorian Aboriginal Community Controlled Health Organisation, Collingwood. 6.
University of Melbourne, Parkville. 7. Mercy Hospital for Women, Heidelberg. 8.
Western Health, St Albans. 9. Baker IDI Heart and Diabetes Institute, Melbourne.
10. Murdoch Children's Research Institute, Parkville. 11. Deakin University,
Burwood. This project has been developed iteratively, and we remain committed to
this approach. Models such as these can only succeed if they are based on the
needs of Aboriginal women and their communities, and ongoing consultation is a

critical part of this work.

Introducing restorative practices to health care
to give voice, accountability and healing value
for Aboriginal and Torres Strait Islander families
and communities

The historical harms that have been perpetrated within hospitals and other
institutions associated with colonisation, as well as the distrust engendered by
brutal separations of children from their families, continue to tragically frame the
health care relationships of many Indigenous Australians. This problem is
compounded because there is evidence that some negative cultures within the
health system and universities cause student Aboriginal and Torres Strait islander
nurses and midwives to feel unsafe to reveal their identity. This identity 'gap' or
anonymity contributes to a further reduction in Aboriginal and Torres Strait Islander
voice in university and health care environments. These relational issues of identity,
trust and equity contribute to existing and potential communication barriers in
health-care settings.

Given communication failings are identified as being the primary cause of over
What were the best parts of your experience?

of both woman and neonates in situations where transfer to the Darwin Hospital

maternity care. I also got to see how CareFlight operates through several retrievals

while I was there, I participated in four of them. I was involved in some

and Thursday. On the other days I helped out on the maternity ward, responding to

experience, including in antenatal, intrapartum and post-natal care with women

and their families. I mostly helped run the antenatal clinics on Tuesday, Wednesday

and Thursday. On the other days I helped out on the maternity ward, responding to

the needs of any woman that was admitted. Of the seven births that occurred

while I was there, I participated in four of them. I was involved in some

resuscitations of babies and responding when things went wrong throughout

maternity care. I also got to see how CareFlight operates through several retrievals

of both woman and neonates in situations where transfer to the Darwin Hospital

was necessary due to an increase in care complexity (http://careflight.org).

The value of clinical placements in Aboriginal health: A second interview

with Cassandra West

Cassandra West is the young Dja Dja Wurrung and Yorta Yorta woman who shared

her hopes and aspirations with us in June this year about her upcoming clinical

placement in Katherine as well as her future as a nurse and midwife. Cassandra

finished her four week placement in mid-November and shared her experiences

with CATSINaM.

1) What happened during your placement?

During the four weeks I was at the Katherine Hospital I had 120 hours of direct

experience, including in antenatal, intrapartum and post-natal care with women

and their families. I mostly helped run the antenatal clinics on Tuesday, Wednesday

and Thursday. On the other days I helped out on the maternity ward, responding to

the needs of any woman that was admitted. Of the seven births that occurred

while I was there, I participated in four of them. I was involved in some

resuscitations of babies and responding when things went wrong throughout

maternity care. I also got to see how CareFlight operates through several retrievals

of both woman and neonates in situations where transfer to the Darwin Hospital

was necessary due to an increase in care complexity (http://careflight.org).
2) What were the best parts of your experience?

Overall I had a wonderful experience. The hospital staff were very welcoming and the maternity ward staff were amazing. The midwives came from a variety of locations, including New Zealand, Adelaide and Victoria, and there was also an obstetrician and junior medical team. They took me under their wing, loved to teach and included me in everything that happened. I found them very knowledgeable in Aboriginal health and saw them relate well to the Aboriginal women.

One of the best parts of the placement was being able to provide continuity of care. As there were a smaller number of women and families, this was possible to do, even though the hospital covers a large geographical footprint. It was enlightening to see CareFlight in action; I hoped I would get to experience this process as it isn’t likely to occur in metropolitan Melbourne.

I learned how to respond to emergencies with limited resources. In metropolitan Melbourne we are used to having emergency teams at a push of a button. Many of the emergencies occurred overnight when there was skeleton staff. This meant we had to rely solely on our clinical judgement and skills until further help arrived (which could take up to 15 minutes due to remaining staff being on-call).

I was able to see how the linking occurred across hospitals and health systems, particularly with the Darwin Hospital when women had complex situations. I was also exposed to the communication with remote communities and learnt about the linking process involved in caring for women in remote communities.

I also saw tax payer money used for good purposes. So often we don’t see the good that comes from our tax dollars; people don’t usually know about CareFlight and how the nurses and doctors service remote communities and provide a range of clinics to address serious health concerns. I was absolutely amazed.

3) What were the most challenging parts of your experience?

I would say settling in. It was a big change. It took me a week to get used to the weather, how the hospital ran, and responding to the ‘flow’. I am used to a lot of structure, policy and ‘ticking the box’. I was with a team that was happy to do whatever was necessary at the time. They had a lot of flexibility in responding to situations, they needed to do this.

What I found really challenging though was seeing the experience of Aboriginal women from remote communities. Once close to their due date they were required to come into the hospital hostel two to three weeks for confinement. They sit and wait until they go into labour and deliver, then usually a week after delivery they go back to their community. Sometimes they are there by themselves. This was hard to see. It is hard enough having a baby, let alone having to do it yourself. The women don’t always want to be away from their community, so it was great to hear recently there is funding going into supporting birthing on country programs.

4) What are the top three things that you learned?

1: The importance of continuity of care for women and their family. This really came home for me with one woman with whom I built a rapport during the end stages of her pregnancy. She had preeclampsia and had to be induced, but when I worked with her post-natally she was a different woman. Her oedema had reduced significantly, to the point where I almost didn’t recognise her. It was then when I really saw the importance in knowing a woman’s individual pregnancy journey and clinical picture.

2: I have a greater appreciation for the services we have in the tertiary hospitals as not everyone is in the right location or privileged to have access to those services. I also appreciate the advanced skills that some staff have in the tertiary hospitals, which are not usually accessible in rural and remote locations.

3: The reality of the health status of Aboriginal communities. I saw the reality of this for the women and the families that come in. It is even worse than we are acknowledging, so we have a long way to go in addressing the situation.

5) What would you tell others about doing a similar placement?
Just do it!! To be honest, I think this is an experience that should be compulsory, i.e. a placement where there are a high number of Aboriginal clients. We have a lot of Aboriginal people in the inner city that have health conditions about which we aren’t necessarily educated. I know the universities are working on this, but it is important to understand these health conditions from an Aboriginal perspective. What is the story behind it, the reasons behind it? What can we do for that community to make it better? They are a huge part of the population and there is a huge health gap, so I don’t see why it isn’t compulsory.

I would tell other students to pick up every opportunity you can in any placement. Never say no as you may never get the opportunity again. You need to remain open-minded. It was amazing that I was there. I went in thinking: “I’m here now. I’m lucky enough to be here, everything else is just a bonus.”

6) How did this experience help with achieving your aspiration to work in Aboriginal and Torres Strait Islander health, especially within maternity services?

It gave me everything I wanted from it. I worked with both non-Aboriginal and Aboriginal women, that balance was great. It gave me a greater insight on how to communicate and connect with Aboriginal women. I wouldn’t have the same opportunity in Melbourne, of being with staff who are experienced in providing care to Aboriginal women all the time as it is normal in that context.

I would like to thank everyone involved in making this opportunity happen. They are memories and experiences I will have for a lifetime and ones in which I will never forget.