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NURSING JOURNEY**
turning a ripple into a wave

**THE RECIPROCAL
NATURE OF CLINICAL
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ACN publishes *The Hive*, *NurseClick* and the *ACN Weekly eNewsletter*.



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CEO WELCOME



Adjunct Professor Kylie Ward
FACN, ACN Chief Executive Officer

Welcome to the summer edition of *The Hive*, which features a number of informative, insightful and inspiring articles from our members on the theme of *Clinical Placement*. As an organisation committed to investing in the future of our profession and supporting the next generation of nurse leaders, the Australian College of Nursing (ACN) deems it important to explore the values of practice-based

learning and the virtues of mentorship within the nursing profession in this edition of *The Hive*.

A successful clinical placement is the vehicle through which a student learns the nuances of what it means to be a nurse. In his article, **Transforming students into nurses, Gary Bain MACN**, writes about clinical placement as an essential portal through which undergraduates can observe, interact and apply their knowledge base.

The importance of providing positive learning experiences where students are given the opportunity to combine theory and practical knowledge, is further explored in our article, **The diverse experiences of student nurses**. This insightful piece emphasises the immense value of clinical placement through a series of uplifting personal reflections written by some of our exceptional undergraduate members.

Teaching student nurses the pivotal links between theory and practice can also be an enriching experience for facilitators. The reciprocal nature of clinical placement for undergraduates and facilitators is outlined in a thought-provoking piece written by one of our impressive nurse educators, **Musette Healey MACN**. In her article, **Achieving utopia in student learning**, Musette challenges us to create a utopia for every student, as they transition from the classroom to the ward.

Bringing together nurses from across the country, The 2016 National Nursing Forum was a fantastic opportunity to celebrate all generations of nursing, from undergraduates to retired nurses. Within this edition of *The Hive*, we feature a number of articles that reflect on the success of the Forum and perfectly capture the energy, excitement and passion for our profession and organisation at this event.

The inaugural meeting of the National Nursing Executive Group was one of many highlights at the 2016 Forum. It was an exciting and auspicious occasion that brought together nurse executives from across the country to engage in meaningful discussions about establishing a national nursing agenda.

I look forward to working collaboratively with the National Nursing Executive Group to establish a clear strategic direction for the nursing profession in the future.

I wish each of you a summer filled with good health, much happiness, and time to relax and enjoy this inspiring read.

PRESIDENT'S REPORT



Adjunct Professor Kathy Baker
AM FACN (DLF), ACN President

2016 has been an eventful year for the Australian College of Nursing (ACN) with the launch of many exciting new initiatives to further drive our leadership and engagement in policy, advocacy and membership.

Since my last report, ACN has hosted a number of important functions and events for our members and the broader nursing community, including the National Nursing Forum in Melbourne. Bringing

together nurses from across the country to explore the most vital issues facing our profession, the Forum was a great success and wonderful celebration of the passion, innovation and energy across all generations of nursing.

With a view towards 2017, the Board and Executive Leadership Team held a strategic planning day in November to discuss the future direction of ACN. It was a very successful and productive day, and I believe we have the right 'positioning of ACN for the future'.

In shaping that future, it is important that we create a 'living strategy' in a changing environment. This strategy will support our strategic intent of advancing nurse leadership through our core areas of focus: Members and Fellows of ACN, Representation and Engagement, Policy and Advocacy, and Capacity and Capability Development.

As Australia's preeminent professional nursing organisation, it is a priority for ACN to disseminate knowledge to shape policy and practice at a state and federal level. While ACN has always played an essential role in the generation, synthesis and dissemination of nursing knowledge, we, as an organisation, have needed to play an additional and complementary role: connecting this knowledge with the individuals and organisations responsible for creating public health policy and making resource allocation decisions.

Policy encompasses the choices that a society, segment of society or organisation makes regarding its goals and priorities, and the way it allocates resources to attain those goals. In 2017, ACN will continue to initiate dialogues that bring the nursing voice to decision and policy making tables.

It has been my pleasure to serve as President and to work with the Board of Directors, the CEO, the Executive Leadership Team and the staff of ACN to support our mission of advancing nurse leadership to enhance the health care of all Australians.

This will be my final update, as I have decided to stand down from the Presidency. However, I remain on the Board and look forward to continuing to work with our hard-working and committed teams as we strengthen our presence in every State and Territory to secure a position of influence now, and into the future.

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

ACN CELEBRATES 2016 WITH MEMBER CHRISTMAS FUNCTIONS



ACN CEO Adjunct Professor Kylie Ward FACN, eHealth Education Pty Ltd CEO & Director Professor Evelyn Hovenga FACN, Mercy Health Executive Director of Nursing & Midwifery Alison Patrick MACN and Bendigo Health Chief Nursing Information Officer Janette Gogler

ACN held a series of Christmas Functions for Members, Fellows and guests throughout November in cities across the country. Our Christmas Functions were a great opportunity to celebrate the festive season and reflect on a wonderful year. They were also a chance for the nursing community to come together and unite as a profession.

All members were encouraged to bring a plus one to these events by extending the invitation to a colleague who they would like to introduce to ACN. It was wonderful to connect with our members and meet nurses who are interested in joining this powerful and dynamic organisation. Thank you to all those who made the effort to attend our Christmas Functions. ACN is committed to extending our future networking roadshows to regional areas in 2017.

ACN WELCOMES RESEARCH INTO NURSE BULLYING

ACN is pleased to hear the announcement of a four year study by James Cook University Researcher, Peter Hartin, that examines the incidence of bullying in the nursing profession.

ACN CEO Adjunct Professor Kylie Ward FACN says the research should be welcomed.

“Bullying must be prevented to help ensure the best possible outcomes for nurses, patients, care recipients and the community.

“No form of bullying or harassment is acceptable in any workplace, let alone in a demanding and time critical environment such as health care and where patients’ care is paramount.

“ACN looks forward to the results of the proposed study with a view to ensuring nurses can work to their full potential and not be burdened by workplace bullying,” said Adjunct Professor Ward.

In April 2016, ACN released a position paper titled *Bullying in the Workplace*, which condemned the occurrence of bullying in health and aged care workplaces.

“Nurse leaders play a vital role in the prevention of bullying through the demonstration of a clear commitment to the elimination of workplace bullying and visibly supporting an open culture in which unacceptable behaviours are addressed immediately,” said Adjunct Professor Ward.

ACN LAUNCHES ITS *NURSES ARE ESSENTIAL IN HEALTH AND AGED CARE REFORM* WHITE PAPER



ACN Vice President Professor Christine Duffield FACN, ACN President Adjunct Professor Kathy Baker AM FACN (DLF), The Hon Malcolm Turnbull MP, Prime Minister, and ACN CEO Adjunct Professor Kylie Ward FACN.

ACN held a Parliamentary Breakfast for the launch of our *Nurses are Essential in Health and Aged Care Reform* White Paper on Tuesday 11 October in Mural Hall, Parliament House.

ACN was honoured to have distinguished Members of Parliament attend and speak at the launch.

It was a privilege to have The Hon Malcolm Turnbull MP, Prime Minister of Australia, The Hon Sussan Ley MP, Minister for Health and Aged Care, Minister for Sport, Dr David Gillespie MP, Assistant Minister for Rural Health, The Hon Catherine King MP, Shadow Minister for Health and Medicare, The Hon Julie Collins MP, Shadow Minister for Ageing and Mental Health, The Hon Tony Zappia MP, Shadow Minister for Medicare, and Senator Richard Di Natale, Leader of the Australian Greens, in attendance at this highly anticipated event.

The event was also attended by key nursing leaders, industry CEOs and academics from across the health profession.

“This is an exciting journey not only for ACN but for the nursing profession, a point reiterated by Prime Minister Turnbull who spoke of the important role nurses play in the delivery of patient centred care and how the utilisation of the nursing workforce needs to be strengthened.

“ACN is encouraged that the Prime Minister recognises that coordinated national action is needed and that the Government understands the value nurses can bring to the policy discussion,” said ACN CEO Adjunct Professor Kylie Ward FACN.

To view the speeches from this event be sure to visit our website and Facebook page.

EMBRACING THE POWER OF NOW AT THE NATIONAL NURSING FORUM



Monash University Associate Dean of Nursing and Allied Health Professor Wendy Cross FACN, University of Technology, Sydney (UTS) Faculty of Health Dean and UTS/World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development Head Professor John Daly FACN and Peter MacCallum Cancer Centre Chief Executive Dale Fisher with their gifts from ACN.



ACN CEO Adjunct Professor Kylie Ward FACN delivering her closing address.



ACN Vice President Professor Christine Duffield FACN giving an address at the National Nursing Forum.

From 26–28 October 2016, ACN welcomed more than 300 attendees to Melbourne for the annual National Nursing Forum. The Forum theme, *The Power of Now*, explored how nurses can harness and share their knowledge to shape health care policy.

FORUM PROGRAM AND SPEAKERS

The Forum program sought to inform, inspire and engage nurses through exceptional keynote speeches, concurrent sessions and masterclasses delivered by leaders in nursing, health and government.

Delegates heard from an impressive line-up of internationally-renowned speakers, including Goulburn Valley Health Interim CEO Fiona Brew MACN who spoke about the power of governance and discussed how nurses are advocates and gatekeepers for their patients, in her opening address at the Forum.

Meanwhile, ACN CEO Adjunct Professor Kylie Ward FACN delivered the closing address, emphasising that all nurses are unique individuals and encouraging nurses to work to their strengths.

In addition to a variety of thought-provoking keynote presentations, delegates had the opportunity to hear from numerous concurrent presenters, participate in specialised masterclasses that focused on the current and most vital issues facing our profession, and seek advice from senior nurse executives, clinicians and academics during our inaugural *Speed Leading Session*. The *Members and Delegates Session* featuring updates from ACN Key Contacts for our Regions and Communities of Interest, was also a highlight of the program and gave delegates the chance to participate in establishing priority goals and activities for membership in 2017.

Professor Brian Dolan FRSA MACN (Associate) kept proceedings on track as our dynamic and entertaining Master of

Ceremonies. Dolan's blend of smart comedy and engaging audience participation ensured there were a lot of laughs along the way as we celebrated the energy, passion and innovation across all generations of nursing at the 2016 National Nursing Forum.

GALA DINNER

The Gala Dinner was a special event at the 2016 National Nursing Forum. It was a highlight of the program, offering delegates the chance to network with their colleagues while enjoying a delicious three-course dinner and letting their hair down on the dance floor. The Gala Dinner included an Oration delivered by St. John of God Health Care Emeritus Group Director of Nursing, Kate Birrell OAM MACN and a presentation for our Emerging Nurse Leader Program graduates.

The Forum provided a platform for nurses from all over Australia and across all nursing disciplines to explore where nursing is as a profession today and discuss how nurses can harness their 'now power' to lead the development of solutions to Australia's health and aged care challenges.



ACN President Adjunct professor Kathy Baker AM FACN (DLF) with our Emerging Nurse Leaders Program 2014 Cohort Graduates Meg Bransgrove MACN and Evan Casella MACN.



Royal District Nursing Service Executive General Manager of Care, Innovation and Quality Fiona Hearn MACN speaking at the inaugural meeting of the National Nursing Executive Group.



The Hon. Mary Wooldridge MP, Victorian Shadow Minister for Health, giving an interactive session at the National Nursing Forum.



Members and delegates celebrating the passion, innovation and energy across all generations of nursing at our Gala Dinner.



The Hon Sussan Ley MP, Minister for Health and Aged Care, Minister for Sport with ACN Board, Staff, Members, Fellows, Distinguished Life Fellows and Honorary Fellows at the National Nursing Forum.



ACN Melbourne Region Key Contact Jenny Newton FACN speaking about her experiences and giving advice to delegates during our inaugural *Speed Leading Session*.

NATIONAL NURSING EXECUTIVE GROUP

ACN was proud to host the inaugural meeting of the National Nursing Executive Group at the Forum. The meeting brought together nurse executives from across the country to engage in meaningful discussions about working to collaboratively progress the national nursing agenda.

The purpose of this group is to establish a clear strategic direction for the nursing profession, which is perfectly positioned to offer a powerful alternative voice in the debates that shape health care services and health care policy.

“This was an exciting and auspicious occasion that signifies the coming of nurses from around the country, public and private, to unify the nursing professional voice,” said ACN CEO Adjunct Professor Kylie Ward FACN.

STATE AND FEDERAL MINISTERS ADDRESS FORUM DELEGATES

ACN was honoured that Members of State and Federal Parliament addressed delegates at the 2016 National Nursing Forum. We were privileged to have The Hon Sussan Ley MP, Minister for Health and Aged Care, Minister for Sport, give an address and answer questions from delegates on the first day of the Forum. Minister Ley also presented the investiture of our Distinguished Life Fellow, Honorary Fellow and Fellows.

On the final day of the Forum, The Hon Mary Wooldridge MP, Victorian Shadow Minister for Health, held an interactive session and addressed concerns raised by the audience pertaining to our profession and future planning. ACN was excited to be able to provide delegates with any opportunity to voice their ideas and issues with leaders in government who can influence policy at the highest levels.

OFFICIAL LAUNCH OF THE ACN AFFILIATION PROGRAM

ACN officially launched the *ACN Affiliation Program* at the 2016 Forum.

Through the *ACN Affiliation Program*, organisations can join forces with ACN and other organisations that share a passion for nursing. As an ACN Affiliate, your organisation has access to benefits that will support your nursing staff or members in their professional practice, and develop their leadership ability by connecting with and learning from inspiring nurse leaders.

We were excited to welcome members and staff from 11 of our Affiliate organisations to the Forum. As an ACN Affiliate, each organisation received a number of complimentary registrations to the event.

ACN currently has 17 Affiliate organisations across all four levels of the Affiliation Program. Please contact us at affiliation@acn.edu.au or call (02) 6215 8314 for more information about the program.



Members and delegates discussing priority goals and activities for ACN membership in 2017 at our *Members and Delegates Session*.



Members and delegates enjoying the National Nursing Forum.



ACN CEO Adjunct Professor Kylie Ward FACN and our Master of Ceremonies, Professor Brian Dolan FRSA MACN (Associate).



WHAT ASPECTS OF THE FORUM DID YOU MOST ENJOY?

Anonymous quotes from Pigeonhole Live

“Very positive atmosphere and well organised – the ACN staff are excellent, warm and welcoming – well done!”

“I love the engagement. I can talk to inspirational people who are happy to share their expertise without agenda just because we are colleagues with a common goal.”

“Networking and understanding the next steps and strategies to build nursing leadership.”

“Being able to network with clinicians and meeting the student leaders. I also caught up with colleagues I had not seen for years.”

“I found that it reinvigorated my interest in nursing and provided such a broad perspective. The keynote speakers were inspirational. I was most impressed with the large numbers of engaged students and recently-qualified nurses, and that there seemed to be good connections with us more experienced nurses.”

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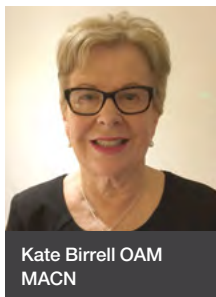
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We look forward to welcoming you to Sydney for the 2017 National Nursing Forum.

PREPARING FOR NOW: SHAPING YOUR OWN FUTURE



Kate Birrell OAM
MACN

An extract from the Oration presented by Kate Birrell OAM MACN at the 2016 National Nursing Forum.

...Let's start with the notion of power. Power is a strong word and it can have

different meanings for different people. For me, when I think about nursing and power, it is within the context of doing good by empowering ourselves and those around us. I don't think about power as the power of office or title, but rather the power to help, to influence and to implement change.

Research shows that powerless nurses are often ineffective nurses (Manojlovich, 2007). Indeed, as nurses, we need to be able to use our power to positively influence patient outcomes, organisations, and each other on a day to day basis. To my mind, encouraging and teaching nurses to use their power for the greater good is an important part of a leader's responsibility and the industry's future.

Similarly, when we think about nursing and leadership through a lens of 'now', we can assess how powerfully we operate as an individual, as teams and as organisations.

Understanding 'the power of now' helps us put into perspective where we have been as a profession, what our most vital issues are in the present moment and how we may lead necessary reforms for our industry and profession.

For this oration I have chosen to draw on four topics, which reflect my own experiences of 'the power of now' in nursing and leadership. I present these topics not as an academic analysis, but rather as experiences from my career that I hope will be helpful to you as you navigate your own path through today's changing and exciting health care landscape.

BEING READY FOR NOW

...When I look back at my career, being ready for the 'now' has been very important. Having

an 'in the moment' understanding of myself and others has made me not only a better nurse, but a stronger and more agile leader.

Being in the present moment helps us to seize opportunities and forge headway into previously uncharted territories. The 'now' offers us an opportunity to check in with ourselves and understand our own values and what we stand for. In fact, it's only when we understand how we are operating in the 'now' that we can have a positive impact on the patients, families, co-workers and organisations that surround us.

LEARNING FROM ROLE MODELS AND MENTORS

...To be effective in the 'now', it is helpful to look at the role models and mentors that you find both within and beyond nursing. It's wise to reflect from time to time about who they are, what they represent to you and how they have shaped who you are.

While many excellent role models can be found within the nursing profession, I believe strongly in also looking for role models beyond our field. It can be enormously beneficial to look towards other industries, and to find inspiration in people who have expertise in areas outside of your own career path.

...Our role models and mentors play a great part in shaping our future selves. Those who inspire, guide and challenge us often teach us not only important practical skills, but also valuable things about ourselves and what we can achieve.

LEARNING AND DEVELOPMENT

...Making the most of educational opportunities is another way that we can maximise 'the power of now'. Wherever possible, I have undertaken further study and I consider it an important part of my career success. I strongly believe my professional and personal growth and development is my responsibility. I also believe that knowledge is not static and constantly needs updating and renewing. In doing this, I believe I shaped my future.

LEADERSHIP

...I believe leadership and change go hand in hand. I also believe that innovation is essential if we are to move forward, and so is the courage to 'have a go' even if it means failing. As a nurse leader I confronted many 'sacred cows' of nursing and midwifery over the years. Sometimes, confronting these was at my peril, however I think many of these have now been put out to pasture!

...An important aspect of nursing leadership is to build your support networks. This is done through membership of professional organisations such as the Australian College of Nursing, your clinical speciality group, industry advisory groups and the Australasian College of Health Service Management. Networking and participation in professional organisations expands your horizons, challenges your thinking, and provides access to resources otherwise unavailable to you. Most of all, networking provides the opportunity to both seek advice and share your experiences on a range of issues. In this digital age, a global perspective is possible and communication with international nurse leaders and nurses is another learning and sharing opportunity.

CONCLUSION

...When we understand 'the power of now', we are able to see things clearly and make the most of opportunities as they arise. This includes understanding who we are, what motivates us and how we can use leadership skills to enact change. I believe this is an important part of nursing whether you are working at the bed-side or in administration.

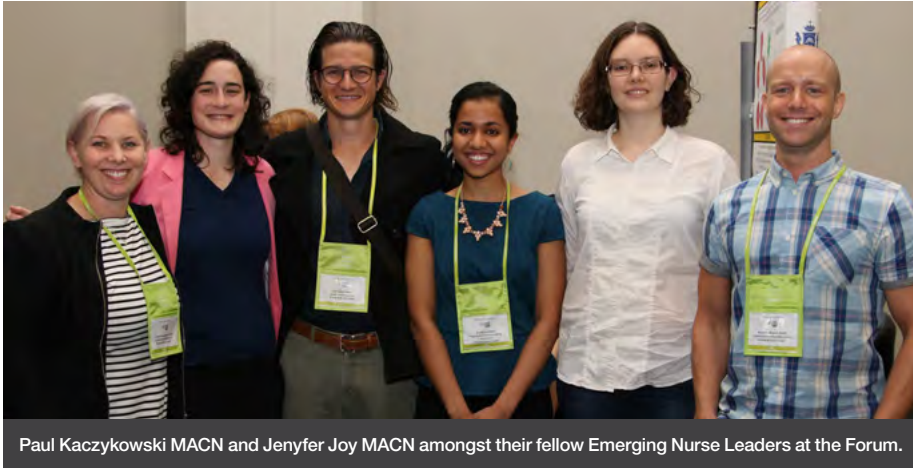
As you continue with your careers in nursing you will no doubt be faced with your own opportunities to learn, guide and challenge the way things are done. I wish you all the best in your future endeavours and I look forward to seeing what the future holds for nursing in Australia and beyond...

References

Manojlovich M 2007, 'Power and Empowerment in Nursing: Looking Backward to Inform the Future', *The Online Journal of Nursing*, Vol.12 No.1, Manuscript 1

WHAT I TOOK AWAY FROM THE FORUM...

We asked our Emerging Nurse Leaders to reflect on their Forum experiences.



Paul Kaczykowski MACN and Jenyfer Joy MACN amongst their fellow Emerging Nurse Leaders at the Forum.

PAUL KACZYKOWSKI MACN ACN Emerging Nurse Leader

I consider myself extremely fortunate to have been given the opportunity to participate in the 2016 National Nursing Forum. It was indeed a breath of fresh air that left me feeling invigorated, empowered and optimistic about a future in nursing.

It was wonderful to be surrounded by resilient, successful and enthusiastic nurses and nurse leaders who shared a common goal of optimal working conditions and positive patient outcomes through outstanding management, nursing care and self-care. Being inspired by discussions, stories and reports of various achievements within our nursing community certainly relieved some of the overwhelming pressure of my graduate year in what often feels like a toxic and unsupportive environment.

The growth I felt during the 2016 National Nursing Forum gave me a new sense of hope and motivation. It was both gratifying and therapeutic to spend social time with fellow Emerging Nurse Leaders (ENLs) where some interesting discussions about our experiences since inception into the ENL program took place.

I especially appreciated participating in a group session that brought to attention various effective and ineffective attributes within myself that I can now begin to develop. I also enjoyed the productive ACN Members

and Delegates Session, where collectively the direction for the organisation and the Australian nursing profession could be influenced.

Additionally, as a result of feeling reinvigorated by the Forum, I have enrolled back at university to commence my honours early next year. I hope that by delving deeper into research I might rediscover a sense of pride and achievement. I feel that the network, support and strength of the ENL program will compliment my further studies and allow for increased confidence and success.

JENYFER JOY MACN ACN Emerging Nurse Leader

The National Nursing Forum has always set a record of renewing my passion for the nursing profession and challenging me to be a better leader. 2016 was no different. With the infinite amount of knowledge and networking packed into the three days, it is a challenge to pinpoint just a few key moments from the 2016 Forum.

Starting with the theme of the **Power of Now**, I engaged in my first LSI session. This session revealed not only significant aspects of my personality that I was not aware of but provided a powerful insight into the current mindset I was operating on. Needless to say, not many conferences provide an individual with objective insights on their way of thinking. Empowered with this self-

knowledge, I went to the **Speed Leading Session** and again, was inspired with the sage advice provided by the best nurse leaders in our country.

The National Nursing Forum gave me the opportunity to meet some of the great minds in nursing. Something I always look forward to is catching up with Ruth Zionzee FACN (DLF), who commenced her nursing career in the early 1950s. Back in 2014, Ruth had won a book, *Meditation is better than Chocolate* and wanted to pass the book onto to the youngest nurse at the conference. Two years on after that first encounter, Ruth and I continue to keep in touch at the conference. Speaking to the nurses who have already made great changes, makes me realise how much preparation is required to continue building the strong health care system that needs to be able to respond to the constant changes.

Hearing from a vast array of nurse leaders on topics from nursing advocacy to workforce issues brings the true significance of this profession to the forefront of my mind. The amount of effort, research, planning and action that is involved in providing quality patient care accentuates how the nursing profession contributes to the Australian health care system. One of the presenters alluded to a quote by Roman philosopher Seneca (4BC to AD65), "Luck is when preparation meets opportunity." We are truly lucky to receive the best health care in the world. However, I cannot help but think that it is built on the work and preparation of many nurses who have remained dedicated to the cause of providing quality patient care whilst not necessarily receiving acknowledgement.

It was wonderful to see the work of early career nurses showcased at the Forum and the increase in participation from student nurses. The platform and support ACN provides for early career nurses will nurture the future nurse leaders who are vital to continue the creation of empowering changes in the system. This is why the Forum is vital to the future of our health care system – the establishment of an empowering nursing network, generation of great ideas and the preparation for a great future.

ORAL AND POSTER PRESENTATIONS

An exclusive look into the most current and topical issues affecting nursing today.



Delegates listening to a concurrent session at the National Nursing Forum.

One of the many highlights of the 2016 National Nursing Forum was our oral and poster presentations, which addressed the most current and topical issues affecting nursing today. Here are three exceptional supporting papers written to align with some of our oral and poster presentations at the Forum.

BRINGING EMOTIONAL INTELLIGENCE INTO THE HERE AND NOW

**Dolores Dooley MACN, Associate Professor
Cate Nagle and Dr Leah East MACN**

Emotional intelligence (EI) is defined as the ability to recognise and respond appropriately to emotions in oneself and others (Salovey & Mayer, 1990). EI encompasses thoughts, feelings and abilities and when applied to a health care context, has demonstrated a decrease in stress levels among staff, improved teamwork, enhanced clinical decision making and promoted quality patient care (Faguy, 2012).

EI is considered especially important within nursing (Akerjordet & Severinsson, 2007)

and midwifery (Hunter & Deery, 2009) where well-developed interpersonal and intrapersonal skills are required. With the increased complexity of health care settings now, more than ever before, EI is required of our future workforce.

Since the 1990's EI has emerged as an influential factor within nursing and midwifery clinical practice. EI is credited as playing a pivotal role across a range of contexts, such as education (Cadman & Brewer, 2001; Patterson & Begley, 2011) and clinical practice (Akerjordet & Severinsson, 2007; Bulmer-Smith, Profetto-McGrath & Cummings, 2009), in addition to providing protection against stress and burnout (Ruiz-Aranda, Extremera & Pineda-Galán, 2014). The literature asserts that nursing (Bulmer-Smith et al, 2009) and midwifery (Hunter & Deery, 2009) are both emotional and intellectual professions, and require students to not only think critically but also to be able to manage and balance the emotional aspects of care.

On a daily basis, nurses and midwives are caring for patients who may experience a range of emotions, for example, fear, sadness,

grief or anger. The impost of the emotional cost of caring on students in the clinical arena is well documented (McQueen, 2004; Smith, 1992; Smith & Allan, 2010). In a recent exploratory study that focused on the nuances of emotional work in student nurses' practice, predominantly negative emotions such as anxiety and grief were identified (Jack & Wibberley, 2014).

Within midwifery, Hunter and Deery (2005) found that while both student and registered midwives acknowledged the emotional work involved in their day to day practice, the registered midwives often concealed their personal feelings, creating what the students described as 'emotion free zones'. Hunter and Deery (2005) proposed that ignoring one's emotions was detrimental to both the midwife's and students' emotional wellbeing and impacted negatively on the care received.

The ability to deal with emotion in the clinical environment has been linked to EI. Literature has suggested that nurses and midwives who possess EI attributes, such as emotional self-awareness, emotional management,



responsibility, empathic understanding and problem-solving are more likely to handle emotionally laden situations, engage patients in a positive manner, gain their respect and trust, and communicate more effectively (Hurley, 2013; Patterson & Begley, 2011).

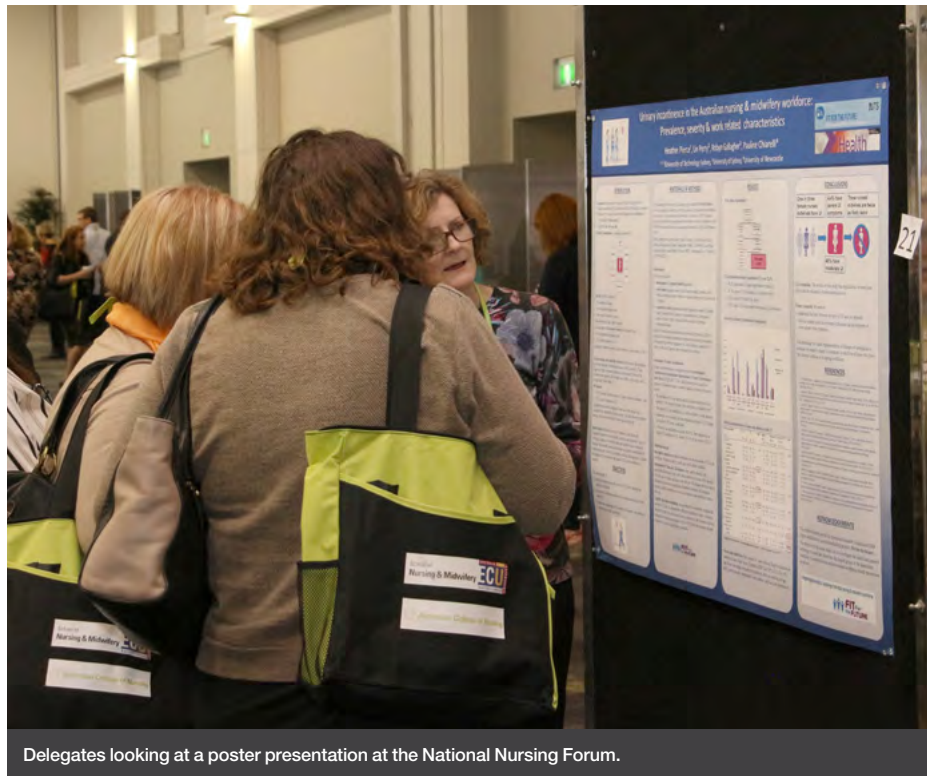
Despite evidence supporting a positive correlation between EI and safe clinical practice, it appears that EI has been neglected in undergraduate nursing and midwifery education. Harrison and Fopma-Loy (2010) contend that while nurses are educated to think critically and perform as safe practitioners, it was rare to hear nurse educators speak of managing the emotional aspect of clinical practice.

While curricula may incorporate the development of reflective practice, how nurses and midwives develop awareness of emotions in order to provide appropriate care is not clear (Hunter & Smith, 2007; McQueen, 2004). Incorporating EI into curriculum may develop students' self-awareness, which in turn may promote understanding of self and others, and provide the necessary skills to help address the psychosocial needs of patients (McQueen, 2004). While cultivating EI via education and clinical supervision is recommended, Snow and Williams (2013) caution that developing EI should not be about teaching or assessing a set of skills per se, rather it should be about facilitating students to develop their self-awareness and identify the emotions in their practice. Student education, overseen thoughtfully, and incorporating EI, could potentially generate positive outcomes for students, and consequently, the patients in their care.

Nurses' and midwives' EI may affect their own health as well as their patients' health outcomes. Bringing EI into the here and now, and making it more explicit in students' undergraduate years may provide students' with both the skills and insights to manage the emotional complexities of their professional life.

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THE HEART OF MINDFULNESS: DEVELOPING COURAGE AND SELF-COMPASSION

Paul Bedson BA, BCouns, BTCM

Life can be challenging with the demands of work, family, relationships, finances, etc. Our personal resources are often stretched and our needs frequently go unmet. That is the nature of a busy life, a busy world and perhaps, a busy mind. There may hardly be time to catch up with ourselves to rest, recuperate and heal the impact of stress.

Stress accumulates. Ongoing stress, referred to as our *allostatic load* (the wear and tear on our body and mind), is a major factor in physical and psychological illness. Unresolved stress can affect our relationships and potentially lead to depression, chronic anger, anxiety and chronic illness.

Our society provides a multitude of unskillful and ultimately, ineffective ways of dealing with stress. These coping strategies can take the form of addictions and distractions like: unhealthy eating habits, work addiction,

substance abuse, social media, shopping and watching sport. Coping strategies like these don't resolve stress, they merely suppress it. Feelings get stuck, real needs go unmet and this becomes destructive to our body, mind and spirit.

A more skilful way of dealing with ongoing stress is to have ongoing access to the relaxation response. The relaxation response is called the *rest and digest* response. It provides the mental and physical environment needed to unwind and to digest the emotional impact of stress by catching-up with ourselves with an emotional debrief.

The relaxation response is not a luxury or an indulgence. It is a biological and psychological imperative. To create a sustainable lifestyle and healthy relationships, we need regular access to the relaxation response.

Mindfulness meditation, when practised skilfully, can provide a very direct way to rest, digest and emotionally unwind. Mindfulness of feelings is the particular application of mindfulness, which directly helps to *digest* and integrate emotional experiences. But this application of mindfulness requires the courage to turn attention towards vulnerable and difficult emotions.

Mindfulness of feelings give us a way of *leaning into* emotions rather than pulling away and distracting ourselves from them. By facing our feelings, we can complete them and we can also recognise our needs, which are underlying our feelings. Otherwise, unfinished emotional business can linger, drain our energy and contaminate our thinking – leading to depression, anxiety, resentment, burnout or feeling trapped.

Mindfulness of feelings develops emotional intelligence and resilience, which are hugely important for a sustainable work/life balance, sustainable wellbeing and healthy relationships.

This core mindfulness practice develops courage and self-compassion, which can then flow into realistic compassion for others. Without these inner resources, people working in helping professions in particular, can experience physical fatigue, frustration, emotional exhaustion and the syndrome known as *compassion fatigue*.

For satisfying and sustainable professional lives, we all need these personal resources: *presence, courage and compassion*. In my

presentation attendees began the experiential learning of:

- Being more present and connected with yourself
- Staying centered and grounded
- Listening to your needs, accepting them and responding to them
- Developing healthy boundaries to create some space in your life and nurture your true self
- Keeping your feeling's company, free from judgement and over-analysis
- Developing the courage to face your vulnerability, which grows into emotional resilience and self-confidence

THE POWER OF FALLS AWARENESS

Kelley Lennon and Karen McLaughlin

Prevention of patient falls remains a key priority for Hunter New England Local Health District (HNELHD) due to the ongoing impact on patients, families, staff and the organisation. Despite various falls prevention measures currently being in place, approximately 300-350 falls occur per month across inpatient facilities at HNELHD. To address this, resources were developed and a falls prevention program piloted across five HNELHD facilities to increase awareness of falls and reduce the rate of patient falls across the local health district.

In the 2014/15 financial year, falls prevention was identified as a major priority in HNELHD. Introducing the falls prevention program aligns our standards of care and behaviour with the National Safety and Quality Health Service Standards, and the notion of compassionate care. Current falls reduction strategies were reviewed and gaps identified.

These gaps included:

- A range of risk assessment tools and processes in place resulting in non-standardised practice
- Unclear delegation of responsibility and accountability
- A gap in the understanding of how to connect patient outcomes with clinical interventions included as part of excellence
- Definitions of falls were largely unknown and not well understood, resulting in poor quality reporting

- Localised analysis of falls resulted in inconsistency with implementation of strategies

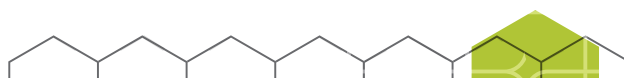
The *Falls Reduction Pilot* used this information to inform the priorities for strategy development and implementation. The priorities were:

- Standardise adult inpatient admission and risk assessment form
- Care planning related to patient risk (including Ontario and FRAMP)
- Use of hourly patient rounding to reduce falling
- Undertaking of safety huddles to improve communication between staff and ensuring that all staff are respondent to patient risk of falling

The *Falls Reduction Pilot* was designed to increase falls awareness and introduce new falls risk assessment and management tools. The pilot was conducted from September 2015 to November 2015 within targeted units of John Hunter, Belmont, Maitland, Armidale and Moree Hospitals.

The new tools trialled included some revised documentation on admission in the form of an *Adult Inpatient Admission and Risk Assessment* tool, and a new *Hourly Rounding Care Plan*, as well as the introduction of the *Safety Huddle*, which is a brief meeting of teams to identify individual falls risk using a template and allocate resources to manage that risk. In addition, the *Common Cause Analysis Tool* was developed to examine patterns of falls and inform discussion on common patterns to falls in clinical areas.

At the conclusion of this three month pilot project a 29% reduction in patient falls was noted in the chosen areas. *Safety Huddles* were embraced as a powerful and effective tool for identification and management of individual falls risk. Falls awareness was improved and this led to the need for the development of a sustainable falls prevention program. A falls prevention program has since been developed and is being implemented across HNELHD during 2016/2017. This falls prevention program includes the provision of resources and education surrounding the tools and tactics used to increase falls awareness and decrease the incidents of falls.





ACADEMIC

MR JAMES BONNAMY MACN

Registration as a nurse is much more than an administrative process. It is designed to protect the public and uphold the integrity of the nursing profession by allowing only those with the necessary knowledge, skills and disposition to become nurses. After all, we are among the most trusted of all professions according to recent public surveys (McCran, 2016).

Clinical placement forms an important part of the process of becoming a nurse. During these placements, students are usually paired with a mentor or buddy nurse. This nurse is responsible for assigning a pass or fail grade to the student at the end of their placement, fulfilling the role of gatekeeper to the profession.

A variety of factors impact upon the assessment of students during placement and a perfect storm of these factors may lead to a failure to pass – where students pass placement despite demonstrating unsafe practice or performance. Without accurate clinical placement reports there is a risk that students who don't meet the criteria will be allowed to finish their course and join the profession.

Due to the core construct of caring in our profession, many nurses are reluctant to fail students who demonstrate unsafe practice on clinical placement, instead preferring to give the student the benefit of the doubt. This poses a risk to the student, patients and the profession, and does not go unnoticed.

Mentors who recognise unsafe practice are encouraged to act on this early. A diary is a great way to keep notes about student performance that can then be discussed with the clinical educator. Support should be provided to both the student and the mentor to create opportunities for clinical placement success. However, it is important to remember that not all students can or should pass.

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HISTORIAN

DR MADONNA GREHAN MACN

For years, debate has persisted about what knowledge and skills nurses should have at graduation. Even last week, I heard a complaint from a retired nurse that nursing students don't get enough clinical experience in university courses. Unsurprisingly, this critic yearned for the days when nurses learnt on the job. In my view, that's a rose-coloured glasses view of history. Hospital-based programs had imperfections and did not always produce nurses who, at graduation, were experienced in every procedure or area of practice.

For example, nurses enrolled at a children's hospital would often spend time at adult general hospitals to learn adult surgery and medicine. Some may have had the opportunity to put a urinary catheter into an adult and, conversely, a nasogastric tube into a child, but not all. In practice, students could spend half their training stuck in one institution without gaining the wide experience that the curriculum dictated. Nurses in some country hospitals trained for five years, supposedly, to match the clinical experience that their city sisters achieved in three years. In practice, these smaller hospitals did not undertake extensive surgeries, so their student nurses could not possibly learn the care of such patients.

Education delivered in the tertiary sector with agreed curriculum, was designed to overcome some of these anomalies. It introduced a broad, principle-based approach designed to produce nurses work-ready for most practice areas. But it's still difficult for educators to ensure that their students receive as much exposure to appropriate clinical environments as humanly possible within increasingly crammed curriculum.

“For years, debate has persisted about what knowledge and skills nurses should have at graduation.”



CLINICIAN

MS TOMICA GNJEC MACN

A recent discussion with a senior colleague about clinical placements reconnected me with distal memories of my undergraduate placements 'many moons ago' – in particular the concept of what is referred to as the 'fear factor'.

The 'fear factor' in the health care setting is primarily based on being outside one's comfort zone. For nursing student's, factors can include and be related to death and dying, concern about harming the patient, fear of making mistakes, behaviour-challenging patients, discomfort with supervisor assessments, and lack of actual or perceived support by nursing personnel (Porter, Morphet, Missen & Raymond, 2013).

I must confess my long ago undergraduate 'fear' led at times to avoidance of certain scenarios, and a lack of confidence to initiate learning opportunities. This unfortunately placed me in an initially challenging situation for preparedness on my graduation.

In undertaking and gaining clinical experience in an unfamiliar and unpredictable environment, a certain level of caution is a healthy and safe working approach (especially when dealing with human beings). To tame and harness the positives presented by the 'fear factor', what can we do today as clinicians to support our upcoming graduate nurses?

Clinical practicum is an essential component of an undergraduate program as it offers students the vital link from theory to practice. In an increasingly pressured and time-driven environment, we as experienced clinicians can grow and empower nursing students by increased exposure and opportunities to perform individual clinical skills, discussion of placement aims/goals and engaging in mutual feedback, and facilitating a supervised patient clinical load as much as possible.

Let's not forget our own respective journey as clinicians and the role we can all have in facilitating the growth and self-confidence of one of the health system's most valuable resources – our future nurses.

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MANAGER

ADJUNCT PROFESSOR CHEYNE CHALMERS FACN

We were all students once. The privilege to pay it forward to the next generation of nurses is one that I hold as a sacred trust. A trust that when I or my loved ones need the expertise of an appropriately qualified and skilled nurse there will be one there.

The role of the nurse manager is vital in ensuring that the next generation of nurses are shepherded with kindness and empathy. That their spirit and passion is nurtured, and the day to day realities of being a busy nurse are somehow presented in a way that will support resilience and growth.

With the impending nursing shortages and the advent of the 'silver tsunami', universities are educating more nurses and this in turn drives more clinical placements. We have a requirement now more than ever to explore innovative models of providing clinical placements and working more effectively with our academic partners to maximise the valuable time nursing students spend in direct care areas.

Some organisations are looking at innovative ways to provide clinical placements, such as creating dedicated education units that are being staffed by nursing, medicine and allied health students, so they are learning and working in the teams that they will be expected to work in as graduates. Other organisations are ensuring the student is a valued part of the nursing team and providing experiences across a 24/7 schedule, which reflects the realities of the nursing role.

It is vital that nursing students are not seen as a burden to our already stretched nursing workforce. We need to ensure they are viewed as fresh eyes - a most valuable resource who, as new nurses, have the most up to date evidenced-based care strategies and who have been exposed to the most modern elements of thinking, science and technology.

Regardless of whatever model we utilise to provide the future nurse with their clinical experience, we need to value and treasure them as an integral part of the success of the health system for today and tomorrow.



EARLY CAREER NURSE

MS LAURIE BICKHOFF MACN

Clinical placements are designed to give students the chance to integrate their theoretical knowledge with practice. They should build students' confidence, knowledge and professional identity as well as help consolidate or develop clinical skills. However, nursing students are more likely than any other health profession student to witness or be asked to participate in situations that breach patient dignity or risk patient safety. This is where nursing mentors and/or preceptors can make the biggest difference.

Students are well aware that learning opportunities and the quality of their placement experience can be heavily influenced by their preceptor. Hence, students can be reluctant to jeopardise this relationship by questioning practices they witness. However, if the preceptor addresses the power imbalance and treats their students as equals, students can be comfortable and secure enough to challenge poor practices.

Students closely observe how their preceptor behaves, and often model their own behaviour on that of their mentor. If their mentor does not challenge or report poor practice of other registered nurses, students are likely to replicate this behaviour, both during their placement and in their future practice.

Therefore, it is essential preceptors not only demonstrate evidence-based practice but also how to effectively advocate for patients and respectfully question practices of others when required. We need to provide positive role-models for students to emulate. After all, the students of today are our colleagues of tomorrow.



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HOSTING AN OVERSEAS NURSING STUDENT: TIPS TO MAKE IT A SUCCESS FOR YOUR ORGANISATION

“Australian nurses are members of a global profession with worldwide connections and aims.”

By Elizabeth Jane Matters FACN
BN/BA, PostGradDip Mid, MN, RN, RM



Elizabeth Jane Matters
FACN

ACKNOWLEDGMENTS

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and Development Team at Ramsay Health Care who facilitated the establishment of this program along with our key collaborators from the University of Heidelberg and University of Applied Sciences Ravensburg – Weingarten (Germany) and the University of Worcester (UK). Special thanks also goes to our visiting students and the many nursing and allied health staff who welcomed our guests with a desire to share their knowledge and learn from the experience.

With the struggle to accommodate local students in the clinical setting increasing, it is easy to see why a hospital approached to host an international nursing student might decline the invitation. Theoretically, we know that international clinical placements are a means of increasing cultural sensitivity, awareness of global issues and a sense of social justice, and no one would deny that students who travel as part of their nursing program experience personal growth (Racine & Perren, 2012; Smith & Curry, 2011; Main, Garret-Wright & Kerby, 2013). In addition, the

current global climate suggests that there is an urgent need for transcultural dialogue and intercultural learning across all industries, including nursing.

However, the practical challenges for clinical nursing educators landed with the task of establishing effective partnerships with overseas educational providers and designing meaningful experiences for their students can be daunting. Myhre (2011) listed a number of obstacles to hosting international students, such as licensing and registration requirements, language barriers, liability and insurance issues, the need to prioritise the placement of local students, variations in syllabus requirements, and financial and human resource costs. With all these issues to untangle, it is easy to see why an Australian health provider may decide that the whole idea was too much trouble.

In 2014, my hospital took the plunge and hosted two international nursing students on a five week placement. We wanted to provide highly motivated students with a meaningful, structured program which would showcase our institutional strengths and the reality of Australian health care. We also found that, in doing so, we were able to bring something of real educational value to our own nurses and the program was therefore repeated in 2015 and 2016.

So, to those hospital administrators and educators reading this article who have been approached to take foreign students in the past and ended up abandoning the idea as too challenging, I can say with first-hand experience that it can be done and the results are gratifying for all involved! Here are some quick tips on how to host international students in your workplace while simultaneously

supplying your staff with a morale boosting, intercultural learning opportunity:

TIP ONE: TAKE CARE OF THE LEGALITIES FIRST

In order to mitigate the risks inherent in the program, our first priority was to establish a scope of practice for the international students and to ensure that they had professional indemnity for whichever experiences they undertook in our hospital. We asked each partnering educational institution to sign a legal contract with us, and each student was also required to sign an individual code of conduct.

Depending on the country of origin, some students were able to take out their own personal indemnity insurance via their national professional body and others were covered by their educational institution's policy. We also decided to make the placement 'observation only' for patient safety and, while at times, this decision caused a small degree of frustration for the students, it did not detract from their overall enjoyment of the experience. In fact, not performing direct patient care gave them more time to observe, reflect and critically analyse what they were experiencing in a deeper way.

TIP TWO: SELECT SMALL GROUPS OF HIGH QUALITY PARTICIPANTS

We asked members of the nursing faculty at the partnering educational organisations to select a small number of high calibre students who were deemed suitable international ambassadors to apply for our program. We then invited these shortlisted applicants to compose an application letter and resume in English.

Students who demonstrated a passion for nursing, a genuine desire to experience an Australian health care setting and a reasonable standard of English proficiency were offered an interview via Skype. Those whose interview responses demonstrated high levels of motivation and a realistic appreciation of the challenges of an international placement were offered the opportunity to participate. We only took a maximum of two students at one time in order to preserve the high quality of the program and to prevent our staff from becoming overburdened.

The rigorous selection process proved extremely valuable as it ensured that each student who participated in the program was of the highest calibre and created a positive impression of their educational provider and their country. All our students were punctual, well-presented, and open and approachable in their dealings with local staff and patients.

As a result, they quickly integrated into the team and developed informal social relationships with their local colleagues, which added to their Australian experience and also raised morale among our staff.

TIP THREE: PLAN A HIGHLY STRUCTURED, DAILY PROGRAM IN ADVANCE

Our international internship program had no precedent and it was evident that a new approach to daily learning activities would be required since we could not allow the students to participate in direct patient care. As our partnering educational institutions maintained a flexible approach to the program and did not demand mandated contact hours or a list of specific experiences for their students, we could shift the focus from the acquisition of practical nursing skills to an in-depth examination of the Australian health care system and its cultural context. The final program comprised of five strands:

- Nursing and cultural history of Sydney
- The nursing profession in Australia
- Nursing roles in the Australian health care system
- Clinical skills knowledge development
- Speciality nursing experience

We prepared a special daily workbook with activities and interviews designed to give a taste of the majority of clinical areas in the

hospital, as well as the opportunity to engage with local patients and hospital staff. The emphasis of the activities was always on critically evaluating the experiences on offer in light of nursing practices in the home context. The acquisition of medical terminology, particularly for those students who came from non-English speaking backgrounds, was also emphasised. The pre-arranged program proved a beneficial timesaver for our educators, while still guaranteeing the students a diverse and meaningful set of daily experiences. The workbooks also provided a dossier of evidence of the placement for the students to take home.

TIP FOUR: INVOLVE YOUR STAFF IN THE EDUCATIONAL PROCESS

On the final day of each placement, our international students delivered a thirty minute oral presentation on their experiences and observations to our nursing staff. In all cases, the students demonstrated considerable knowledge acquisition and were able to share something of their home health care system with the audience.

The staff who attended the students' final presentations remarked how much they had enjoyed the opportunity to hear how our hospital compared to international health care settings. In addition, we planned other educational sessions for our staff around the theme of transcultural nursing to coincide with the students' visit.

For example, we encouraged our nurses from various cultural backgrounds to speak about health care and social customs in their homeland, and we discussed the challenges of nursing across cultural and linguistic divides. The students' presence and the positive impact that they had on the teams with whom they were placed, created an open and engaged attitude towards multiculturalism, which provided a positive catalyst for learning and discussion of these issues amongst our staff.

At the conclusion of their internship, all of our students described their internship experiences as an overwhelmingly positive one. As one student put it:

"I think this program was very well created because you always had something to do. The structure was very well thought out... The team and the people I met were awesome and

so friendly. I hope and I think other students will do this experience [sic] because you have the best opportunity to learn something real for your education and your life."

What was more gratifying, however, was that our nursing staff overwhelmingly enjoyed the novelty of hosting international students and saw value in the program for their own education and professional development. As one colleague remarked:

"It was an honour to share our experience, work environment and culture. Equally, it was most beneficial for us to learn of their nursing experience and culture. A great program and one which I hope will continue in the future."

We, Australian nurses, are members of a global profession with worldwide connections and aims. However, it is sometimes hard to get a tangible sense of how we fit into this international network unless we make efforts to actively connect with our overseas colleagues. This placement experience allowed both students and staff to learn something new about our profession on a scale bigger than our local environment and to see opportunities to improve our current practice. It allowed our staff to view their own workplace through fresh, unbiased eyes, and to appreciate our many strengths and achievements, which at times they may have forgotten. Finally, it allowed everyone involved to remind themselves of the positive nature of multiculturalism and the beauty of workforce diversity. I encourage every health organisation in Australia, whether large or small, to host an international student when the opportunity presents itself. You have undoubtedly much to offer them but you will also be amazed how much value they can add to your organisation in the process.

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THE BEGINNING OF MY NURSING JOURNEY: TURNING A RIPPLE INTO A WAVE

By Belynda Abbott FACN



Belynda Abbott FACN

It was a Monday morning seventeen years ago, and it was the beginning of a new day. However, this was no any ordinary day, this was the first day of my clinical practicum as a student nurse.

I still remember the

mixed feelings of excitement, nervousness and wonder of what the day ahead of me had in store. I drew in a deep breath, straightened my white pressed uniform and smiled. This day was the beginning of my career as a nurse, and I was going to learn how to assimilate into this incredibly diverse, challenging and most rewarding profession.

That first day I fed my first patient, brushed and cleaned my first pair of dentures, gave my first bed sponge and made a bed for the first time with the patient in it. Little did I know that each of these activities I performed on my very first day, was the beginning of consolidating the theory I had learnt into practice. Feeding and brushing the patient's teeth taught me how to assess nutrition and oral care. Sponging the patient and making their bed, taught me how to assess skin integrity and gave me the foundations for understanding the integumentary system. However, little did I know that I was also putting nursing practice into place and it was giving me the confidence to communicate effectively with the multidisciplinary team and advocate for my patient.

We all remember the first day when we cared for our very first patient and the various types of care we provided, however we also remember quite clearly how we were welcomed into the health care environment. Do you remember how you felt? What could you smell? What noises could you hear? I



STOCK PHOTO

The small impact I have on our early career nurses will evolve from a ripple effect into a wave of support and encouragement that will lead to optimal patient care.

“I am proud to be a nurse educator where I can influence and support the next generation of nurses that are entering our profession....”

am sure there is at least one or two senses you remember vividly from that first day. What impact did that have on you and has that first day influenced you throughout your nursing career?

I remember the clinical practicums where I was welcomed into the various teams I worked with and I also remember the ones where you had to work extremely hard not to feel like a burden. I remember the nurses that influenced my clinical practice, and those that impacted and conflicted with my own current beliefs and values. I remember when a nurse wrote my name on the board as a member of their team and a nurse who clearly rejected the request to have a nursing student. The experiences I had were the building blocks for how I wanted to treat my nursing colleagues and other health care professionals that I collaborated with. This experience taught

me how I wanted nurses to feel supported, empowered and encouraged within the profession.

Fast forward to today and I am proud to be a nurse. I am also proud to be a nurse educator where I can influence and support the next generation of nurses that are entering our profession, and empower and embrace our current nurses and health care colleagues. I strongly believe that the small impact I have on our early career nurses will evolve from a ripple effect into a wave of support and encouragement that will lead to optimal patient care and advocacy that is contemporary and based on evidence. Next time you see a student within your clinical environment, say hello, introduce yourself, and perhaps tell them a story about when you first started your journey within nursing!

THE LIVED EXPERIENCES OF STUDENTS AND FACILITATORS

“To be able to work with people at the beginning of their career is a privilege.”



STOCK PHOTO

The face of nursing has changed and remains evolving through different practices.

By Sonya Peters MACN



Sonya Peters MACN

Nursing has offered some wonderful opportunities to many people – and each of us has a different lived experience.

From the beginning of my nursing career, as an enrolled nurse with

hospital based training, many things have changed. This includes the way training and education is delivered, along with the support that is now offered to undergraduate nurses. It is wonderful to know that education now has a strong focus on sharing knowledge.

Having been in the first group of undergraduate nurses to study via distance education, my contact with university was

very limited, due to the locality of where we were living at the time. As I was a mature aged student, I knew very little about the supports that would be in place to enable and facilitate a lifelong learning thirst. Having lived and worked in rural and remote areas for a number of years, with only a few other nurses in the hospital setting, I felt fully supported by having facilitators.

When I attended the ‘big smoke’ for my practical placement, it took me a while to understand the role of the facilitator and not to feel threatened by them. I found the knowledge that was shared and the different way of doing things, was a good learning process (as often ward staff didn’t invest a large amount of time training undergraduates because they were too busy and knew you were not actually going to become a part of the team).

A few years back, I was offered to work as a facilitator via an agency, which has evolved since, and now I am employed on a casual

basis with the university directly. I know that I have made some difference to the undergraduates and postgraduates that I work with. Just last week, I went to visit a student, who was having a rough day, as the staff were not overly helpful and did not encourage or involve her. We sat chatting and afterwards she could see how some staff have become very complacent with their roles and were not prepared to step outside of the square.

Facilitation has also made me reflect on my own practice and how I can change things. What I really enjoy is the fact that there are amazing people coming into a professional career with so many opportunities to be had. I love the fact that I can give back. As a facilitator, I feel humbled for the learning that I am getting from the students I work with.

The face of nursing has changed and remains evolving through different practices, and environmental, social and financial changes. To be able to work with people at the beginning of their career is a privilege.

TRANSFORMING STUDENTS INTO NURSES

By Gary Bain MACN
RN MClined BN DipApSc
Nurse Educator & Clinical Consultant



Gary Bain MACN

The nursing profession boasts many great visionaries, thinkers, leaders, researchers, teachers and clinicians. From the earliest days of our training, we have all encountered our own embodiments of such exemplars and role models, and been empowered and inspired by them. Yet, even these experts and icons were once beginners.

ACN has commenced an excellent initiative in the *Emerging Nurse Leaders Program*, where the virtues of mentorship and individualized learning are shared in a manner which is intimate and interactive.

As I consider the talent that ACN is fostering, I am tempted to reflect on the education journey that these individuals are experiencing and to decipher at what point 'the student' becomes 'the nurse'.

Peter Drucker (1901–2005) stated that:

"We now accept the fact that learning is a lifelong process of keeping abreast of change. And the most pressing task is to teach people how to learn."

The slightly older nurses will recall (mostly with fondness) the days of our 'apprenticeship'. Learning the ropes from our seniors, often burdened with the seemingly mundane but always involved in 'seeing' and 'doing' something. We may not have always understood the 'why' of things but we quickly came to grips with the 'how' of delivering the tasks that were required.

We also had regular and consistent contact with that species called 'the patient'. The

interactions we shared with them as junior nurses was our awakening to the emotional and spiritual intelligence that underpins an effective relationship between caregiver and recipient. This often became the nexus where we can learn so much more about ourselves, especially when those in our charge were confronted with adversity and even their own mortality.

Present day undergraduate nurses are presented with incredible information. The body of knowledge laid before them is astounding in its depth, diversity and complexity. Likewise, the teaching methods now available reflect the many benefits of academic rigor, technological advance and the accumulation of educational theory and evidence.

There are opinion leaders who have in recent years expressed doubts about the adequacy of contemporary curricula to prepare nurses for the clinical environment (Redmond, Davies, Cornally, Fegan, O'Toole, 2015). There is no disagreement that lectures, tutorials, self-directed learning with online materials, group workshops, role play, computer simulation, clinical skills laboratories incorporating mannequins, and reflective journaling, all have their place and value in a training milieu.

However, it has been demonstrated that nurses are largely 'kinaesthetic' in their learning – nurses are 'doers' (Fleming, 2001).

Confucius once said, "I hear and I forget. I see and I believe. I do and I understand," (551 BC – 479 BC). Hands on engagement involving all of the senses (well maybe not taste) is incredibly impactful. Toddlers do this so well. It is a shame that we unlearn this skill.

Clinical placements are an essential portal through which students can observe, interact, be challenged and even confronted, and be stimulated by the 'real' world, being forced to apply their knowledge base and to evaluate the strengths and weaknesses of their understanding and perception.

Diarizing the before, during and after of a clinical interaction is a potent act of revelation. Guided reflection through such an event is a masterful deed, being the remit of a seasoned tutor, facilitator or clinical educator. Here, the broadsheet of scientific data is molded and tempered through its application to an actual patient's health, emotional, fiscal and social realities.

A superb clinical placement is the vehicle through which a student learns the nuances of what it actually means to be a 'nurse'.

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As I consider the talent that ACN is fostering, I am tempted to reflect on the education journey that these individuals are experiencing and to decipher at what point 'the student' becomes 'the nurse'.

MY REMOTE NURSING PLACEMENT IN NHULUNBUY

By *Laura Mordecai MACN*

When I began my nursing studies with Charles Darwin University I knew I wanted to experience a remote placement, which I wouldn't have been able to achieve without a scholarship from the Australian College of Nursing, which was funded by the Australian Government. The sense of community and the beautiful Australian outback lead me to apply for a placement out bush.

I worked with remote area nurses from Miwatj Aboriginal Health Corporation in Nhulunbuy and the surrounding Indigenous communities such as Yirrkala, Wallaby Beach and Gunyangara. I was also lucky enough to visit the health clinic in Galiwin'ku on Elcho Island, which has a majority of Yolngu people working in the clinic. Whilst also studying rural and remote health with Charles Darwin University, I wanted to gain a hands on understanding



Laura Mordecai MACN

of nursing from a remote primary health care perspective, and experience the health and social issues of Indigenous Australians.

This placement allowed me to work with experienced remote area nurses and midwives while gaining valuable insights into the social and health care needs of these communities. The warm weather, outdoor way of life and a beer at the boat club after work on a Friday, drew me in to love the territory lifestyle.

At the end of the four weeks I felt my confidence and skills had significantly improved and I had a much better

understanding of the complexity and importance of remote area primary health care. I found that the people living in these areas have limited access to some medical and allied health services, and so nurses and midwives are essential members of the community. The nurses in these communities provide comprehensive health care and develop a broad scope of practice to deal with the wide range of challenges and issues that are presented in an isolated environment.

This included situations such as assisting a patient with an oyster shell in the bottom of their foot after hunting on the weekend, screening for possible Acute Rheumatic Fever cases and providing healthy skin education about scabies at the local kindergarten. I will treasure seeing the local Yolngu people hunting for mud crabs and spear fishing at the beach, and dream of working in a remote community after I have gained some more nursing experience.



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A NURSING STUDENT'S REFLECTION

By Suzanne Lee Volejnikova-Wenger
MACN



Suzanne Lee
Volejnikova-Wenger
MACN

The most exciting part of an undergraduate nursing degree is the clinical component, where aspiring nurses are confronted with the nitty-gritty of clinical practice. No tutorial, textbook or even simulation

comes close to the experience of actually caring for clients or patients in a hospital or community setting. No role play can help prepare students for what they will encounter in the wards, homes or general practices, and no YouTube video can show how real-life nursing is.

REFLECTIVE PRACTICE – DOCUMENTING THE JOURNEY

After completing the first semester of my degree, covering all the basics and being teased in the nursing labs with all the nursing paraphernalia, the prospect of 'real' nursing was both exciting and scary at the same time. Taking the advice of a more senior nursing student, I started a reflective diary from day one of my placement and followed this through the whole 800 required hours of clinical work.

Reading back through my entries, I can see how far I have come, what bumps I encountered along the way and especially how my documentation has improved – the critical-thinking component visibly expanding. In a nursing student book I

once read, the title of which escapes me, I remember reading the following phrase: "I am so reflective I practically glow in the dark," – a sentiment I can now ascribe to. This reflective practice will certainly help as I move into registration and will have to complete and document my annual CPD hours.

TEARS AND FEARS

I still remember the first day on my aged care placement when the youngest student fainted, and this was only orientation in the staff room. Hearing from other students about their fears, prior to each placement, going from basic nursing care right through to critical care settings, illustrated how different we all are and how diverse our expectations are.

For our international students, communication was the biggest issue, not knowing Australian colloquialism in everyday language regularly caused them to seek clarification to the extent that we offered some 'nursing jargon' sessions as peer support. Many of the younger students found it difficult coming face-to-face with ageing bodies, bodily fluids and a much slower pace when helping with activities of daily living.

Students who had prior experiences with caring for others (older family members and children) or who were already working as Assistants in Nursing, definitely had the advantage in the first couple of placements. As the placements progressed and more shift work was introduced, this in itself posed some issues, especially night duty. Again, having had previous experience helped immensely in this regard. Death and dying was also high on the 'fears-list'. But having the opportunity to care for someone who was dying, while still being supported as a student, was the best way of learning,

maturing and becoming an empathetic and competent nurse.

TWO TO TANGO WITHOUT STEPPING ON FEET

According to some facilitators there are two types of nursing students; those who embrace clinical placement wholeheartedly and seek to learn new skills each day, and those who wait until something is served to them. It is daunting as a student with minimal experience to be proactive, especially when the team and ward setting is new, but I have found that most nurses welcome students who ask, show interest and initiate learning experiences.

Understanding the culture of the health setting, introducing yourself to the Nurse Unit Manager and team-leader, informing your buddy nurse of your own capabilities, and learning objectives and goals for the shift or rotation, all help in gaining the most from each placement.

CARPE DIEM – SEIZE THE NURSING OPPORTUNITY

Being flexible and becoming a team-player goes a long way in generating respect and a willingness to share knowledge and opportunities. I was fortunate to complete my second rotation of my internship in the Intensive Care Unit, where my fantastic primary preceptor created numerous challenging learning opportunities each shift. One day the unit was experiencing a more than usual heavy workload, so I offered to complete cleaning, disinfection and restocking duties to help the team out.

These tasks could be completed nearly independently, with the help of detailed checklists, and I found it very satisfying to be able to contribute to the running of the unit as part of the team. At the end of the shift

“Understanding the culture of the health setting, introducing yourself to the Nurse Unit Manager and team-leader, informing your buddy nurse of your own capabilities, and learning objectives and goals for the shift or rotation, help in gaining the most from each placement.”

the team-leader commented on my positive contribution and how it had helped the team to keep on top of the extra workload. In turn, it meant that other team members made sure they called me when interesting interventions were planned and gave me special opportunities to practice nursing procedures.

In a parallel situation, on my aged care placement, I offered to sit with a patient who was dying so their daughter could have a shower, eat something and get some fresh air. The daughter was reluctant to leave her father and the staff members did not have the time to spend half a day with the one patient, so it just worked out to be a suitable solution. These, and many other situations enhanced my concept of team-work in a caring profession.

TWISTED SISTERS – WHEN THINGS DON'T GO SO SMOOTHLY

In all the hours of clinical placement I have experienced, I can only find one situation, in my first acute setting, where I became apprehensive about the next shift. My facilitator helped me overcome this hurdle in an understanding and supportive way, and I completed my time there successfully.

I have heard from fellow students who have had multiple clashes, be it with facilitators, preceptors, buddy nurses or even fellow students on the ward. Often in hospital settings, nurses are stretched to the limit with supporting nursing students - both RN and EN students. In one instance, the medication room was so full with students and their buddy nurses that it was impossible to complete the medication round in time. And yes, there are always those buddy nurses who do roll their eyes and quite openly do not welcome students.

One student suggested that nurses who like having students could have a special

welcome badge to identify a 'safe place' especially for already anxious students. I guess it was meant as a compliment when one nurse commented to me that, "at least we don't have to hold your hand," when there were emergencies on that shift. Admittedly there are also students who don't make it easy to work with them and contrary to belief, students do fail their placements.

LONGEST JOB INTERVIEW EVER

In second and third year, our facilitators usually start orientation day with the comment that you should, "treat your placement like a very long job interview – everyone is assessing you while you work." This is not always helpful to know, as there is enough pressure on students to perform in an unfamiliar environment, orientate and work within a multidisciplinary team, communicate with patients and their families, and perform nursing procedures only ever practiced in university laboratories. Couple this with expectations of daily reflections, updating learning outcomes, researching medications and illness progressions, and fitting into different health care setting cultures, all the while being friendly, open to feedback and taking corrections on board.

...AND THEN IT CLICKS!

The biggest thrill on placement, and this has been confirmed by many fellow students, is when it all comes together. When all of the theory, nursing lab practice hours and simulation sessions produce an understanding of what is going on with a patient, critical-thinking kicks in and everything makes sense. When a deteriorating patient is identified by a student and the appropriate steps are taken, when patient advocacy is implemented with confidence in one's own knowledge and other professionals take note, and when a clinical nurse shakes a

student's hand and looks forward to working another shift together.

I vividly remember the great feeling of confidence, calmness and feeling in control when it really 'clicked' for me. Of course, I knew I still had a lot to learn but I felt the foundation was set, I had achieved a solid level of knowledge and experience, and I felt confident that I could 'do this'. Debriefing with fellow students and hearing their own experience of this great moment, was something we celebrated together and reminded each other of when things again became more difficult.

I could also see how satisfying it was for facilitators and preceptors to see students have it all fall into place. One facilitator shared that these moments make it all worthwhile and gave her a glimpse into how important her role is.

IT'S A WRAP

Then the final day of clinical placement arrives – providing some treats for the team, saying thank you to everyone (especially the main preceptors), heading out to a well-deserved celebration with facilitators and fellow students, and washing your student shirt for the last time. How exciting, fulfilling and at the same time scary this moment is – because the next time we step into a ward, community health setting or general practice we will be registered nurses, with all the responsibilities and duties of this position. Can we do it? Are we prepared? Is the workforce prepared for us? Well, we will see...here we come!

THE RECIPROCAL NATURE OF CLINICAL PLACEMENT: EXPOSING TEACHING AND LEARNING IN HEALTH CARE SETTINGS

By Carey Mather MACN,
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University of Tasmania and
Associate Professor Annette Marlow,
Director of Professional Experience,
Faculty of Health, University of
Tasmania



Annette Marlow and Carey Mather MACN

Clinical placement, professional experience or work-integrated learning are terms used to describe when nursing students undertake health care experiences in the workplace (Australian Nursing and Midwifery Accreditation Council (ANMAC), 2012). All courses leading to registration as a 'nurse' stipulate a minimum number of hours of clinical placement required to meet the mandated Accreditation Standards (ANMAC, 2009, 2012, 2015). It is expected that students undertake placement experiences within a range of health care settings and sectors under the supervision of registered nurses, who guide, teach, support and prepare students for work-readiness, in addition to their already busy workloads (Darbyshire, 2011).

Whilst undertaking clinical placements, nursing students are required to participate in the provision of person-centred care, and as such their contribution to the health care team should be recognised. Unfortunately, their value often remains unacknowledged.

Through professional interactions with their registered nurse supervisors, students negotiate and contextualise their theoretical understandings within the workplace. They are a conduit to informing contemporary evidence-based practice as they overtly bring to life, the learning and teaching paradigm within the workplace (Lea et al, 2016).

Whilst embedded in real-world learning environments, students learn to navigate the complexities of the health care system, where much of their learning occurs through mirroring the behaviours of their supervising registered nurses. For example, it is essential for registered nurses to continually model behaviours that are congruent with the *Registered Nurse Standards for Practice* (NMBA, 2016). The recently released *Registered Nurse Standards for Practice*, through Standard 3, which "maintains the capability for practice" (NMBA, 2016, p. 3), provides impetus and opportunity for nurse supervisors and nursing students to more overtly develop partnerships, which can enhance current and future nursing practice, and facilitate high quality reciprocal learning experiences during clinical placements.

Clinical placement is a complex milieu that benefits from the direction provided by standards for practice, guidelines and codes of professional conduct. Specifically, Standard 3.3, "uses a lifelong learning approach for continuing professional development of self and others" (NMBA, 2016, p. 4), which provides opportunities for supervisors of learners to role model lifelong learning and encourage students to develop a culture of continuing professional development prior to registration as a nurse.

As professional development is required for annual registration, enculturation of this attribute as part of professional identity formation needs to be harnessed (Mather & Cummings, 2014). Supervisors can also guide and support students

in learning to be teachers by modelling appropriate supervision behaviour and assisting in developing the potential of future supervisors of nurses undertaking clinical placement. White (2016) recently indicated supervision of learners is not on the contemporary nursing and midwifery policy agenda. Therefore, it is up to all nurses to acknowledge the important role they play with mentoring, guiding and supporting any learner within their workplace, and to ensure these activities are not only visible but acknowledged as valuable and essential skills. It is registered nurse supervisors in partnership with their students who advance nursing as an evidence-based profession.

Given the tenets of Standard 3 (NMBA, 2016), learning to learn and learning to teach in real-world settings, should be prefaced by theoretical engagement with learning and teaching approaches within on-campus settings. Nursing curricula needs to include theoretical knowledge of how people learn, guiding students to become proficient in specific learning and teaching techniques required of them, as they are thrust into unstable and often chaotic health care environments. Developing an awareness of the construct of learning and teaching could raise students' awareness of their own capability, and assist them to acknowledge the mutuality of experience when learning alongside peers, the health care team and consumers.

Standard 3 (NMBA, 2016) brings to the fore the necessity of lifelong learning, "of self and others," however more overt emphasis needs to be placed on the value of supervision of learners as an intrinsic skill for this construct to be evidenced. To ensure the next generation of nurses are prepared for this essential role, contemporary curricula needs to include the andragogical underpinnings of how to learn and how to teach in health care settings. Exposure and acknowledgement of the reciprocal nature of learning and

“It is registered nurse supervisors in partnership with their students who advance nursing as an evidence-based profession.”

teaching will facilitate a culture of continuous improvement “of self and others” that will become highly visible during clinical placement (NMBA, 2016).

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ACHIEVING UTOPIA IN STUDENT LEARNING



My challenge to all nurses is to create a utopia for every student you mentor.

STOCK PHOTO

By *Musette Healey MACN*
ACN Nurse Educator – Higher Education



Musette Healey MACN

Based on research, the utopian clinical placement is one where the scared, anxious student is welcomed with open arms into a department. The student is buddied with a nurse who is keen and willing to share

their knowledge and experiences. The mentor has a high level of clinical skills, is a good communicator and understands the parameters and scope of practice of the student. They also take the time to accommodate and assimilate the student's learning needs with their workload, while also making sure they feel like a part of the team.

The outcome of which would be a clinical experience for the student, which has fostered a positive nursing identity, and satisfaction for the mentor that they have been able to help the student make the pivotal links between theory and practice while still providing high level care to their patients. Some of us are lucky enough to have received and also provide this utopian experience but for many students and nurses this is only a dream. This article will explore research concepts and highlight some suggestions for improving clinical placement experiences for both students and the nurses mentoring them.

Clinical placement is seen to be an essential part of nurse education particularly in the

pre-registration space (Emanuel et al, 2013; Peters et al, 2012; Levett-Jones et al, 2006). This is supported by Barnett et al (2008) who state that "as a practice based discipline, nursing students should have access to well supervised clinical learning opportunities to assist them to translate theory into practice". Considering there is consensus about the importance of clinical placement, particularly in undergraduate education, the literature indicates that we have not achieved utopia, as student learning is heavily dependent on the quality of support mentors provide (Emanuel et al 2013).

At the core of clinical placement is the notion that it allows students to make connections between theory and practice; to develop the knowledge, skills, attitudes and values required as a nurse (Emanuel et al, 2013; Levett-Jones et al, 2006; McNamara, 2015). How do we support students in the learning that takes place within the clinical environment? The key themes emerging from the literature for students includes being in environments that are supportive and encouraging. Barriers for placement include organisational constraints, increased workloads, negative experiences of the mentor and mentee, inadequate preparation of the mentor, and staff shortages (Emanuel et al, 2013).

The literature is very clear about what makes a good clinical placement and transition to practice for undergraduate students. Students require mentors who are knowledgeable and engaged in the process. Mentors need to be able to ease fear and anxiety by creating an environment that is supportive, encouraging and makes them feel part of the team through socialisation to social and professional

aspects of the environment (Emanuel et al, 2013; Houghton et al, 2013).

Mentors need the support of facility management to ensure the environment is conducive to learning. Mentors also need facilities to invest in developing their skills as a mentor. Whilst it is an expectation in the Standards for Practice that all nurses mentor students – being an effective mentor requires preparation, and development of teaching and assessing skills, which are not always explicitly taught to nurses (Emanuel et al, 2013).

So how can facilities support nurses in their role of mentoring and what is in it for them? It is well recognised that collaboration between health facilities and education providers is essential (Levett-Jones et al, 2006) and that clinical placement can be a recruitment strategy for facilities. From an education providers perspective, we need to ensure that the aims, outcomes and requirements, including scope of practice for the placements, are clearly communicated to all those involved. We need to ensure that we are contactable and that all staff at the facility are able to contact academic staff with any questions or concerns. Student preparation like this decreases anxiety; giving students the opportunity to focus on the learning opportunities within the environment (Levett-Jones et al, 2006).

Health facilities should support students through orientation to the ward/department and creating an environment conducive to learning (Levett-Jones et al, 2006). Factors that undermine the learning environment include: unpredictable environments that are unstructured and overwhelming, staff shortages, lack of mentors, increased

workload, staff feeling threatened by students and poor teaching skills (Emanuel et al, 2013).

A supportive learning environment encourages students to capitalise on informal and opportunistic learning, as well as develop clinical reasoning, problem solving, time management and communication skills that come from working alongside nurses in practice (Barnett et al, 2007). This then results in new graduates who are job ready and have confidence in their skills and knowledge.

Students can prepare for and engage in clinical placement by completing some pre-placement research about the specialities and types of patients cared for in the department where placement occurs. Mentors have stated that a “student should take responsibility for their own learning and recognise opportunities rather than expecting to be spoon fed,” (Emanuel et al, 2013).

Students should take advantage of clinical skills and clinical simulation laboratories as a way of practicing skills in a safe environment (Barnett et al, 2008). Valuable learning opportunities include: asking questions and being observant, watching the interactions of the team members, listening to what they say and asking them

about why they have done a procedure in a certain way.

Another factor that has been highlighted as being important in clinical placement and for transition to practice is development of a nursing identity and a sense of belonging. In a study by Walker et al (2014) the importance of our nursing identity is discussed. It is evident that construction of a nursing identity begins as a student and that a positive nursing identity relies on a sense of belonging. If we get clinical placement right and provide an environment that reduces the stress and anxiety for students by providing them with mentors who are engaged, supportive and encourage socialisation, we can go a long way to creating a sense of belonging. Student nurses have stated that, “feeling like they belonged to the community of registered nurses was central to their learning during clinical placement,” (Walker et al 2014).

None of what has been discussed is new, and those of us who have been in the clinical environment for any length of time will be aware of what we need to do to create successful clinical placements. After over 30 years of undergraduate nursing education occurring in the tertiary education sector with clinical placement as an essential component, we have not yet been able to universally

achieve the utopian clinical placement for all. My challenge to all nurses is to create a utopia for every student you mentor. If every one of us does this, then every student in every ward, in every facility across the country will have a utopian clinical placement, which ultimately will impact on the quality of nursing care provided and the outcomes for patients.

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HORRORS AND HEROES

By Mandy Cleaver MACN



Mandy Cleaver MACN

A few weeks ago I had a most horrendous experience – a Monday morning shift on a busy medical ward! You may be thinking, yes it would be busy but surely calling it horrendous

is a bit over the top? You see, it was my first shift back after two years in a specialised community palliative service. So that Monday morning was a very ‘deer in headlights’ moment for me. Even the room numbers had changed. I fumbled through the day, increasingly aware of my feeling of inadequacy, and accepting anyone and everyone’s compassionate offer of a helping hand. Then it occurred to me, this feeling was not new, I knew this feeling...it’s the same one I had as student.

There seems to be a continuous debate between the value of hospital and university-based training for nurses. In my opinion, we need both. Theoretical knowledge provides nurses with an understanding of ‘why’ or ‘why not’, while hands-on experience provides an understanding of ‘how to’ or ‘how not to’. However, this article does not delve into this debate or discuss how these two forms of education should be balanced, it is simply my own personal reflection on the horrors and heroes of clinical placement.

Every student has a horror story: the preceptor who introduces themselves by saying that they “Don’t like having students,” or being called “The student,” instead of your name.

On my first day as a student, working in a nursing home with no nursing/caring experience, my preceptor opened a resident’s door and walked straight in on a man, naked, spread eagled up in the air in a hoist. I was astounded! That poor man! Why didn’t she knock before opening the door? As a new student on my first day of

placement, I was so shocked and confronted that I didn’t even think about discussing this with her. I just remember thinking that I would never forget this moment. And I haven’t. That experience gave me a solid grounding for the importance of maintaining dignity, and an appreciation for just how far using basic manners and courtesy can go.

I have worked as a clinical facilitator for nursing students and no matter what stage, age or rotation of the students, there are some common themes that resurface. The first of which is, of course, scope of practice – knowing what you can and can’t do. It is essential that you prepare before your placement, so that you understand what is within your scope. For anything that’s outside of your scope, be enthusiastic and put your hand up to watch (with patient permission) but stick to your guns – if it’s not within your scope, don’t do it! If you’re unsure of what defines a simple versus complicated dressing – find out. In some cases you may cop an eye roll from another nurse, but your integrity and the safety of yourself and your patients far outweighs this negative reaction.

As a student, your clinical placement is a learning opportunity for you. You are putting your home and personal life on hold to work and learn without financial payment. The majority of staff will go out of their way to help you but you need to understand that your preceptor is not only responsible for their patient load, but an additional load of supervising a student, and this takes time.

If you have paperwork that needs to be signed, comments that need to be written or certain skills you need signed off, let your preceptor know at the commencement of the shift, so they can allocate time for this within their shift. Be proactive with what you ask for. Instead of asking for any comment, ask for a specific one. Research selection criteria for nursing vacancies and ask for comments to match. For example: “Can you please write a comment on how safe my practice was during the medication round?” or “Would you please write a comment on how I managed that patient whose condition suddenly changed?”

As nurses, we are told not to judge or to have bias with our patients – a good way to



We have the opportunity to leave an imprint on the next generation of nurses, which of course, will impact the next generation of patients.

practice this is with preceptors. You will no doubt have some outstanding, inspirational preceptors to learn from and copy, and some you will remember throughout your career. One of my most inspiring preceptor’s mantra of “blue to shoe” still comes to mind every time I prime an IV line. Another mentor of mine had such a beautiful manner with patients and way of explaining treatment options with her use of the word “however” that this is now an essential part of my lexicon. Whether it’s a simple word or phrase, a practical trick of the trade, or emotional support and encouragement, preceptors provide so much education, that student’s should soak up as much as possible.

You will also, no doubt, have some preceptors who you won’t have a rapport with, or you may just outright disagree with their manner or practice. However, it’s important to remember that you can learn just as much from these interactions – even if it’s just learning ‘what not to do’. Being a reflective practitioner and learning from, rather than being judgemental of, your preceptors, will initiate a skill set you will no doubt develop throughout your career.

The other end of the spectrum is of course being a preceptor. Whilst the majority of my colleagues love this opportunity, there are some, who for a myriad of reasons, despise it. However, whether formally or informally, as nurses we are all preceptors/mentors in one

PUTTING THEORY INTO PRACTICE: THE DIVERSE EXPERIENCES OF STUDENT NURSES

We asked four nursing students to reflect on their personal experiences of clinical placements. Here's what they said...



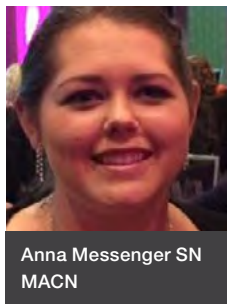
**CONNOR LYNCH
SN MACN**

I value the diversity of clinical placement experiences, which are made available throughout a nursing degree. This discipline covers a huge area of health

sciences and the range of clinical placements, many of which are interlinked with concurrent theoretical and academic units, reflects this diversity. For example, directly after I completed an introductory unit in mental health nursing, I was able to obtain a clinical placement at a private mental health facility.

Here, I was able to really apply fresh theory and discourse to a clinical backdrop. I was really excited about the continuity between theory and practice. I was able to convert learning and knowledge into action and ability. This made for a very personally rewarding placement and I believe made me a more valuable student to both the clients and my colleagues. More recently, I spent a month in Yass, where I worked alongside allied health professionals in community nursing, where my role and experience was radically different and as a consequence, so was my learning and the development of unique skills. The variety of experiences that a diverse plethora of clinical placements offers is something I have found invaluable to my student experience and nursing career.

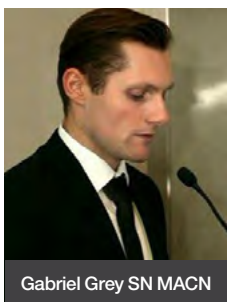
Clinical placement has been an important component of my study as a nursing student. I have been fortunate during all of my clinical placements to have been supervised by nurses that were interested and willing to teach and share their knowledge with me. I have also been fortunate to have clinical-liaison nurses who have supported and encouraged me throughout my placements to step outside of my comfort zone and learn.



**ANNA
MESSENGER
SN MACN**

While all of my clinical placements have provided me with valuable experiences, my first clinical placement was the most

memorable. I started my studies in the middle of the year, and because of this, I completed three semesters of university before going on placement. I was excited but a little nervous finding out that I was going to Cooma. This placement was the most memorable because I had over a years' worth of knowledge, and during this first placement I was able to see all of this theory put into practice. Completing that placement gave me confidence in my abilities to become a nurse. With each following placement, that confidence grows along with my knowledge.



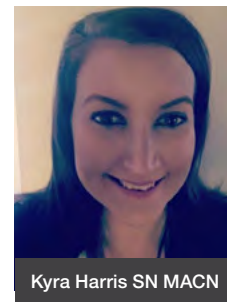
**GABRIEL GREY
SN MACN
(UNDERGRADUATE)**

Though often daunting, clinical placements provide students with the opportunity to connect with patients in

many specialist areas. Such experience is invaluable, spanning the length and breadth of a robust and multifaceted profession. Engaging with patients under the guidance and expertise of health professionals facilitates growth and the refinement of skills necessary for graduate practice. As an undergraduate myself, watching peers grow is an inspiring transformation to behold. Just as a flower needs the sun to bloom with richness and vitality, students require clinical experience to develop confidence and ability.

Developing these important hallmarks of professional care is crucial for patient

outcomes. Clinical placements provide safe learning experiences where students combine theory and practical knowledge to hone their skills for graduate practice. By putting theory into practice, students are more willing to grasp vital nursing qualities, such as empathy and compassion. While theoretical study forms the backdrop of undergraduate education, clinical placements transcend text book learning. Practical application of qualities espoused in nursing allows students to develop responsive capacity and to effectively apply these skills in care. Thus, student nurses blossom into competent professionals.



**KYRA HARRIS
SN MACN**

On the first day of university, sitting in a large auditorium, we are all asked the same question: What kind of nurse do you want to be when you graduate?

For some their mind is set. For most, they just have an idea. We are then thrown in the deep end of theoretical studies, where we learn how to be a nurse from textbooks.

Over a year after I started nursing, I was allocated my first placement. This was where I was able to put theory into practice. I was learning the art of nursing during my first placement. During my second placement, my entire plan changed. I was one of those students sitting in the auditorium on the first day of university with my plan all mapped out.

However, after being placed in a rural hospital, I found I was envisioning my future in many other areas. The opportunities were endless and the plan that I had drawn for my future was quickly discarded. Although clinical placements are created so nursing students can connect theoretical learning to the clinical setting, placement for me also became an opportunity to identify and try different areas of nursing.

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Postgraduate
NURSING

LEADING CHANGE IN MENTAL HEALTH NURSING



ACMHN Adjunct Associate Professor Kim Ryan MACN with Australian Prime Minister, The Hon Malcolm Turnbull MP.

Nurses with leadership skills are change makers who advance health policy, make a difference and advocate for their patients at all levels. They inspire and lead change to enhance both the development and delivery of strong health systems.

Adjunct Associate Professor Kim Ryan MACN, CEO of the Australian College of

Mental Health Nurses (ACMHN), is a highly inspirational nurse leader and change maker, who is driving necessary reform in the area of mental health.

Throughout her distinguished career, Kim has worked tirelessly to improve nursing practices for mental health patients on a national and international scale. She is a strong advocate for mental health nursing and is dedicated to paving the way for a brighter future for all Australians suffering from mental illness.

Kim is especially passionate about the mental health of disadvantaged communities, including Indigenous Australians and refugees who are being detained in Australian Immigration and Detention Centres. She has a keen interest in supporting all nurses and midwives to be capable and confident in the delivery of mental health care.

On Wednesday 7 December 2016, Kim was presented with the inaugural Australian Mental Health Prize by the Australian Prime Minister,

The Hon Malcolm Turnbull MP. This award was established by the University of New South Wales in partnership with a group of eminent Australians to recognise those who have made outstanding contributions to either the promotion of mental health, or the prevention/treatment of mental illnesses. Kim was one of seven finalists selected from 130 submissions.

With more than 25 years' experience in the mental health sector, Kim hopes to use this award to challenge the misconception that a patient's mental and physical health conditions should be treated separately.

Kim is a valuable member of ACN and we would like to congratulate her on this fantastic achievement. ACN will continue to work collaboratively with Kim and the ACMHN, to enhance the mental health of all Australians through advancing nurse leadership. Together, we can improve patient outcomes by empowering current, emerging and future nurse leaders working in the field of mental health.



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HOSPITAL+HEALTH SUPPLIERS GUIDE 2016/17

ONE WOMAN'S WAR AND PEACE:

WING COMMANDER (RET'D) SHARON BOWN'S MACN INSPIRATIONAL STORY

“I have held their widows and widowers, consoled their parents, their brothers, sisters, and friends, and gazed upon their children, some too young to comprehend the enormity of that which they have lost. I have crawled out of the darkness and I have fought for my life.”

(One Woman's War and Peace. A nurse's journey in the Royal Australian Air Force, p.205)

By Karen Hardy
Publications Officer – ACN



Wing Commander (Ret'd) Sharon Bown MACN

It's just before dawn on the 25 April 2014. The light is threatening to burst through the darkened clouds as a steady figure emerges from the inky depths of the early morning. The crowd is larger than usual to accommodate our breathless fascination with celebrity, many queuing up to get a glimpse of a fashionable young duchess and her royal husband. Yet before the sun rises, Wing Commander (Ret'd) Sharon Bown MACN will stand before the crowd and pay respects to all who have served our country during the Dawn Service at the Australian War Memorial.

Wing Commander (Ret'd) Sharon Bown MACN is a distinguished and inspirational nurse leader, and a valuable member of the Australian College of Nursing. Her book, *One Woman's War and Peace. A nurse's journey in the Royal Australian Air Force*, has recently been released, and it documents her journey with the Royal Australian Air Force (RAAF).

Sharon became a member of the RAAF in 1999 after graduating with a Bachelor of Nursing from Tasmania. She served in East Timor, Bali and Afghanistan before becoming medically discharged in 2015. Her most notable achievements include leading a critical care team in Afghanistan, speaking at the Australian Defense Force Nurses Forum in Canberra, and learning to walk again after surviving a helicopter crash in East Timor. Yet, for the woman who almost lost her life before the age of thirty, her autobiography is filled with concise and touching accounts of the aftermath of her experiences.

Sharon's journey from new graduate nurse to military commander spans over a decade. However her humility, her passion and her leadership skills are prevalent throughout the novel. Her story is one of courage and strength amidst the darkness of war. Yet, Sharon remains humble despite her strength, she believes in second chances and living life to the full.

“In my experience, having been ‘broken’ has provided me with an opportunity for growth, an opportunity to be even more complete than I was before. Being challenged by loss,

damage, disfigurement and disability, my potential to rebuild and to overcome was revealed. It revealed a capability within me that I would not have otherwise known I possessed – a part of myself that could have only ever been revealed by first cracking the outer shell.” (One Woman's War and Peace. A nurse's journey in the Royal Australian Air Force, p.200).

Sharon's strength resonates throughout her autobiography. She tells of her experiences with a sense of clarity and drive. While her autobiography deals with the terror of war on unfamiliar soil, it also delves into her family life in Australia.

Sharon's story is one which encourages and inspires readers to lead within their own lives and to continuously strive for excellence. ACN CEO Adjunct Professor Kylie Ward FACN was delighted to attend Sharon's book launch at the end of November, and ACN congratulates such an exceptional achievement. ACN thanks Sharon Bown and the thousands of other Australians who have served for our country.



One Woman's War and Peace. A nurse's journey in the Royal Australian Air Force is available from www.exislepublishing.com.au and wherever good books are sold.

ACN GRANTS AND AWARDS

ACN is proud to announce the successful 2016 recipients



**SIMONE
MULLER**
RECIPIENT OF
THE LAURA
SAUNDERSON
FUND

This fund offers registered nurses in Western Australia the opportunity to further their professional development in the area of aged care.

I am a registered nurse with a specialisation in gerontology. I work as an education coordinator and I also teach at a university-level. I discovered my passion for gerontology soon after becoming a registered nurse.

My only goal when I graduated was to make a difference. People use to ask me what kind of nurse I would like to be but I never had the answer. Soon after I started working in aged care, I saw the potential not just for aged care but for myself as well. I felt the fire within me to improve things and I knew that I was in the right place. It was then that I decided to specialise in gerontology and enrolled in my Masters in Clinical Nursing (Gerontology) Course.

I recently started my PhD because of my passion. I believe that things can always be improved – you should never get to a point where you say “we have done enough”. I also believe that knowledge is something we leave behind, this is why I aim to educate and share knowledge with the nurses who succeed me with the hope that care provided to the elderly will one day reach an outstanding level.



**JOWITA LE
MACN**
RECIPIENT
OF THE SUL
STUART-
FRASER
SCHOLARSHIP

This scholarship offers an opportunity for further professional development in the perioperative/surgical specialty area by undertaking the ACN Graduate Certificate in Perioperative Nursing.

I am a registered nurse with a passion for perioperative nursing, who recently joined Footscray Hospital (Victoria), which provides the majority of acute elective and acute emergency services for Western Health. I am working as an associate nurse unit manager for theatre recovery.

I earned my Bachelor of Nursing at the Australian Catholic University in Victoria. I have nine years of experience in the speciality of anaesthetic and recovery nursing. My nursing clinical competency involves paediatric perioperative care, adult perioperative care and oncological perioperative care. My focus on holistic and best practice approach towards patients' care drives me toward excellence in health care. I have also been a committee member for the Victorian Branch of the Australian College of Perianaesthesia Nurses and contributed to the organisation through educational seminars/conferences for anaesthetic and post-anaesthetic nurses.

With a new interest in nursing leadership, I am currently undertaking my Diploma in Leadership and Management, and hoping to complete my ACN Graduate Certificate in Perioperative Nursing studies in 2018. I am the lucky winner of the Sul Stuart-Fraser Scholarship. I am also a very happy mum and wife.



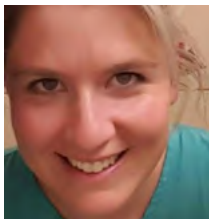
PHILMA PHILIP
RECIPIENT
OF THE ERIC
MURRAY QUIET
ACHIEVER
AWARD

This award is for an ACN student who is considered to be a quiet achiever.

I completed my Bachelor of Science in Nursing (BSN) in my home country India in 2004. In 2006, I travelled to Australia and enrolled in the Overseas Qualified Nursing Assessment Program at ACN, which I successfully completed enabling me to attain nursing registration in Australia.

When I did my BSN, I had a strong desire to pursue higher studies in nursing and was very fortunate to have received a NSW Health Scholarship to do my Graduate Certificate in Paediatric Nursing with ACN. I received a lot of support from my family, colleagues, and ACN tutors, especially my course co-ordinator, Fran Stoddart MACN, during my studies. Thanks to this support I successfully completed my Graduate Certificate in Paediatric Nursing.

I now plan to utilise my Eric Murray Quiet Achiever Award to support my attendance at the 2017 Australian Pain Society Annual Scientific Meeting, which is to be held from 9–12 April in Adelaide. Being awarded the Eric Murray Quiet Achiever Award was so thrilling. I am proud of this award and hope my story will encourage other nurses to challenge themselves by undertaking postgraduate education to improve their nursing practice and health outcomes for our patients.



**CARISSA FORD
MACN
RECIPIENT
OF THE SUL
STUART-FRASER
SCHOLARSHIP**

This scholarship offers an opportunity for further professional development in the perioperative/surgical specialty area by undertaking the ACN Graduate Certificate in Perioperative Nursing.

I graduated with a Bachelor of Nursing in 2012 from the University of Southern Queensland. Since that time I have worked at St Andrew's Toowoomba Hospital as a scout nurse and endoscopy nurse. I have been given some opportunities to scrub for small cases, although still need the background knowledge to further my career as a perioperative nurse and scrub/scout nurse. I have gained knowledge of gastrointestinal nursing and assisting in anaesthetics, though my passion lies with scrubbing and scouting. Prior to my nursing career, I was a personal trainer and have a Certificate 4 & 5 in Health and Fitness. I am still very passionate about personal training.

Aside from nursing, I am married with a beautiful two year old boy. We love spending time at the beach, where we also take along our two border collies. I have lived in Toowoomba on and off my whole life, as both parents served in the Royal Australian Air Force. Therefore, we moved every few years when I was young before settling in Toowoomba in 1992.



**HANNAH MORRIS
MACN
RECIPIENT OF
THE MAYLEAN
JESSIE CORDIA
SCHOLARSHIP**

ACN offers this scholarship in collaboration with the Cordia family to a registered or enrolled nurse who is looking to further his or her professional development in a chosen specialty area of nursing.

My name is Hannah and I'm a 24 year old registered nurse living in Newcastle,

NSW. My nursing career started off when I attended a Diploma of Nursing information night in country Victoria with my friend. I was immediately interested and subsequently graduated from this course in 2011.

Since then I have completed a Bachelor in Nursing Practice at Monash University, Aboriginal Cadetship Program at Latrobe Regional Hospital and a Graduate Nursing Program at St Vincent's Hospital in Melbourne, rotating through rehabilitation, orthopaedics and dialysis. I have an interest in Indigenous and primary health care nursing, and my biggest career goal is to work remotely. With this scholarship, I will be completing the Immunisation of RN's course through ACN, which will help get me one step closer to this goal.



**MARY FENECH
MACN
RECIPIENT
OF THE
OLLIE NURSE
PRACTITIONER
SCHOLARSHIP**

This scholarship is awarded in collaboration with the Australian College of Nurse Practitioners to an endorsed nurse practitioner for the purpose of growing the body of knowledge on the nurse practitioner role in Australia.

I am a nurse practitioner in Hepatology at the Royal Brisbane Women's Hospital where I have worked for more than 15 years. I am a graduate of the first Masters of Nursing Science (Nurse Practitioner) from the Queensland University of Technology. I am now a candidate in the Doctor of Philosophy at the same university, and my research will explore what shapes and sustains the role of the nurse practitioner in a large hospital setting.

This qualitative research will be approached from a critical inquiry perspective, and I will gather data from focus group discussions and individual interviews amongst nursing staff, nurse practitioners and medical practitioners. An analysis of historical events and policy documents in relation to the nursing and the nurse practitioner role, will also inform the discussion and provide insights on the context of practice at the local and institutional levels.

The funds from this scholarship will allow me to dedicate time to data analysis from focus group discussions and interview transcripts. This scholarship also conveys recognition of this research and its potential contribution to the continuing development of nursing knowledge.



**CATHERINE
BARLOW
RECIPIENT OF
THE LAURA
SAUNDERSON
FUND**

This fund offers registered nurses in Western Australia the opportunity to further their professional development in the area of aged care.

I graduated as a registered nurse in Queensland. I have dedicated the last 20 years of my career to gerontology nursing and the care of the aged. After working in various roles in Queensland, I moved to Western Australia where I spent 10 years in developing Mercy Aged Care's community program.

For the past nine years, I have been Director of Nursing at Hall and Prior Aged Care's Kensington Park Nursing Home. Working for a small community nursing home with 48 residents, I lead a dedicated team in delivering a holistic and high quality care program. Kensington Park was recognised with an Australian Aged Care Quality Agency Better Practice Award in 2012.

Outside of work, I have been a keen participant in the Town of Cambridge Council, and am a former Board Member of Aged and Community Services in Western Australia. I was thrilled to be awarded a Laura Sanderson Scholarship, who was herself, a great advocate for ageing.

ACN would like to thank the members of our Grants and Awards Selection Committee for their contribution over the past two years: Professor Anne Gardner MACN (Committee Chair), Ms Pam Brinsmead FACN and Dr Leane Christie FACN.

MOMENTS *WHEN* COMMUNITY AND PRIMARY HEALTH CARE NURSING IS PROVIDED...

Community and Primary Health Care Nursing Week ran from **19–25 September 2016**. This annual national campaign aimed to raise awareness of the current and potential contribution of community and primary health care (CPHC) nursing to the health care system.

As part of the celebrations, ACN published a **Community and Primary Health Care Nursing Week 2016 eBook**. The eBook is a collection of stories by CPHC nurses, organisations and academics, which focuses on moments *when* CPHC nursing is provided.

Following publication of the eBook, readers had the opportunity to vote on their favourite submissions. The following stories are the top three submissions as voted by our readers. Visit our website to read the eBook and find out more about this annual national campaign.

MORE THAN JUST WEIGHING BABIES...

*By Mrs Kristy Kepu
Child and Family Health Nurse*

September 2016 marks my one year anniversary as a child and family health nurse. A year full of new, challenging, inspirational, emotional and reflective moments *when* I had the privilege of being invited into the lives of the families we work with. This has reinforced the impact we, as child and family health nurses, can have on the community we partner with. Child and family nurses empower and build the confidence of parents and carers as they bond, nurture and raise children through the first five crucial years of their growth and development.

Making the transition from acute care hospital nursing to the community and primary health care arena of child and family health nursing has been one of the greatest transitions of my twenty-year professional nursing career. This transition was made possible with the support of an amazing team of highly skilled, knowledgeable health care professionals, that I have the privilege to call not only my colleagues but my friends.



Child and family nurses empower and build the confidence of parents and carers as they bond, nurture and raise children through the first five crucial years of their growth and development.

There is no typical 'day in the life' of a child and family health nurse. The first contact a family has with the child and family health service is often *when* we visit for their Universal Health Home Visit, within two weeks after their baby is born. We are invited into the homes of families we see and explore some of the most intimate areas of their lives, their relationships, mental health, emotional wellbeing, personal childhood experiences, pregnancy, postnatal and birth experiences.

This contact with our service extends into our community based clinics and Family Care Cottage, providing an ongoing opportunity to build relationships with families within our community. By working in a professional, partnership-based model, we are able to provide a safe, secure place for people to disclose and seek support during some of the most vulnerable times of their lives.

Recently *when* the mother of a six month old baby girl attended our Family Care Cottage for sleep and settling strategies she disclosed wanting to leave her verbally and emotionally abusive husband, after further exploration she herself had been abused both emotionally and physically as a child. Now having had her own daughter she did not want her daughter to experience the childhood she herself had experienced.

Attending our Family Care Cottage provided this mother with reassurance that her

baby was meeting all age appropriate developmental milestones by performing an age appropriate developmental assessment. We were also able to provide the appropriate advice and referrals to empower this woman to make positive changes to her domestic situation that had the potential to escalate and negatively disrupt her child's right to grow and develop in a safe, secure environment.

When confronted with challenging situations, access to the vast skill set and knowledge of my colleagues allows us to provide an extremely important health service to our community.

PRACTICE NURSING: A PRIVILEGE TO WORK IN AN AREA CHARACTERISED BY CHANGE

*By Philip Habel
HIV Nurse, Capital Health Network*

As a practice nurse in the ACT for 24 years, Philip Habel has supported people living with HIV and helped develop an innovative outreach sexual screening model.

Philip's passion for HIV health care had both personal and professional origins. The 1990s saw HIV make a dramatic impact in Australia, and Philip's partner and quite a number of close friends had HIV. Philip volunteered with the AIDS Action Council caring for people with

“ We are invited into the homes of families we see and explore some of the most intimate areas of their lives, their relationships, mental health, emotional wellbeing, personal childhood experiences, pregnancy, postnatal and birth experiences. ”

HIV in their homes, was involved in support groups and worked in the hospital setting for a number of years.

In 1992, Dr Peter Rowland received a grant to develop his general practice, *Interchange General Practice*, into a centre of expertise in HIV and to assist in the management of people with HIV in the ACT. Philip was inspired to join the practice, which remains a centre of excellence in primary care HIV management. He still works there today with Practice Principal, Dr Tuck Meng Soo.

As a Capital Health Network (CHN) HIV nurse, Philip feels privileged to work in a changing area and see improvements in HIV management. He sees people who have accessed successful treatment shortly after infection and diagnosis with HIV infection, having minimal impact on their health throughout their life. He also sees people who have had long-standing periods of uncontrolled HIV infection (this was common in the era before effective treatment became available). These people often have complex health needs and poorer outcomes.

Philip finds his role rewarding, particularly when helping people with multiple health problems, compounded by social isolation, anxiety and low self-esteem. After building trust, he encourages people to engage with medical and social services. He says it's wonderful to see these people working with health services, community organisations, HIV positive peers, and feeling 'worthy' to accept the support they require.

Philip looks back on his work-based initiatives with pride. He helped develop an innovative model of nurse-led HIV and sexual health screening through mobile clinics. CHN, Canberra Sexual Health Centre and AIDS Action Council provide free outreach clinics for men who have sex with men, same-sex attracted youth and injecting drug users. He helped provide Fibrosan testing (to measure liver stiffness) and rapid HIV testing in general practice.

The Canberra Alliance for Harm Minimisation and Advocacy trailblazed a program to prevent drug overdoses, providing opiate users with take-home naloxone, the first peer-based initiative in Australia. Philip was involved in this program from the start and provides training input for this life-saving venture.

In addition to his clinical work, Philip convenes HIV Clinical Care meetings and an HIV Medicine Special Interest Group, providing networking opportunities for GPs and other health care workers. He provides direct support to GPs and general practice visits to discuss HIV and sexual health screening.

Philip is happy to see people making positive changes to their lives. He believes having a contact in general practice through a practice nurse, who is aware of the complexity and entirety of your life, is key to better health outcomes.

Capital Health Network acknowledges the funding from ACT Health for the CHN HIV Program.

FOUNDATIONS FOR FUTURE HEALTH

*By Christine Parrott
Clinical Nurse Consultant*

When a young person is homeless, health is not surprisingly a low priority. 2011 Census statistics revealed that in Victoria, approximately 6130 people under 24 were homeless (CHP, 2012). Homelessness is not just living on the streets – it also includes those who are couch surfing, living in supported accommodation or in severely overcrowded accommodation. There is also a variety of reasons why these young people may be homeless.

Whatever form it takes, homelessness has a significant impact on people. The earlier in their life they become homeless, the greater the risk to their health. Many risk-taking behaviours typically emerge during

adolescence and we know that exposure to risk factors can pose a huge risk for future ill health. We also know that homeless young people tend to be less healthy – their risk of poor health results from life circumstances and emerging behaviours.

Yet these young people have frequently disengaged from the health care system and don't access mainstream services, apart from emergency departments. Through collocation at a youth homelessness service and through Clinical Refuge outreach, our service has the opportunity to connect with homeless youths and to improve their health. Modifying behaviour and targeting interventions at this age group can have a significant impact on their future health.

We work in a nurse-led primary health care service. Our goal is to improve the health and wellbeing of young people aged 12-24 experiencing homelessness, who we know to have poorer health. Young people are offered the opportunity to see a nurse when they attend the homelessness service and many accept our help, even if at first, it is only to pass the time! What we have found is that young people appreciate the opportunity to discuss health issues and their greater psychosocial history. However, they tend not to disclose risky behaviours or concerns unless trust is built and they are prompted.

Young people are listened to and offered interventions - interventions that are not forced upon them, but that they are permitted to choose. We are in a privileged position to build the foundations for the future health of these young people – for example, through ensuring they are adequately vaccinated or screened for sexually transmissible infections – and educating and seeking to prepare them for self-care and future health encounters.

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WHAT CHANGED FOR NURSES AND MIDWIVES IN 2016?

The Nursing and Midwifery Board of Australia (NMBA) supports nurses and midwives to provide safe care to the public. One of the ways the NMBA does this is to develop and revise the professions' registration standards, practice standards, and codes and guidelines, to ensure that they are evidence-based, contemporary and relevant to all contexts of nursing and midwifery practice across Australia.

On **Wednesday 1 June**, changes to the NMBA registration standards, standards for practice and guidelines for nurses and midwives took effect. These changes were made to make the obligations for nurses and midwives clearer allowing them to be more effective in how they provide care to the public.

One major change on **Wednesday 1 June** was the introduction of the *Registered nurse standards for practice*, which replaced the *Registered nurse competency standards*. The development of the new *Registered nurse standards for practice* included an international literature review, observations of registered nurse (RN) practice, and consultation with close to 10,000 stakeholders. The NMBA encourages all RNs to be familiar with this key document as it sets the NMBA's expectations of contemporary RN practice in Australia.

The NMBA travelled across Australia in 2016 to engage with thousands of nurses and midwives about the changes to standards and guidelines, speaking at multiple information forums in every state and territory – a sincere thank you to all that were able to attend. We have used the questions and feedback we received from nurses and midwives at those events to provide better information across all our communications.

It's important to be familiar with all of the new registration standards, standards for practice and guidelines, as when you renew your registration in 2017, you will need to declare that you meet them. Please visit the NMBA website and refresh your understanding of these new documents.

2017: UPCOMING CHANGES FOR NURSES AND MIDWIVES

The NMBA is reviewing the *Code of Conduct* for the nursing and midwifery professions (the Codes) and in 2017, nurses, midwives and the broader public will get to have their say on the revised Codes. The Codes are important for the professions, the healthcare system and the public. The Codes:

- Guide nurses and midwives in their professional conduct;
- Set the standards of conduct that nurses and midwives can expect of their colleagues, and
- Let the public and patients know what they can expect of their nurses and midwives.

Look out for your invitation from the NMBA to provide feedback on the Codes in January 2017.

To help nurses and midwives care for their own health and wellbeing, the NMBA is very happy to be funding a national health support service for the professions in 2017. The service will be run independently from the NMBA, and will offer confidential telephone and web-based advice and referral for nurses, midwives, students and employers.

The NMBA Chair, Dr Lynette Cusack RN said that the service would offer nurses and midwives greater access to confidential support on health issues.

"It's important that nurses, midwives, students and employers can access confidential advice on issues related to their health anywhere in Australia.

'No matter where nurses and midwives are living, working or studying, the service will enable them to consult with a professional about a health issue, particularly where it may affect their ability to practise, and get confidential advice and referral to specialist treatment,' Dr Cusack said.



It's important that nurses, midwives, students and employers can access confidential advice on issues related to their health anywhere in Australia

Nurses and midwives can keep reading the NMBA newsletter and visiting the NMBA website to find out more about the national health support service, which is expected to launch in early 2017.

KEEP IN TOUCH WITH THE NMBA

The NMBA website (www.nursingmidwiferyboard.gov.au) is the best place to keep up-to-date with nursing and midwifery standards, guidelines, support and news.

You can address mail correspondence to: Dr Lynette Cusack RN, Chair, Nursing and Midwifery Board of Australia, GPO Box 9958, Melbourne, VIC 3001.

The Australian Health Practitioner Regulation Agency (AHPRA) supports the NMBA to regulate nurses and midwives in Australia, particularly by managing the registration process.

For enquiries about registration:

Lodge an online enquiry form on the AHPRA website (www.ahpra.gov.au).

Call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).

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