



Australian College of Nursing

JUNE 2014

NurseClick



*“I think of myself,
first and foremost,
as an enrolled nurse”*

*Review of the National
Competency Standards
for Enrolled Nurses*

*National aged
care reforms*

*Graduate transition
programs: my personal
experience*

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Welcome from the President

Carmen Morgan FACN, President of ACN

EN, and like to think that my previous work experiences and training provide me with a better understanding of the areas in which I work and of the members that I interact with on a daily basis.

Our Special Feature, *Update on the Review of the National Competency Standards for Enrolled Nurses*, continues with the cover theme and concentrates on the valuable work by Monash University and Curtin University to undertake a systematic review of the *National Competency Standards for Enrolled Nurses*. We're also pleased to profile one of our EN members, Michelle Wagner, and learn about her multi-skilled approach to nursing. Michelle's nursing journey is a great example of the breadth of experiences the EN role can afford you; it also showcases the evolution of the role over the past two decades allowing greater scope of practice for ENs.

ACN Emerging Nurse Leader, Laurie Bickhoff, has written about her experiences in her first year of practice. Laurie highlights the support and guidance she

received from her more experienced colleagues. What a wonderful insight into the experiences of newly registered nurses in the 21st Century and, I must say, a refreshing change from the 'we eat our young' stories we often hear.

In this edition we feature three speakers who will be presenting on the National Nursing Forum (NNF) theme *Staying ahead of the game*. These speakers are experts in their respective fields and have extensive knowledge to share with our delegates. Visit our [website](#) to learn more about the exciting and innovative program that is being delivered at this year's NNF – don't forget that [Early bird registrations](#) for the NNF close on 31 July 2014!

A reminder to you all that the [ACN Grants and Awards](#) and [ACN Emerging Nurse Leader](#) application period closes this Sunday, 29 June. I would encourage you all to take the time to visit the website and learn more about the opportunities these grants and awards can offer you.

The Australian College of Nursing (ACN) is pleased to deliver the June edition of *NurseClick* to you, focussing on the role of enrolled nurses' (EN) within the Australian health care system.

Our cover photo features Kate Lehmensich MACN, ACN Member Engagement Manager and EN. In Kate's own words:

My decision to follow the path of enrolled nursing came about from both an interest in human health and a strong desire to work with people and make a real difference. I was passionate about direct patient care so enrolled nursing sounded like the right path for me. Following a number of clinical roles working as an EN, I now work in more of an administrative role at ACN. Despite the fact that I don't work with patients anymore, I still think of myself, first and foremost, as an

Publishing details

Publisher:
Australian College of Nursing

Editors:
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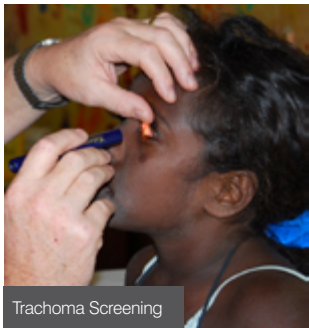
Cover image: Kate Lehmensich MACN, ACN Member Engagement Manager and EN

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ACN publishes *The Hive*, *NurseClick* and the *ACN Weekly eNewsletter*.

Nursing Review is an external publication provided to ACN members and is produced by APN Educational Media Pty Ltd.

AUSTRALIA'S FIRST ONLINE TRAINING RESOURCE FOR INDIGENOUS EYE HEALTH AND DIABETES LAUNCHED



The first Australian free online training resources on eye health and diabetes has been launched in Alice Springs this month. Developed by the Indigenous Eye Health Unit at the University of Melbourne and the Remote Area Health Corps (RAHC), the modules are provided free of charge on the [RAHC website](#) for health professionals preparing for work in remote Indigenous communities.

Indigenous adults are six times more likely to develop blindness than non-Indigenous Australians and vision loss is 11% of the Indigenous health gap. Indigenous people with diabetes should have their eyes examined every year but research has shown that only 20% of Indigenous adults with diabetes have had an eye examination in the previous year.

THE LATEST FROM THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Australia's health 2014 is the 14th biennial health report of the Australian Institute of Health and Welfare.

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Australian Burden of Disease Study Working paper

[MORE >](#)

Bowel cancer screening saves lives – but participation slightly lower than previous year

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More pharmacotherapy prescribers treating fewer clients

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Australian children generally healthy and learning – but some not doing so well

[MORE >](#)

Drop in head and neck cancer rates

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Dialysis and kidney transplantation demand could rise by at least 45% over the next decade

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People using both Disability Services and Home and Community Care in 2010–2011

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NURSE PRACTITIONER SURVEY

The National Evaluation of the Nurse Practitioner-Aged Care Models of Practice Program is seeking information about factors that influence nurses' decisions to become nurse practitioners, and factors that influence nurses' interest and intentions to work in aged care. Responses will inform the national evaluation and will help to understand factors surrounding the growth of the health workforce in aged care into the future.

If you are interested in participating in the survey, [find it here](#).

FIT FOR THE FUTURE SURVEY


The University of Technology Sydney and the NSW Nurses and Midwives' Association are conducting an anonymous state-wide nurse and midwife health and well-being survey, entitled *Fit for the Future*. They are looking to gain a more comprehensive picture of the health and well-being status of nurses and midwives in NSW, so that targeted interventions to safeguard health can be developed.

This survey is open to all nurses and midwives working in NSW. If you are interested in participating in the survey, [find it here](#).

NAHRLS

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THE AUSTRALIAN HOSPITAL HEALTHCARE BULLETIN



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Winter Issue out now



Update on the Review of the National Competency Standards for Enrolled Nurses

By Rosina Muir, ACN Research Assistant

The Nursing and Midwifery Board of Australia has funded Monash University to undertake a systematic review of the National Competency Standards for Enrolled Nurses. In June, ACN Research Assistant Rosina Muir caught up with Professor Wendy Cross FACN, project leader of the Enrolled Nurse Competency Standards Review, to discuss the review's progress and what the project team has learnt about the roles of enrolled nurses in today's workplaces.

The National Competency Standards for the Enrolled Nurse (the EN Competency Standards) were first published by the Australian Nursing and Midwifery Council (ANMC) in the early 1990s and were most recently revised in 2002. Like the *National Competency Standards for the Registered Nurse*, the EN Competency Standards provide a framework for assessing a nurse's competence for the purpose of gaining and maintaining registration to practise in Australia.

Much has changed since the EN Competency Standards were last updated in 2002. At that time, there was no national registration for nurses and midwives, and the movement towards national professional standards (as opposed to

state and territory-based standards) was still relatively new. The education of ENs has also undergone significant changes, starting with the move from Certificate IV to Diploma-level courses. From July 2014, the minimum qualification for all new ENs will be the Diploma of Nursing. Previously, the Certificate IV in Nursing was the minimum qualification in some states and territories. The content of EN education courses has also evolved. Whereas in the past medicines administration units were elective subjects for ENs, as of 2008 all EN students complete medicines administration units as part of their studies. In recognition of the changing scope of practice of ENs, which now includes medicines administration, the term 'Endorsed Enrolled Nurse'

has become redundant and no longer appears on the register (NMBA 2014). Those ENs who have not done medicines administration courses have this noted on their registration.

Just as the regulation and education of ENs has evolved in recent years, so too has the role and scope of practice of the EN. Today's ENs work in a huge variety of roles. According to Professor Cross ENs seem to be working in "every setting imaginable". The project team leading the EN Competency Standards Review has observed ENs working in health services as diverse as neurointensive care, correctional facilities and general practice. ENs work as health and wellness coaches in pharmacies, as educators for the next generation of ENs, and as home visitors for people with mental health problems. They work in all areas of public and private hospitals, taking on both clinical and administrative roles.

It is therefore timely for the EN Competency Standards to be reviewed and, if necessary, revised. The purpose of the EN Competency Standards Review is to ensure that the EN Competency Standards

reflect the contemporary education, role and scope of practice of the EN. The review will "ensure a strong foundation for the education and assessment [of] enrolled nurses into the future" (Monash 2014).

THE TEAM BEHIND THE EN COMPETENCY STANDARDS REVIEW

The project team conducting the EN Competency Standards Review is led by Professor Wendy Cross, Head of the School of Nursing and Midwifery at Monash University. Professor Cross is an experienced researcher, scholar and manager with extensive experience in curriculum development and the implementation of competency standards in nursing and midwifery (Monash 2014). She is supported by a large academic team which includes Professor Phillip Della FACN, Professor Ruth Endacott FACN and Professor Margaret O'Conner AM FACN. Elaine Downs, Registered Nurse (RN), is the project manager.

A project governance committee (the committee) was established to inform, direct and monitor the activities of the team over the course of the project. The

“ENs work as health and wellness coaches in pharmacies, as educators for the next generation of ENs, and as home visitors for people with mental health problems.”

committee is made up of representatives of a range of stakeholder organisations with an interest in the future of the EN workforce, including: Health Workforce Australia (soon to be closed), the Community Services and Health Industry Training Board, private and public registered training organisations, tertiary education institutions, the Australian Nursing and Midwifery Federation, the Community Services Union, EN special interest groups, Leading Aged Services Australia, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and consumer groups such as the Council of the Aged.

Professor Cross says that the input of the project governance committee has been essential to the work of the project team. “They have been both supportive and challenging, asking us to seek out answers to legal questions, to assist us [to] find the remote EN[s] and talk with them, to encourage us to ask uncomfortable questions”, she says. The committee has also provided historical evidence to help the project team “better understand the progression of the EN [role]”, says Cross.

A REVIEW OF THE LITERATURE TO UNDERSTAND CURRENT TRENDS IN THE EN WORKFORCE

The first stage of the project to review the EN Competency Standards included an extensive search of relevant national and international literature. The project team gathered and analysed a large number of publications, which gave them important insights into the changing role of ENs. The review of the literature revealed that in recent years the education and training of ENs has changed and deepened. Career development and progression is also becoming increasingly important to ENs.

The literature review also revealed that the EN scope of practice is often poorly understood. Some employers and non-nursing health professionals continue to equate competencies with scope of practice. As Professor Cross explained, competencies do not fully determine an EN’s scope of practice. “There is a misconception that [scope of practice] is a list of tasks an EN is or isn’t to do. This is not the case”. Competency standards are used as “a benchmark” for ENs entering

the workforce, ENs returning to practice and for assessing internationally qualified ENs. In contrast, an EN’s scope of practice is derived from their education, professional experience and context of practice. ENs and the RNs who supervise them must have a good understanding of both the EN Competency Standards and the EN’s scope of practice.

STAKEHOLDER CONSULTATION: FOCUS GROUPS AND WORKSHOPS

In addition to the literature review, the research team has conducted a number of focus groups and interviews with ENs to discuss their roles and how competency standards are used in their workplaces. According to Professor Cross, “focus groups were a great way to provide a safe environment for the EN[s] to discuss their employment and the issues they see in their workplace”. Approximately 200 ENs from a broad variety of professional backgrounds were interviewed individually or in a focus group as part of the project. ENs spoke to the project team about emerging opportunities for ENs as well as the challenges of caring for patients with comorbidities. ENs related that their work increasingly requires more advanced skills than was the case in the past. They expressed their desire to be included in continuing professional development in their



Professor Wendy Cross

workplaces and to be given opportunities to contribute to nursing scholarship.

In addition to conducting focus groups for ENs, the project team held a number of workshops in each state and territory with RNs, administrators and educators. Professor Cross notes that “there have been some quite determined views [about the role of ENs] expressed at various times” and reports that one of the foremost issues discussed in the workshops was supervision of ENs by RNs. Participants also discussed employers’ sometimes inappropriate expectations of ENs. As she explained, the workplace expectations of ENs must be in-line with the educational preparation they receive, as described in

“The stakeholder consultations conducted by the project team also highlighted a number of ongoing and emerging issues with regard to the EN role. The project team heard of ENs in rural areas working in roles that would normally be filled by RNs.”

the Australian Qualifications Framework. ENs and RNs “have a completely different educational preparation,” says Cross. As a result, it’s vital that ENs should have standards that accurately reflect their education.

EMERGING ISSUES AND THE FUTURE OF THE EN ROLE

The stakeholder consultations conducted by the project team also highlighted a number of ongoing and emerging issues with regard to the EN role. The project team heard of ENs in rural areas working in roles that would normally be filled by RNs. According to Professor Cross, some general practitioners are wary of employing ENs because of concerns about having appropriate supervision arrangements in place. Forum and workshop participants revealed that in acute care settings, workplace culture is an important factor in determining the work undertaken by ENs. “Two ENs may be working on wards in the same hospital but be working very differently,” says Cross.

When asked about the future of the EN role, Professor Cross responded that “the role of the EN will continue to grow”, particularly with the move towards the Diploma of Nursing as the minimum qualification for new ENs.

THE FINAL STAGES OF THE REVIEW

The National Review of the Enrolled Nurse Competency Standards project is now nearing completion. In the final stages of the project, the project team will continue to observe the workplace activities of ENs to see how they fit within the framework of the newly developed and re-named *Enrolled Nurse Standards for Practice*. Once the new draft *Standards* are finalised, they will be published on the Nursing and Midwifery Board of Australia’s (NMBA) website for consultation with stakeholders. At the end of the consultation period, comments and feedback on the new *Standards* will be reviewed and the project team will revise the draft *Standards* as necessary.

ACN members who are interested in participating in the consultation should watch the NMBA’s Current Consultations webpage and ACN’s weekly *eNewsletter* for updates.

The current Competency Standards for the Enrolled Nurse can be accessed on the NMBA’s Codes, Guidelines and Statements webpage [here](#).

The new *Enrolled Nurse Standards for Practice*, which will replace the *National Competency Standards for the Enrolled Nurse*, will be available on the NMBA’s website when they are complete.

Monash University (2014) ‘The National Review of the Enrolled Nurse Competency Standards’ <<http://www.med.monash.edu/nursing/competency-standards/>> accessed 23/06/2014

Nursing and Midwifery Board of Australia (2014) ‘Fact Sheet: Enrolled nurses and medicine administration’ <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ.aspx>> accessed 23/06/2014

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PROFILE: **MICHELLE WAGNER MACN**, ENROLLED NURSE, CRANBOURNE DAY SURGERY, MONASH HEALTH, VIC

A multi-skilled enrolled nurse



Michelle Wagner

“I have thoroughly enjoyed my nursing career and I hope that employers continue to see the value of having a strong and contemporary EN workforce in both the acute and aged care sectors.”

I gained my enrolled nurse (EN) qualification through the old Melbourne School for Enrolled Nurses way back in 1993. I had always liked the idea of nursing but delayed my nursing career until I was 24.

While I was training I was fortunate to have paid employment at the Kingston Geriatric Centre in VIC, and I was to stay in the field of aged care until I moved to QLD. I worked in the sterilising department at the Gold Coast Hospital for a year and then moved to Cairns where I was successful in gaining a position as an anaesthetic nurse at Cairns Base Hospital (CBH). At that time (1997) nearly all of the anaesthetic nurses were ENs and I was accepted into the training program. It was an amazing opportunity for an EN and I still use those skills today. I had the best time of my life in Cairns and have fond memories of the staff at CBH, especially all of the amazing ENs who took me under their wings and guided me, along with the fantastic anaesthetists and all the other theatre staff.

I had to return to Melbourne for family reasons and came back to aged care before gaining a position at Cranbourne

Day Surgery (Monash Health) in 2001, and this is where I still work today. The day surgery is a two-theatre unit and we are now second only to the Royal Victorian Eye and Ear Hospital with regards to the amount of cataract surgery performed annually in VIC. We also do general, plastics and gynaecology day procedures. I guess you could say I am multi-skilled as I may be allocated in any position from anaesthetic nurse, scrub/scout, admissions/discharge, recovery and occasionally pre-admission clinic. This has been a fantastic place to work as an EN.

I am currently completing my intravenous endorsement, as I feel it's important to keep abreast with changes to contemporary practice; however, I do feel like I'm in 'no-man's land' sometimes when it comes to updating my qualifications as, to-date, I only have a hospital certificate. To upgrade to a diploma I need the certificate IV, and to complete my medication endorsement a few years ago I needed to sit a vocational education and training assessment test and go through a long-winded recognition of prior learning process to get into the course.

I wonder how many other ENs are in the same situation?

I would like to see more uniformity amongst health care providers with regards to implementing the changes to EN scope of practice, as there is still a lot of variation in how changes have been implemented, particularly regarding the intravenous endorsement. It would also be great to see employers providing more financial assistance to their valued EN workforce to assist them to update their medication endorsements.

As well as a member of ACN, I am an Australian Nursing and Midwifery Federation Health and Safety representative at my workplace, as I have always felt strongly about having a safe and fair workplace for nurses and this ultimately enables us to provide safe and better patient care.

I have thoroughly enjoyed my nursing career and I hope that employers continue to see the value of having a strong and contemporary EN workforce in both the acute and aged care sectors.



THE HIVE

REGULAR COLUMNIST OPPORTUNITY FOR A CLINICAL NURSE

ACN is looking for a clinical nurse with a broad perspective on a range of clinical professional and practice based issues to contribute to a regular column in *The Hive*. The contributor will be featured in *The Hive* for four editions (a 12 month period) with five other nursing professionals. Each contributor will write a comment of 250 words linked to the theme of the edition. The Spring theme of *The Hive* is 'practice standards' and the Summer theme is 'mental health in nursing'.

If you are a clinical nurse and interested in contributing to *The Hive* please contact Jackie.poyser@acn.edu.au by 1 July 2014.

CALLING FOR ARTICLE SUBMISSIONS

Work is now under way on the next edition of *The Hive*. *The Hive* presents the opportunity for our members to share research outcomes, educational developments, innovative nursing techniques and their own unique story.

The deadline for submissions for the Spring edition is **Friday 11 July**; first time authors welcomed!

If you would like to submit an article please see the [ACN Publishing Guidelines](#); remember the ACN editorial team is here to assist you with the process.

SEEKING PROFESSIONAL RECOGNITION?

Fellowship of ACN is a prestigious status that represents a nurse's commitment to ACN (including former colleges RCNA and TCoN) and the nursing profession while acknowledging their leadership, expertise and experience.

ACN's next opening for Fellowship applications will close **18 July 2014**.

Please find the application criteria and form on the [membership page](#).

WHAT DO NEW MEMBERS LIKE ABOUT ACN?

Over the past 12 months Membership Services have contacted new members to receive some feedback on their membership experience so far and to learn why they joined ACN. Some interesting facts include:

- > 92% listed 'staying in touch and up-to-date with nursing' as one of the main reasons for joining.
- > 11% are or have previously enrolled in an ACN course.
- > 8% are keen to be involved in policy, representation, their ACN Region or chosen Community of Interest (COI).
- > 14% said they are interested in attending this year's National Nursing Forum in November.

What do you love about ACN? We'd love to hear from you so share on our [Facebook](#) page or email through to membership@acn.edu.au.

Graduate transition programs: my personal experience

By Laurie Bickhoff MACN, Registered Nurse – Cardiology, John Hunter Hospital, Hunter New England Local Health District, NSW



Too often we hear horror graduate stories. Research shows horizontal violence and bullying is rampant in our profession. We are told tales of the infamous “eat our young” nursing culture. We know graduates suffer transition shock when they start practicing and nearly 20% will leave in their first year.

Unfortunately, the good stories are often buried underneath the bad and so I wanted to share my graduate year experience. When I started as an RN, the only nursing experience I had were my clinical placements and a mere two months working as an AIN. To say I was worried was a major understatement. I was quietly petrified but tried to keep up a brave face.

I had worked hard in university to learn as much as I could but I was still filled with doubts. Would I be good enough? Would I crash and burn? Would I help or hinder my patients' recovery?

My first day on the ward was sink or swim time. I was amazed at the warm welcome I was given. The other RNs were supportive

and encouraging. They made sure I knew, if I felt myself struggling, they would be there with a life-line.

Every ward I rotated through gave me this same friendly reception. Perhaps it was just luck, or maybe our nursing culture is changing, but I never encountered any of the pressure to change my values and practice in order to fit in, that I had been told to expect. Instead I found colleagues who understood I wouldn't know everything on day one, who were willing to take the time to teach me, and who become great friends along the way.

My clinical skills and knowledge increased out of sight during my graduate year. I felt my university had given me a great foundation on which to build my career as an RN, but my grad program cemented my theory into my practice. I started the year having never removed a single stitch. I ended the year confidently removing everything from sutures to ICCs and pacing wires, while also successfully inserting NG tubes and cannulas. Importantly, I understood the pathophysiology and rationale behind each of these and could explain it to my patients.

I'm not saying everyday was perfect. I'm not saying every person was as helpful or welcoming as the next. I'm not saying I didn't have days when I struggled. What I am saying is I never felt alone. I knew the support was there, all I had to do was ask.

I know not every graduate nurse will have as positive an experience as I did. Perhaps my journey was the exception not the rule. However, I hope the number of nurses who have an amazing graduate year like mine continues to increase until this becomes the norm.

I do know that the success of your graduate year relies heavily on you and your attitude. University teaches you how to think like a nurse, but it is in clinical practice the real learning begins, and it has a steep learning curve. Approach your grad year knowing that everyone from the tea lady to the Director of Nursing will be your new teachers, and success will come. When the people you work with recognise your passion, see your motivation to provide what is best for the patient and know you realise what a unique privilege it is to be a nurse, their respect will follow.

At the same time, don't be afraid to speak up; for your patients, for your colleagues and for yourself. Harvey Fierstein said “Never be bullied into silence. Never allow yourself to be made a victim. Accept no one's definition of your life; define yourself.” You have the ability to define your graduate year, regardless of what hospital or ward you find yourself in.

You can change the culture and reputation of the nursing profession, for better or worse. You can conform and join in bullying behaviour and continue negative traditions or you can decide it stops with you. Set your standards high and have the moral courage to stick to them. If every graduate nurse demonstrated this leadership and supported other nurses who did as well, imagine the overwhelmingly positive impact that could have on nursing.

Gandhi once said “Be the change you want to see in the world”. I would encourage you to be the change you want to see in nursing, and just watch how the world changes with us.



PROFILE: SUE MCKECHNIE FACN

National aged care reforms

that include the Home and Community Care Program. Many older people rely on basic level support through HACC to live independently in the community. The Service Group2 funding in HACC supports activities such as assessment, case management and service coordination, support for carers, and counselling. These activities are the glue that makes a HACC service work effectively in terms of ensuring the service is targeted to the identified needs and client goals and is appropriately coordinated and monitored.

What is the most recent work out of the group?

In late 2013 the subgroup finalised a report to the NACA HACC working group, having conducted a detailed review of the many different ways HACC services operate across Australia. There were recommendations about the important aspects of the HACC services that should be preserved as operating principles for the future Commonwealth Home Support Program and recommendations of options

for the interaction of the proposed My Aged Care eligibility assessment for services with the delivery of low level services for older people.

Can you highlight any issues arising as a result of this group?

An early premise of the design of the My Aged Care Gateway eligibility and assessment process was that the activities undertaken by service providers through the HACC Service Group2 funding would be taken over by the gateway. Provider and health professional concerns that have been debated relate to the role of telephone based assessment and review as a valid stand-alone approach. Providers also had concerns about the withdrawal of funding for services in the proposed model. The final report has clarified the importance of face to face assessment and review and the role of nurses in assessment and review of clinical care. Options for how services can interact with the gateway were presented for consideration.

How important has this ACN representation opportunity been to you?

I have welcomed the opportunity to bring my experience as a provider of community aged care services to the discussion table and, on behalf of the profession, influence the development of government policy. It is always important to have informed views represented in the discussion and I have appreciated the contributions of others that have also broadened my perspective to the range of ways the HACC program operates to promote positive outcomes for older people.

ACN would like to express its appreciation to Sue for her representation on the NACA HACC Service Group2 subgroup. It is with gratitude that ACN acknowledges the time and commitment to these roles from our representatives.

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For further information on representing ACN please visit the [representation page](#) on our website or contact us at policy@acn.edu.au

THE NATIONAL NURSING FORUM

EARLY BIRD REGISTRATIONS NOW OPEN!



The program for this year's National Nursing Forum is shaping up to be an event not to be missed.

In keeping with our theme, *Staying ahead of the game*, our invited speakers are busy planning their topical presentations in preparation for the Forum in Adelaide.



BRIAN DOLAN

Lessons on leadership, influence and culture

Leadership is a social process in which one person influences the behaviour of others, without threat or violence. This keynote will begin with the work of Buddhist monk, Nyoshul Khenpo, considering elements of ignorance, denial, comfort, knowledge, and enlightenment. It will examine the components of leadership and influence, consider how to change habits and explore how habits prevent us from releasing our potential, and why, as nurses and as individuals, we matter.



ADJUNCT PROFESSOR SUSAN O'NEILL MACN

A journey to organisational excellence

To lead and manage, health care nurse executives need to understand not only their professional and operational responsibilities but also the complexities of the business they work in. Clarity of the strategy, an understanding of demand and capacity and a relentless focus on improvement and involving staff will be presented as the key stepping stones to delivering safe reliable care, improved patient satisfaction, renewed staff engagement and sound financial outcomes.



PROFESSOR CHRISTINE DUFFIELD FACN WITH PROFESSOR GLENN GARDNER FACN

Advancing nursing practice

Confusion relating to various meanings and titles for advanced practice nursing is a major problem internationally. This presentation will illustrate the features of this problem, propose a way forward for nursing in Australia and contribute to the international debate on this topic.

Over 100 abstract submissions have been received for The National Nursing Forum and we look forward to releasing the full program with concurrent presenters soon.

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Movement Disorder and Parkinson's COI update

By Sue Williams MACN and Sally Wherry MACN, Movement Disorder and Parkinson's COI Key Contacts



Sue Williams



Sally Wherry

“The representatives also felt strongly that we need to work towards a professional identity for the movement disorder nurse, an identity with levels that suit all needs.”

MOVEMENT DISORDER AND PARKINSON'S COMMUNITY OF INTEREST MEETING

The Movement Disorder and Parkinson's Community of Interest (MDP COI) meeting was held at the ACN offices in Sydney at the end of May. Although the movement disorder world in Australia is a small one, with only 35 specialist nurses, there are many more nurses who work within this specialty in some capacity.

Those in attendance at the meeting were specialist nurses, academics, and retired nurses, all of whom have an interest and passion for movement disorder nursing. The ACN representatives, Kathleen McLaughlin FACN and Kate Lehmensich MACN, were supportive and thoughtful in their responses to the many topics discussed, and we thank them for their input.

The MDP COI comes with a history for our group. Two of the members in attendance, Victor McConvey MACN and Evelyn Collins MACN, were able to speak to this history explaining that under Royal College of Nursing, *Australia* there had been the Movement Disorder and Parkinson's Nurses Faculty; an active group, involved in

sharing practice, supporting each other and advocacy on behalf of their patients. Kate and Kathleen were able to give us some insights into the formation of the new ACN COIs and their hopes for future.

With these insights, we reviewed the MDP COI survey (see following article), and discussed the glimpse of our membership that this provided us. Our members are ward nurses, community nurses, academics, specialists, and every other type of nurse. It became obvious that each of these groups may have a very different expectation from the COI and we all felt it was important to meet those expectations.

We spoke at length about the need for a career pathway and shared resources, to help everyone from the student writing an essay on Parkinson's disease, to the specialist nurse setting up a new service. The representatives also felt strongly that we need to work towards a professional identity for the movement disorder nurse, an identity with levels that suit all needs. To do this is a mammoth task and we broke it down, looking at the development of competencies as a starting point. The European competencies were originally developed with the input of an Australian nurse, we're told,

and give us an excellent starting point for an Australian competency framework.

The educational tools that are currently in use by specialist nurses and organisations across the country were the next topic of discussion. It was strongly felt that these needed to be drawn together, ratified and used as part of the nurses' professional development. From the hour long e-learning tool to the two-day educational seminar, these are all valuable. University education and nurse practitioner recognition were also discussed, with our academic representatives having useful and valued wisdom into the development of this possibility.

Input into policy contributions was another area where we felt we could draw on our varied membership. Since becoming a COI, we have made two submissions to support and advocate for the care our patients need. The willingness of members to become involved in policy discussion was obvious and, in our roles as Key Contacts, we will continue to seek responses and feedback from our MDP COI members, and work with the ACN Policy team on relevant policy submissions.

The Movement Disorder and Parkinson's COI face-to-face meeting was kindly sponsored by



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Member engagement

Victor spoke passionately for the need to develop and ensure the sustainability of the movement disorder nurse roles across the country. As mentioned previously, there are 35 at present, and the evidence gathered by Parkinson's Australia shows clearly that the roles, funding and support varied wildly. They were, however, unvaried in the support from the patient groups, whose voice is unanimous about the difference they make.

Communication to the membership was felt to be vital to the success of the COI. Once again, the survey provided valuable insight into how we should do this. The answers provided told us that email and the existing ACN routes, ACN publications and website, were the preferred forms of communication. Respondents and those in attendance at the meeting indicated they were eager to share their experiences and were keen to be published in ACN publications.

Still on the topic of communication, the issue of multiple specialist meetings and educational opportunities was highlighted and it was felt that the development of a calendar that was available to members, showing local, national and international opportunities for professional development, would be of value to us all.

The meeting ended on a positive note, with the team keen to begin the work.

SURVEY

The MDP COI sent out a survey to their membership last month. Following is a snap shot of responses from the 21 responses received.

WHERE DO YOU WORK?

- > Seven working in the aged care sector
- > Five working in acute care settings
- > Three in the community setting
- > Two in outpatient services
- > A number in clinics, research, and private practice

WHERE ARE YOU FROM?

- > Eight from Victoria
- > Four from NSW
- > Three from South Australia
- > Two each from Tasmania and Queensland
- > One each from Western Australia and the Australian Capital Territory

WHAT'S YOUR NURSING CLASSIFICATION?

- > Twelve are registered nurses
- > Six are nurse specialists
- > Two are nurse practitioners
- > One is an enrolled nurse

WHAT DO YOU WANT FROM YOUR COI AND ACN?

- > Educational opportunities – eLearning, face-to-face and support in finding the right course
- > Practice support via policy, guidelines, procedures and medication information
- > Professional identity – a career pathway to this specialty and recognition of qualifications, expertise and competencies

We thank you for participating!

ACN thanks the ongoing support of the Movement Disorder and Parkinson's COI sponsor



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Education



CONTINUING PROFESSIONAL DEVELOPMENT

SUCCESS WITH CUSTOMISED EDUCATION CONSULTANCY SERVICES



Molly Pullukaran,
ACN Nurse Educator

ACN has collaborated with the Aboriginal Health and Medical Research Council of

NSW (AH&MRC) to deliver a customised one-day workshop for Aboriginal health workers, nurses and midwives who work in the area of child and maternal health.

A key aim of the AH&MRC Child and Maternal Health Program is to support and build capacity of Aboriginal Community Controlled Health Services (ACCHS) staff through the provision of a range of up-skilling and training activities.

Jodi Paulson, Project Officer – Child and Maternal Health, approached the continuing professional development (CPD) team at ACN to develop this one-day workshop for ACCHS staff in early 2014.

I worked with Jodi to develop learning outcomes for the workshop. The key aim of the workshop was to meet the learning needs of the Aboriginal health workers,



employed in the area of child and maternal health. It was thought that attending this workshop would also be a good refresher for nurses and midwives.

The sessions were specifically designed with a focus on learning about antenatal care (changes in pregnancy and routine tests and procedures). This workshop was facilitated by Lyndall Mollart, Clinical Midwifery Consultant – Central Coast Local Health District.

The feedback has been very positive. ACN has run the workshop on two occasions in February and May this year, and has been approached by AH&MRC to deliver two further workshops later in 2014.

ACN recognises that no two organisations are the same; just as the individual learning needs of your staff are different. So it follows that your educational needs will be unique.

Through our Customised Education and Consultative Service we can provide customised programs that are designed to meet your specific education requirements, in a format and at a venue of your choice.

To discuss any aspect of this service or to explore what we can do for you, please contact cecs@acn.edu.au



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Education



CONTINUING PROFESSIONAL DEVELOPMENT

ONLY A FEW DAYS LEFT TO TAKE ADVANTAGE OF THE EARLY BIRD CPD OFFER!

Save 10% if you enrol in a course advertised in the new [CPD Calendar for July–November 2014](#) before 30 June. With our face-to-face delivered courses you can stay up-to-date with the current evidence-based practices and gain CPD hours required for re-registration.

The upcoming courses in August and September include:

Wound management:

14–15 August, Nowra NSW
28–29 August, Perth WA
4–5 September, Burwood NSW

Diabetes management and current guidelines:

21–22 August, Adelaide SA
9–10 September, Burwood NSW

Immunisation update:

29 August, Burwood NSW
12 September, Brisbane QLD

The deteriorating patient: clinical decision making:

18–19 September, Bundaberg QLD
2–26 September, Canberra ACT

Download ACN's latest CPD calendar and [enrol now](#). If you need a detailed program outline please call Student Services on **1800 265 534** or email: studentservices@acn.edu.au



TRAINING AND ASSESSMENT

IMMUNISATION COURSE FEEDBACK

A practice nurse reflects on the Immunisation course offered through the ACN CPD Program.

This course is essential and necessary for all practice nurses to update their knowledge regarding immunisation in order to provide safe and high quality of care for all patients. Without the Immunisation course I would not have gained the valuable knowledge I have now. I appreciate the difference I can make for patients while providing them with such a high quality of care. I am really growing with the knowledge gained during the course and recommend it for all nurses.

PRINCIPLES OF EMERGENCY CARE

Enrolled nurses – you can study an EN Principles of Emergency Care course, which contributes toward an Advanced Diploma of Nursing.*

Registered nurses – why not enrol in the Principles of Emergency Care or Immunisation for RN's courses to enhance your knowledge?

Do you want to obtain a nationally recognised qualification in training and assessment? Enrol in ACN's TAE40110 Certificate IV in Training and Assessment course commencing 10 September 2014.

For further information download [Training and Assessment Courses 2014 Handbook](#).

*prerequisites may apply



POSTGRADUATE

ENROLMENTS ARE CLOSING SOON FOR JULY SEMESTER

Would you like more in-depth knowledge in a specific field? Enrol in a [Graduate Certificate Course](#) or undertake one of the distance education single subjects.

ACN's graduate certificate (GC) courses prepare nurses for a rewarding career in the health and community services sector. Courses offered in July 2014 include: GC Orthopaedic Nursing, GC Leadership and Management, GC Drug and Alcohol, GC Nursing Practice, GC Stomal Therapy Nursing, and many more.

We also offer over 80 single subject courses, including: Men's Health, Anaesthetic Nursing, Breast Cancers, Primary Health Nursing.

Satisfactorily completed relevant single subject courses may be credited towards up to 50% of a GC.

Download the [handbook](#) to find out more about single subjects on offer and [enrol for the July semester](#).



Distance Education:

Principles of emergency care courses

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NURSING OFFICER
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The latest news from our ENLs



ELY TAYLOR MACN, 2012 ENL

This last year has been packed to the brim with learning about our health care system and finding where I fit into it as a registered nurse. I finished my graduate program at the Royal Prince Alfred Hospital in Sydney, started a transition to specialty cardiac program, finished clinical honours and I am now a semester in to a Master of Public Health. It's been busy but totally worth it! My favourite part is being able to spend my working hours with patients in a very one-on-one capacity and then learning how our health care system functions more broadly. These two approaches complement each other quite well.

Recently, I attended PWC Innovation in Health event titled: Emerging Health Leaders Forum *Innovation in Healthcare – Thinking Differently*. The Forum was designed to bring together creative, forward thinking emerging leaders from diverse industries to discuss and share ideas. It was a great opportunity for me to meet some interesting people who have been involved in change management and change implementation both in Australia and overseas. I did learn that there is so much more I can discover about these topics and issues; there was a lot of referencing of 'key' people in the health change management realm that I had never heard of – let alone their ideas and concepts. This event made me so much more aware of how big change can happen in a health district.

I was also recently published in the *Australian Nursing and Midwifery Journal*. My article, *Learning from Clinical Leaders*, details my experience as a new nurse graduate and how my working relationships with the clinical nurse consultants nurtured and inspired my clinical aspirations.

With thanks to our ENL sponsor



PAULA LAMBERT MACN, 2013 ENL

In May, the ACN Brisbane Region held an event "How to get that job!" for all nursing students and new nursing graduates. I presented about my journey on preparing, applying and obtaining a position within my chosen field of paediatric nursing.

Due to the success of this event, I was fortunate to be asked to present again on Sunday 22 June to ACN QLD Central Region members. As registrations to attend this event escalated, a morning and afternoon session were held to cope with demand.

After the presentation nursing students and graduates were able to network with one another to gain support, motivation and encouragement through their own journey to becoming a nurse.

EMERGING NURSE LEADER PROGRAM

Pre-registration nursing students applications close Sunday 29 June



ACN Grants and Awards

Applications close Sunday 29 June



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Nursing and Midwifery
Board of Australia update

Registration renewal: update

The nursing and midwifery renewal reached an important milestone at the end of May when registration renewal was due. We are now in the one month late payment period that finishes on 30 June.

By the end of the first week of June, nearly 340,000 nurses and midwives had renewed registration. Of those who applied to renew registration, about 97 per cent did so online – an increase on last year's total for online renewals.

We continue to learn from the renewal process and find opportunities for refinement. When we started the renewal process at the onset of the National Scheme in 2010, online renewal for nursing and midwifery was slightly above 50 per cent. The change over the past four years is remarkable, showing a notable uptake of online renewal.

Renewing online is quick, easy and convenient. If you meet registration criteria and have made correct declarations, it can take as little as six minutes from when you click submit to get renewal confirmation.

Renew online at
www.nursingmidwiferyboard.gov.au

Key dates to remember:

- > 30 June 2014 – One month late period ends

- > 1 July 2014 – Removed from register (if not renewed)
- If you:
- > have forgotten your password, you can update it using the [password reset function](#) (you need to have previously registered your correct email address with AHPRA for this function to work)
 - > are experiencing difficulties using the online service, please phone our Customer Service Team on 1300 419 495 and a member of the team will talk you through the process
 - > have submitted your application, you can find out if we have received it; use our online service at [AHPRA – Renewal received confirmation](#).

Internationally qualified nurses and midwives: update

A number of you may already be aware that we have introduced a new model for assessing applications for registration from internationally qualified nurses and midwives.

The National Board and AHPRA continue to work on improving communications, timeliness, systems, and processes relating to the new model for the assessment of internationally qualified nurses and midwives (IQNM) qualifications.

Our dedicated national processing team and local board of the Nursing and Midwifery Board of Australia are currently assessing all qualifications of IQNM applicants to:

- > make sure the model is consistently applied, and
- > streamline assessment and decision making processes.

We recognise that the new model of assessing IQNM qualifications has led to delays for applicants. An application may have significant processing delays if the form is incomplete or if it does not include all supporting documents that we need as evidence of qualifications.

While complex applications may take longer to process, our goal is to resume the target of 4–6 weeks as soon as practicable to assess and determine a complete and straight forward application from an internationally qualified nurse or midwife.

Find out about this new model on [Internationally qualified nurses and midwives](#) on our website.

For more information

Visit www.nursingmidwiferyboard.gov.au under [Contact us](#) to lodge an online enquiry form.

For registration enquiries: 1300 419 495 (within Australia) +61 3 8708 9001 (overseas callers). For media enquiries: (03) 8708 9200
Is there something you would like to hear more about? Talk to us.

Email: nmbafeedback@ahpra.gov.au