thehive

#4 SUMMER 2013/2014

Australian College of **Nursing**

Voice of influence

SUCCCESS THROUGH SYNERGY
ACN's Forum

THE ROLE OF AUSTRALIAN NURSES
in disasters

NURSING
it's a family affair

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HEALTH & MEDICAL

thehive

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Cover
Ruth Zionzee FACN and Louise Mahler at The National Nursing Forum

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CEO REPORT

ADJUNCT PROFESSOR DEBRA THOMS FACN (DLF)

Debra with Christine Smith and Carmen Morgan

Debra with Robyn Moore

"As you would appreciate, the bringing together of two organisations is much more than a change in name; it's a change of both ethos and strategic direction."

The National Nursing Forum, held in Canberra from 20–22 October, provided the Australian College of Nursing (ACN) the ideal opportunity to firmly launch ourselves as the foremost professional nursing organisation.

As you would appreciate, the bringing together of two organisations is much more than a change in name; it's a change of both ethos and strategic direction. I truly believe that the Forum demonstrated to our members, and the wider nursing community, that ACN is the advent of a new beginning.

The Members' Only Day Workshops, held on the first day of the Forum, cultivated discussion from the Regions and Communities of Interest (COI) around key nursing priorities. Our members' contribution to ACN's advocacy agenda is indispensable in assisting us to advance the nursing profession. The first day of the Forum also showcased our Annual General Meeting, with the announcement of the new Board, and the inaugural Oration, Investiture of Fellows and Grants and Awards Ceremony. A full re-cap of the Forum can be found in our cover story, *Success through Synergy*, on pages 12–16.

This edition of *The Hive* also features the delightful story, *Nursing: it's a family affair.* Reading the member accounts of how the nursing tradition has been handed down from generation to generation undoubtedly shows how one's passion and commitment to our profession can influence the next generation of nurses.

It seems that almost monthly we are witnessing news stories of yet another devastating natural disaster; disasters on a scale that are almost unimaginable. *The role of Australian nurses in disasters* and *Creating a Climate and Health Community of Interest* are timely articles, featured in this edition, that are strongly linked to this ever-present threat.

As this is the final edition of *The Hive* for 2013 I would like to take this opportunity to thank you, our members, for making this year so memorable. Thank you for the time you've invested as a volunteer while supporting ACN's activities, thank you for your contributions that have helped shaped a new future for nursing and ACN and thank you for your ongoing support. Your dedication to ensuring the nursing profession is represented by a strong and sustainable nursing organisation is acknowledged and greatly appreciated.

On behalf of the Board and staff of ACN I wish you all a festive period full of joy and peace.

“On behalf of the Board and staff of ACN I wish you all a festive period full of joy and peace.”

ACN staff at the Sydney office

ACN staff at the Canberra office

NEW ACN BOARD ANNOUNCED

At the ACN Annual General Meeting (AGM), held on Sunday 20 October, Debra Thoms announced the first member elected Board of ACN. Congratulations to the following members on their election to the ACN Board of Directors.

The new Board meeting with the outgoing Transitional Board in Canberra on 14 November:
Kylie Ward, Julienne Onley, Kay Richards, Greg Rickard, Carmen Morgan, Julie Shepherd, Kathy Baker, John Buxton, Maryanne Craker, Stephanie Fox-Young, Christine Duffield, Christine Smith, Leanne Morton (Absent: Ian Thackray, Maryann Curry and Elaine Duffy)

KATHY BAKER AM FACN (DLF)

Kathy served on the Board of The College of Nursing for many years and was President at time of unification. She has extensive experience in policy development, advocacy, finance, risk management, education and quality systems. In her position as Chief Nursing Officer with NSW Health she had the opportunity to work with nurses and midwives, CEOs, Director Generals and Ministers for Health in various capacities. Kathy is the Director, Advice Centre Australian Commission on Safety & Quality in Health Care.

MARYANNE CRAKER MACN

On the National Enrolled Nurse Association of Australia (NENA) Executive, Maryanne has held the positions of Secretary and President. Through her involvement on the NENA Executive she has garnered a wealth of knowledge and experience related to all aspects of nursing. This has allowed her to become conversant with national and international nursing issues as well as contemporary governance principles and financial management. Maryanne is an Enrolled Nurse Technical Officer, in the Nursing & Midwifery Clinical Learning and Simulated Laboratory, at Victoria University.

CHRISTINE DUFFIELD FACN

Christine has over 10 years' clinical and managerial experience in the health industry in Canada, Australia, New Zealand and the UK and over 25 years in senior management, education and research roles in the university sector. She has worked with policy and administrative decision-makers in most states/territories. Christine is highly regarded by practitioners as a researcher who understands the world in which they work and who can translate results into practice and policy. Christine is the Professor of Nursing and Health Services Management at the University of Technology, Sydney.

ELAINE DUFFY FACN

Elaine has extensive experience in nursing, nursing education and leadership nationally and internationally. Elaine has a solid commitment to the nursing and midwifery profession and to nursing and midwifery education and research to enrich our future workforces. She also has a particular passion and commitment to improving health outcomes for Aboriginal and Torres Strait Islander people through culturally competent practices in a non-discriminators health system. Elaine is the Head of School, Nursing & Midwifery, Griffith University.

CARMEN MORGAN FACN

PRESIDENT

Carmen has 30 plus years' experience as a nurse. Much of her clinical career has spanned rural, regional and remote health in Western Australia. For the last 13 years she has taken on progressively more senior nursing leadership roles and is now the Director of Nursing of the Broome Hospital in WA and Regional Nurse Director for the acute care, primary health care, mental health, aged care and public health practice areas.

GREG RICKARD OAM MACN

VICE PRESIDENT

Greg has an in-depth knowledge of nursing, midwifery and health governance, education, practice, research and workforce issues having provided leadership in public and private sectors across Australia. As the Chief Nurse and Midwife of the Northern Territory Department of Health from 2003–2011, Greg provided leadership advice across practice areas and, in particular, related to Indigenous and remote health. Greg's current role, National Key Accounts and Director at the National Education Unit Healthcare Australia, provides professional leadership and clinical governance.

CHRISTINE SMITH FACN

Christine has widespread knowledge of the ethos and values of ACN and offers skills in corporate governance, risk management, advocacy, marketing and strategic planning, knowledge of educational and professional development issues, experience in mentoring and the time and energy to address the challenges to grow a national professional nursing organisation. Christine is the Professional Officer at Deakin University School of Nursing and Midwifery.

WITH THANKS

ACN would also like to acknowledge all members who nominated for a position on the Board – their commitment to ACN is appreciated.

At the AGM, Debra Thoms asked for a "… vote of thanks to the President, Vice President and the Directors of the Transitional Board for their work for the 2012/2013 Financial year." This motion was passed unanimously – a clear show of recognition towards the outgoing Board for their work in establishing strong foundations for ACN. ACN farewells the outgoing Board and offers its sincere thanks and appreciation.

TRANSITIONAL BOARD

Kathy Baker AM FACN (DLF)
John Buxton
Maryann Curry MACN
Stephanie Fox-Young FACN (DLF)
Carmen Morgan FACN
Leanne Morton FACN
Julienne Onley FACN
Kay Richards FACN
Julie Shepherd FACN
Christine Smith FACN
Ian Thackray FACN
Kylie Ward FACN

MEMBER ACHIEVEMENTS

ACN STAFF AND MEMBERS CELEBRATED

AT THE NSW AWARDS FOR EXCELLENCE IN NURSING AND MIDWIFERY

Health Minister Jillian Skinner presented the inaugural NSW Health Excellence in Nursing and Midwifery Awards in a ceremony at Parliament House on 5 September 2013.

Mrs Skinner presented awards to 11 winners and 17 finalists, including the Judith Meppem Lifetime Achievement Award, named in honour of the state's first Chief Nurse. We're proud to announce that Judith Meppem is an ACN Fellow as well as the Sydney Coordinator of the ACN Chief Executive Officer's Unit.

ACN member Scott Brunero MACN was the recipient of the Excellence in Education Research and Innovation award. ACN would like to extend our congratulations to Scott, who also received the ACN NSW Nurses Research Grant in 2012.

Minister for Health and Minister for Medical Research Jillian Skinner with Judith Meppem

Scott Brunero, winner of Excellence in Education Research and Innovation award, with Jillian Skinner.

ACROSS THE STATES

QUEENSLAND

FAR NORTH REGION

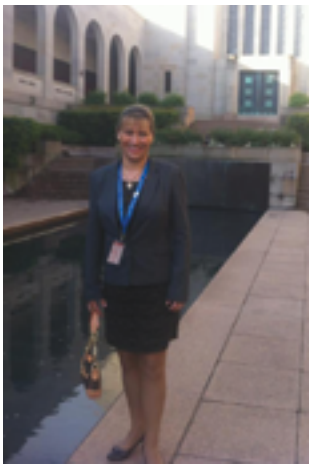
Kathleen McLaughlin (ACN Executive Manager Member Relations) with Jane at the Forum, Australian War Memorial

KEY CONTACT: Jane Mills FACN
jane.mills@acn.edu.au

As Far North Queensland heads into the wet season, nurses around the region are preparing themselves to meet the different challenges that this time of year brings. Cyclones are a natural disaster that result in a range of physical and psychological issues. Cardwell, the small town between Cairns and Townsville most affected two years ago when Cyclone Yasi made landfall, has recently celebrated the unveiling of a $40 million foreshore redevelopment. Nurses in this area have been instrumental in the recovery process for local residents and are looking forward to the added health benefits that will arise from the new playgrounds, barbecues, gym equipment and amphitheatre. Health promotion and prevention messages about the importance of cyclone preparation and also dengue fever, an infectious tropical disease prevalent in the far north, are being delivered across the region.

Our Region will be holding a Christmas breakfast in both Cairns and Townsville in December. These events will be a chance for members and fellows to network and discuss issues important to them in their practice. Guest speakers at the breakfasts will be local nursing leaders, able to provide an update on health service delivery in the local area. As well, we hope to get some ideas for future events to be held in 2014.

BRISBANE REGION



Belynda at the Forum, Australian War Memorial

KEY CONTACT: Belynda Abbott MACN
belynda.abbott@acn.edu.au

The Brisbane Region released the first edition of the ACN *Brisbane Region Newsletter* in November. The newsletter highlighted the amazing journey we have all been on in the last year. The unification of the Royal College *of* Nursing, *Australia* and The College of Nursing has strengthened and shaped the future direction of our profession, and is the beginning of our unified professional voice.

The newsletter will become a quarterly addition to ensure that all Brisbane members are informed about what is happening within the Brisbane region, the state and nationally from a professional nursing perspective. The first edition featured stories such as:

- our CPD event held in August this year, *How valuable is nursing in the 21st century,* with guest speaker Philip Darbyshire MACN
- a nursing student's perspective on graduating and job readiness
- a wrap-up of our National Nursing Forum and ACN's AGM, announcing our newly elected board members.

A big thank you to Susan DeVries FACN, Stephanie Fox-Young FACN (DLF), Moira Maraun MACN and Claire Stewart MACN for their contribution to our first edition of the *Brisbane Region Newsletter*.

Our Region will be holding quarterly networking opportunities to get-together, socialise and discuss various topics affecting our profession and our health services. By making our professional networks stronger, we will begin to have a bold, principled and brave new voice – watch this space!

ACT/NSW

CANBERRA AND REGIONAL ACT REGION

KEY CONTACT: Ji Shi MACN | ji.shi@acn.edu.au

Canberra and regional members were fortunate this year as the Members' Day, held prior to The National Nursing Forum, was in our home town; what a great opportunity to meet some of our local members face-to-face. Following my introductory email sent to Region members, it was great to put faces to names. The opportunity also allowed us to raise and discuss some of the issues we face here in Canberra such as:

- effective graduate nurse training for aged care and hospital based nurses

- workforce supply and retention issues
- the affordability of the nurses re-entry program.

Following on from feedback received from our local members, our Region will be looking forward to running educational sessions to support our CPD requirements, as well as facilitating opportunities for face-to-face discussions on professional issues. A Canberra and Regional ACT Region discussion forum has also been created on ACN's 3LP website, and we welcome members from the Region to login and join the discussions that will be taking place.

As part of the ACT Government's Health Infrastructure Program the new Belconnen Community Health Centre was unveiled on Saturday, 2 November 2013. The Centre will deliver expanded health services aimed at assisting clients to manage acute and chronic conditions in the community. The Centre delivers a comprehensive range of services to the local community in a significantly different physical and operational environment. The consumer is the centre of care; they and their families will be involved in decision making and there will be a focus on connecting and integrating all aspects of a person's care and treatment.

VICTORIA

CENTRAL AND SOUTH GIPPSLAND REGION

KEY CONTACT:
Margot Medew FACN
margot.medew@acn.edu.au

Greetings from Central and South Gippsland Region. As the newly appointed Key Contact for this Region, I welcome the opportunity to be involved in a more regionally based group of ACN members. I have made initial contact, via email, with members from our Region and although we have not had a chance to plan for any activity yet, we hope to do so in 2014. Region members have been invited to share their vision of how our Region should develop in these initial stages and I welcome assistance from anyone who would like to participate in the development of the Central and South Gippsland Region of ACN.

The Reel Health International Short Film Festival provides the world with an innovative approach to health promotion and health awareness. Through the power of storytelling and film, Reel Health provides a platform for people whose voices are not often heard to tell their story. Film-makers submitted entries vying for $10,000 worth of prizes.

At Eastern Health there is the expansion of the Falls Prevention and Wellbeing Program. This program has won four awards for volunteer programs, two of these at Ministerial level.

In future editions of *The Hive* we will continue to highlight reports from our Regions, outlining their activities as well as issues that are impacting their community.

WESTERN AUSTRALIA

PERTH REGION

KEY CONTACT:
Cheryle Poultney MACN
cheryle.poultney@acn.edu.au

ACN members Cheryle Poultney MACN, Janet Anderson MACN , Sharon Hickey MACN and retired Fellow Annette Newell represented ACN at the annual Remembrance Ceremony at St George's Cathedral to commemorate nurses and midwives who have died in the line of duty. It was a lovely service and well attended as it was also the occasion of a book launch by enrolled nurse Betty Crombie, *Our Footsteps in the Wards 1953–2003*, a history of enrolled nursing in WA.

The Perth Region will hold a Christmas function in early December, courtesy of Hollywood Private Hospital. It will be a great opportunity to meet some new faces from within the Region. In the New Year I am hoping to survey Region members as to what they particularly want from a regional perspective.

The biggest issue for us recently has been the State Government increasing the fees for TAFE courses, which will affect the cost of undertaking an enrolled nurse course. This will almost certainly impact on the numbers applying, at a time when there will be an unprecedented need for nurses with the forthcoming opening of several major public and private hospitals (Fiona Stanley Hospital, the new Children's Hospital and Midland Health Campus).

GOLDFIELDS – MIDWEST REGION

KEY CONTACT: Sandy Hamilton MACN
sandy.hamilton@acn.edu.au

The Combined University Centre for Rural Health (CUCRH), situated in Geraldton, Midwest WA, is excited to report on the continued expansion of health education programs and completion of the EdSIM Centre construction in November 2013.

The EdSIM Centre provides technology enabled teaching and learning spaces including two demonstration bays, five consultation rooms and a range of tutorial and seminar spaces. Funding for the EdSIM Centre was provided by the Commonwealth Department of Health and Ageing and State Royalties for Regions. CUCRH staff are currently being trained in the use of the technology and are working closely within an Alliance Model to identify, plan and deliver programs at the community, student and clinician level.

CONSENSUS ON KEY ISSUES:

NATIONAL NURSING FORUM

At the National Nursing Forum Regions' Workshop members clearly articulated that, although separated by geography, there was a strong agreement on the four key nursing issues ACN should direct their attention to over the coming 12 months.

Members from the Queensland Far North Region at the workshop

1. THE ROLE OF ACN

Members were almost unanimous in communicating their vision for ACN to become the 'go-to' organisation for nursing; for ACN to be a single and strong professional voice across nursing specialties as well as an organisation that provides leadership for the profession, politicians and the community on professional issues important to nursing.

Another strong theme was the desire for an organisation that regularly engages with its members. One outcome of this engagement should be that ACN listens and learns about state-based concerns.

Members also wanted ACN to be active in the political arena regarding nurses' professional concerns and wanted ACN to have a stronger media presence to communicate to the wider community.

2. WORKING TO FULL SCOPE OF PRACTICE

Members expressed concern that nurses' ability to respond to a community need for health care is restricted by state regulation and employer policies that stop them from practicing to their full scope of practice. Medical doctors' views on the nursing role were seen as another force restricting nurses' scope of practice. Enabling nurses to work to their full scope of practice would enable our profession to better meet community needs.

Members were also concerned about an erosion of nurses' roles. For example, non-nurses providing nursing education or the introduction of unregulated care workers.

3. SUPPORT FOR NURSE WORKFORCE SUPPLY

Members were deeply worried about the supply of nurses in the medium and long term. The lack of places in new graduate programs was seen as one main factor. Solutions suggested were better coordination between the education and health care sectors. Members also thought that reducing the cost in terms of money and time, to re-entry nurses, could contribute to improving nurse supply issues. Generally, a broader pallet of pathways should be offered to individuals seeking to enter clinical work.

4. THE NURSING ROLE IN PRIMARY CARE

Members indicated that the role of community nurses to be reduced, in favour of nurses working in the general practice setting. Community nursing roles were also perceived as being overshadowed by a focus on acute care. To halt this trend, members believe ACN should identify a nursing role in primary care that is not dependent on employment in general practice.

See pages 12–16 for a complete Forum report

KEY CONTACT PROFILE:

DR CATRIONA BOOKER FACN

ASSISTANT NURSING DIRECTOR, EDUCATION COORDINATION, METRO NORTH HOSPITAL AND HEALTH SERVICE, ROYAL BRISBANE & WOMEN'S HOSPITAL QLD
ACN KEY CONTACT, LEADERSHIP AND MANAGEMENT COMMUNITY OF INTEREST

NURSING BACKGROUND

While I have been working within the nursing profession for more than three decades in clinical (midwifery and mental health), management and educational roles, my first introduction to nursing was during my school holidays at the Royal Brisbane Hospital. I had the opportunity to work in the role of a cadet runner, which focussed on the delivery of mail and specimens to the relevant departments across the 52 hectare facility. The next school holidays I worked as an enrolled nurse in the 'Dressing Station' where the staff prepared a diverse range of dressing packs in a variety of sizes ready for sterilising. While I enjoyed this humble start to my career it was only later that I really appreciated the value of these roles with regard to collective teamwork. I am fortunate to be working again at the Royal Brisbane and Women's Hospital.

Following training within the hospital system, I gained a position in a large tertiary and research hospital. As you can imagine, I encountered a variety of leadership styles. In the early years of my training, an autocratic and task focussed leadership style was the most common. While this leadership style was considered the 'norm' in the 70s by many, we have come a long way since then and the expectations now are for a more sophisticated and transformational leadership style particularly in this current dynamic and changing health care environment.

What led to your interest in joining the Leadership and Management Community of Interest (COI)?

My interest in the Leadership and Management COI was an opportunity to harness my previous and ongoing interest in leadership. This interest was particularly generated by my previous studies in a Master of Nursing Leadership and the motivating lecturers who challenged thinking and practice. Later undertaking Doctoral studies entitled: *An exploration of factors that influence end of career nurses' decision making regarding their workforce participation*, I was not surprised to find that leaders were integral and, in fact, the catalyst to retaining and attracting nurses to the workplace.

While realising the importance of leadership, many potential leaders and managers continue to describe their introduction to leadership roles as 'being given the keys to the office with no training or ongoing support'. So how can we expect a more sophisticated and transformational leadership style when ad hoc or minimal support is provided in their development?

What are your hopes for the Leadership and Management COI?

Leading this COI is an honour and an amazing opportunity to harness the thoughts of nurses who appreciate what they need and know what works. My challenge is to raise awareness of this COI and generate conversation with nurses across Australia so that the key concepts can be identified.

Supporting novice leaders to understand and apply the principles of leadership maturity through strategies such as mentorship and succession management is emerging as one desired support mechanism.

What are some of the current issues around nursing leadership and management?

As a profession, we face large numbers of 'baby boomers' intending to exit the profession within the next 5 to 10 years. Many have stayed longer as a result of the global financial crisis, however their retirement is imminent. Is the profession prepared for the loss of these 'knowledge workers' who have gained so much experience over the decades of their service? Do we demonstrate value and respect for this knowledge and are we taking every opportunity to transfer this knowledge and experience before they leave?

A profession led by nurses with mature leadership skills is critical in order to sustain a viable workforce.

What are some of the challenges you've faced regarding nursing leadership and management throughout your career?

In our work lives, we have all witnessed colleagues who demonstrate leadership qualities which motivate and draw people together with synergy. Their ability to lead seems to come with ease. However, what about those who have a desire to lead, but seem to lack the inspiration or ability to do so with effect? How can they be nurtured and supported to develop in this critical role? This is our challenge. As a beginning, the Leadership and Management COI is one way to be directly involved in the ongoing development and nurturing of the profession. I therefore hope that members accept the invitation to join in the conversation and work required to meet the many challenges leaders have yet to face.

Contact: catriona.booker@acn.edu.au

MEMBER ENGAGEMENT

We encourage you to keep in touch with your Key Contact and help shape what happens in your Region and COI. Visit www.acn.edu.au/engagement or email engagement@acn.edu.au to learn more.

SUCCESS THROUGH SYNERGY

AT ACN'S NATIONAL NURSING FORUM

ACN's National Nursing Forum was held in Canberra from 20–22 October, during the centenary of our national capital. Throughout the three days the Forum theme, 'Success through Synergy', shone brightly. The Forum program was jam-packed and offered members and non-members many opportunities for engagement and professional and personal growth. Featured in this article is an overview of key events that took place throughout the Forum.

MEMBERS' ONLY DAY

The value to ACN of engaging members in our many organisational activities cannot be overstated; active member engagement is fundamental to our organisation giving an effective voice to the profession. Members' direct involvement in representation and advocacy strengthens ACN's credibility and improves our opportunities for influence throughout the Australian health care system.

This rationale was the motivation behind the inaugural ACN Members' Only Day. In-line with the theme of the Forum, *Success through Synergy*, approximately 80 members came together to network with each other in Region and Community of Interest (COI) groups and identify and discuss key priorities for ACN to take forward in the coming 12 months; a unique opportunity for ACN to learn from our members through interactive and dynamic discussions.

Member Engagement Workshops

The day was facilitated by Debra Thoms, CEO of ACN, and commenced with the Regions workshop. The new member engagement structure of Regions recognises the importance of members being able to interact and collaborate locally on professional matters. While ACN is a national organisation, many nursing services fall under local or state/territory jurisdictions and ACN's reach must encompass regional interests. ACN Regions enable ACN to connect with the membership on local professional issues to provide policy responses or undertake other advocacy activities. The Regions workshop gave members the opportunity to discuss, and then present to all attendees a set of key issues they agreed were priorities of concern to nursing within their regional area.

The COI workshop that followed facilitated discussions within a specialty focus. Through establishing the COIs, ACN is encouraging members to network within similar areas of practice or professional interest, not only to promote engagement but also to ensure ACN remains well informed of role, practice and research issues related to specific areas of practice. This workshop also resulted in the tabling of a set of key priority issues, on this occasion presented from the perspectives of the COI groups present.

At the end of the Member Engagement workshops, members provided ACN with a set of issues to inform ACN's representation and advocacy agenda and provide important information for the Board in their strategic planning. ACN's policy team recorded and categorised the key priorities identified within each workshop session and presented them back to members.

Key priorities concentrated on:

- ACN's role and profile
- issues arising from nurses work settings such as:
  - leadership
  - nursing scope of practice
  - definition of advanced practice
  - collaboration and communication
- growing the body of nursing research
- enhancing collaboration between education and practice
- nursing and the environment.

Networking and making new friends

The Member Engagement workshops also allowed attendees to meet and greet with other members from within their own Region and COI, many for the first time. It was pleasing to see the instant connections and hear the discussions taking place.

ACN POSITION STATEMENT WORKSHOP

Reflecting on the key priorities identified in the Regions and COI workshops, members engaged in discussions to identify key professional areas for which ACN should have clear position statements. Position statements inform members, the broader nursing profession, stakeholders and governments on issues the profession considers to be of central importance. Issues such as emerging political or professional issues, legislative changes, shifts in state or federal health policy, changes in clinical practice, and/or ethical or moral dilemmas may precipitate the development of position statements.

Members agreed that the process must be timely so ACN can be responsive to emerging issues. Position statements should also reflect a majority member view and result in clear messages to the profession, its stakeholders and the public.

To reflect on topics requiring the development of position statements, members gathered around tables to deliberate on issues they regarded as being of central importance. These priorities were compiled into an integrated list of issues. Members then rated their leading concerns to inform ACN as to which position statements should be developed as a priority.

Key professional and practice issues raised were:

- advanced practice nursing
- asylum and refugee health
- the role of assistants in nursing (AINs)
- person-centred care
- increased access to and roles of nurses in primary health care.

The professional issue with the strongest support, by a small margin, was advanced practice nursing closely followed by asylum and refugee health. Members strongly voiced the opinion that the lack of a consensus definition for advanced nursing practice creates a grey area for the enhancement of nursing roles across the health system. Concern for asylum and refugee health, in the current political climate, was recognised as a paramount ethical concern for the profession. Members called on ACN to provide nursing leadership and advocacy by promoting the protection of the human rights, health and dignity of people seeking refuge in Australia.

The absence of a defined role of AINs in teams was raised as a growing health system-wide concern. Members stressed that as the AIN workforce continues to expand, including in acute settings, their emerging roles are highly variable and not always well understood in the context of health service delivery.

The need for attitudinal and cultural shifts in nursing to support person-centred care was raised as an ongoing professional challenge

The Wall of Remembrance at the Australian War Memorial
Newly admitted Fellows – Jason Mills, Jennifer Newton, Jo Wu, Annette Solman and Deborah McKern
Claire Stewart, Rachel Wilkins and Georgia Corrie

for nursing, particularly in risk-averse environments. Members were also vocal about the need to promote better access to nursing services in community and primary health care. There was a strong view that health investment is not adequately being directed towards national primary health care strategies; increasing demand in primary health care is inadequately addressed and community nursing is receiving insufficient support.

The members' top five priorities will guide ACN's development of position statements. In coming months watch out for 'Calls for comment' from ACN asking members to review draft position statements.

The Members' Only Day provided an important opportunity for ACN to learn about members' concerns and it was heartening to see members enthusiastically engaging with each other and ACN staff. Members showed great commitment to the future growth of ACN and dedication to ensuring the nursing profession is represented by a strong professional organisation. ACN hopes to make the Members' Only Day a regular event, to enable us to capture and represent member views in the health policy arena accurately.

If you would like to contribute to the development of ACN positions on policy and professional issues please check the 'Policy' section of the *ACN Weekly eNewsletter* regularly for advertised opportunities.

For more information on ACN Membership Engagement Structures, please visit our website at www.acn.edu.au/engagement or email any enquiries to Kate Lehmensich, Manager Engagement and Representation at kate.lehmensich@acn.edu.au.

For any questions about ACN's policy work please email Marlene Eggert, Policy Manager at marlene.eggert@acn.edu.au.

EARLY CAREER NURSES' WORKSHOP

ACN also hosted the Early Career Nurses' Workshop; featuring presentations and interactive sessions from ACT Chief Nurse Veronica Croome, John Rosenberg MACN of the Australian Catholic University, Stephen Mason from Co-op Bookshop, Ross Bernays from HIP, the 2012 cohort of ENLs, as well as ACN's Jason Mills FACN, allowing delegates the chance to discuss and share the experiences that face early career nurses. This workshop was proudly supported by the ENL sponsors – Chandler Macleod Health, HIP and The Co-op Bookshop.

ANNUAL GENERAL MEETING (AGM)

At the AGM, ACN Transitional Board President, Carmen Morgan provided a report on the past 12 months of operation. Carmen noted that the Board had taken a considered and careful approach to all activities during the year; activities that had been underpinned by the ACN Strategic Plan. Carmen also reported that in its first year of operation, ACN generated a surplus of $2.1 million on revenues of $17.4 million. This strong financial position has allowed the 2013/2014 budget to provide for significant investment in resources and infrastructure to meet the needs of ACN moving forward and,

Veronica Croome and Julie Kussy at the Guild Insurance photo booth
Liza Edwards, Susan Pearce and Rosemary Bryant Members at the Members' Workshop

importantly, enhance the services provided to members.

The *2012/2013 ACN Annual Report* contains a full report of all operational areas and can be viewed electronically on our website at www.acn.edu.au or a hard copy can be requested by emailing publications@acn.edu.au.

ORATION, INVESTITURE OF FELLOWS AND AWARDS CEREMONY

The inaugural ACN Oration, Investiture of Fellows and Awards Ceremony was a fitting end to the Members' Only Day. ACN was pleased to initiate its own tradition acknowledging and respecting high achievers and nurse leaders within our profession.

Grants and Awards

This year we were able to distribute over $100,000 worth of ACN grants and awards assisting nurses in research and professional development, providing the financial opportunity for individuals to continue their education and contribute to our changing profession. During the ceremony, ACN thanked and acknowledged the outstanding contributions of our 2014 winners. (See pages 34–36 of this edition of *The Hive* to learn more about the winners.)

Fellowship

Fellowship of ACN is a prestigious member status granted to those who have demonstrated a significant contribution to ACN or the nursing profession over time. ACN was honoured to personally recognise and welcome the following successful applicants for admission as Fellows of ACN. All showed significant commitment and contribution to the nursing profession, to ACN and its predecessor organisations.

Catriona Booker FACN

Jason Mills FACN

Jennifer Newton FACN

Annette Solman FACN

Chiung-Jung (Jo) Wu FACN

Deborah McKern FACN

Oration

Both The College of Nursing and Royal College *of* Nursing, *Australia* Oration's were significant highlights in their calendar year. Year after year, these events showcased Orators who have exhibited significant personal and professional achievement. Professor Denise Fassett FACN, in delivering the first ACN Oration, ensured this tradition would continue. Professor Fassett's Oration, *Island Ingenuity*, showcased many successful examples of synergy and provided all in attendance the opportunity to reflect on their own practice and how they, too, could overcome obstacles in a positive and unified manner.

FORUM PROGRAM

The scope of the Forum fostered a collaborative culture and boasted a wide range of speakers and sessions incorporating the various themes and sub-themes; it was a time to experience the diversity that is our profession. Delegates were moved to both laughter and tears by the thought provoking words of our keynote

Julianne Bryce and Elizabeth Foley at the Guild Insurance photo booth
Carmen Morgan, Denise Fassett and Debra Thoms
The Corporate Imposter – Homer Papantonio
Sonya Wallace, Theresa Snijders, Meg Bransgrove, Evan Casella, Anna Groth (2014 ENL winners) with Ross Bernay

and invited speakers. Robyn Moore, as both MC and keynote speaker, was simply outstanding. She reminded us all to see our patients as people, with families and friends who love them; her warmth and candid words continue to resonate with many. Dr Louise Mahler changed perceptions of our voice, and inspired us to embrace our accomplishments. She taught us how our bodies can be used as "instruments to be heard". It was confronting, though encouraging, hearing Professor Philip Darbyshire speak on the realities facing the nursing profession worldwide, reminding us why we chose this profession and that our collective character is being tested. Dr Rosemary Bryant continued to inspire with her wisdom and depth of knowledge; in her own words, "Nurses can transcend national borders and provide an example for all." Dr Jane O'Malley, New Zealand's Chief Nurse, gave delegates a trans-Tasman perspective on safe staffing, introducing innovative new rostering and workload prediction tools to her audience. Professor Michael Carter championed the role of nurse practitioners (NP), outlining the success of their roles in the United States, where NP graduates outnumber general practitioners two-to-one. Finally, Dr Roberto Leonardi, otherwise known as the The Corporate Impostor, delivered a highly original and entertaining presentation.

The concurrent sessions and poster displays added an additional layer of depth to the program. Key nursing issues addressed included:

- leadership
- workforce
- care delivery and clinical practice
- safety and quality
- legal and ethical issues
- education
- history.

The Forum concluded with a tour and dinner at the iconic Australian War Memorial; a perfect way to farewell the 2013 National Nursing Forum. We were enveloped by stories, pictures and memories depicting our proud nursing heritage. The evening also afforded the opportunity to reflect on all that had taken place throughout the preceding three days; the importance of our individual and collective nursing voice.

NEXT YEAR'S ACN NATIONAL NURSING FORUM WILL BE HELD IN BEAUTIFUL ADELAIDE FROM 2–4 NOVEMBER. WE HOPE TO MEET UP WITH MANY OF YOU AGAIN IN 2014.

The success of the Forum would not have been possible without the generous support of our National Nursing Forum sponsors; in particular we would like to thank our major sponsors Health Workforce Australia – Gold sponsor, ACT Health – Silver sponsor, Health Industry Plan – Bronze sponsor and Chandler Macleod Health – our Forum dinner sponsor.

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19TH ICN WORKFORCE FORUM

23–25 SEPTEMBER 2013 DUBLIN, IRELAND

BY DEBRA THOMS, ACN CEO

The International Council of Nurses (ICN) is a federation of more than 130 national nurses' associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally. The Australian College of Nursing is the Australian member body of ICN.

19TH ICN WORKFORCE FORUM

The ICN 2013 Workforce Forum was hosted by the Irish Nurses and Midwives Organisation from 23–25 September in Dublin, Ireland. These Forums are held annually and provide an opportunity for discussion on key workforce trends and issues around the world. In attendance were representatives from nursing organisations in Canada, Denmark, Finland, Iceland, Ireland, Japan, USA, Sweden as well as Australia. In my capacity as CEO of ACN I attended the Forum with Nick Blake, Senior Federal Industrial Officer from the Australian Nursing and Midwifery Federation. The meeting started with an overview of the environmental scan and workforce data provided by the attendees prior to the meeting and was led by Lesley Bell from ICN. The key areas discussed at the meeting included:

CHANGES IN WORKING CONDITIONS AND THE WORK ENVIRONMENT

It was evident from the country reports that there have been significant changes in nurses' employment and working conditions in a number of countries. The austerity measures introduced in a number of the European countries, due to the financial issues, has made a significant impact on nurses with, in some cases, reductions in wages and previously agreed conditions.

Many countries reported inadequate staffing levels which reflected a variety of issues. For some, it was the lack of adequate workforce planning and strategies; the ageing workforce and impending retirement of significant numbers of the current workforce was a common issue and the number of nurses coming into the workforce from education programs was an issue for a number of countries. The capacity to employ those entering the workforce as new registrants was different in countries such as Australia and New Zealand where newly registered nurses are having difficulty gaining employment. A presentation from researchers on the work being undertaken through the RN4Cast (www.rn4cast.eu/) project provided insights into issues around the delivery of care in Europe.

Discussion on the issue of nursing leadership and positive practice environments and the relationship to nursing retention and the broader impact on the nursing workforce also occurred.

ADVANCED NURSING PRACTICE

The challenges around the definition and understanding of the terms advanced nursing practice and advanced practice nurse were evident across all those in attendance. There was general agreement that advanced practice is valued and represents the application of knowledge and skill at a level of expertise supported by relevant postgraduate education in a specific area of practice. The nomenclature that is applied to these roles was varied and there was no agreement on the 'ideal' title or titles. It was apparent that different countries were at different stages in the development of these roles with, for example, Finland doing work on defining such roles and Sweden, at this stage, not really having such roles but discussing how they would define them. Canada though has made considerable progress with nurse practitioners (NP) having a protected title and competencies. It was noted that Canada has 30 years of history with the NP role and that it is only now that the role is becoming truly integrated.

Amanda Adrian CEO ANMAC, Lynette Cusack Presiding Member NMBA, and Alison Smyth AHPRA, at the Credentialing and Regulators Forum

SOCIAL MEDIA

The implications of social media and how organisations utilise this to connect with members and promote relevant issues provided informative discussion. All reported on the increased use by both nurses and nursing organisations. The management of such media and how to respond to comments posted on sites such as Facebook and Twitter and others was recognised as an important aspect. Also noted was the importance of nurses understanding their responsibilities as professionals, which has seen a number of organisations provide guidelines for staff and members. This was in particular related to areas such as professional boundaries, ethics and professional conduct. The positive benefits were discussed in terms of communication and information sharing while recognising the need for privacy and confidentiality. All agreed that social media was here to stay and that organisations need to ensure they used such media effectively.

AGEING WORKFORCE

All countries had noted the ageing workforce and that there were an increasing number of nurses working into the seventh decade. The implications of this for the individual and the organisation were discussed. For some countries, the retirement age continued to be on average between 60 and 65 years while for others the average had moved up to 67/68 years. A disconnect between the generations and the potential deskilling of the overall workforce as the older nurses retire was highlighted. Also noted was the impact of the nature and demands of the physical work on wards on the older nurse. Reference was made to the available evidence which demonstrates the relationship between age and health and thence the ability of the nurse to meet work demands. All agreed that there are changes needed in the workplace to support older nurses as they extend their working life and to ensure that the transfer of skills and knowledge to the next generation of nurses occurs. These include supportive workplaces, valuing expertise and flexibility in employment arrangements. The differing approaches to superannuation (pensions) between countries and the impact of this on the decision to retire from the workforce was noted.

Prior to the conclusion of the meeting a Communique was developed and is available at **www.icn.ch**. The next Workforce Forum will be in Sydney in **September 2014**.

ICN CREDENTIALING AND REGULATORS FORUM

4–6 NOVEMBER 2013, CANADA

Debra also attended the 4th ICN Credentialing and Regulators Forum. The Forum aims are to:

- serve as a vehicle for countries with an interest in developing dynamic regulatory processes and credentialing programs to communicate, consult and collaborate with one another on trends, problems and solutions
- promote and enable nursing's role at the forefront of health care and the development of contemporary regulatory and credentialing systems
- advise ICN on developments and needs in the field of regulation, credentialing, and quality assurance.

A comprehensive report from this Forum will be featured in the Autumn edition of *The Hive*.

NURSING – IT'S A FAMILY AFFAIR

Over the years, when meeting and talking with our members, it's become apparent that many were introduced to the nursing profession by their own families – grandmothers, mothers, fathers, sisters, aunts and uncles – whose experiences as nurses helped shape their own desire to join the profession. Below we share with you some of their stories – stories which show how family influences and experiences continue to generate the next cohort of nurses.

SUE WILLIAMS MACN

I am a third generation nurse; each generation has been highly specialised in their chosen field, but it is interesting to see how that has changed over nearly 100 years. My Grandma graduated from general nursing in 1930 and midwifery in 1933. She worked in rural North Queensland, caring for people with typhoid and working in theatres. My mother graduated with her General Certificate in 1963, her Midwifery Certificate in 1964 and her Intensive Care and Cardiac Certificate in 1965. Her early career focussed on the newest treatments available, including liver transplants, coronary bypass surgery and haemodialysis. I graduated with a Bachelor of Science (Nursing) in 1994. I found my professional home in neurology and stroke. I have since completed Graduate Certificates in Adult Education and Neurodegenerative Disorders and am now a Parkinson's Disease Nurse. Grandma is no longer with us to see where my career has taken me, but all three of us love nursing. Our experiences of education and technology are vastly different, but the timeless common thread is the passion we have for the difference the nurse makes to the lives of patients in any setting.

Sue's grandmother, Iris McKinlay 1930

Mary, Carolann and Fran in the 80s

CAROLANN AARTSEN MACN

I am one of five in my family who have been in the nursing field. My mother started her training in Broken Hill in the late 1940s but had to discontinue when she married my father – a sign of the era. I have two sisters and both went to St Vincent's to do their training. Fran specialised in cardiac before moving into management. She was followed by Mary – her specialty was renal and she now works haematology. I was the late starter and specialised in paediatrics before venturing into management and then education; I have since retired. My son started as an enrolled nurse and then B Nurs. M Admin/Anaesthetics and is now nurse manager.

JENNY BOAK MACN

My mum was a nurse and trained in 1964 at the same hospital I did; I started my training in 1987. My mum being a nurse was a driver for me, I had wanted to be a nurse since I can remember. My step-mother is a nurse and I also have two nieces who are nurses. Nursing has been a wonderful career for all of us and headed us in different directions depending on the time in our lives. It has supported us through growing family years and for me, travelling around Australia. I feel my mum and I have a different relationship to my sisters because of our shared connections with nursing.

James and his mother Viki at the 2013 ICN Congress

JAMES BONNAMY MACN

I followed in my mum's footsteps and became a nurse. Mum has been nursing for 20 plus years and I have been nursing for three years. Nursing to our family means a commitment to caring for the sick and infirm and to the promotion of health and wellbeing. Nursing is both an art and a science and we consider it a privilege to be there to support patients when perhaps the world, their health or their family have walked out – a nurse will walk in.

DEBORAH COCHRANE MACN

My mum was a theatre nurse, as was my aunty; I too became a theatre nurse. I have thought often if mum being a nurse influenced my decision, but have concluded it didn't. Mum was forced out of nursing as she got married. By the time I was born she was working as a cook. Eventually though, by the time I was leaving school deciding what I was going to do, she was a cook in the local hospital. I saw nursing as a way to get an income, but also really wanted to be a teacher. I fell in love with nursing and therefore, went into teaching nurses. As a nurse educator, I conduct a session with groups of nurses where we sit on the floor and share stories of 'why we became a nurse' – there are always a number of them whose mothers' were nurses.

FIONA COOK MACN

My mother was a nurse who practised until a few years ago. She was still working until about six months before her 82nd birthday. She always loved making a difference.

Alison's mother, Ailsa c. 1954

ALISON PATRICK MACN

I'm a fourth generation nurse. We can count a turn-of-the-last-century Matron of Maroopna Hospital in the Goulburn Valley; a rural DON; a tertiary metro DON; plus graduates from multiple hospital training programs in our nursing history. My mother, maternal grandmother, maternal great-grandmother, plus numerous cousins and aunts are or have been nurses over a period of 100 or more years.

SUE TAYLOR MACN

I have been a nurse since 1980 and grew up with a mother who returned to her nursing career when I was in my early teens. I enjoyed a great relationship with my mum who was more than supportive during my nurse training and early career. She always said the 'nursing' that I was doing was nothing like what she did in the mid-1940s. My great-grandmother was a midwife when it was a 'learn on the job role'; a hard slog in the late 1800s in rural Scotland. Aunts, cousins, mum's nursing buddies, my best friend's mum all contributed to my nursing life. Nursing still holds a certain romance and mystery for me as it moves into a hi-tech age. I could also say that today's nursing is nothing like when I 'trained', although the art of nursing, the caring for the unwell, scared or anxious will never be supplanted by technology.

Helen's mother, Philippa Bambling c. 1950

HELEN BLANCH MACN

My grandmother was a nurse, started training on Sydney's north shore around 1916 at St Luke's. My mum began her training in Bundaberg in the late 1940s, and two of my cousins are nurses. I began my training at Princess Alexandra in Brisbane in 1976 and am still nursing. I think both my mother and grandmother (at nearly 99) were nurses to the day they died, even though they were unable to work after marriage, and perhaps I am the same!

DEBBIE BOWMAN MACN

My mum, who is now 72, was a clinical nurse/midwife and I can remember being taken to work with her on night duty (in country NZ) in my PJs and slippers with my brother and sister; sleeping in one of the patients' spare beds, listening to the nurses walking up and down... those were the days when you could do such things. I chose nursing for myself; I just knew that I was going to do it. I remember it being a 'vocation' in those days of the early 80s. I was one of a group of 25 selected out of 600 applicants by the matron, Miss Mindham, of the Gold Coast Hospital. Miss Mindham was matronly, motherly and strict. I lived in the nurses' quarters on site, and so lived and breathed those training days. When Mum and I talk nursing, we understand what it means. We often talk about my experiences of the day, and she still gets together with her retired nursing friends. We learn over the years the true fragility of life and we're trusted because we see and care for people in their most vulnerable moments.

Janice's mother, Mary McKenzie Morton c. 1949

JANICE GULLICK FACN

My mum, who passed away in 2012 aged 83, started her nursing training at the Royal Prince Alfred Hospital in 1946. After graduating she was the surgical night sister. Like many women of that time she left nursing when she married but she always thought of herself as a nurse and had a formidable memory for anatomy, physiology and nursing care. She had great stories of her time in nursing and her nursing group had regular reunions for over 50 years.

JANE MILLS FACN

My aunt, Jean Moore, was Director of Nursing at the Royal Hobart Hospital when my sister (Nikki) and I were student nurses, since then my youngest sister (Prue) has finished a Bachelor of Nursing at University of Tasmania. Prue is currently the remote area nurse at Birdsville, Nikki works at Launceston General and I work at James Cook University. We are a bit of a mix – Jean was very inspiring to us all, she was one of the first women to be appointed CEO of a major teaching hospital in the late 1980s.

JULIE MATE MACN

My family now has four generations of nurses and midwives with a fifth likely too! From an early age I knew this was the career for me and felt proud to carry on the family tradition. It's definitely in the genes.

HELEN HEDGES MACN

I am a child and adolescent mental health nurse in an in-patient setting in Children's Hospital at Westmead. My son is working in an acute adult in-patient mental health unit at Bloomfield Hospital, Orange. I have a Master's Degree and he is working towards his.

JAN JONES MACN

I come from quite a line of nurses – grandmother, mother, aunt, sisters-in-law, and nieces. It seems to run in our family!

Heather with her sisters at the Royal Adelaide Hospital 1970

HEATHER SCHUBERT FACN

My father was a chemist and worked at the Children's Hospital in Adelaide. Subsequently, I took up nursing with his encouragement and since then both my sisters have trained as nurses. The fact that we are all nurses has had a big impact on our immediate family and on our relationship with in-laws and extended family and friends.

CAROL RICKETTS MACN

My mother was an RN who trained in Daylesford, post-World War II years. She did 18 months of her training at a women's hospital, and I believe the start and finishing months at Daylesford. My two sisters and I all trained as nurses however, I'm the only one still in the profession. My son is now an RN, two years out and working in Ballarat Base emergency department. My youngest daughter has also completed 2/3rd of her EN training; so I think we could be a family of nurses.

Ros at her graduation 1966

ROSLYN TURNLEY MACN

My family of nurses spans three generations. I graduated from the Alfred Hospital in Melbourne in 1966 and am still registered and working today. My paternal grandmother, Ethel Beta O'Connor, trained as a nurse. She graduated after three years, and married my grandfather in 1909. My aunt, Maida, became what was then called a Mothercraft Nurse. She later graduated as a Chiropodist and also worked at the Alfred. My younger sister, Merrin, also trained as a nurse at the Alfred.

Gloria and John graduating with a Masters in Nursing with their daughters Caroline and Angela

JOHN AND GLORIA KILMARTIN MACNs

Both myself and my wife, Gloria, were registered nurses in the UK and Ireland and are the only husband and wife nurse practitioners in Australia. Our daughter, Caroline, currently works at the Austin Hospital, Heidelberg, and our youngest daughter Angela has just graduated with a Bachelor of Psychology. Health careers run in our family for many generations. My uncle was a nurse in Ireland and Australia; as was Gloria's aunt, in the UK. My great-aunt, who was a nun, was a matron in a Dublin hospital in Ireland.

MARY HOODLESS MACN

I have three generations of nurses in my family, one per generation; an aunt, myself and my daughter.

Di and Alice

DI WICKETT MACN

I am a registered nurse and midwife and my 24 year old daughter (Alice) is also an RN currently practicing at The Royal Melbourne Hospital in the ICU. My daughter has completed a Graduate Certificate in ICU and is currently completing a Graduate Diploma in Intensive Care. We published a chapter together on 'Professional Regulation' in a book, *Becoming a Nurse* for students of nursing. We attended the ICN Congress together this year in Melbourne and I would have to say, this was one of the highlights of my career and being a mother; the opportunity to share our passion for nursing was wonderful. To listen to my daughter ask questions of speakers that I would probably have been too intimated to do at a young age, was so satisfying. The conversations we have about the changes in practice and how she delivers care in the ICU environment are the highlight of my day. When I observe my daughter and her fellow colleagues, I believe nursing is in very good hands in the future.

CATHERINE WILKIN FACN

My grandmother registered in Queensland in 1911 and worked in remote and rural areas. She had to sell her horse in order to pay for her nursing training since her father forbade her from the profession, because it was 'menial'. My mother went to World War II straight from completing her training at St Luke's in Potts Point, 1941, at the age of 21 and was in Palestine and then Greece, where she met my father. I finished my hospital based training in 1969 and have worked overseas and in Australia and am now a nursing academic.

Paula's mother, Moira Hall c. 1940

PAULA JOHNSTONE MACN

I'm from a family of nurses. I took up nursing in 1976 and am still nursing full-time in aged care. My mother was a student nurse during World War II and then continued to nurse until the 1950s. My grandmother was a nurse in the 1920s and also her mother before her.

ROBYN FAIRHALL MACN

My mother was an Irish nurse who immigrated to Australia in 1948, part of the 'ten pound pom' brigade. She only meant to stay a few years and then continue her travels. She met and married my father and had five children, two of whom became nurses. Nursing was a theme throughout my childhood, with conversations at the dinner table, mum working nights so that she could be there for us, and then returning to work full-time when we were a little older. I followed in my sister's footsteps in training at St. Vincent's and have been in the field ever since – coming up for 37 years.

Liz's grandmother

LIZ RYAN MACN

I have followed my grandmother into nursing, but I never knew her as a practicing nurse, as she was of the generation that gave up their job when married. It obviously meant a lot to her though, as I found out in her later years as she started to suffer from dementia. I can remember that she would regularly take your pulse as she held your hand, would be so very caring, gentle and compassionate when 'nursing' you (we would spin it for all that it was worth when we were young), and would far too frequently ask about bladder and bowel habits – form, colour and regularity – very embarrassing for a child/teenager! Lovely memories, that make me proud to continue in the profession. I hope that I can be as caring, and have nursing as much a dominant part of my life and thoughts, as she must have. I wonder how I will nurse my grandchildren if I get dementia. What will be ingrained?

THE ROLE OF AUSTRALIAN NURSES IN DISASTERS:
WHAT 'GROUP' OF NURSE SHOULD ASSIST?

BY ASSISTANT PROFESSOR JAMIE RANSE FACN, REGISTERED NURSE, UNIVERSITY OF CANBERRA, ACT
ACN KEY CONTACT, DISASTER HEALTH COMMUNITY OF INTEREST

"Psychosocial training should be an essential element of any disaster education and training program for nurses."

Australian nurses have been active participants in the response to disasters, both nationally and internationally. We have seen this in recent years with nurses responding to events such as the Black Saturday and Victorian Bushfires in 2009, the 2009 Pacific tsunami, 2010 Pakistan floods, 2011 Christchurch earthquake, and the Queensland extreme weather events 2011/2012. Traditionally, nurses from the emergency department, intensive care unit and/or the perioperative environment have been amongst the majority of nurses that have been deployed. However, the question is: are these the right groups of nurses to respond to a disaster?

When we think of nurses assisting in disastrous events, we might picture them undertaking clinical activities, such as wound dressings, assisting with surgical procedures and undertaking other time critical interventions. The nurses most likely to undertake these activities are those in the immediate community or nearby hospitals, assisting in the immediate response to the disastrous event. Given the nature of this clinical activity, it could be argued that nurses from the critical care environments are well suited to assist and respond. However, the Australian nurses' experience of assisting in a disaster may not necessarily be this, as our participation in events such as those listed above does not commonly form part of the immediate response.

With an interest to better understand what Australian nurses 'do' in a disaster, with the potential to enhance the preparedness of nurses, a series of research projects were undertaken with nurses who assisted in the out-of-hospital environment during the Black Saturday and Victorian Bushfires in 2009. The first was a survey of nurses which included questions relating to their previous out-of-hospital experience, disaster education, training and experience, and their role in the bushfires. The second was a series of individual interviews, focussing on the nurses' role and their disaster preparedness.

It was interesting to note from the findings of these research projects, that nurses did not focus exclusively on clinical activities. Instead, nurses undertook minimal clinical activities, spending most of their patient contact time coordinating care, problem solving and providing psychosocial support to colleagues and members of the disaster affected communities.

Clinical activities were not complex, not requiring the expertise of critical care nurses. Instead, clinical activities included wound reviews and eye irrigation – predominantly of firefighters.

Problem solving was a time consuming activity for nurses. When people evacuate from their homes, they commonly take with them their sentimental items, such as photos or computers; however, they do not necessarily consider things that support their health, such as their medical history documentation or current medications. This can become problematic for a nurse attempting to provide health care, particularly when a patient can only describe their medications in terms such as, 'it is a small white tablet, taken twice a day – because the doctor told me to take it'. However, nurses are good at problem solving. They were able to determine what the tablet was, the dose and frequency, along with avenues to access these medications for the patient. Access to

medications was problematic as disasters commonly occurred outside of normal business hours.

Coordination of care was a central role for the nurse. Nurses have a good understanding of health requirements of an individual, and have the ability to coordinate care, such as the movement of a patient from point A to point B within the resources that are available. As such, nurses seemed to have situational awareness of the impact of the disastrous event, the health needs of the patient and combined these to ensure the best outcomes for their patients.

Psychosocial support encompassed much of the work of nurses. This support was provided to their colleagues and to the community. Some nurses described community members approaching them for minimal clinical care, as an avenue to discuss the event and their situation. This was an area of health that nurses felt passionate about contributing to, however, had little specific training or education post their undergraduate studies. As such, psychosocial training should be an essential element of any disaster education and training program for nurses.

Whilst the role of nurses described above cannot be generalised to events beyond the Black Saturday and Victorian bushfires in 2009, the above description of the nurses' role provides insight into what it might be like for nurses to assist in a disaster. As such, it also offers insight into what 'group' of nurses would be appropriate to assist in a disaster. In considering the above, community, public health, general practice and/or mental health nurses are an appropriate group to assist in disasters alongside those from the critical care environments. If this is so, strategies should be explored that are inclusive of various nursing 'groups' to ensure the health needs of the community are met during and following a disaster.

Contact: jamie.ranse@acn.edu.au

Publications relating to this discussion:

Ranse J & Lenson S 2012, 'Beyond a clinical role: Nurses were psychosocial supporters, coordinators and problem solvers in the Black Saturday and Victorian bushfires in 2009', *Australasian Emergency Nursing Journal*, vol 15, no. 3, pp.156-163.

Ranse J, Lenson S, & Aimers B 2010, 'Black Saturday and the Victorian Bushfires of February 2009: A descriptive survey of nurses who assisted in the pre-hospital setting', *Collegian*, vol. 17, no. 4, pp.153-159.

THE USE OF SOCIAL MEDIA
IN UNDERGRADUATE CURRICULUM

"It is imperative that higher education facilities look at innovative teaching methods to engage students in this digital era and enhance their learning."

DR KAREN CLARK-BURG MACN, A/ASSOCIATE DEAN, SCHOOL OF NURSING AND MIDWIFERY, UNIVERSITY OF NOTRE DAME AUSTRALIA, WA

PETER CARR, LECTURER, UNIVERSITY OF NOTRE DAME, FREMANTLE CAMPUS, WA

BENJAMIN HAY, LECTURER, UNIVERSITY OF NOTRE DAME, FREMANTLE CAMPUS, WA

PROFESSOR KEITH MCNAUGHT, DIRECTOR, ACADEMIC ENABLING AND SUPPORT CENTRE, UNIVERSITY OF NOTRE DAME, FREMANTLE AND BROOME CAMPUS, WA

Social media (SoMe) and mobile technology (MT) have been topics of interest to many educators, health professionals and policy developers over the last decade. This year, two editorials in leading nursing journals have described the potential for SoMe in nursing (Jones & Hayter 2013; Ferguson 2013). A recent Australian journal publication further supports the potential of SoMe and in particular Twitter (Wilson, R, et al. 2013). Increasingly, nurses and other health professionals and the general public are actively utilising new technology to improve health and enhance practice (Barton, A 2012)]. To-date, there is limited evidence on the use of information technology and SoMe within the undergraduate nursing curriculum. Today's students have a variety of technologies at their fingertips, from mobile devices to cloud technologies. It is imperative that higher education facilities look at innovative teaching methods to engage students in this digital era and enhance their learning. For the nursing and midwifery profession to innovate and remain current it must connect and collaborate with health care practitioners that exist outside of the traditional classroom. SoMe allows for this method of learning.

In Western Australia, major tertiary teaching public and private hospitals are adopting latest technology to improve the services and facilities that are provided. The University of Notre Dame Australia (UNDA), School of Nursing and Midwifery aims to produce graduates that not only have sound knowledge and skills as professionals but are prepared to utilise the latest technology and applications. The emphasis and philosophy surrounding our SoMe educational initiative includes students' understanding of the concept of a digital citizen. This is important, as the future graduates competing for graduate entry programs need to recognise the importance of an ethically sound *Digital Footprint*. Nursing is not excluded from this concept (Wilson, R, et al. 2013).

Results of our exploratory survey of first year undergraduate nursing students, undertaken at the Fremantle Campus of UNDA, provide evidence for the curriculum design at the School of Nursing and Midwifery. The aim of the survey was to assess the willingness and preferences of undergraduate nursing students with the use of MT and SoMe. MT is gathering huge momentum in the classroom and nursing education cannot ignore this. There is potential for students to be more productive with their use of MT and to enhance their learning (Leece & Campbell, 2011). The survey was posted on Survey Monkey and students were asked to complete the voluntary survey in the first week of semester.

A 13-item questionnaire was developed for this pilot study. The questions attempted to explore the use of MT and mobile applications by undergraduate nursing students. Other questions included items on gender, age and types of mobile devices and mobile applications.

Information from the survey included the following facts:

- Out of the 120 participants (a response rate of 72%), 117 were female and three were male.
- Out of the 120 participants, 96 of the respondents were in the age bracket of 18–24 years old.
- Out of the 120 students, 91% owned a smartphone or a tablet.
- 66% of students disagree with the statement 'Health care social media has NO useful role in educating undergraduate students'.
- 118 participants, agreed with the statement 'I would like to learn about health care social media within the nursing course'.

The results of the survey also indicated that 70% of students agreed that 'they would like to learn to use more apps' and this indicates that tertiary educators could incorporate innovative teaching and learning applications. It suggests to us that the digital native also needs support in application learning.

COMMONLY USED MOBILE APPS BY STUDENTS

NAME OF MOBILE 'APP'	NUMBER
FACEBOOK	90
BLACKBOARD MOBILE	70
SKYPE	54
PDF READER	52
ITUNESU	43
DROPBOX	26
TWITTER	21
IMOVIE	14
EVERNOTE	7

Overall, the results of the survey indicate that tertiary students currently own one mobile device, if not more, and are interested in using latest technology to enhance their learning at university. They are familiar with the use of SoMe and mobile applications and this is a positive for academics as there are a number of innovative applications and SoMe tools that can be used in teaching and engaging undergraduate students. The UNDA School of Nursing and Midwifery has embarked on a larger study that involves all the undergraduate students and their perceptions of MT. The nursing curriculum has been modified to include core units that incorporate health informatics. Academics have also trialled the use of Twitter (#NPD100) and an academic blog (100threehundred.com) to enhance their teaching with positive results.

Due to the success and engagement with our undergraduate nursing students and the Twitter hashtag (#NPD100), the authors conceived and developed a unique conference titled SMART (Social Media Application for Research & Teaching) Care. This was attended by academics, health professionals, students and the general public. It was the first of its kind in addressing the potential of SoMe use in education, research with e-patient and undergraduate student involvement. Speakers ranged from leading SoMe industry experts, a patient advocate to first year undergraduate nursing students showcasing the use of Twitter in their teaching and learning.

Planning is now underway for next years' SMART Care conference. More information and updates can be found on **Twitter #NPD100** or **100threehundred.wordpress.com**

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CREATING A CLIMATE AND HEALTH COMMUNITY OF INTEREST

BY DR LIZ HANNA FACN, DIRECTOR NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (NHMRC) PROJECT: WORKING IN THE HEAT UNDER CLIMATE CHANGE – HEALTH RISKS AND ADAPTATION NEEDS
ACN KEY CONTACT, CLIMATE AND HEALTH COMMUNITY OF INTEREST

I have been tasked with establishing ACN's newest, and admittedly, most 'out there' Community of Interest (COI) on Climate and Health. "Why?" You may ask. Let me explain.

Think back to our past few years of weather. The 'Big Dry' was the longest and most severe drought in Australia's recorded history, surpassing the Federation Drought (1895–1903) and the World War II drought (1937–1945) (Cai et al. 2009). That 14 year long drought affected much of eastern and southern Australia, and south-western Australia's drying since the 1970s has been epic in proportion. Melbourne's drought finally broke in 2010, whereas prior to 1997, Melbourne's longest drought had only lasted four years (BoM National Climate Centre 2010). Then, 2010 and 2011 were Australia's wettest two years on record (BoM 2012).

Extreme weather conditions are forcing Australia to respond. Following the unheralded heatwaves and fire conditions of Victoria's Black Saturday in February 2009, the nation's fire authorities were obliged to add in the new category of *Catastrophic* to accommodate the increased intensity we are now seeing in fire conditions. Over 500 Victorians lost their lives due to these two climatic events – either due to heat exposure or through severe burns and smoke inhalation. In January 2013, the Bureau of Meteorology (BoM) added two new colours – deep purple and pink – to their interactive weather forecasting chart. The BoM needed to extend its capability (once capped at 50°C) to 54°C, in order to accommodate these new heat extremes we are now witnessing.

In January 2013, the average maximum temperature across all of Australia peaked at 40.3°C, a new record, and it remained over 39°C for seven consecutive days, twice as long as the previous record. This followed a warm end to 2012, where for those last four months the average Australian maximum temperature was the highest on record with a national anomaly of +1.61°C, from records dating back to 1910. On January 4, Hobart reached a high of 41.8°C, breaking a record held for 120 years (BoM 2013a).

We must face it, the world is warming. Heat extremes are an increasing global phenomenon. Last year was the warmest on record (since 1895) for the 48 contiguous US states (NOAA NCDC 2013). The 2011/12 winter season was nearly non-existent for much of the eastern half of the nation. For the US, 2012 was, the second-worst for weather extremes including drought, hurricanes and wildfires. In addition to the summer being hot, it was also dry, resulting in a drought footprint comparable to the drought episodes of the 1950s.

These aberrant weather patterns are being experienced all across the globe. Notable events include the European 2003 heatwave which killed over 70,000 people. The 2010 Russian heatwave resulted in an estimated death toll of 55,000, of which 11,000 deaths were in Moscow alone, and more than one million hectares of burned land. Russia stopped exporting grain which caused global food prices to soar and sent more people into food insecurity. Droughts have severe economic, poverty and nutritional effects. Over 800 lives were lost in Bangkok's worst flood in a century (UN 2013). A further 12 million were affected by substantial damage and disruption as more than 1,000 factories closed and 700,000 were out of work, with an economic loss of more than US $40 billion, making the disaster one of the costliest in human history. Floods and typhoons precipitate disease outbreaks in developing countries, and reverse progress towards meeting millennium development goals as communities struggle to cope and respond.

Consider now what lies ahead. The World Bank warns that the world is likely to warm by more than 3°C, with all the world's mitigation pledges fully implemented, and we still have a 20 percent likelihood of exceeding 4°C by 2100 (2012). If greenhouse gas emission reduction pledges are not met, we could see a warming of 4°C as early as the 2060s.

The growth in disaster recovery costs in the Organisation for Economic Co-operation and Development countries are already outstripping growth in gross domestic product (UNISDR 2013). Among the developed nations, Australia is at the forefront of vulnerability to the ravages of climate change (Hanna et al. 2010), as we face increased threats of droughts, floods, storms, fires and heatwaves. We are embarking upon a new and wildly disparate climate to the one in which humans evolved and where flourishing agriculture allowing villages and cities to develop. Our future

“Climate change will alter the spread of infectious diseases, and increase risks for food and water borne diseases, and mental health issues, particularly among those most affected, and we cannot forget the nation’s children.”

will be hotter, with greater temperature and precipitation extremes; more intense and more frequent droughts, floods, and storms.

Yet while the world is generally getting better at preventing deaths from disasters, the number of people affected each year is now over three times higher than in the 1970s. Disaster risk reduction measures save lives and lessens the impact of natural hazards like heatwaves, fires, floods and storms. There is a key role for nurses in promoting the health of populations. Nurses in the acute sector respond to casualties, treat burns and heat stress. Nurses provide post-disaster recovery. Health promotion and assisting communities prepare for the onslaught of weather events are other areas where there is a growing demand for nursing skills. Climate change will alter the spread of infectious diseases, and increase risks for food and water borne diseases, and mental health issues, particularly among those most affected, and we cannot forget the nation’s children.

As more extreme weather events unfold, Australia needs our nurses to be ready. My first activity for the COI is to determine our baseline position. How (if at all) is climate change affecting your practice, and your own life? How would you rate your own knowledge and understanding about what Australia needs from you, and how to prepare yourself and your workplace to cope with the coming challenges?

To this end, I invite all Australian nurses, no matter where you work, to complete a confidential survey so we can ascertain our starting point and work together to determine what we, Australia’s nurses, need to do. The Climate and Health COI welcomes new members who have an interest in the climate, and the role of nurses.

Contact: **liz.hanna@acn.edu.au**

CLIMATE AND HEALTH – SURVEYS

COI SURVEY

We have devised a ten minute survey to take a snapshot of Australia’s nurses and their current professional exposure to climate event consequences. We also seek your views, your own thoughts and responses, and any learning needs you think you may have in order to better respond.

Go to **www.surveymonkey.com/s/S6HSVPG**

NHMRC SURVEY

Australian temperatures are now on average more than 1°C warmer than during the 1950s (BoM 2013b), and the BoM forecasts this summer will be another hot one (BoM 2013c). How will this affect your work? This is part of an NHMRC project investigating how Australia can keep working through the summer heat, without risking the health of its workforce.

Go to **www.surveymonkey.com/s/workingintheheatsurvey**

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ESTABLISHING AN IN SITU SIMULATION CENTRE

BY JENNY LYNN JASPERS, NURSE EDUCATOR INTENSIVE CARE UNIT, NAMBOUR GENERAL HOSPITAL, QLD

BY NICHOLAS RALPH MACN, NURSE RESEARCHER, NAMBOUR GENERAL HOSPITAL, QLD

In 2011, an *In situ* Simulation Centre (ISC) was established within the Intensive Care Unit (ICU) of Nambour General Hospital to improve staff access to clinical educational opportunities. The ISC was authentic to the ICU environment and included the use of a high-fidelity manikin; a targeted scenario; and structured debriefing. Through its establishment, an improved learning culture as well as enhanced patient outcomes within the ICU have been realised with strong rates of staff uptake, improved clinical practice and minimal disruption to patient care.

Prior to the establishment of the ISC, clinical simulations were conducted at a distance to the ICU and attending staff were absent for prolonged periods of time. This situation impacted on staffing levels leading to reluctance amongst some ICU coordinators to release staff for educational opportunities. Issues around equity were also raised as staff participating in clinical simulation were selected by nurse educators on the basis of perceived learning needs, resulting in potential inequitable access to education. The lack of a proximate educational facility reduced staffing access to regular educational opportunities; disrupted staffing of patient care through prolonged absences of staff attending simulations; and stymied the capacity for improving clinical practice through issues relating to equitable access.

An ISC within the ICU was first scoped as a solution following the adoption of a service-wide practice development model in which emphasis was placed on the facilitation of productive relationships within a strong culture of learning (Faithfull-Byrne 2011). Creating an ISC in the ICU was considered to be philosophically aligned with the service model because of its potential to engage staff and also presented an opportunity to learn in a familiar environment.

Implementing the ISC was a surprisingly straightforward undertaking, involving the utilisation of existing assets into an available space resourced to represent a typical ICU bay. An application process was undertaken to procure high-fidelity simulation equipment along with requisite support from service management. Complete with a range of existing simulation technology, simulations were conducted by an experienced simulation trainer on a regular basis using a targeted scenario and a structured debrief format.

To overcome previous issues related to equity and access of simulation, staff were encouraged to choose whether to participate in simulations, encouraging them to take responsibility for their professional development. Despite higher numbers of staff attendance at the ISC compared to previous initiatives, ICU team leaders were more receptive to staff attending simulation opportunities proximate to the point-of-care, as resourcing became less of an issue with help nearby. The inclusion of multiple disciplines in the simulated exercises was a crucial step in attaining a distribution of expertise more reflective of a normal ICU environment and central to fostering enhanced teamwork among ICU clinicians.

While the implementation of the ISC was largely trouble free, staff did raise concerns that ICU visitors would see the high-fidelity life-like manikin as confrontational and intimidating, especially as this could be located in a bed area near their critically ill relative. The ICU visitor information booklet was re-developed to provide information regarding the manikin, including the benefits it provided for staff education.

The staff response to the ISC was overwhelmingly positive. For instance, while early nerves and lacking in confidence were noted issues, staff then reported safely and effectively translating simulated experiences into practice. The literature is supportive of such an experience as simulation-based learning often translates to improved clinical skills (Ford et al. 2010; Schroedl et al. 2012).

During simulations, communication amongst staff was greatly increased with participants engaging in discussion about their roles and responsibilities and feedback was given following each simulation. Staff reported feeling more confident in task-orientated functions during their role. By gaining clinical confidence in a safe environment, the articulation of critical thought was greatly enhanced and led to the education team observing improved interdisciplinary communication, collaboration and teamwork amongst staff. While staff reported improvements in their task-orientated functions, nurse educators noted strong enhancements to communication and teamwork – a known outcome in staff undertaking regular simulation training (Frengley et al. 2011; Stocker et al. 2012).

This could be attributed to many factors including the social learning associated with multidisciplinary simulation. Social learning cannot be underestimated, linking to improving professional socialisation (Dillon et al. 2009; Fountain & Alfred 2009). Multidisciplinary simulation is beneficial to the social learner allowing for comparisons, networking, listening and interacting with others. On the other hand, solitary learners can observe actions of others and reflect whilst learning. Social learning in simulation additionally benefits participants progressing from novice to expert through experiential

learning and reflection as well as increasing feeling of collegiality and cohesiveness within teams (Messmer 2008).

Interestingly a common theme was repeatedly expressed in debrief regarding the differences between previous simulation environments and the ISC. Staff reported feeling familiar with the ISC environment whereas not knowing where to locate essential items in previous simulated environments was a common experience. Staff also described greater levels of realism in the ISC compared to previous environments. A key point of reflection for the education team was centred on the importance of nursing and medical teams learning to adapt to unfamiliar environments. While literature could not be found to support the benefits of learning in an unfamiliar environment, Ramsden (2007) attests that the educational environment an individual learns profoundly affects the learners' actions and thoughts.

The effect of the ISC's simulation initiatives resulted in increased staff engagement with education to such an extent that nurse educators are regularly approached for further opportunities to utilise it. The success of the ISC is such that staff are now afforded the opportunity to undertake simulations by accessing the programmed manikin and associated clinical equipment and consumables. Having a valuable learning tool readily accessible to the unit is at once a crucial component in the establishment of learning culture and a central tenet of improving patient care through enhanced educational delivery.

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No matter where you work, it's important to realise that claims can be made against, not just the company you work for, but against you as an individual. And even when you're found not to be at fault, the cost of defending a claim against you can be financially and emotionally crippling.

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ACN GRANTS AND AWARDS
ANNOUNCED AT OUR FORUM

This year's round of ACN Grants and Awards saw an influx of applications; evidencing a strong commitment to nursing research, which is encouraging. The recipients listed below have shown perseverance in their contributions to the nursing profession and strong leadership in academia and continuing professional development. ACN would like to congratulate the following grant recipients.

COLLEGE CONSORTIUM FUND UP TO $30,000
ASSOCIATE PROFESSOR KAREN-LEIGH EDWARD MACN

Research grant to conduct a research project that aims to improve access, equity, quality and outcomes in health care – *Nursing implications in the trajectory of recovery post breast cancer diagnosis in Australian women.*

Karen-Leigh is the Director/Chair of the Nursing Research Unit at St Vincent's Private Hospital Melbourne and Australian Catholic University. A registered nurse with a Graduate Degree in Psychology, she has renowned expertise in mental health care and nursing practice, and was named Catholic Health Australia's 2012 Emerging Leader.

FLORENCE NIGHTINGALE MEMORIAL SCHOLARSHIP $10,000
IRWYN SHEPHERD FACN

Scholarship awarded for doctoral/ postdoctoral studies – *Development of a flexible, dynamic conceptual theoretical education framework for simulation in healthcare education.*

For over 22 years, Irwyn has been constantly advocating and facilitating the development and use of simulation; as a teaching and learning method in health care education; as a patient safety strategy, and as a catalyst for workforce change. His activities include: development of simulation centres; policy and procedure; personnel; curriculum; programs; projects; plus management, committees, research, publications, consultations and presentations.

CENTAUR NURSES MEMORIAL EDUCATION TRUST $5,000
PHILIP RUSSO MACN

Grant awarded for postgraduate research studies – *An analysis of existing healthcare associated infection surveillance systems in Australia and identification of evidence based recommendations for a national program.*

Philip has held several roles in infection prevention in major Victorian hospitals and his recent positions include Operational Director of the VICNISS Coordinating Centre and Manager of the National Hand Hygiene Initiative. He is also an Executive Council member of the Australasian College for Infection Prevention and Control. He has just commenced a full time PhD at QUT on Evidence Based Recommendations for National Healthcare Associated Infection Surveillance.

ACN SCHOLARSHIP GRANT $5,000
TAN KU MACN

Grant awarded for postgraduate or honours studies – *Culture and Stigma of Mental Illness: An Analysis of Chinese Australian Community.*

Tan Ku is passionate about mental health. Her research career commenced ten years ago when she did a Masters by Research (Transcultural Mental Health) at The Centre for Mental Health, University of Melbourne. Tan's research focusses on uncovering socio-cultural, factors influencing the stigma of mental illness from a cross-cultural, perspective. Tan works at Victoria University.

JOYCE WICKHAM MEMORIAL GRANT $5,000
ANGELA RATSCH MACN

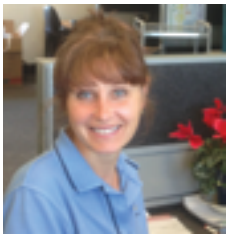
Grant awarded for doctoral studies – *The Maternal and Neonatal outcomes of Maternal Pituri use.*

Angela has a clinical background in critical care areas and maternity and has extensive experience as a NUM, Nurse Manager and Nursing Director as well as Lecturer with CDU and the USQ. Angela is currently a Nursing Director in QHealth where her research has been awarded a QHealth Research Fellowship.

THE "OLLIE" NURSE PRACTITIONER SCHOLARSHIP
$5,000
STUART CLIFFORD

Scholarship awarded in collaboration with the Australian College of Nurse Practitioners to a nurse practitioner – *Opportunities and obstacles in clinical skills development for emergency nurse practitioners in rural Australia: A multiphase exploratory study.*

Stuart is the emergency department nurse practitioner at Mudgee Health Service in central west NSW. Stuart has worked in emergency, ICU, OT, maternity and with the RFDS in both rural and metropolitan settings. His research through QUT will focus on how emergency nurse practitioners can further improve access to health care in rural communities and progress change in the rural health care crisis.



RURAL NURSING AND MIDWIFERY FACULTY GRANT
$2,000
BEVERLEY YOUNG MACN

Grant awarded to undertake research or a CPD activity – Level One Lymphoedema Course, leading to the qualification of Category One Lymphoedema Therapist.

Beverley has been a registered nurse since 1998 and for the majority of those years has worked as a community health nurse. Her great passion is wound management and many of the people she cares for have lower leg ulcers. Many of those people with venous incompetence also have a lymphatic component, so with this generous award she will undertake a course in Lymphoedema Management.

MAYLEAN JESSIE CORDIA SCHOLARSHIP
$800
BERNADETTE MOUNTAIN MACN

Scholarship awarded in collaboration with the Cordia family for CPD – Trauma Nursing Core Course.

Bernadette's nursing career started at Peel Emergency in 2012. She very quickly decided this would be her career. Bernadette always strives for the best patient care applying her knowledge and compassion. She looks forward to a long career in emergency nursing and to helping those who follow this path.

PATRICIA SLATER AWARD
JEFFREY FACCENDA MACN

Award offered to an ACN member within the first three years of graduating to attend the ACN Conference/Forum.

Jeffrey is a registered nurse who graduated from Flinders University in 2011, receiving the RCNA High Achievers Award. Jeffrey joined the RCNA New Generation of Nurses Faculty in 2011 and while a student, he was Co-President of the Flinders University Nursing and Midwifery Students Association. He is a proud Australian Army reservist in a combat medic role since 2009, where he saw active service during the Victorian flood crisis in 2011. Jeffrey is currently working at the Royal Adelaide Hospital Emergency Department and intends to start postgraduate studies in 2014.

MCGRATH FOUNDATION SCHOLARSHIPS 3 X $5,750

Scholarships awarded in collaboration with the McGrath Foundation for enrolment in ACN's Graduate Certificate in Breast Cancer Nursing.

TERESA CLARK

Teresa Clark is currently employed by Metro South Health and is working in the role of Acting Breast Care Clinical Nurse Consultant for the Princess Alexandra Hospital. Teresa is very grateful for the opportunity to expand her knowledge within this specialised area.

CHERYLE COSGRAVE

Cheryl Cosgrave is currently employed at Springs Medical Centre in the role of Practice and Breast Care Nurse. Cheryl is dedicated to advancing her breast cancer knowledge and skills through ACN's Graduate Certificate in Breast Cancer Nursing.

JOANNE LOVELOCK MACN

Nurse and midwife working at a unique community not-for-profit hospital on the Mornington Peninsula. A breast care nurse since 2005, co-facilitator of a breast cancer group for younger women since 2004 and a general women's cancer group since 2013.

EMERGING NURSE LEADERS FOR 2014

MEG BRANSGROVE MACN, UNIVERSITY OF CANBERRA, ACT

Meg is currently President of the University of Canberra Nursing Society and Co-Chair for the Canberra Rural Allied Health and Nursing Collective. She volunteers with the Australian Red Cross Youth Action Committee as Mental Health Representative and co-hosts a radio program addressing issues among marginalised youth. Meg previously completed a Bachelor of Arts in Design for Theatre and Television, this helps her creatively engage people in health and she hopes to become a mental health nurse.

EVAN CASELLA MACN, JAMES COOK UNIVERSITY, QLD

Since embarking on the 'nursing path', Evan has worked monastically towards becoming a nurse of great capacity. This conviction came about whilst travelling, where he witnessed many things that precipitated into a strong desire to make positive changes for humanity. After developing these ambitions, Evan spent a great amount of time considering how to achieve them, though the choice became obvious. Evan strongly believes that nursing is a profession dedicated to delivering holistic care, not just to individuals but also to whole populations.

SONYA WALLACE MACN, UNIVERSITY OF THE SUNSHINE COAST, QLD

Sonya is passionate about nursing care, communication and education. Sonya is founder and president of the USC Nursing & Midwifery Student Group, member of the School of Nursing & Midwifery External Advisory Committee and a student mentor. With a background in pre-hospital care, Sonya is hoping to complete an honours degree and ultimately work in an ED. Clinical placements in aged care, acute medical and GP services have further fired Sonya's passion to become a nurse.

ANNA GROTH MACN, JAMES COOK UNIVERSITY, QLD

Inspired by the resilience of isolated communities, Anna moved from Sydney to Cairns to work amongst Pacific communities. She believes the time is now to engage laterally thinking, socially aware students to take up nursing, and for nurses to champion for their communities in the realms of policy, politics, aid and community development. She is a member of the student equity panel, rural health club, mentor and intern at the WHO Collaborative Centre for Research at James Cook University.

THERESA SNIJDERS MACN, AUSTRALIAN CATHOLIC UNIVERSITY, ACT

Theresa is passionate about equitable access to health care. She looks to contribute to the expansion of grassroots, nurse-led primary health care services in both urban and rural/remote centres. She believes the nursing profession can provide affordable and dynamic, community driven solutions to access issues across Australia. Theresa is undertaking the Bachelor of Nursing (Practice Leadership) at the Australian Catholic University, Canberra campus, where she fulfils student representative, ambassador, advocate and mentor roles and attends the ACU Calvary Clinical School.

DANA

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SYDNEY 18–20 JUNE 2014
DANA CONFERENCE

SAVE THE DATE

DANA is inviting you to ***speak up!***

The 2014 DANA Conference is titled '*Speak Up*' and will be held from **18–20 June 2014** at the Mercure Sydney, NSW.

ORATION
Jennifer Holmes

Jennifer Holmes has accepted an invitation to deliver the 2014 Oration to open the 2014 DANA Conference.

Ms Holmes, trained as a Registered Nurse and Mental Health Nurse in Adelaide and has worked in the Drug and Alcohol field in New South Wales for over twenty years.

She has worked predominantly in the opiate pharmacotherapy area and has always been interested in working with injecting drug users. Jennifer has worked within a harm minimisation model whilst managing a number of drug treatment services in Sydney. Jennifer spent ten years as a Board member of the Hepatitis C Council of NSW.

For more information please visit
www.danaconference.com.au

ACN EVENTS 2014

For more information: **www.acn.edu.au/events**

ACN NURSING & HEALTH EXPOS

> **VIC EXPO**
Saturday 12 April 2014
Melbourne Convention and Exhibition Centre

> **QLD EXPO**
Saturday 3 May 2014
Brisbane Convention and Exhibition Centre

> **NSW EXPO**
Saturday 10 May 2014
Sydney Town Hall

> **WA EXPO**
Saturday 31 May 2014
Perth Convention and Exhibition Centre

12 MAY
INTERNATIONAL NURSES DAY
ACN NATIONAL NURSES BREAKFAST
2014

12 May 2014 is International Nurses Day, a chance to celebrate nurses and their contribution to the health of our society.

JOIN IN ON THE CELEBRATION

REGISTER YOUR ORGANISATION TODAY!

SAVE THE DATE

2–4 NOVEMBER 2014

THE NATIONAL NURSING FORUM
Adelaide Convention Centre

Australian College of Nursing

CLINICAL CARE STANDARDS

BY ROSIO CORDOVA, PROGRAM MANAGER, CLINICAL CARE STANDARDS,
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Australian governments have asked the Australian Commission on Safety and Quality (the Commission) to "formulate and monitor safety and quality standards and work with clinicians to identify best practice clinical care, to ensure the appropriateness of services being delivered in a particular health care setting".

This decision recognises that while most health care provided within Australia is of a high standard, the consistent delivery of high quality, appropriate care can be improved.

Natural variations in care do occur due to a person's illness or choices but, "unwarranted variation" in care can occur when there is:

- underuse of care – where the benefits of a treatment or procedure clearly outweigh any potential harm from its use but it is not used
- overuse of care – when a treatment or procedure is widely used, but the evidence of its benefit is limited or missing
- misuse of care – this occurs when the care provided to a person is not based on their values and preferences, and the risks and benefits of alternative treatments have not been fully explained to them.

The goal of the Clinical Care Standards is to reduce unwarranted variation in care, to facilitate shared decision-making between clinicians and consumers, and to improve the delivery of appropriate clinical care by health service organisations for everyone.

A Clinical Care Standard sets out the requirements for delivering high quality care to consumers with a specific clinical condition. It aims to improve the gap between what we know works (in terms of procedures, treatments and processes) and what care is actually delivered to consumers.

During 2013, the Commission has been focussing on developing Clinical Care Standards for acute coronary syndrome, stroke and antimicrobial stewardship. These topics take into account issues of particular importance in Australia, recognise where work to improve care has been done nationally and internationally, and build on priorities identified in the report *Australian Safety and Quality Goals for Healthcare*.

The development of each Clinical Care Standard is based on broad consultation and collaboration with consumers, clinicians, researchers, technical experts and a wide range of stakeholders including professional organisations. Topic Working Groups are established for each Clinical Care Standard and an advisory committee provides advice on development and implementation.

A draft Clinical Care Standard is then developed using the most up to date clinical guidelines, clinical expertise, and with consideration to issues that are important to consumers. Each draft will go through a public consultation process and feedback will be used to further refine and develop the Clinical Care Standard. This process also contributes to the development of tools and resources which aim to assist with implementation.

Each Clinical Care Standard is developed over a two year period. Public consultation on the draft Clinical Care Standards for acute coronary syndrome, stroke and antimicrobial stewardship is planned to start in December 2013.

Clinical Care Standards

ACN Chief Executive, Adjunct Professor Debra Thoms, is the Co-Chair of the Commission's Clinical Care Standards Advisory Committee.

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WHY WORKING DURING YOUR HOLIDAY IS A MARVELLOUS IDEA

BY ELIZABETH MATTERS MACN
REGISTERED NURSE, NURSE EDUCATOR – CARDIOTHORACICS, NORTH SHORE PRIVATE HOSPITAL, NSW

"We usually feel that our ward team is a family but what we sometimes forget is that, actually, we are part of a global family of carers all linked by the same commitment to the preservation of health."

Between May and October this year, I took leave from my job as a Cardiac Nurse Educator in Sydney and travelled to Germany. There were many motivations for the trip: a need for a long break from nursing, a curiosity to experience life in another country and a desire to learn the language of my paternal grandparents. Naturally, the opportunity to spend a northern summer in Europe was as wonderful as you can imagine but it also had unexpected professional consequences which I did not anticipate and which proved extremely valuable. On my return, I am keen to recommend the experience of making professional visits to other nurses as I believe they are an excellent way of learning more about clinical practice and the value of our profession.

HOW IT ALL CAME ABOUT…

Thanks to the wonderful International Council of Nurses Congress, which I attended earlier in the year, I had the email address for the Director of the *Deutscher Berufsverband für Pflegeberufe* (the German professional nursing association equivalent to ACN) in Berlin and once I had settled in, I spent many hours composing a terribly polite email in my very limited German. I didn't really expect a response but, to my delight, I was invited to an appointment. Over an hour, Mr Wagner and I chatted in both German and English about the challenges facing the profession in both countries. Subsequently, I made contact with a senior research nurse at the Universitätsklinikum Freiburg, a large trauma centre and teaching hospital with a renowned research reputation. As a result of this interview, I met with the Nursing Director of the Cardiac Centre at the same hospital and was offered the opportunity to spend two afternoons on the wards, one day in Cardiology and the other in Cardiac Surgery. I loved my time in the hospital and returned home from both days full of excitement that I had managed to 'work' in my second language.

WHY YOU SHOULD CONSIDER ARRANGING PROFESSIONAL VISITS ON YOUR NEXT TRIP

You may wonder why anyone would want to work on an overseas holiday and, indeed, when I set off I really felt quite happy to not do anything related to nursing for quite a long time. Nonetheless, I found these experiences to be some of the most rewarding of my adventure and I believe I have returned to Australia a better nurse for them. I, therefore, recommend professional visits to anyone who is travelling to another city or town, interstate or overseas for the following reasons:

1. **Professional visits remind you that you are part of a bigger community than your workplace.** When I arrived in Germany, I was convinced that no one was going to take my requests for professional visits seriously. After all, I was not representing Australia in any official capacity, I am only six years post registration and relatively new to my role as a Nurse Educator. Contrary to my expectations, I found that any nurse is welcome anywhere there are other nurses regardless of one's professional status at home. The key qualities of enthusiasm, commitment to the profession and compassion for the suffering of other humans are all you need to find yourself at home with other nurses anywhere in the world. All nurses have the same humour too. We usually feel that our ward team is a family but what we sometimes forget is that, actually, we are part of a global family of carers all linked by the same commitment to the preservation of health. When I understood what was being said around me at the hospital and the conference, I realised that the sentiments being expressed in German were all the same things we hope for here at home: more recognition, fairer working conditions and better patient outcomes. Realising that we are not alone in our aims, is an exciting and motivating revelation.

2. **Seeing what else is out there, makes you appreciate what you have at home.** It is very easy to get disillusioned by the challenges faced by the Australian nursing workforce and the problems with the Australian health

Elizabeth visiting Heidelberg, Germany

care system. Some of these problems are significant and require urgent action, however, we are incredibly lucky to have the health system that we have and the professional structures that we do. Time and time again, I heard envy expressed by my German colleagues at the professionalism of Australian nursing. An Australian nurse has access to pay, higher nursing-specific university qualifications, clinical education in the workplace and staff to patient ratios which are envied. Obviously there is still much work to be done, but I now appreciate how much more our colleagues in other countries are expected to do with much less.

3. Learning to truly respect the challenges of communication across language barriers makes you a better nurse. Coming from an English speaking country generally makes us a little complacent about learning a second language as we assume that everyone can speak English to a certain extent. We experience more frustration than sympathy when we have a patient with no English to care for and unless we speak English as a second language ourselves, we tend not to see learning a second language as a core attribute for a nurse. Coming into a hospital environment with only moderate German language ability and having to deal with colleagues and patients in my second language, I got an understanding of how difficult overcoming a language barrier can be. In many cases, although I understood the situation that was unfolding, I could not find the words fast enough in German to explain a procedure in the way I would have liked or to deliver the comforting words to a relative with the subtleties that I would use in my own language. My compassion, empathy and professional ability was all the same but my capacity was diminished by not being able to express myself in my own tongue. This experience made me realise how difficult it is for our colleagues who work daily in their second language. These nurses should truly be admired by the rest of us.

Furthermore, I was impressed that every nurse I encountered, from students to senior staff, had the ability to speak at least two, if not three or more, languages. While not necessarily word-perfect, all staff could speak English to the extent that they could communicate with patients enough to achieve understanding on both sides. Many of them could also speak a third language. I found that language learning was not regarded as an academic exercise in Germany but as a practical and necessary skill.

Following these experiences, I believe that our attitude as English speakers has to change. I urge nurses to make more attempts to learn even the basics of the foreign languages they most commonly encounter in their local communities as it makes a world of difference to patients when they recognise that someone is trying to understand them.

As a nurse, you are part of a global network. Realising and experiencing this fact can reignite your passion for the profession when it is flickering, open up your world to new opportunities and throw you in the way of good people who make great friends. When you next make a trip somewhere, consider taking a few hours to learn something new about your profession. I have no doubt you will find the experience as rewarding as I did.

With many thanks to the following colleagues who welcomed me to their workplaces and taught me so much: Herr Franz Wagner, Direktor, Deutscher Berufsverband für Pflegeberufe; Frau Dr Johanna Feuchtinger, Krankenschwester und Pflegewissenschaftlerin,Universitätsklinikum Freiburg; Frau Sabine Rodhe, Pflegedirektorin, Universitäts Herzzentrum Freiburg & Bad Krozingen; The nurses of the Cardiac Surgical and Cardiology wards at Universitäts Herzzentrum Freiburg and Herr Patrick Lemli, Bachelorstudent: Pflege , who provided translation and contextualisation at the 3-Länderkonferenz: Pflege und Pfelegwissenschaft.

ACN 2014 EDUCATIONAL PROGRAMS – NOW OPEN

ACN believes that each and every nurse in Australia should have the opportunity to grow their career and further our profession.

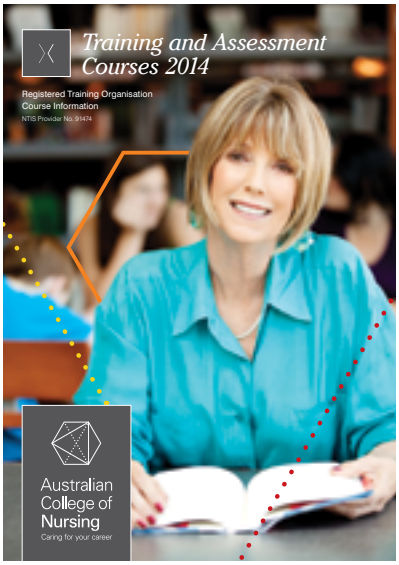
ACN provides nurses with tools to plan their career pathway, educational supports, opportunities to network and participate in professional forums and a range of benefits that stem from being part of a profession that is moving in the right direction.

ACN is a Higher Education Provider, registered and accredited by the Tertiary Education Quality Standards Agency – Australia's independent national regulator of the higher education sector. ACN is also a Registered Training Organisation which is registered and accredited with the Australian Skills Quality Authority.

We're pleased to announce that our educational handbooks for 2014 are now available and enrolments have opened.

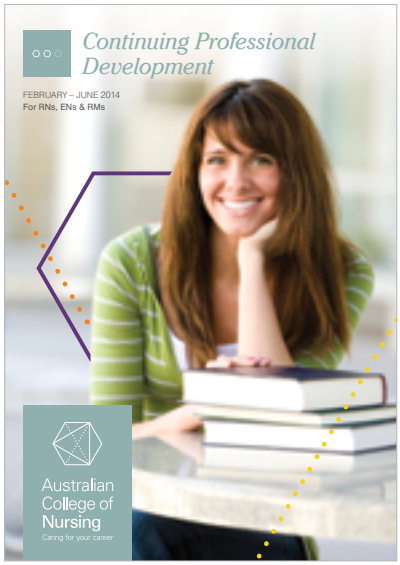
POSTGRADUATE STUDIES HANDBOOK

This handbook contains an overview of each of the 14 Graduate Certificate (GC) courses and nearly 80 Distance Education subjects offered by ACN as well as subject overviews, important dates and how to apply. Students may study the GC courses to achieve a tertiary award in their specialty or may choose to study single subjects.



TRAINING AND ASSESSMENT COURSES HANDBOOK

This handbook outlines a range of opportunities for enrolled (EN) and registered nurses (RN), including: EN Medication Management; EN Diploma of Nursing; EN Advanced Diploma of Nursing; Principles of emergency care for both RNs and ENs; Immunisation for RNs; and Certificate IV in Training and Assessment.



CONTINUING PROFESSIONAL DEVELOPMENT HANDBOOK

This handbook outlines CPD courses that cater for RNs and ENs in every stage of their career across Australia. ACN clinical courses are co-developed with industry partners, ensuring participants engage in current evidence-based practices and are career-focussed, assuring a valuable experience.

For more information visit our website at **www.acn.edu.au** or call **1800 265 534**

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