

Remote Generalist Program: Primary Health Care Centre (PHCC) Clinical Nurse Development

A Culturally Grounded Pathway for Clinicians

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Acknowledgement to Country



Imagine.....

- You have just started a contract at Aurukun PHCC – your first remote contract
- At 1900hrs a member of the community calls the clinic to advise of a 1 vehicle roll over on the PDR “about 20 minutes north past the Aurukun turn off, lots of people are hurt”.
- You are second on call
- Aurukun has no Medical Officer or Queensland Ambulance Service
- You help collect equipment and climb into the recovery vehicle





The Unique Practice Context



Our clinicians operate in some of the most geographically isolated and culturally diverse regions in Australia.

- **Geographic Isolation:** Vast, remote landscapes with extreme logistics.
- **Cultural Diversity:** Complex community protocols and First Nations histories.
- **Broad Scope:** Clinicians must handle unpredictable emergency & chronic care.

Future Focused Staff Development Strategy

Analysing the problem



The Problem

- Actual critical workforce shortages risking health care service
- Continuing use of high-cost labour - agency
- Increase acute and chronic presentations
- Commitment to improving the health of people living in the Torres and Cape communities
- Retention
- Reliance on short, acute-focused courses

The Solution

- ➔ A purposeful CN Development program – 12 months
- There was no skill coming so we had to attract it and develop it
- Needed a way to ~~steal~~ encourage nurses with transferable skills from metro areas
- Needed to be innovative with workforce design to support transition positions
- Needed to make the program attractive, supportive and sustainable within current budgets

The Paradigm Shift

The Traditional Training Module

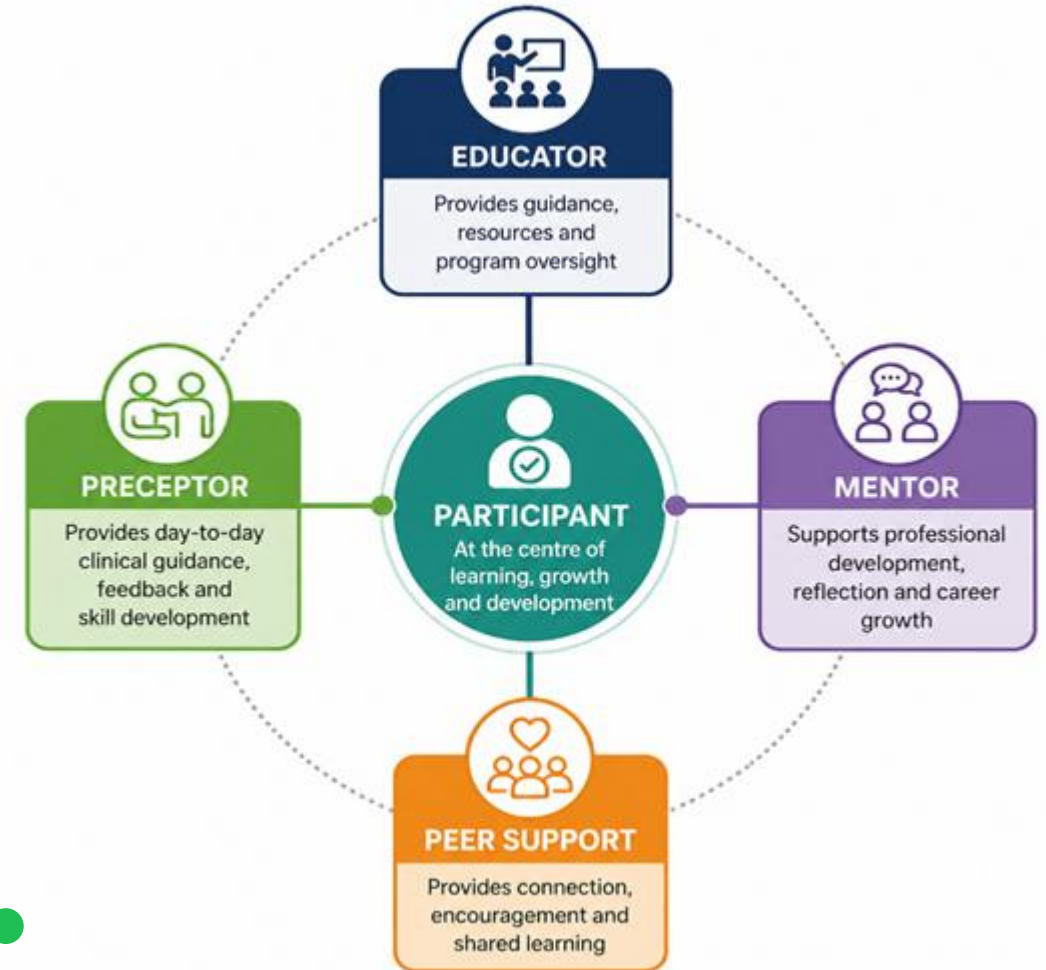
- Reliance on short, acute-focused courses

The Remote Generalist Program

- Focus on thriving in practice

Cultural Safe Foundation

- Building trust



Acknowledge the complexity of remote practice

Educational Foundations



Constructivism

- ➔ Building on the clinician's existing knowledge



Situated Learning

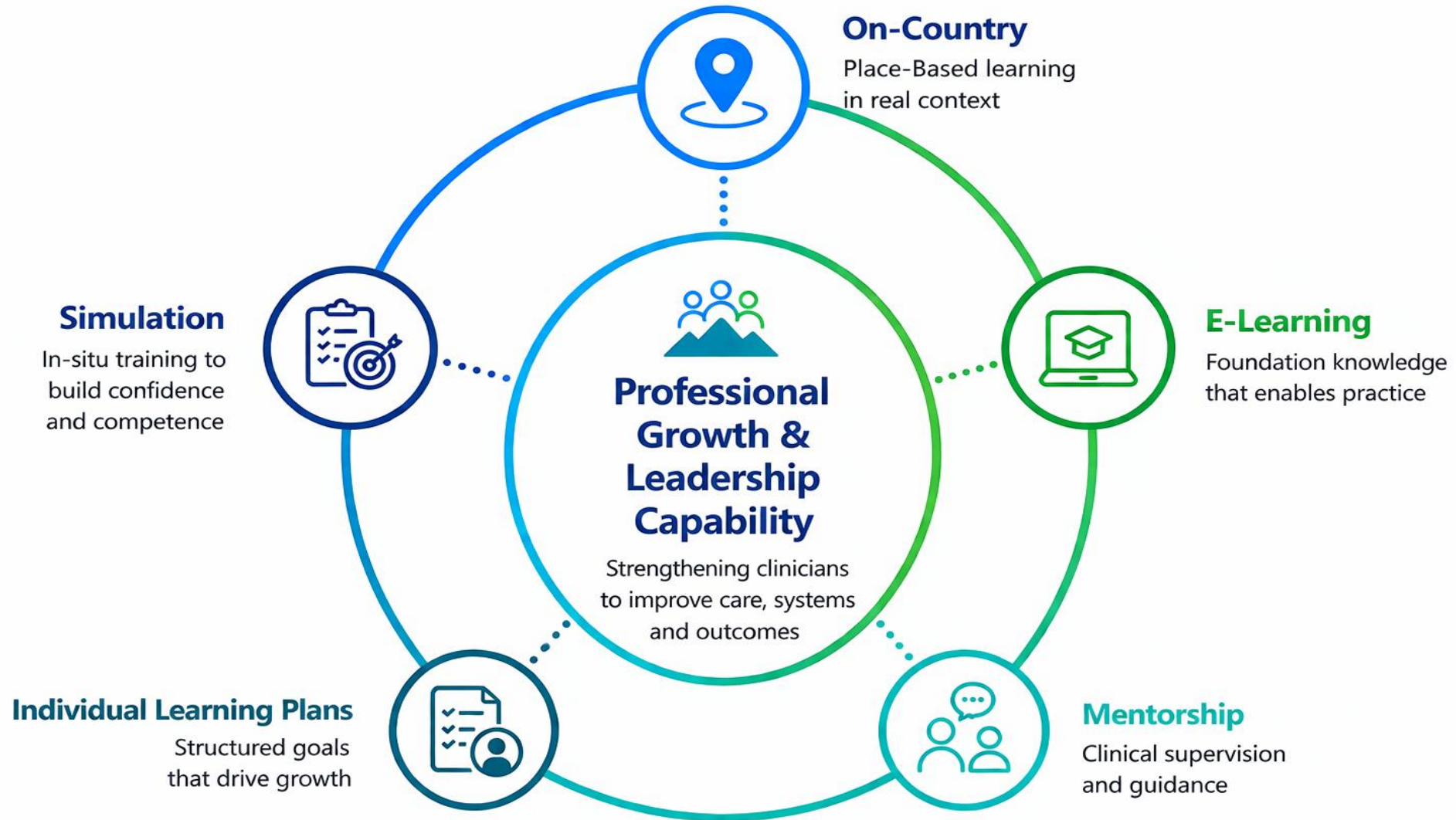
- ➔ Learning within the actual social and physical context of practice



Adult learning

- ➔ Self-directed development driven by real-world clinical needs

Skills practiced in context become skills retained in crisis.



“These components do not operate in isolation — they interact continuously to shape clinical capability, leadership, and confidence in remote practice.”

Individual Learning Plans



- Identify capability gaps
- Honour existing strengths
- Map progression
- Set realistic goals
- Track development over the 12 months



Contextualised Simulation



By training in their actual workspace, we ensure:

- Muscle memory matches reality
- Layout and equipment familiarity is genuine
- Teams rehearse real workflows
- Problem-solving occurs in the same constraints they will face on shift.





On-Country Education



Education cannot be separated from the land and people.

- **Cultural Mentors:** Local health workers guide Clinicians on protocols for entering community and engaging with Elders.
- **Observation:** Educators observe practice in real-time, providing immediate feedback on cultural responsiveness and clinical decision making.

Learning with community, on Country



Strategic eLearning & Knowledge



Mastery of the Primary Clinical Care Manual (PCCM) and Chronic Conditions Manual (CCM) is non-negotiable. Modules ensure clinicians can navigate these protocols systematically.

Measuring our Success



RE-AIM to measure impact

Reach and Effectiveness

- Who participated?
- Did it work?

Adaption and Implementation

- Organisational uptake.
- Fidelity

Maintenance

- Sustainability
- Scalable.

Qualitative Feedback

“Very happy with the program and the education and the opportunities to expand my knowledge. Also, the support from the educators through out the program, thank you” (2024)

“I didn't feel like I was just thrown in the deep end. The simulations made me realise I actually knew what to do when the real emergency happened.” (2024)

“My experience on the program has been very positive overall. I have really enjoyed learning about the cultures and meeting the people in the communities I have worked in. It has been one of the most rewarding parts of the role. I would love to become more involved in a community one day, as I enjoy building relationships and being part of community life” (2025)

“I would say if you want to be remote nursing without diving into it head first – this program is for you. You walk into work and every day is different, one day you're dressing a scrapped knee, the next you are welcomed into a loved one's home and supporting them on their hardest days and that Friday you're vaccinating kids at the beach. The opportunities are endless and the communities and staff within the Cape region are warm and welcoming, it's makes you feel like you found a second home” (2025)



Next Steps

While the CN Development Program solves the "entry problem," we identified a need for ongoing development into leadership roles.



"Grow our own"
workforce Strategy.

Leadership and
Mentoring Skills.

Advanced Clinical
Governance

Leadership Opportunities

Questions