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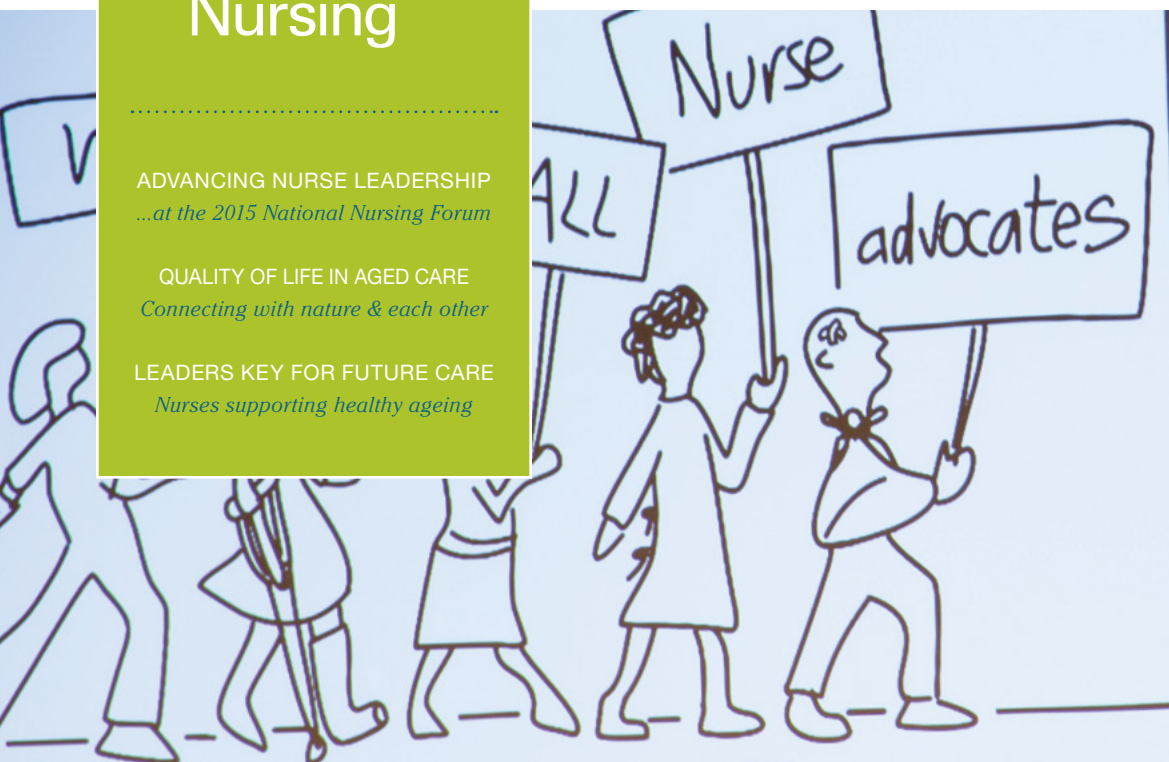
ADVANCING NURSE LEADERSHIP
...at the 2015 National Nursing Forum

QUALITY OF LIFE IN AGED CARE
Connecting with nature & each other

LEADERS KEY FOR FUTURE CARE
Nurses supporting healthy ageing

thehive

#12 SUMMER 2015/16 | HEALTHY AGEING



Australian
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Advancing nurse leadership



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Cover
Ms Sue Hawes FACN presents her keynote 'Do you see what I see? Advancing nurse leadership' at the 2015 National Nursing Forum

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



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WELCOME



Adjunct Professor Kylie Ward FACN,
ACN Chief Executive Officer

Welcome to the summer edition of *The Hive*. We are well and truly on the countdown to the New Year and it has been wonderful to have spent my first weeks as CEO meeting with ACN members, stakeholders and staff. Engaging with you, our members, is very important to me and I look forward to continuing this on my travels and at ACN events in 2016 (see right).

It was such a pleasure to be able to attend the 2015 National Nursing Forum, where I was honoured to share my vision for ACN with you at the Leadership @ACN Interactive Session and facilitate the *Challenges and Opportunities for Today's Nurse Leader* panel discussion.

In this issue of *The Hive*, we have brought together the best of the Forum: the key messages around 'advancing nurse leadership' from our speakers, the luncheon featuring Dr Rosemary Bryant's inspirational Oration and our new Fellows and award winners, the HESTA Nursing Awards dinner and, of equal importance, what you took away from the event.

Some of our Key Contacts, Emerging Nurse Leaders and Boehringer Ingelheim Scholarship recipients have kindly shared their experiences of the Forum. It is great to hear that so many of you returned to your workplaces with renewed enthusiasm. We also received some excellent feedback from delegates via our Forum survey. Thank you for all the wonderful messages and please keep them coming!

Kicking off, our special focus on Healthy Ageing are our wonderful columnists, who, as always, have given us a unique insight into the topic. The ACN Policy Team have put together an important article about nurse leadership in aged care, a theme that threads through our other articles contributed by our great members.

In their article, *Maintaining Quality of Life for Residents in Aged Care Settings*, Dr Anne-Marie Mahoney MACN and her colleagues share their experience in implementing a small yet powerful initiative that has not only fostered better connections between the residents and staff but, importantly, the positive impact to residents and staff of nursing leadership. So wonderful to see!

And helping to lead the way in delivering personalised and best practice diabetes care to our ageing population is Dr Trish Dunning FACN, Nicole Duggan MACN and Sally Savage, who developed the *McKellar Guidelines for Managing Older People with Diabetes in Residential and Other Care Settings*. In their article, Trish, Nicole and Sally explore the outcomes and impact of these guidelines since their launch in 2013.

Also discussing the need for quality, personalised care is Patricia Macbeth MACN in her response to the spring edition of *The Hive*, which focused on Community and Primary Health Care Nursing. The article, *Wellness Begins at Home: The Human Factor in Community and Primary Health Care*, is an insight into the vital role nurse leaders play in providing 'holistic' care.

Once again, we have some great articles from our Community of Interest groups. Our Climate and Health Key Contact, Dr Liz Hanna FACN, has shared an article exploring global temperatures and their effect on health, while Sally Wherry MACN and Nina Cheyne have given us an in-depth look at how the role of the Community Neurological Nurse is leading quality care for people living with Parkinson's and other neurological conditions in regional areas.

It is wonderful to see members contributing their stories and research and I encourage you to share your unique story with ACN and your fellow members. See our Publications Guidelines below to find out how.

I hope you enjoy this issue as much as I have.

PUBLICATION GUIDELINES

We love to see member submissions in *The Hive*. If you're interested in having your submission considered for publication please follow our publishing guidelines.

- The lead/first author must be a member of ACN.
- Articles should be from 300-1,500 words in Microsoft Word format.
- Articles should be original, previously unpublished and not under consideration for any other publication.

- We do not accept submissions of an advertorial nature.
- Pictures/photos are to be in JPEG or TIF format of high resolution 300dpi.
- All references must be supplied in modified Harvard system.
- Complete authorial details including: name, job title, organisation and location.

Each edition of *The Hive* has a content theme, however, submissions do not have to correlate

with the theme. If you have a research piece, clinical update, personal reflection or profile piece you'd like to share, we'd be eager to hear from you.

Upcoming themes:

Autumn: Multicultural Health

Winter: Conflict and Disaster Relief

Please remember the ACN editorial team are here to assist you. For all enquiries or to submit an article, email publications@acn.edu.au.

KEEP UP TO DATE WITH ACN EVENTS IN 2016

www.acn.edu.au/events

ACN is busy filling up its 2016 calendar with events that will support and celebrate nurse leaders through networking and education opportunities.

We'll keep you posted via our website, in our member newsletter and on social media about upcoming events but, for now, here are a few events for your diaries:



Leadership @ACN – register your interest at www.acn.edu.au/leadership to receive updates on 2016 programs

National Nurses Breakfast – register your event at www.acn.edu.au/national_nurses_breakfast to receive your hosting pack

ACN Nursing & Health Expos – visit www.acn.edu.au/expos to find your nearest event



CPD short courses – visit www.acn.edu.au/cpd to view the 2016 calendar

National Nursing Forum – visit www.acn.edu.au/events for updates

We look forward to helping you grow as a nurse leader in 2016!



REFER A COLLEAGUE – GET A FREE MONTH OF MEMBERSHIP

When you refer a colleague to ACN and your colleague joins as a member, both you and your colleague will receive one month free membership.

Simply ask your colleague to enter your membership number on their printed or online application form. The membership department will then arrange your free month.

There is no limit to how many colleagues or friends you can refer to ACN. The more contacts in your network join as a member the more complimentary months you will receive.

For more information about membership and fellowship, visit acn.edu.au/membership

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- The National Nursing Forum

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POLICY SNAPSHOT

IN THE FOURTH QUARTER OF 2015, ACN'S POLICY TEAM WORKED ON A RANGE OF SUBMISSIONS TO GOVERNMENT AND OTHER STAKEHOLDERS.

HEALTH 2040 – NURSE LEADERS ARE KEY INFORMANTS

ACN responded to the Victorian Government *Health 2040: A discussion paper on the future of health care in Victoria*. The discussion paper considered principles which would guide the reform of Victoria's health care system from a person centred perspective. The submission was an opportunity for ACN to put forward ideas to inform the future of Victoria's health care system which aims to address some of the biggest challenges – less than optimal lifestyle choices and behaviours that are contributing to higher rates of chronic disease and the continuing disparities and inequalities in health outcomes for certain population groups.

ACN proposed that nurse leaders at all levels of the health care system are key informants for government in any program of health reform. Nurse leaders in clinical, operational and policy roles can provide valuable advice on how to achieve quality clinical outcomes and reconfigure services to design a health care system ready to meet the challenges of the future. Nurse leaders can also provide specific advice on the contribution the nursing profession can make to redesigning health care delivery.

ACN highlighted in its submission to *Health 2040* that it supports the vision of a person-centred view of health care. This fundamentally entails the design of services according to the

principle of person-centredness so that people are encouraged and supported to participate in decision making about their health, enabling them to manage their own health to the best of their abilities. The person-centred approach requires care to be well-coordinated so that it adequately addresses peoples' care needs. To redesign a health care system which pivots on the principle of person-centredness, people need to be put at the centre of the design process to ensure that both funding and service models reflect the principle. Victoria's focus on person-centred care in its reform considerations is in line with the World Health Organization (WHO) initiatives to strengthen health systems and federal government initiatives to improve the care of persons with chronic conditions.

ACN's submission included a further comment stressing the value of the nursing workforce. Particular mention was made of the predicted national shortfall of nurses by 2025. ACN proposes that an urgent need exists for leadership in the development of a comprehensive health workforce strategy at both the national and jurisdictional levels to address potential supply shortages.

MEDICARE BENEFITS SCHEDULE (MBS) REVIEW

The federal Department of Health welcomed submissions to its Medicare Benefits Schedule Review Taskforce Consultation. ACN believes there are significant opportunities for reform to improve outcomes for patients and welcomed the opportunity to respond to this inquiry. ACN argued that there is an opportunity to incorporate a greater recognition of nurses' contribution to primary health care and to further explore the unrealised potential within the nursing workforce.

ACN's submission noted that the current structure of the MBS does not recognise or support the care provided by a range of health professions and that in order to address the expanding need for services, better utilisation of the existing non-general practitioner (GP) workforce is required. ACN stressed the need for the federal government to recognise and develop the full potential of nursing roles, including nurse practitioners (NP) to improve access to primary health care.

To support this point, ACN highlighted the inequities that currently exist between fees for services reimbursed through MBS for NPs versus GPs, and NPs' ability to initiate only a small number of subsidised items for patients. ACN argued for change in this area, especially as NPs commonly practice in settings where GP services do not exist. Nurse practitioners improve access to health care in diverse areas including rural and remote settings and service vulnerable populations such as the aged, homeless and Aboriginal communities who may not have access to services traditionally subsidised by the MBS yet are still entitled to receive such care.

Despite the importance of NPs' contribution, they are not adequately supported by access to necessary item numbers or adequate subsidisation of services. Despite the demonstrable benefits and potential of the nursing profession to contribute value to both consumers and the health system, ACN argued that nursing remains unduly restricted and largely undervalued within current MBS arrangements. An effective and efficient response to the health care needs of the Australian population requires improved recognition of the actual and potential contribution of all health care providers, including all nurses.

“An effective and efficient response to the health care needs of the Australian population requires improved recognition of the actual and potential contribution of all health care providers, including all nurses.”

ACT PHARMACIST VACCINATION PROGRAM

ACT Health called for submissions from key stakeholders on a proposed change to the Medicines, Poisons and Therapeutic Goods Regulation 2008 (MPTG). ACT Health is considering changes to the regulations to allow an appropriately trained pharmacist to administer a vaccine to a patient without a prescription as part of a proposed ACT pharmacist vaccination program.

ACN believes this initiative has the potential to improve access to vaccinations for the Australian community. However, ACN does not recommend that vaccines with higher side effect profiles or those requiring comprehensive clinical assessment skills be administered through pharmacist vaccination programs.

ACN believes that a nationally consistent curriculum for immunisation providers should be developed and that all immunisation providers should be required to undertake training through education programs delivering this curriculum. A consistent curriculum would help ensure adequate and appropriate preparation of health care professions regardless of which group is delivering the immunisation. ACN contends that the proposal also needs to include the necessary changes to concurrently authorise accredited immunisation nurses to deliver vaccines without prescriptions as they too, are perfectly placed to increase immunisation rates in the community. ACN argued that nurse immunisers are a resource available within the existing health care workforce who are well prepared to provide such a service.

HEALTH WORKFORCE SCHOLARSHIP PROGRAMME

The federal Department of Health conducted a consultation to inform the review of its Health Workforce Scholarship Programme. The consultation sought input from stakeholders on current health workforce priorities to meet community health care needs and on how to prioritise students for scholarship support. Engagement with ACN members generated considerable interest in this consultation. Identified through the discussions with members were workforce shortages in aged care, mental health, midwifery and broadly across rural and remote areas.

ACN is of the belief that workforce shortages can be targeted with scholarships if they are principally designed to attract, retain and professionally develop nurses in rural and remote Australia. ACN proposed a three-pronged approach to scholarships to support: the attraction of new nurses to areas of shortage; retention of experienced nurses and skill development of early career as well as experienced nurses in response to local need.

POSITION STATEMENT: QUALITY HEALTH CARE FOR ALL REFUGEES AND ASYLUM SEEKERS

ACN launched its position statement *Quality Health Care for all Refugees and Asylum Seekers* at the National Nursing Forum in October this year. In this position statement ACN expressed its commitment to the protection of the health, welfare and dignity of refugees and asylum seekers and their children. This commitment is underpinned by ethical, professional and legal considerations.

ACN believes that all refugees and asylum seekers should receive quality holistic health care that addresses their physical and mental health needs as well as focusing on health promotion and illness prevention. Further, in ACN's view, it is imperative that children accompanying refugees and asylum seekers are provided with positive social and physical environments. The early years of a child's life lay the foundations for his or her future growth, development and happiness. Refugee and asylum seeker children should have access to early childhood health care and education delivered by professionals who specialise in the health care and education of children.

Refugees and asylum seekers may experience psychological issues, nutritional deficiencies, poor oral health status, poor mental health status, under-immunisation, poorly managed chronic disease and physical consequences of torture or sexual abuse. Nurses leading the way in this field and health care providers need support from their employing health services, to tailor services which give appropriate consideration to the circumstances and backgrounds of their refugee and asylum seeker patients. ACN most strongly believes that nurses who work with refugee and asylum seeker populations must be able to observe the NMBA's *Code of Ethics* and *Code of Professional Conduct for Nurses in Australia* in their practice if quality of care is to be assured.

ACN's position statement *Quality Health Care for all Refugees and Asylum Seekers* can be accessed on ACN's website at www.acn.edu.au/position_statements.

All of ACN's submissions can be accessed on ACN's website, www.acn.edu.au/advocacy.

ADVANCING NURSE LEADERSHIP AT ACN'S NATIONAL NURSING FORUM

From 14-16 October 2015 ACN welcomed more than 250 attendees to Brisbane for the third annual National Nursing Forum. This year's Forum theme, Advancing nurse leadership, placed strong focus on important issues facing the nursing profession, including the need to develop and enhance leadership skills in nurses at all stages of their career to improve health care outcomes.



International keynote speaker Professor Anne Marie Rafferty from Kings College London



Delegates listen on during a concurrent session



Panel session members Professor Anne Marie Rafferty, Mr Brian Dolan, Ms Veronica Casey FACN and Mr Alan Lilly with facilitator ACN CEO Adjunct Professor Kylie Ward FACN

FORUM PROGRAM AND SPEAKERS

The Forum program sought to inspire and engage nurses who play a critical role in delivering health services to the community and shine a light on the importance of strong leadership.

Delegates heard from an impressive line-up of local and international speakers, including Professor Anne Marie Rafferty of Kings College London who emphasised the pivotal role of strong leadership in setting the culture and parameters for policy and system change. Meanwhile, Sue Hawes FACN addressed the importance of nurses finding their collective voice to lead, influence and implement solutions and ideas in her presentation, 'Do you see what I see? Advancing nurse leadership'.

In addition to a variety of thought-provoking keynote presentations, delegates had the opportunity to hear from 36 concurrent presenters, participate in specialised workshops focused on four topical areas:

Leadership in clinical practice; Leadership in research; Leadership in management, and Leadership in education, and have their say in the ACN Choosing Wisely interactive session (See report, p10). A lively panel discussion hosted by ACN CEO, Adjunct Professor Kylie Ward FACN, was a highlight of the program and gave delegates the chance to discuss the challenges and opportunities facing today's nurse leader with a panel of experts.

Laughter specialist Scott Williams kept proceedings on track as our dynamic and entertaining Master of Ceremonies. Scott's blend of smart comedy and hilarious audience participation ensured there were a lot of laughs along the way and his closing keynote, 'The Happy Human', reminded us all that it is important to find laughter in each day so that we can be our happiest self.



Master of Ceremonies Scott Williams

FORUM LUNCHEON

A special event at this year's Forum, the luncheon offered delegates the chance to network with their colleagues while enjoying a three-course lunch proudly sponsored by Vivir Healthcare. The luncheon included an Oration delivered by Dr Rosemary Bryant AO FACN (see p9), the investiture of 2015 ACN Distinguished Life Fellow, Christine Smith FACN DLF (see p10 for citation), and Fellows, Dr Elisabeth Jacob FACN and Professor Cynthia Stuhlmiller FACN, and presentation of ACN Grants and Awards and Emerging Nurse Leader Program graduates.



Delegates enjoy a special luncheon as part of the oration, investiture of fellows and ACN grants and awards ceremony



Natalie Bradbury MACN and Carol Mudford MACN attempt their best poker faces in the mystery bucket challenge during Brian Dolan's workshop

HESTA AUSTRALIAN NURSING AWARDS

ACN was proud to collaborate with our corporate partner HESTA to deliver the 2015 HESTA Australian Nursing awards in conjunction with the Forum. The evening recognised nurses who have made an exceptional contribution to improving patient care, service provision and advocacy in the categories of Nurse of the Year, Outstanding Graduate and Team Innovation. Forum delegates who attended the Awards enjoyed a night of great food and entertainment while celebrating the outstanding achievements of their peers.



Emerging Nurse Leaders Jenyfer Joy MACN, Paul Kaczykowski MACN, Evan Casella MACN, Serena Ricciardone MACN and Natalie Bradbury MACN



Team Innovation Winner, Street Health Team – Homeless Healthcare (Mobile GP), represented by team leader Sarah Ravine; Nurse of the Year, Catrin Dittmar, and Outstanding Graduate, Narelle Place

OFFICIAL LAUNCH OF THE ACN COMMEMORATIVE TRILOGY

ACN officially launched *The History of Australian Nurses in the First World War: An ACN Centenary Commemorative Trilogy* at this year's Forum. The limited edition Trilogy book set, written by Dr Ruth Rae FACN, details the bravery, commitment and loyalty of nurses who served during the First World War (1914–18) and highlights the valuable service Australian nurses provided, to not only the servicemen, but the ongoing professionalism of civilian and military nursing in this country.

Dr Rae presented a rousing address to the Forum plenary in which she spoke of finding inspiration for the first of her three books, *From Narromine to the Nile*, while researching her maternal great aunt, Jessie Tomlins. It was the similarities between Dr Rae's training and that of her great aunt, who went on to serve in the Australian Army Nursing Service during the First World War, which truly ignited her interest in the area. The Trilogy also features *Scarlet Poppies*, *Veiled Lives* and the *ACN First World War Nursing Nominal Roll*, an additional publication documenting the names of Australian nurses who served during the First World War.

Following Dr Rae's address, Forum delegates were welcomed to the ACN booth to purchase a copy of the Trilogy, and meet with the author. To learn more about the Trilogy or purchase a copy today please visit www.acn.edu.au/trilogy.



Dr Ruth Rae FACN, author of the Trilogy

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SHAPING A PROFESSION: NURSING AT THE TURN OF THE MILLENNIUM

*An extract from the Oration by Dr Rosemary Bryant AO FACN.
Find the oration in full at www.acn.edu.au/acn_orators*

Good afternoon. I am deeply moved and honoured by my colleagues for inviting me to present this oration. I thank the Australian College of Nursing for this privilege. As many of you may know, I have recently retired following more than 50 years in nursing. I therefore thought it was an opportunity to reflect on the major changes and advancements that have occurred in the profession of nursing and in health care generally during those 50 years. In so doing, I am also cognisant of the theme of this National Nursing Forum which is "Advancing nurse leadership". My intention therefore is to examine the major themes that shaped our profession concentrating on leadership and access to healthcare.

When I reflect on the early days of my career, we were embattled as there was little support from the other health professions who were keen to see the status quo being maintained. This experience of conflict inevitably led to a situation of change only being brought about by conflict, a situation which, to a degree, exists until this day. We had internalised notions of being seen as followers and not leaders in changing health care. We were clearly in need of some consciousness raising to reverse this situation.

Of course, where we were at the beginning of this 50-year period was to a large degree shaped by our forebears, particularly following the Second World War which had such a significant effect on the delivery of health care and on the development of our profession. For example, it was in 1949 the two colleges of nursing (the forerunners of the Australian College of Nursing) were established by nurses who had the vision to lay the foundations for the eventual move of nursing education into the higher education sector.

... it is clear that with strong undergraduate preparation, nurses and midwives are equipped to adapt to the changing health care environment. One could comment, "So what? Why would this not be the case?" My answer is that we cannot rest on our laurels and hope for the best. It is critical that we maintain flexibility and a willingness to adapt and take on new roles. If we do not then others will step in and take our profession from us. That sounds a bit dramatic but we have seen incursions into nursing and midwifery largely from emerging health professions in both the United States and Britain. In Australia, there has been a push to introduce physician assistants – a move which has no discernible advantage given the current components of the health workforce and which is clearly driven by ideology. Policy development of the health workforce with its attendant competing imperatives is one of the significant contemporary challenges facing nursing and midwifery as we struggle to maintain professional standards and relevance at the same time.

This brings me to the issue of leadership as we need to ensure there are visionary nursing leaders throughout the profession. It goes without saying that we need cooperative relationships between the various strands of nursing and midwifery and we have good role models from our past history in achieving this. I cannot let this occasion pass without mentioning the cooperative relationships forged between the major nursing bodies in Australia. With any group or organisation of like-minded individuals or professionals, there is always the possibility of internal dissension. Nursing has certainly had its share of internecine fighting, often played out in the courts. In recent times, good sense has prevailed and the leaders of the



various groupings have shown significant leadership in creating partnerships and making sure they are maintained.

One of the pivotal leadership positions is that of the governmental chief nurse and midwife. We are fortunate to have a good record of nursing and midwifery leadership in all jurisdictions except the Commonwealth. However, the latter situation was addressed in 2008 with the establishment of the position of Commonwealth Chief Nurse and Midwifery Officer. The profession worked long and hard to achieve this position.

Whilst we have achieved much in both the development of health care and of nursing and midwifery, there are still challenges in both areas. We are in the midst of a debate about the ongoing funding of our health system with questions being asked about its affordability. Nurses and midwives must contribute to this debate if our commitment to maintaining access to health care is to continue, as it is the vulnerable who are most affected when health services are curtailed. We are on the brink of significant expansion of nursing and midwifery roles in the community. We also face challenges in education, particularly in the undergraduate nursing curriculum as pressure from many quarters is applied to include emerging speciality fields in a curriculum which is already bursting at the seams. I am sure that the three-year versus four-year undergraduate program debate will emerge again!

I have pointed to the main developments leading to the evolution of our profession over the past 50 years. There are many factors which have influenced our progression. That said, my view is that the transfer of nursing education into the mainstream and into universities is the most critical factor in our development in my lifetime. I hope that I have illustrated that a broad scientific basis to our practice is the foundation of our past success and our future development.

We inherited a situation where powerful, innovative nursing leaders took advantage of the opportunities for nursing when they were presented. I am confident that this tradition will be carried on and that we have the nursing and midwifery leaders to guide our professions judiciously to increase access to health care for our community.

ACN DISTINGUISHED LIFE FELLOW CITATION – MS CHRISTINE SMITH FACN DLF



Christine Smith has had an outstanding career in nursing and has made a significant contribution to the profession – firstly as a nurse in frontline services and later in her capacity as a nurse educator at Deakin University and coordinator of the Victorian Nurses Memorial Centre. Throughout her distinguished career she has sustained a collaborative and fruitful involvement in RCNA and ACN where her true leadership and mentoring skills have come to the fore.

Christine started her nursing career in 1967 and was invested as an RCNA Fellow in March 1981. Over her 34 year involvement with RCNA and ACN she has continued to demonstrate an exceptional and sustained contribution to the nursing profession through her participation in many areas of the organisation. She has represented ACN at numerous events and state functions as well as participating on the RCNA Advisory Committee and the New Generation of Nursing Faculty Advisory Committee. She was active in the RCNA Victorian Chapter for many years culminating in her holding the position of Chair from 1997-2001.

Christine currently sits on the ACN Board of Directors, a position she has held since 2013, having previously sat on the ACN Transitional Board from 2012-2013 and the RCNA Board from 2003-2012. She is also a current member of the ACN Governance Committee.

Christine's work with the Victorian Memorial Centre has been pivotal to many Victorian nurses gaining scholarships to further their learning and experience in their chosen fields. During her time with the Memorial Centre, her stewardship as coordinator ensured the continued profile and relevance of the organisation to nurses in Victoria.

In 1986 Christine completed her Master of Science (Community Health Nursing) at the University of Michigan in the USA and from it she brought back significant insight and "know how" to Australia in relation to nurses wishing to travel and add to their experience working in America. Christine was instrumental in developing additional study units at Deakin University to bridge the gap for Australian nurses, assisting them to be eligible for work in the USA. In total, Christine has assisted 85 nurses in gaining the necessary knowledge and competence to gain their registration in the USA, many of whom have gone on to fulfil their dreams of gaining experience in hospitals and health services throughout North America and Canada. To this end, Christine will be inducted as a Fellow of the American Academy of Nursing on 17 October 2015.

At the end of 2014 Christine retired from Deakin University and the Victorian Memorial Centre. She continues to make a significant contribution to nursing through her on going involvement in ACN and is an inspiring leader to nurses in Australia and internationally.

In acknowledging Christine Smith, the Australian College of Nursing recognises her outstanding contribution to the profession of nursing. ACN is honoured to confer this Distinguished Life Fellowship award upon Christine Smith.

ACN & CHOOSING WISELY AUSTRALIA INTERACTIVE SESSION

Members who attended the Forum were given the opportunity to participate in a special ACN interactive session on Choosing Wisely Australia. ACN is the first nursing organisation in Australia to be involved in this initiative with NPS MedicineWise and we wanted our involvement to be a collaborative one.

Our collaboration began with our partnership with key nursing bodies, including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM); Australian Primary Health Care Nurses Association (APNA); Australian College of Mental Health Nurses; CRANaPlus; and the Consumer Health Forum of Australia (representative).

And, of course, we wanted to get our members involved, hence the Choosing Wisely session at the Forum. Delegates engaged in a general discussion around the initiative and the role of ACN in identifying the nursing practices, test, investigations or interventions that are not always considered beneficial and may at times be wasteful or even harmful.

Brainstorming activity resulted in each table of up to 10 delegates coming up with their table's top three nursing interventions which they considered in need of review and wise choice. Each table then presented their top intervention; some overlap/repeat resulted in 15 interventions contributing to the voting process via Pigeonhole Live to reveal the top five nursing interventions for the day.

Our process now is to review supportive literature and research to add evidence based confirmation of our nursing wise choices. ACN's plan is to then engage our members to assist in this process. So watch this space and be ready to share your expert knowledge and experience in providing appropriate and safe nursing care to patients and communities across Australia.

We are part of Choosing Wisely Australia Wave II of colleges and societies to join the initiative. Our partners in Wave II include The Royal Australian and New Zealand College of Ophthalmologists; College of Intensive Care Medicine of Australia and New Zealand; Australian and New Zealand Intensive Care Society; The Society of Hospital Pharmacists of Australia; Australian Physiotherapy Association.

Visit www.choosingwisely.org.au for more information.



BOEHRINGER INGELHEIM SCHOLARSHIP RECIPIENTS REFLECT ON THEIR NATIONAL NURSING FORUM EXPERIENCE

Thanks to delegate registration scholarships provided by Boehringer Ingelheim, nine nurses who have an interest in or work with patients with movement disorders were given the opportunity to attend the 2015 National Nursing Forum. The recipients share what inspired them most over the three-day event.



ALEXA JEFFERSON MACN

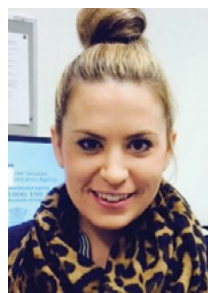
Since qualifying as a registered nurse in 1986 at Carlisle Hospital, UK, Alexa has worked in many areas of nursing and continued her education. She now specialises in Parkinson's, working at the Western Australian Neuroscience Research Institute.

Alexa's experience:

"The National Nursing Forum had me returning home with a buzz of excitement and a warm fuzzy feeling. I felt engaged in all the sessions I attended, the presentations were relevant, encouraging and inspiring, and I was excited by their vision for nursing and empowered by learning the steps we can all take to make change happen. Each of the take-home messages, which included having a goal, having a strategy and focusing on the things we can control as well as not trying to change the world, really made sense. I have come to believe after attending the Forum that my success is a journey and not a destination and so enjoy the ride.

The importance of good communication was highlighted by many of the speakers and some demonstrations of good and bad communication were presented. One of the points which was made included, "People will forget what you said, they will forget what you did but they will never forget how you made them feel", which was both grounding and inspiring. People trust nurses and this is a great privilege that we must respect.

The concept of 'the standard you walk past is the standard you accept' made me think about the need for those courageous conversations, the need to maintain high standards and the need to monitor those standards within our profession. The positive atmosphere at the Forum was continually infectious, with the last session on Friday presented by Scott Williams entitled 'The happy human' finishing it off beautifully, and I left with a continual smile. Thank you to Boehringer Ingelheim for the provision of the scholarship and to the Western Australian Neuroscience Research Institute for covering my travel costs, allowing me to attend this interactive, inspirational and educational event!"



ANNA NOLAN MACN

Anna has recently been appointed to the position of Movement Disorders Specialist Nurse, responsible for case management and care coordination of all patients seen by the Princess Alexandra (PA) Hospital Movement Disorders service. She works with Dr Alexander Lehn, overseeing all aspects of

the deep brain stimulation (DBS) program, which is the first public DBS program available in Queensland.

Anna's experience:

"Boehringer Ingelheim, through ACN, generously provided me with a scholarship to attend the National Nursing Forum, held in my hometown of Brisbane. This provided me a rare opportunity to gain in-depth knowledge about delivering health services to the community, advance nurse leadership, establish relationships with fellow movement disorder nurses, develop links with leading nurses from hospitals interstate and meet with representatives of pharmaceutical companies.

Nurses are the largest segment of the health care workforce and patients' primary professional caregivers. Our education and training directly affects the safety and quality of patient care. However, the Australian health care system is evolving and patients' needs are changing. The population is living longer and becoming more diverse and health needs are becoming more complex. Increasingly, we work in teams of providers drawing on different areas of expertise and health care technology is advancing rapidly. During the Forum, experts examined critical issues using the latest research and considered innovations and strategies across four areas: clinical practice, research, management and education.

By attending the Forum, I was able to take away evidence-based strategies to use in my work area, gain access to the most relevant data and research, as well as exposure to challenging thinking initiated by local and international leaders in the nursing field."



ANNE SMITH MACN

Anne started her nursing career initially as an enrolled nurse then later qualifying as a registered nurse. Anne now works at St John of God in Frankston, Victoria, as a rehabilitation assessment nurse and has recently been appointed to the role of Parkinson's Nurse. This new role involves

expanding the inpatient and outpatient Parkinson's programs as well as being committed to ongoing Parkinson's disease training and education.

Anne's experience:

"Thank you to ACN and Boehringer Ingelheim for allowing me to attend this informative Forum where a wealth of knowledge was imparted.

The tone of the Forum was set by the first speaker, Sue Hawes, who gave us two very different scenarios around leadership, which I am sure everyone at the Forum could relate to. Sue posed the questions, 'Who is leading these teams?' and 'What type of role model is this leader?'

The impact of the leader affects the whole team including how we care for our patients. Those leaders who demonstrate quality leadership are able to engage their staff, are visible and consult with staff, demonstrate care and compassion, listen, support, encourage and provide feedback to their team, which in turn leads to team members supporting one another thus a positive workplace culture prevails. All this then flows onto quality patient care, consequently improving patient outcomes.

Finally, I would like to leave you all with this quote from the Forum:

'Positive workplace environments do not "just happen" they are built and sustained by strong nurse leaders' (Duffield et al. 2011).'



EMMA MATTHEW MACN

Emma works at Calvary Health Care Bethlehem (CHCB) hospital in Melbourne, where she has been the Team Leader for the Learning and Development Centre for the past 18 months. Bethlehem is a state-wide service that provides a range of interdisciplinary assessment and management services for people with a diagnosed progressive neurological disease.

Emma's experience:

"My attendance at the Forum was extremely beneficial in terms of exploring the concepts around leadership, particularly in nursing, as well as learning about my own 'social style'. Social style is the behaviour that an individual displays when working with others and, by understanding which social style you are (and the people you are working with), can help with leadership roles.

The Forum also provided many opportunities to hear nurse leaders speak about leadership and the importance of nurse leadership in delivering health services to the community, regardless of the setting. I would like to thank ACN and, in particular, Karen Low of Boehringer Ingelheim for sponsoring my attendance at the Forum. I look forward to attending the fourth National Nursing Forum in Melbourne in 2016. See you all there!"



HEATHER McMAHON MACN

Heather is a registered nurse at Wide Bay Hospital and Health Service's Childers Hospital. Childers Hospital is a small rural facility that accommodates emergency presentations, 14 acute patients and six residential care clients. Having been involved in many projects, Heather says she enjoys and

embraces the challenges of leadership.

Heather's experience:

"The delivery of high-quality health care across all settings does not happen in isolation. It is critical that we as individuals continue to advance our level of skills and knowledge so we can deliver the care that is required and guide the necessary changes within the organisations. In life and in our careers we are all leaders in one way or another. We can elect to sit back and enjoy the ride or we can embrace the journey and inspire others to dream more, learn more and become more.

The 'advancing nurse leadership' theme of the Forum acknowledged that leading a clinical care team is complex and challenging. There will be times when we feel elated and there will be times we feel overwhelmed and misaligned. Mr Alan Lilly reiterated that leadership is a jigsaw puzzle and a good leader is one that can demonstrate what is possible and has the conviction that an idea can be achieved and inspire the team to get things done. This requires having the right people on the bus. I know I was on the right bus at the Forum as I was surrounded by positive people and the atmosphere was energising."



JACQUELINE FARLEY MACN

Jacqueline's nursing career began at Greenslopes Repatriation Hospital in 1973 as a nurse-aide. She worked as an assistant in nursing in aged care for more than a decade before undertaking a Diploma of Nursing and later a Bachelor of Nursing.

Jacqueline's experience:

"I wish to acknowledge Boehringer Ingelheim for its generosity in providing scholarships to attend the National Nursing Forum. It was amazing fun and very informative with a collegial air paying homage to the enterprising spirit of Florence Nightingale urging us to be brave and informed.

Advancing nurse leadership and advocating for change were strong common themes among presenters. To recognise unacceptable behaviour, knowing our rights and responsibilities we can advocate change for ourselves, our profession and those in our care. Each keynote speaker was eloquent in their support for nurses to build upon fellowships and be the nursing voice for change. Sue Hawes FACN offered a three-step plan encouraging nurses to seek out opportunities to have those critical conversations to enable change. Professor Anne Marie Rafferty spoke passionately about ways to grow change from within the health care legislative system. Nurse leaders engage with stakeholders and policy makers presenting research findings that support best evidence based practice for cost effective health care now and in the future.

Cheers to The Doctor (Scott Williams) for acting up as Master of Ceremonies. Thanks to all who attended, caterers, sponsors especially and organisers at ACN for making the Forum an outstanding success."



JODI HARMS MACN

Jodi is the Acting Clinical Manager of TriCare Residential Aged Care Facility in Toowoomba, South East Queensland. TriCare is an 81-bed facility which provides individualised care for residents with high-care needs and includes a 16-bed special needs unit and 19 extra services beds.

Jodi's experience:

"What drew me to the National Nursing Forum this year was the focus on 'Advancing nurse leadership'. Working in the aged care sector, I have found there are opportunities for nurses to move into the leadership role at an accelerated rate, particularly for postgraduate nurses.

A standout for me at the Forum was the introduction to the new CEO of ACN, Adjunct Professor Kylie Ward. Her words really resonated with me and her passion for aged care will help to bring change within the nursing sector. Congratulations Kylie on your appointment.

The keynote speaker that had an impact on me was Sue Hawes. Sue's core values, which focus on the impact we hope to have and engaging people to change, were powerful statements. I attended her workshop, 'Know yourself – know your team', and I found this will help me to mould my own management style. I would like to thank ACN and Boehringer Ingelheim for the opportunity to attend this year's Forum."



NANCY ARNOLD MACN

Nancy is a registered nurse with a background in community, aged care and emergency nursing. Nancy is passionate about developing our future nurses, nursing leadership and advocating for patients and their families. Nancy is currently actively involved in ACN,

being the Key Contact for Southern Tasmania

and is involved in a number of Communities of Interest.

Nancy's experience:

"The National Nursing Forum delivered on the promise of providing me the perfect platform to learn, share insights and work together as a collective to develop sound solutions to Australia's health care challenges.

On day two of the Forum, Mr Alan Lilly delivered an inspiring keynote address titled 'Lessons and reflections on leadership'. I found myself perched on the edge of my seat. He was speaking my language: 'Good is the enemy of great'; 'We should not settle for good'; 'It's not enough, we must strive to become great'. Nursing should not be about what's in it for me. The focus should be on the following:

1. *The needs of the organisation*
2. *The needs of the team*
3. *The needs of the individual*

As a nurse we should be aware of occupation terrorists and not let go of our core practices and never give up. But the most important take-home message was, "The standard you walk past is the standard you accept".

On a personal note, the highlight for me came on the night of the HESTA Australian Nursing Awards dinner celebrating nursing excellence. The organisation I am proud to work for in Tasmania, The District Nurses, was recognised for its outstanding project, hospice@HOME, and was a finalist in the Innovation Award.

I also wish to add what a wonderful job staff from ACN did at the Forum. Nothing was too much; they put in long hours and long days."



SUZANNE BASFORD MACN

Suzanne currently works as the Neurological Clinical Nurse Specialist (Parkinson's Nurse) for Grand Pacific Health, NSW. She trained as a State Enrolled Nurse in Victoria and went on to train as a registered nurse in the last group going through the Royal Melbourne Hospital (RMH), Victoria. After completing her training

in 1993, she spent her graduate year on the neurosurgical ward at the RMH. Suzanne has worked in general medical and surgical nursing, aged care, overseas in the UK and in infection prevention and control. She holds a Master of Advanced Practice Infection Prevention and Control and a Diploma of Management.

Suzanne's experience:

"The National Nursing Forum on advancing nurse leadership was an opportunity for me to learn more about the experiences of others and meet with the other scholarship recipients who hold an interest in Parkinson's nursing.

I found the keynote speakers to be a great source of information, especially Sue Hawes who talked about our reactions to change and had us all laughing as well. I reflected during the Forum on who had inspired me with their passion, intelligence and energy for caring for others over my time as a nurse.

Mei Lau and Mia Jones spoke about changing a culture at the inpatient rehabilitation unit in their talk, 'A beacon of shining light for nursing', which was about helping nurses to develop reflective practice skills. I liked that they were enthusiastic and proud of the work their team was doing.

Thank you to the ACN and the sponsor for the opportunity to attend the National Nursing Forum. It was great to listen to the speakers and meet with the other scholarship recipients."

WITH THANKS TO THE SUPPORT OF



WHAT I TOOK AWAY FROM THE FORUM...

We asked our Key Contacts and Emerging Nurse Leaders (ENL) to reflect on their Forum experiences:

ANNE-MARIE GOES MACN, ACN QLD WEST REGION KEY CONTACT

At this year's National Nursing Forum I heard an esteemed Australian Registered Nurse Researcher use the term schmoozing in a presentation. The audience laughed, but the meaning of the term was not lost: networking. In today's technologically driven world – with the opportunity to connect with people anywhere in the world from the comfort of our own homes – the power of face-to-face networking in person with like-minded professional peers remains invaluable. The Forum fostered authentic networking, concurrent to hearing inspiring presentations from keynote speakers and others. The two go hand-in-hand. The old adage 'you get out of it what you put into it' is true in so far as networking is concerned, however, Forum delegates and speakers made networking easy. The scene was set for open, friendly dialogue and sharing.

So what did I like the most? I don't want to single out a favourite Forum speaker/event: but I did value the inclusion of neighbouring countries. I also don't want to single out a favourite Forum networking experience: but I did value the opportunity to meet and chat with ACN's new CEO, Kylie Ward.

Of course another aspect of the Forum was the HESTA Nursing Awards dinner. Some may not be aware of HESTA's sponsorship extended to emerging graduate registered nurses and an emerging nurse academic in regional South East Queensland. Four undergraduate registered nurses and one emerging registered nurse academic from the University of Southern Queensland (USQ) joined the HESTA dinner and awards thanks

to HESTA sponsorship. The students – from Hervey Bay, Barcaldine, and Toowoomba – embraced networking with other undergraduate recipients.

The Forum also provided a valuable opportunity for Regions and Communities of Interest members and Key Contacts to meet face-to-face. It was also great to meet with the ACN Member Engagement team who support the Key Contacts. This was especially important for the ACN Qld West Region (which extends north to the Gulf and west to the Northern Territory border) as a number of proposals were discussed, seeking to connect with our ACN peers in this vast region. From those discussions, the ACN Qld West Region will be trialling some IT platforms that seek to truncate geographical distance, and promote professional networking within the Region (aka schmoozing?)



ILZE JAUNBERZINS MACN, ACN QLD SOUTH REGION KEY CONTACT

This was the best conference I have ever attended in my whole career. The quality of the plenary and sessional speakers was

outstanding, sharing so many interesting ideas. I learnt so much. A highlight was Rosemary Bryant's luminary and panoramic keynote address. This piece of work needs to be in every school of nursing's curriculum.



ELIZABETH EMMANUEL MACN, ACN EDUCATION & RESEARCH COMMUNITY OF INTEREST KEY CONTACT

Scott Williams, The Laughter Specialist (and Master of Ceremonies): Great choice. A

people person. Warm, friendly and yet capable of herding, directing and informing the disparate crowd of delegates. When I look back, I remember his presentation that closed the Forum on the last day; so well prepared, succinct and uplifting. Just what we needed to get back to normal working life and how to make the best of every situation, not only for ourselves but also for others.

Know yourself, know your team: I have attended various presentations and workshops on this topic. Yet, Sue's presentation had the most impact. I guess it was related to breaking things down to everyday language and giving examples, while at the same time supporting the information from theory and evidence from the literature. The workshop was on the Social Styles Model – how to identify one's preferred model and the impact this has on others. Since her presentation, I have followed up on the text by J.



Anne-Marie Goes (far right) with USQ lecturer Helena King and USQ students who received HESTA scholarships, Ariela Rother, Rob Le Roy, Ursula O'Sioda and Karen Le Roy

Collins. In terms of its application, now I see my interactions with my team from a different light. This framework has now changed my whole way of leading and thinking, which is freeing, and appreciative of others and their social styles. What was so impressive too, was how all attendees were so engaged, keen to disclose information about themselves (their strengths and weaknesses), creative and fun. It was just magical.

Communities of Interest and Regions breakfast: It was an early morning start on the Thursday. Breakfast was provided courtesy ACN. A small group gathered for the Research and Education focus. There were other interesting groups too but it was inspiring to meet others in my group. Talking to nurses who have similar interests, and wanting to seek ways to increase community engagement, and forming a conduit between members at the grassroots and ACN was uplifting.

Making friends: This is my third Nursing Forum. Finding my way within the Convention Centre was a challenge. The directions did not seem to make sense. Having walked what seemed like a mile, I bumped into another lost soul called Jackie. As we walked and chatted together, we met another lost delegate. Our party was now beginning to grow and we forgot about feeling lost. Strange! Finally, we found our venue, parted company and the three days of exciting busyness started. On the last day, after the last presentation I gathered my bag and paraphernalia (which one tends to collect at these events). This gentle tap on my shoulder interrupted me. I turned around and this pleasant voice said, "Was great meeting you. Was my first big conference. Can't wait for next year". It was Jackie. Was this not the same person who was nervous about conferences? I thought to myself, something is different since I met her three days ago. She looked confident, refreshed, inspired and self-assured. I left thinking, this is what the Forums are all about – meeting, greeting, discussing and going away feeling refreshed and inspired.

Exhibitors: Representatives at the exhibition stalls are often overlooked. I do believe that at this Forum, their presence was very much appreciated. Over the three days, I walked around countless times. Each time the reps were so responsive with their smiles and readiness for a chat. In particular, I give the Australian Nurse Teachers' Society a five out of five. No matter how many times I passed by, there was always an energetic person there with a friendly greeting and ready for a chat.



JENYFER JOY MACN, 2015 ENL

The Forum was an absolute blast this year featuring incredible speakers from a diverse range of backgrounds and the opportunity to mingle with nurses who shared the same

passion. Many speakers, offered their insight and experience to the discussions and presentations.

I got to know my ENL friends better and listening to their stories has shaped my perspective on nursing in the new graduate year. I have heard that the opportunities that this program has provided to the previous ENLs have influenced their careers and shaped them as better professionals. I am grateful that I have received this incredible opportunity and I hope that through reflection and much hard work, I too can emerge as a leader within this wonderful profession.

Some of the ideas I took away from the conference include:

'Why': Several speakers spoke about knowing the 'Why' in advancing leadership. Especially Brian Dolan who emphasised the 'i'. This reminded me that knowing the 'WHY' to every action and behaviour enables you to make purposeful decisions leading you one step closer to your goal. Instead of making decisions based on the spur of the moment or based on what you think other people want, it is better to know why you are making a decision and why you should make this particular decision.

Assume permission: 'Medical professionals do not ask permission, they assume permission'. This statement struck a chord in me. I never realised the truth behind this statement; asking for permission always seems like the nice thing to do. By asking others permission we believe that we have their approval and praise. For me, this statement took me back to the time in second year of nursing when I applied for the ENL program. I decided to make an application. I assumed permission that I was qualified and met the criteria. Applying for the ENL program was the most difficult thing I had done in a long time. I had given up time, sleep and other opportunities to spend my time applying for the program. The price I paid and the responsibility I undertook has been more than worth it and it proves true that it is important to assume permission and not to seek it.

The rise and rise of the refugee nurse: I praise Sandy Eager for her bravery in admitting that she has witnessed racism and prejudicial behaviour among nurses who care for refugee patients. I remember Sandy said that racism and prejudice does not always have to be direct and explicit. Sometimes racism and prejudice shouts loudly through the nurse's tone of voice or body posture. Most, or if not all, of us will care for someone from a refugee status. Instead of viewing someone through a refugee status, it is crucial that we care for them as any other person. Each patient we care for is vulnerable. Behind the aggression, irritation and complaints is a person who is vulnerable and as long as they are under our care it does not matter what their socio-economic status is or their creed, colour or religion.

Hesta Nursing Awards: This year a graduate nurse who worked to implement the organisation and labelling of intravenous medications was chosen as the graduate nurse of the year. It was remarkable that a young nurse could bring about so much change in a hospital setting amongst so many other senior staff. All four of the nominated graduate nurses were of such high professionalism and their passion for quality care shone through. It was unbelievable how each of them converted their passions into actions and actually bought about positive change. I had hoped to interview and find more about how they bought this change however the night was action packed with dancing and good food. I did find this however through some research.

Personal reflection on improvement for the future: On a personal note, I wish I had spoken to the other delegates. My networking skills are not always utilised and, although I quietly hoped that I would meet a few other delegates who had similar nursing goals such as myself, this conference would have been the perfect way to network. I was fortunate enough to connect with other academics and lecturers on Twitter and speak to the other ENLs. Next year, if I do attend the Forum, I am definitely going to try again to network and build up connections.



EVAN CASELLA MACN, 2014 ENL

Ideas. This is what makes the participants of the Emerging Nurse Leader program so valuable to the future of nursing. Living a significant distance away from the other ENLs,

I sometimes find myself feeling a little disconnected from the group. Though come the National Nursing Forum each year, I am drawn back into the tooth and nail potency of what it means to be an ENL.

The majority of this re-establishment occurs on the balcony of our accommodation after each day of the Forum has closed. The sunset provides a backdrop of new beginnings, a spread of cheese provides nourishment and cold beer ignites the discourse. Chatter soon forms into the discussion and debate of ideas within the realms of nursing, and before we know it, we have our own Dead Poet's Society, wherein the passion and inspiration around such conversations is palpable. While observing this phenomenon in the company of such amazing, talented people, I am often reminded of Socrates' reflection: "Strong minds discuss ideas. Average minds discuss events. Weak minds discuss people". And in my annual witnessing of such strength, I feel immense privilege to be a part of a group that will contribute greatly to the ideas that will form the future of nursing.



KATRINA HORNE MACN, 2015 ENL

It was again with great anticipation that I looked forward to this year's Forum. Listening to Professor Anne Marie Rafferty was one of the outstanding highlights of this year's Forum

for me. Never before have I heard anyone speak in such an educated and succinct manner which was literally poetry to my ears. Her manner was humble and message always clear, not getting lost in long-winded explanation, particularly in the panel discussion on challenges and opportunities for today's nurse leader. I found her keynote address on how to leverage leadership for policy and system change very informative as this is an area of interest to me that I had little prior knowledge of.

One particular point really struck a chord with me, which was to not use a deficit approach to issues (an all too common scenario) and the necessity of having critical conversations. As I listened to the different speakers on leadership and management, and the skills and behaviours good leaders demonstrate, it appeared quite obvious to me that these are not just limited to the domain of leadership (and management) – but are indeed essential individual attributes to operate successfully on both a professional and personal level. Having said this, I think we all need a reminder every now and again to get us back on track.

Other highlights included attending the breakfast with the Community and Primary Health Care COI where the discussion was both formal and informal and varied widely. We all got to hear in more detail about refugee health issues and the work being done in this area. It was a great opportunity to ask further questions after the presentation given by one of the members (Leeanne Schmidt FACN) in this area the previous day.

The work in the area of using a recreational therapy camp to the benefit of both mental health consumers and intra-disciplinary students by Professor

Lorna Moxham FACN was of great interest. After completing my mental health unit last year I had ideas of an outpatient social support program which included an element of recreational therapy. This is a project that is on my 'potential ideas' list for the future which may include research and, as such, I have two new contacts in the form of Lorna and also Professor Cynthia Stuhlmiller FACN who has completed extensive work and research in the area of recreational therapy.

Additionally, this year I took further steps to overcome my shyness in public speaking, utilising the NPS MedicineWise Choosing Wisely interactive session to speak on behalf of my table to present our unnecessary nursing intervention to over 100 nurses. This was made easier for me as I was feeling pretty good after coming up with an idea when I thought we may have difficulty due to our table consisting mainly of pre-registration nurses with limited clinical experience. As it turned out, my idea would also have been the first choice of two other tables and overall achieved the majority of the vote to be the number one idea of ten to take forward for further investigation.

Therefore, I have confirmed again for myself that public speaking becomes less difficult for me if I have an interest in the topic. To this end I have been discussing potential areas of interest with my ACN mentor for the submission of an abstract for next year's Forum.

The Forum was yet again an inspiring experience, discovering what amazing work is being done for the benefit of our patients and to enhance the nursing profession.



MEG BRANSGROVE MACN, 2014 ENL

During my year as a new graduate I have found at times I feel a little lost in the industry around me, particularly when the unit I work in feels stretched to its limit. I was looking forward to

the Forum for months, not only for the amazing learning opportunity that it provides, but also because it was a break where I could talk to my fellow ENLs about transitioning.

Each year I attend the conference I find poignant messages within each keynote that inspire me to make change in an area I am wrestling with. At the moment, transforming culture in the workplace is at the front of my mind and I experienced so many moments of clarity listening to all the incredible nurse leaders.

I think one of the biggest light-bulb moments for me was listening to Mr Alan Lilly, CEO of Eastern Health, when he said: "Culture suffers when organisations and leaders don't commit to their values." I have spent time reflecting on industry and sometimes feeling disillusioned when I can't always see organisations committing to their values, and then I thought, "How committed have I been to my values?" It is so easy to get a little lost in this vast profession, particularly in the transition to practice as you are pulled in a multitude of directions, and if I feel that way as an individual, how do we navigate this as an entire workplace with a diverse range of people and experiences? But, Ms Veronica Casey summed up with "Is good, good enough? NEVER! We need to be the best and always strive to be better!" It was my wake-up call to stop being reactive and start being proactive again!

Another light-bulb moment I had was sitting among the ENLs at the end of one of the Forum days and listening to everyone talk about their year. We all live in completely different parts of Australia and only see each other once a year so it was a chance to debrief about our experiences and understand that despite our geographic distance we were all feeling the same. Transitioning is hard! We all know it, but knowing still can't entirely prepare you for the rollercoaster that is clinical nursing practice. Talking to each of them helped me remember I was not alone, how far I had come in just one year and what I was striving for in the year ahead. One thing we don't always talk about in nursing is the mateship, having people that truly understand what you are going through in nursing cannot be underestimated. Every day I see the friendships built on facing the front line together for one year or thirty years and they are so fiercely loyal and supportive it is remarkable.

When I came back from the Forum everyone in my life from work to home kept saying to me that I seemed so refreshed and passionate again. It is absolutely true; I always leave with a renewed sense of commitment and enthusiasm to shape the world around me and bit by bit I'm learning how to do that. The conference is empowering and all I want is to get stuck in and make sure I'm striving to do better!



NATALIE BRADBURY MACN, 2013 ENL

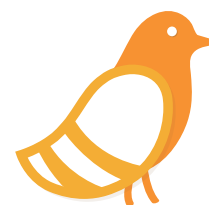
The ACN National Nursing Forum in Brisbane was the 'last hurrah' for me as an ENL. I arrived eager for the days ahead knowing that they would be full of learning, networking and

inspiring presentations and workshops. It was evident over the three days that ACN's focus on leadership was inspiring and equipping all of us to return to our workplaces with greater resilience, confidence and a vision for the nursing profession. Through conversations, presentations, workshops and panel discussions; I felt empowered to keep pursuing excellence within my everyday nursing practice.

A highlight for me was hearing Sue Hawes speak. Her presentation was well refined, professional but also personal. She was honest in saying that she had never really given a presentation like this to so many people. I was surprised to hear this, as she seemed so calm, organised and direct in the points she was trying to convey. It inspired me to think that one day, I too could be giving a keynote speech at a conference just like this! Her focus on implementing solutions rather than just highlighting the problem was a point that I found very challenging. We all want to come up with a solution rather than a problem, but as a novice nurse I don't often feel like my opinion would be heard. Her talk encouraged me to keep thinking in a 'solution based' mind frame and to not be afraid in sharing my ideas with others.

Another highlight was being presented with my certificate of completion for the ENL program at the Forum luncheon. I felt proud in what I have achieved throughout the program and the presentation was significant in highlighting these achievements. A lot has changed from when I first became involved with ACN as a second year nursing student. I feel the ENL program and ACN have played a large part in shaping the beginning of my career and has given me the necessary skills to advocate for nurse leadership. The NNF is always inspiring and I look forward to attending throughout the many years to come.

COMMENTS FROM OUR NNF 2015 DELEGATE SURVEY VIA PIGEONHOLE LIVE:



It was uplifting and so positive about our profession. The content and calibre of speakers was very inspiring.

Overall an excellent, thought provoking, stimulating and contemporary event with the added delight in allowing valuable time to catch up with colleagues and the associated exchange of news and ideas.

The keynotes, the concurrents, Rosemary Bryant's outstanding Oration – truly panoramic and the best I have ever heard in my long career and member of ACN/TCON.

Empowering people to return to workplaces and make changes!

Catching up with old colleagues and friends and hearing their fantastic work which is leading the way.

Hearing from inspiring and experienced nurses on all levels.

We look forward to welcoming you to Melbourne for next year's National Nursing Forum, visit acn.edu.au/events



ACADEMIC

DR MELISSA BLOOMER FACN

The latest report on 'nurse and midwife registrant data' from the Nursing and Midwifery Board of Australia (2015) shows that nurses and midwives in their fifties account for a quarter of the workforce and that nearly 90% of our workforce is women. This data may not come as a surprise, and it is certainly not a situation unique to Australia. With the focus of this issue of *The Hive* on healthy ageing, perhaps it is timely that we (nurses and midwives) take a moment and consider our own health, and the potential that workforce issues that may impact our health now and into the future.

There is already a substantial body of work that demonstrates that shift work can have detrimental effects on a worker's health. Shift workers are at higher risk for developing sleep disorders and hypertension (Costa 1996), musculoskeletal disorders, work-related injuries and obesity (Zhao, Bogossian, Song & Turner 2011). There is also significant evidence to highlight the increasing risks of workplace violence for nurses (Landy 2013). Whilst each of these issues require their own attention, an overall emphasis on ensuring health and well-being and ensuring nurses and midwives are supported in their workplace to continue working is imperative.

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CLINICIAN

MS TOMICA GNJEC MACN

Kendig & Browning (2011) discuss the need for a life span approach to a 'Healthy Australia' through acknowledgement of the processes of social change and determinants of health. They suggest just as there needs to be investment in the development of our younger generation – there are also unrecognised opportunities to enable healthy ageing to benefit people of all ages.

On the continuum of the human life cycle – healthy ageing needs to be embraced for the varying experiences and meanings associated with growing older. The building of community that is 'age-friendly' is possible through the revision and creation of innovative and new services that promote independence, the use of new technologies to bring generations together, and active promotion of the value of older members in our society through education and strong leadership (Hampson 2015).

Open discussion between family, friends, and health and community services is vital in determining priorities and approaches for continued participation in society – at an individual and community level. The many factors involved, such as multidisciplinary efforts, encouragement of self-management of chronic disease, are changeable and therefore able to be improved (Hampson 2015).

As clinicians our pertinent, albeit at times brief, contact with the older generation within the health system gives us an ideal time and opportunity to listen, acknowledge, explore, discuss scenarios, and identify and possibly suggest options available. Together let us advocate for all older members in our society and embrace their irreplaceable value in life. Let us help them to speak up and be heard in order to strive for a more age-inclusive society.

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NEWLY REGISTERED

MS LAURIE BICKHOFF MACN

Recently, an elderly couple in England made international headlines when they called emergency services due to their loneliness. Officers from the Greater Manchester Police responded to the call by making the couple a pot of tea and staying for a chat. Mr and Mrs Thompson, both in their 90s with poor health, stated "sometimes you can feel a bit isolated as you get older" and Mr. Thompson expressed "It was a nice change to have somebody to talk to".

This story resonated with me as I have seen similar loneliness and isolation in my elderly patients in the acute care setting. I remember one patient whose most frequent request was for me to simply sit by his bed, hold his hand and talk to him. Sadly, due to the how busy the ward was, this was a need I was rarely able to fill, leaving me feeling like I had let my patient down.

We can often become focused on the signs and symptoms of ageing. 'Healthy ageing' has to mean more than simply avoiding or adjusting to physical deterioration. Healthy ageing has to include looking after the social and mental health of our elderly population. As nurses, I believe we are in a unique position to detect these issues. It's the resident who never has any visitors, the patient who never receives any phone calls, the client who always wants you to stay for that extra cup of tea who may need our help.

What can we do? We can refer them to a service such as the Red Cross Telecross, advocate for more services in your local area, hold their hand in those spare few minutes and above all, remember first and foremost, they are people who deserve to be treated with care and respect.

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MANAGER

ADJUNCT PROFESSOR CHEYNE CHALMERS FACN

The impact of increased life expectancy is now incredibly visible in our society, baby boomers are working longer and in some cases delaying retirement for financial, social, lifestyle reasons or they are fitter and more energetic than their predecessors. Currently in some parts of the Nursing workforce we have nurses working well into their 70s and even their 80s. From a workforce and health service management perspective this poses many complex challenges. Are these nurses still physically and mentally able to meet the demands of the role? How do we best utilise and value their extensive knowledge and skills, and how do we ensure they are current and contemporary in their practise.

In a 2009–10, a Victorian report titled Value Added: The wisdom of older nurses at work report study by the Department of Health Nursing and Midwifery Policy highlighted that the most important factors influencing older nurses continuing to work within the health service were gaining enjoyment in their work, enjoying the people they worked with and feeling valued. This highlighted that the role of leaders was to ensure activities that reward and value mature age workers play a significant role in their retention.

The report also described the real challenge of leading an intergenerational workforce, but if managed well this can be used as a lever to create new ways of working. For example, the opportunity for stronger teams with older and younger nurses working side by side, sharing different experiences and knowledge to better impact on patient care.

As the population and the workforce ages, health services need to find ways to continue to value and nurture nurses of all ages. Flexible work practices, access to emotional and psychological well-being programs, and support for financial transitioning will go a long way to ensure we support a healthy, happy workforce across the lifespan.



HISTORIAN

DR MADONNA GREHAN MACN

In recent weeks, I've witnessed two of my friends negotiate the health care system in different states of Australia. It's been a salutary experience. One friend, aged in her nineties, lives with multiple morbidities. The other, aged in her fifties, and formerly a women's health nurse, has advanced multiple sclerosis. Both live at home, "ageing" in their preferred location. Because each requires assistance with daily living, both have health-related visitors to their homes on a regular basis. When I asked these friends about what "healthy ageing" means for them, they laughed and said that the concept is just rhetoric.

Their primary frustration is that the practitioners who deliver care at home (irrespective of the occupational grouping or care practice, the level of education, or any other definable category) tend to dismiss the views of the person/client/patient receiving care. My friends clearly have capacity to make informed choices, yet it seems that a desire for self-determination is not facilitated or respected by attendants. My friends, regularly, are told by carers what to do or what they should do. After years of self-advocating, both friends have concluded that it's simpler to endure whatever unwelcome care, ideas, or practices are imposed on them without discussion. That way, the unpleasant encounter comes to a swift end.

Extensive surgery and remarkable medical treatments have enabled both of my friends to live longer, with less physical disability and ill-health. In body, both are ageing pretty well. At the same time, both feel unable to live fully the way they wish to, leaving each unhealthy in spirit.



Access Dementia Education Online through 3LP

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NURSING LEADERSHIP: THE KEY TO QUALITY AGED CARE INTO THE FUTURE

By ACN Policy Team

The well advanced national aged care reform agenda and the recent introduction of consumer directed care makes attention on nurse leadership in the aged care sector a timely focus.

Strong nurse leadership is key to effective aged care service planning and delivery. Nurses make a unique contribution within the multidisciplinary care context. As the Australian population ages, it is critically important that nurses' skills and leadership capabilities are fully embraced to support and meet the ongoing challenges in aged care. With demands on the community and residential aged care sector increasing, emphasis needs to be placed on broadening nurse leaders' potential contribution to quality aged care services delivery.

NURSE LEADERSHIP IN AGED CARE

The Australian College of Nursing's (ACN) 2015 white paper *Nurse Leadership* explains that the term nurse leader applies to nurses who work effectively to improve health care delivery, whether working at the care delivery or board level. Nurse leaders are individuals who have a broad knowledge of the forces shaping health care and aged care including political, societal and economic factors. Typically, they are equipped with a deep understanding of nurses' working conditions and play key roles in fostering supportive work environments and in the recruitment and retention of an appropriately skilled nurse workforce. Nurse leaders in executive roles use their nursing knowledge to influence the strategic direction of an organization and to inform operational planning. Clinical nurse leaders are involved in the coordination, delivery and monitoring of evidence-based practice care and continuous quality improvement activities. Nurse leaders' decisions have a direct bearing on the development of nursing systems and these systems are inextricably linked to meeting the challenges of delivering quality aged care (ACN 2015).

Registered nurses (RNs) play a primary role in both executive and clinical leadership in the aged care sector. It is not uncommon for nurses to hold CEO positions and it is generally the case that RNs hold key management roles. RNs also oversee and provide frontline clinical leadership. They assess, plan, implement and evaluate essential nursing services in the aged care context. RNs working as clinical leaders in community and residential aged care provide education and guidance to their nurse colleagues and to other health workers and engage in consumer advocacy and support. They have the key capabilities required to effectively collaborate with general practitioners and other health



professionals and service providers in the coordination and facilitation of care in their community and residential care settings. While there is a current gap in research demonstrating the direct impact of RN care on consumer outcomes in the Australian aged care context, a growing body of international evidence links RNs skill-base and leadership to better quality outcomes in residential aged care facilities (Konetzka et al. 2008).

THE CHANGING AGED CARE ENVIRONMENT

National trends indicate that the Australian population is ageing, that the prevalence of chronic disease is increasing with ageing and that the health needs of aged care recipients are becoming more acute and more complex (KordaMentha 2014, KPMG 2013). This increasing frailty of aged care populations points to the need for strong nurse leadership across the aged care sector to ensure care recipients have timely access to the levels of nursing expertise they require.

Aged care service delivery is largely within the remit of the Australian Government and over the past few years, the Government, has been phasing in a substantial age care reform agenda. The agenda aims to ensure a sustainable, affordable system that promotes consumer choice and flexibility and encourages business investment and growth (Australian Government (a) 2015). The introduction of the national consumer directed

“As the Australian population ages, it is critically important that nurses’ skills and leadership capabilities are fully embraced to support and meet the ongoing challenges in aged care.”

aged care reforms makes the availability of RNs in aged care settings increasingly relevant to aged care providers and their residents.

Consumer-directed care (CDC) is the key element being introduced to drive change in the aged care sector. According to the Australian Government “CDC allows you and your carer more power to influence the design and delivery of the services you receive. It also allows you to exercise a greater degree of choice in what services are delivered and where and when they are delivered” (Australian Government (b) 2015). A new approach to the delivery of Home Care Packages guided by the policy intent of supporting people to remain in their homes for longer facilitates the introduction of CDC (Australian Government (a) 2015). While the policy intent of supporting people to remain in their own homes is fundamentally positive, it is of paramount importance that appropriate nursing services reach those who require them.

While the policy push is to support people to remain in their homes through tailored home care packages, there will continue to be a significant demand on residential age care (KordaMentha 2014, KPMG 2013). With the acuity of residents likely to increase in residential facilities, the health monitoring, health promoting and supervisory roles of clinical nurse leaders will become even more important. Strong nurse leadership provides the essential staff mentoring, supervision and delegation to support the delivery of safe and appropriate care to older people with a diverse range of health, social and psychiatric needs. This is particularly important in a service sector that engages significant numbers of unlicensed care workers with variable levels of knowledge about health concerns.

PROMOTING CLINICAL NURSE LEADERSHIP

The aged care sector shows a promising trend of promoting nurse leadership by setting up collaborative models of care to provide better access to health care services for residents in aged care settings. The Goodwin Wellness Centre in the ACT provides a good example. Launched in 2014, the Goodwin Centre is being promoted as providing innovative registered nurse clinics that offer “...residents one-on-one appointments in a clinical environment with Goodwin Registered Nurses...” under the mentorship of an aged care specialist nurse practitioner and geriatrician (Goodwin undated, Berladi 2014). The clinics provide proactive services with a rehabilitation and preventative approach where people “are referred to the clinic for a variety of reasons, with all referrals managed and triaged by Registered Nurses. The clinic is closely linked with geriatrician consultations, palliative care case conferences and clinical indicators which drive referrals to the clinic” (Goodwin undated). Importantly, the clinics are reported to be providing an opportunity to make better use of RN’s skill-base and their abilities to link services within the aged care environment (Berladi 2014). Service innovation that leverages clinical

nurse leadership to increase access to health care should be broadly explored to accommodate growing service demand in the changing aged care environment.

PROMOTING LEADERSHIP IN AGED CARE

As the national professional organisation for all nurse leaders, ACN has a direct interest in both advancing, as well as providing, nurse leadership within aged care to improve the health of the community. ACN provides an active voice for the nursing profession in aged care through its membership with the influential National Aged Care Alliance (NACA). ACN also engages with nurses working at the frontlines of aged care, in aged care policy and aged care research via the ACN Health and Well Being in Ageing Community of Interest.

Notably, in September this year ACN established the Expert Advisory Group (EAG) on Ageing to support its advocacy work on issues related to ageing. The EAG on Ageing will provide expert guidance and nurse leadership to inform ACN’s positions in the complex and rapidly changing policy environment around Australia’s ageing population.

ACN places a high priority on strengthening the role and voice of nurse leaders within aged care and we encourage members with aged care expertise to participate in ACN member engagement opportunities to support our advocacy work in this important area of nursing practice.

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MAINTAINING QUALITY OF LIFE FOR RESIDENTS IN AGED CARE SETTINGS



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By Dr Anne-Marie Mahoney MACN, Dr Sharon Hanna, Professor Jeni Warburton, Mary Kelly and Jenny Indian

BACKGROUND

Care provision for older people often focuses on physical care rather than psychosocial care. A growing body of literature suggests that many residents experience feelings of loneliness, boredom and loss of purpose (Slama & Bergman-Evans 2002; Edvardsson et al. 2013). These challenges are well known, particularly in rural environments where health service delivery is limited due to time, resources, and the availability of an adequate well trained workforce (Winterton & Warburton, 2011). Whilst the challenges associated with maintaining quality of life for residents in aged care settings are well documented, there is a major gap in knowledge of how to respond effectively.

As Carmen and colleagues (2011) have identified, individuals have a lifelong connection with the environment in varying degrees and, just because we age, our interaction need not discontinue. We recently focused on a deep connection with the environment through a birdwatching intervention at a local rural residential aged care facility. In 2014 Glenview Residential Aged Care in rural Victoria commenced a birdwatching project. The project was initiated by the facility in order to develop an activity for the many residents from farming backgrounds who have spent their lives on the land. The key to the success of the project has been the local knowledge. The project was administered by a project manager with expertise in bird watching and relevant Landcare initiatives.

This paper explores some elements of the birdwatching intervention within a rural residential aged care facility. People have a lifelong connection with the outdoor environment and this project built on that through specific excursions to local native bird habitat. Involvement in the activity had a deeper meaning for some residents

THE GUN CLUB

Although not usually associated with birdwatching per se the residents boarded the bus and headed down to the local gun club where many had previously been members. One staff member reflected on this outing:

"They like the outing, like the day we went out to the gun club. We took two lots and they thoroughly enjoyed that. It's not the same as being out in the fresh air, wandering. They might see something like a wood duck that might prick something, particular males, they remember shooting. A lot of them used to go shooting... and most of them lived on wood ducks years and years ago, so I think it's been good that way."

Summers et al. (2012) contend that '...nature matters to people whether that experience fosters creativity, restores spirit, restores physical condition or simply creates leisure time' (p.335). The gun club outing did just that. For many, it triggered memories of being there and shooting and for others it was a chance to reconnect with an environment.

PERCEPTIONS

The staff at the facility were interviewed about their views on the impact of the birdwatching on residents' overall well-being. This staff member talks about how she connects with the residents about the birdwatching activities.

"I believe the people that go out like to come back and talk about what they have done a bit more. You don't have to really prod them and ask, 'What have you done? What have you done?' You say birds and then that pricks something and then they will tell me about the birds and the ducks and where they've been."

Another staff member recalls how the iPads are assisting the residents to remember.

"We've got a scrapbook that we are going to put the photos in and we are going to have the residents write on who they are and if they can remember anything about that day, that's the idea of it, like journalism, to see whether they can remember going to the Wonga Wetlands, they thoroughly enjoyed it so we have to go back to that one again."

The facility's nurse manager commented:

"It has been a great success. The staff have got very involved, especially Mary. We have bird bingo now and placemats in the dining room with pictures of birds. It shows how much we can do to improve the lives of our residents here."

“...nature matters to people whether that experience fosters creativity, restores spirit, restores physical condition or simply creates leisure time.”

INCIDENTAL OUTCOMES

An incidental outcome of the project has been the empowerment of the staff. At a practical level the birdwatching has enabled many of the staff to develop a sense of purpose in their communications with the residents therefore deepening relationships.

As one staff member commented:

“We feel it has benefited the residents that don’t normally participate in a bus outing that like to come out and engage because it involves birdwatching and they’ve got an interest in that. We have just seen a lot of benefit for the residents. They are a lot happier when they go out, they look forward to going. There is a particular gentleman that is very much involved in it and wants to go out and see different birds. He is engaging in a lot more conversation with us, we have a topic of conversation that we can open up with him, whereas before he would sort of get fixed on one certain topic and it was really hard to shift his focus, where this gives us something a little bit more positive to talk about.”

There is a recognition of the important role that staff play in the way residents’ perceive their overall quality of life. Many of the residents spoke with admiration and fondness of the staff and for the facility. This resident when asked about the birdwatching spoke fondly:

“I haven’t been here very long, I quite enjoy it, everyone is friendly, the nurses are nice and we have bus trips (birdwatching).”

Many residents focused on the bus trips rather than the purpose of the trip, which was to visit a bird habitat. As one staff member explained:

“I have to remind them about it and they light up and they will start talking about it. Because of the short-term memory loss, they seem to forget. I can’t even come in the day before and say we are going bird watching tomorrow because they will forget. So you have to go in on the day or the day before to ask if they want to come, but you still have to come in the next morning and say, right we are going, and they say, “Oh that’s right, we’d forgotten”. So perhaps I need to have a little tag to hand to each resident to remind them that on a certain day we are going out on the bus birdwatching.”

Although the original intent of this project was to explore the impact of a birdwatching activity on residents’ quality of life, there have been some unexpected outcomes. Of significance for the ongoing sustainability of this project is the empowerment of staff to be decision-makers. There has been a shift from a predominance of “This is how it is” to “Wow, now that I have seen what we can do and how it makes a difference, I’m ready to do more”.

Like this staff member’s comment:

“You could have a couple of chooks walking around, residents can just pick them up, they make the best little pets, they are just beautiful ... just things to reminisce about before, they might not be able to have a conversation about that, but pretty sure it will click and they will have some great stories.”



Glenview residents at the Wonga Wetlands bird habitat

There are several aspects to this project that have inspired the care staff at the facility. With support from the facility’s management the birdwatching will continue. There is renewed vigour and energy among staff as a result of the project and they have developed capacity to initiate change. Plans are underway to establish a sensory garden with bird nesting boxes and vegetation that will attract native birds. There is recognition that as the residents become frailer many will not be able to travel out to see the birds.

So through the development of this garden residents will be able to connect with nature and the birds right on their doorstep. To ensure this happens, staff are working with local community groups. They are exploring opportunities for social entrepreneurship that builds sustainability and capacity for these and other initiatives. All of this work is focused on improving residents’ quality of life. The project has been a journey of discovery for all involved and could not have been possible without the generous support of the facility, La Trobe University and the local community.

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THE MCKELLAR GUIDELINES FOR MANAGING OLDER PEOPLE WITH DIABETES: OUTCOMES AND IMPACT

By Trisha Dunning AM FACN (DLF),
Nicole Duggan MACN and Sally Savage

INTRODUCTION

Increasing age and age-related physiological changes affect glucose homeostasis and are risk factors for diabetes. Consequently, diabetes is prevalent in people over age 65: 18% of older Australians have diabetes and a further 18% are at risk of diabetes. Most have type 2 diabetes but people with type 1 diabetes grow old, and type 1 can be first diagnosed in older people. There are important management considerations between types 1 and 2 diabetes.

Managing older people with diabetes is challenging due to the presence of diabetes-related complications such as renal, liver, gastrointestinal and cardiovascular disease, which affect self-care capacity, functional status, mental health, medicine safety and life expectancy. In addition, other comorbidities such as dementia and cancer are common in older people (Munshi et al. 2013). Polypharmacy is common and is an underlying cause of medicine-related adverse events, especially hypoglycaemia, and admission to hospital.

Significantly, changed symptomatology makes it difficult for older people, their family, carers and health professionals to identify significant changes in health status such as hypoglycaemia, myocardial infarction and hyperglycaemia. Hypoglycaemia is associated with short term cognitive changes that affect delayed and working memory and decision-making (Seaquist et al. 2013), is associated with dementia (Feinkohl et al. 2013) and myocardial infarction (Chopra & Kewal 2012). Persistent hyperglycaemia increases the risk of hyperosmolar states and ketoacidosis and contributes to incontinence.

Family carers play an important role supporting older people with diabetes. They spend

between 10.5 to 14.4 unpaid hours per week caring for older people with diabetes, which often has a negative effect on their personal lives and health (Haas 2006).

Our research suggests many health professionals caring for older people with diabetes have limited knowledge about the effects of ageing on diabetes and vice versa (Dunning et al. 2013, Wellard et al. 2013) and led to the development of The McKellar Guidelines for Managing Older People with Diabetes in Residential and Other Care Settings (2013). Although most recent 'diabetes clinical guidelines' have a section concerning older people, the information is not sufficient to guide comprehensive care planning or address the key issues outlined in the introduction or the need to consider functional status and life expectancy.

DEVELOPING THE GUIDELINES

The McKellar Guidelines were developed to help health professionals caring for older people with diabetes deliver best practice, comprehensive, safe, personalised diabetes care. The Guidelines were developed using the National Health and Medical Research Council (NHMRC) Guideline development process (1999) including appointing an expert advisory group.

Limited level one evidence from randomised control trials identified in a systematic literature review represented a challenge to making evidence-based recommendations, hence the advice of the expert advisory and reaching informed consensus became very important.

Another strategy we used to ensure the guidelines would be clinically relevant and useful was consulting regularly health professionals providing care for older people, the key stakeholders, during the formative development stage.

The final guidelines document consists of 18 individual guidelines and five risk assessment tools: diabetes risk, hypoglycaemia, glucose lowering medicine adverse event risk, diabetes-specific falls risk, and diabetes-specific pain risk. The risk assessment tools were designed to

be used with, not replace, existing assessment tools. Each guideline is divided into three sections: care context, assessment and care planning. Where relevant, users are directed to other useful guidelines in the document.

The draft guidelines were tested in a large regional and four small rural aged care services to determine their suitability, clinical relevance, acceptability and usability. Such testing is not part of usual guideline development processes but it enhanced the clinical utility of the final document. In addition, the guidelines were subject to national and international expert peer review before being finalised and launched in 2013. These evaluation processes constituted summative evaluation.

OUTCOMES

A key outcome of developing the guidelines was undertaking medical record audits before and 12 months after the guidelines were implemented. The audit of older people with no diagnosis of diabetes before they were admitted to a regional RACF using the AUSDRisk tool found 36% had four or more diabetes risk factors and 68% had one or more diabetes symptoms (Dunning et al. 2013). The finding substantiated the need for Guideline 1, which recommends screening all older people for risk of diabetes on admission to an RACF. The finding is consistent with previous research that shows 1 in 4 people in RACFs has diabetes (Sinclair 2001).

The main outcome was a clinical guideline that is:

- Person-centred and advocates the importance of individualising care plans and care goals
- Based on the best available evidence, remembering that older people are often excluded from randomised trials
- Informed by an expert health professional advisory group; consequently it fulfilled the current global move to engage with key stakeholders to develop health policy and services

“The McKellar Guidelines were developed to help health professionals caring for older people with diabetes deliver best practice, comprehensive, safe, personalised diabetes care.”

- Supported by an accompanying document that shows users how to use the guidelines to assess the older person and plan appropriate care for key diabetes-related care issues.
- Is likely to meet the needs of key stakeholders because it was formatively evaluated during the development process and was summatively evaluated to determine their clinical relevance, acceptability and ease of use with existing guidelines such as falls and pain before it was finalised and placed in the public domain.



The guidelines were accepted for placement on the Australian Disease Management Association (AMDA) Clearing House website (www.adma.org.au).

IMPACT

The guidelines were launched in November 2013. Since the launch it:

- Was awarded the Barwon Healthcare Innovation Award in 2013. The award is very competitive and is awarded to projects that influence practice in the Barwon Region
- Was implemented as policy in Barwon Health in early 2014 when it replaced previous policies related to caring for older people in our service, which reflects knowledge translation
- Is being used in a range of Australian aged care services in the public and private sectors. Staff members who work in our aged care centre, The McKellar Centre, are expected to attend an annual training session about the McKellar Guidelines as part of their performance review
- Has been translated into Norwegian. Some aspects, especially the risk assessment tools, are being used in Norwegian aged care services
- Inspired clinical chart audits in the McKellar Centre that show most residents have documented hypoglycaemia care plans and that reportable blood glucose ranges are safer

- Led to peer-reviewed publications, invited papers and book chapters, and an invitation to coedit the 4th edition of Professor Alan Sinclair's book, *Diabetes in Old Age*, which is a widely used in medical education (in press at Wiley Blackwell), and invited presentations.

SUMMARY

Evidence-based care needs to be embedded in health care settings (Caminiti et al. 2015). The McKellar Guidelines were based on research in Australian aged care settings. They were comprehensively evaluated during and after they were developed to ensure they were likely to meet the needs of key stakeholder users, which enhanced their acceptability, impact and outcomes. They have been integrated into practice and are policy in at least one large RACF.

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WELLNESS BEGINS AT HOME: THE HUMAN FACTOR IN COMMUNITY AND PRIMARY HEALTH CARE

“Nurses remain the essential component to understanding, working with and interacting sensibly with the interdisciplinary teams of allied health practitioners that can segment the individual into disease components.”

By P.D. Macbeth MACN

Historically nurses are indisputably the backbone of holistic community and primary health care; there to lend a knowledgeable helping hand when people are feeling most vulnerable. From (1883) when Florence Nightingale's nurses nurtured soldiers injured in the Boer War, (Seymour 1954) in Taylor (2000); further the Nightingale nurses set the standards for nursing care in the developing colony in Sydney; to the midwives who travelled far and wide across this land looking after new mothers and families at a time when they were needed. People ageing in this 21st century have delivered new paradigms for holistic nursing skills to be able to address the balance of different vulnerabilities that affect physiological and psychological wellness. Nurses remain the essential component to understanding, working with and interacting sensibly with the interdisciplinary teams of allied health practitioners that can segment the individual into disease components. Specifics may vary but the key elements of holistic care can be emphasised in attention to detail; informed collaboration and quality practice; using available technology; and most particularly listening to and involving the patient who is the whole point of why we are there in the first place.

Globally and locally populations are expanding at an unprecedented rate which brings challenges for setting appropriate aged care priorities for policy makers and practitioners serving the aged care industry. An enormous amount of work has been undertaken by ACN's Community of Interest discussions and parliamentary consultations looking at ways to address and alleviate problems arising from an increased number of people in our society needing aged care. A special feature in *The Hive*, (Spring 2015 pp 1-11) presents outcomes of the discussions and suggests the need for a 'stronger primary health care system' in the following statement to the parliamentary standing committee on health;

“Australia needs a stronger primary health care system if it is to overcome the challenges associated with an ageing population and a rising chronic disease burden. Community and primary health care nurses must be supported through adequate funding and evidence-based policy enablers to lead this change and meet these challenges.”

From my own long experience as a private nurse practitioner; addressing the needs of my patients; meeting all regulatory and practice requirements; complying with ongoing professional development; and collaborating with inter-disciplinary practitioners as we worked together with aged and disabled persons in their own community; the previous comment is undoubtedly relevant. 'It's a sad incitement of care provision when we care more about rules than the people we are serving' (incidental comment 2015). Such as when vital lifestyle decisions are made by those with less or different life experiences and little practical understanding of, or respect for lives fully lived in a different time and place. Every person matters by the virtue of their very existence. The current trend to depersonalised, prescriptive, subscription, sign here for consumer directed care; removes the human factor from provided community care and relinquishes responsibility of the proponent to meaningfully interact with the individual because of time and fiscal constraints.

The Primary Health Care Advisory Group Discussion Paper (August 2015) themes 'effective and appropriate patient care', outlines seven principles for a sustainable patient care delivery that provides relevant education and training, 'engages patients and carers as active partners' and ensures collaboration between practitioners in that care; as it envisions;

“A primary health care system that achieves the best possible patient outcomes, health status and community participation; and efficiently targets health system resources.”

Retired professor Beverley Taylor, in her writings (1994), talks consistently of the human factor as she relates to 'ordinariness in nursing' as "sophisticated in its simplicity". She further contends, (pp 240-41):

“Nurses and patients are the same in their humanity and it is this sameness that transcends any apparent differences they might have as individuals. ... Humans are interconnected ... earthed to daily routines and obligations that keep their attention to the apparent emotional polarities of life”.

And most importantly it is in the generative source of the human qualities of unqualified acceptance and professional connectedness that enables rightful care and promotes meaningful interactions that influence wellness in the individual.

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HANDLING THE CHALLENGES OF OUR AGEING POPULATION

Australia's population is ageing. Over the last century, life expectancy has doubled; the average man today will live to 75 while the typical woman will live to 81. This shift is constantly increasing the number of elderly citizens who suffer from complex chronic conditions. As the baby boomer generation enters retirement, we will see an even more significant spike in the demand for aged care services.

THE CHALLENGES WE FACE

To illustrate the current and upcoming circumstances of aged care in Australia, let's look at some statistics.

In 2013, 14% of the population was 65 or older and 1.9% of people were 85 or older. These groups were supported by 350,000 aged care workers.

It is estimated that around 3.5 million Australians will access aged care services by 2050. We will need one million aged care workers to cater for this increased demand – this is almost three times more people than currently work in this field.

And this isn't the only challenging change the industry is currently facing. With the introduction of Consumer Directed Care and the NDIS scheme, there is now a shift towards patients and clients having more control over the design and delivery of the care and services they receive. To evolve with these circumstances, aged care providers are adjusting their existing services and adding new services to encourage community sustainability and entice older Australians.

CASE IN POINT: AGEFIT

A strong example of meeting this challenge is our AgeFit online assessment tool.

Developed in partnership with our CMG Organisation Psychologists, AgeFit enables us to efficiently and comprehensively assess a candidate's 'fit' against relevant competencies and behaviours, which are required for a person to be successful in aged care. Applicants complete AgeFit during the recruitment process,

allowing us to ensure the best candidates possible are employed.

Vivir undertook a very robust process to ensure we come up with a tool that is helpful and relevant to Aged Care employers.

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Qualified registered nurses who can provide nursing care in residential facilities and communities are currently in short supply. The team at Vivir is currently looking for excellent registered nurses who are interested in developing, implementing and evaluating patient care programs. Successful candidates will also be involved in providing interventions, treatments and therapies.

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If you are interested in helping elderly Australians improve their quality of life and you want to work with an organisation that carries this purpose at its core, please get in touch by calling (03) 8629 1188. To learn more about Vivir, simply visit www.vivir.com.au or continue reading below for a summary of our organisation.

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Vivir is a Chandler Macleod Group company that has been providing healthcare services within the aged care and community sector for the last 15 years. Our name is a Spanish word that means 'to live' or 'to spend one's life'. Spanish culture, with its love of dancing and food, siestas, and zest for life, is a perfect metaphor for the Vivir Way.

Each day, Vivir sets out to improve the quality of life for thousands of Australians within residential and community aged care. We are extremely proud of our culture. We already have more than 250 permanent and casual team members working with our organisation, and it's very important to us that each individual loves

the work they do and feels connected to the company.

Our success comes from our innovative approaches, outstanding customer service, stringent quality assurance, and our commitment – to both the people working with us and the people we deliver care to. With operations across the eastern seaboard of Australia, Vivir aims to support and deliver quality care for as many elderly citizens as we possibly can.

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THE ROLE OF THE COMMUNITY NEUROLOGICAL NURSE SPECIALIST IN A REGIONAL AREA

By *Nina Cheyne and Sally Wherry MACN*

Parkinson's is a chronic, progressive, incurable, complex and disabling neurological condition. Parkinson's sufferers and their families and carers are confronted with major issues of disability including tremor (trembling in hands, legs, jaw and face), rigidity and stiffness of limbs and trunk, sudden slowness and loss of spontaneous movement and impaired balance and coordination. In many cases, Parkinson's results in impaired speech and various mental health issues, such as depression and anxiety arising from both the impacts of the illness on individuals, the pathology of the disease and side effects of the multiple medications regime. Other symptoms include sleep disruptions, difficulty with chewing and swallowing as well as urinary and constipation problems (Parkinson's NSW 2015).

Parkinson's is recognised as one of the worst degenerative illnesses but is not considered a national health priority even though there is considerable disability and the costs of burden associated with this chronic health illness was \$6.8 billion in 2005 (Access Economics 2005). Currently, one person with Parkinson's is diagnosed every hour in Australia and the number of people with Parkinson's is expected to treble by 2033 to around 240,000. Of all those diagnosed with Parkinson's, 10% will be under the age of 40, with 20% of working age between 16 and 65. In addition, it is known that there are indigenous people with Parkinson's although no studies have been undertaken in this area (Parkinson's Australia n.d.).

THE ROLE OF THE PARKINSON'S NURSE

In the United Kingdom, patients, carers and health care professionals are supported by more than 300 Parkinson's nurses. This successful model is estimated to save, on average per nurse, \$57,831 in clinician appointments each year, and \$105,600 per nurse per year in avoided hospitalisations. The nurse can save on average \$194,068 per year in bed days. Patients have improved health outcomes and their carers report reduced emotional strain (National Collaborating Centre for Chronic Conditions 2006).

The benefits found in the UK can be replicated in Australia. The Access Economics Report recommends increasing access to Parkinson's nurse specialists to levels recommended by the National Institute of Clinical Excellence in the UK. This recommends an average caseload of 300 patients per nurse (National Collaborating Centre for Chronic Conditions 2006).

Identified needs in the community included:

- High elderly population identified in the Shoalhaven local geographic area
- High rates of depression and anxiety associated with neurological degenerative conditions
- Carer burden of caring for people living with a neurodegenerative condition
- Lack of education for health professionals in dealing with specific needs of the elderly
- Lack of coordinated services for best practice outcomes and data management
- Reduce hospital admissions for falls and difficulty coping at home in the elderly
- Lack of specialist neurological service to meet the demands of elderly living with a neurodegenerative condition
- Aged facilities are ill equipped to deal with Parkinson's disease and its symptoms

LOCAL PROVISION

The Community Neurological Nurse program was initiated in the Shoalhaven in 2010, thanks to the support of Parkinson's NSW, which is located in Sydney. The organisation provides support, counselling and resources to people living with Parkinson's. It advocates for improved services and funds many programs including research projects as well as my role as the Shoalhaven Neurological Nurse.

I coordinate the care for people living with Parkinson's and other neurological conditions (Huntington's disease, Multiple System Atrophy, Progressive Supranuclear Palsy, Atypical Parkinson's and Motor Neuron Disease) and their carers. The role involves home visits to patients referred by their general practitioner (GP), specialist or hospital team member for a comprehensive nursing assessment. This assessment is based on the Unified Parkinson's Disease Rating Scale, which addresses motor and non-motor function and quality of life questions. The nurse is able to identify appropriate and timely interventions and ongoing management of treatments, psychosocial support, referrals to appropriate medical, allied health and social services, and practical support depending on individual needs and the needs of family and their carers. The assessments require expertise and sound knowledge to address the needs of persons with Parkinson's and their families.

It is imperative to liaise with GPs, specialists and members of the multidisciplinary team to meet the needs of individuals to provide valued

quality life for people living with Parkinson's and their carers (National Collaborating Centre for Chronic Conditions 2006) As the patient's condition deteriorates, more complex and advanced treatments are required (Access Economics 2007). Support is available to the Neurological Nurse from the extended team members at Westmead, Concord, St Vincent's and the Brain and Mind Research Institute.

WHO QUALIFIES FOR THE SERVICE?

- Older People living with a diagnosis of a neurodegenerative condition (Parkinson's, Atypical Parkinson's, Motor Neuron Disease, Huntington's) in the Shoalhaven Region.
- Carers of people living with a diagnosis of a neurodegenerative condition
- People diagnosed with a neurodegenerative condition that experience mental health issues
- Carers of people diagnosed with a neurodegenerative condition that are experiencing mental health issues.

The nurse is at the heart of developing high quality care to achieve the best outcomes for the patients by:

- Overseeing of medication
- Helping to manage complex symptoms
- In-home assessments and monitoring clinical indicators, such as risk of falls, dementia, quality of life and safety
- Emotional support for patients and their carers, including referral support to Centrelink and My Aged Care services
- Education to health professionals and the wider community
- Coordinating referrals an integrating primary care services to varied health and other supportive services such as an Aged Care Assessment Team, Home Care, Speech Pathologists, Occupational Therapists, Exercise Physiologists, and so on.

STRATEGIES TO ADDRESS IDENTIFIED NEEDS INCLUDE:

- Provision of specialised service for elderly people in the community living with a neurodegenerative condition
- Provision of social, emotional and health information to patient, carers and family, including support group programs
- Provision of education to health professionals working with the elderly, including GPs, practice nurses, pharmacists, aged care facility and community workers, emergency, medical and hospital staff and aged care service providers

- Creation of a neurological specialist clinic with a specialty in movement disorders
- Creation of care plan templates to reflect health needs related to neurodegenerative conditions that can be utilised from GP practices, community and hospital services
- Coordination of health information and increased sharing between services
- Provision of advanced treatment options for neurodegenerative progression in rural NSW, working collaboratively with specialists and hospital management
- Creation of a Centre of Excellence in a local aged care facility specific for Parkinson's patients residing in residential aged care facilities
- Initiative to improve medication compliance in aged care facilities – Pilot trial at Chesalon residential aged care facility in South Nowra with a view to creating a national strategic initiative for improved medication compliance for people living with Parkinson's, both in aged care facilities and in the community.

Parkinson's Australia, which represents over 300,000 Australians living with Parkinson's, made a submission to the Productivity Commission Enquiry into Aged Care Services in 2007 and recommended the commission consider the following recommendations:

- That there is a need to recognise disease specific groups, such as Parkinson's
- Increase the awareness and knowledge of the condition and its impact, in both the aged care industry and in the general community
- Ensure that aged care community services reflect the person centred services wanted by consumers and currently used in countries such as the United Kingdom (neurological nurses to assist people with Parkinson's to manage their condition at home for as long as possible).
- Reduce the cost of effective treatment options.

(Access Economics 2007)

The current strategies being implemented are designed to address the recommendations listed as well as other unseen benefits including anxiety and depression, and trust in health service delivery.

Challenges:

- Long distance travelling – 2000-3000 kilometres a month
- GPs are very busy and can be difficult communicating recommendations in a timely manner
- Networks and professional relationships take time to establish. Isolation can occur in areas where there are limited networks and resources.
- Educating varied health professionals takes time and effort to provide adequate training about the complexities associated with Parkinson's.
- No service structure model such as a clinic with experts



- Lack of local expertise – neurologists visit monthly
- Large patient load – over 300 people on the books, often difficult to attend to needs immediately
- Difficult to attend to follow-ups to ensure outcomes have been met in a timely manner at times
- Lack of support, knowledge and expertise in aged care facilities in relation to awareness of Parkinson's and associated conditions
- Not being directly linked to a local organisation means I need to work harder to form partnerships and networks
- Potential for burnout: Identified need to maintain own wellbeing and essential to find mentoring buddy to reduce risk of stress and isolation
- Finding champions in various health locations
- Ensuring adequate time for carers – providing time for counselling and grief sessions, and discussions about Advance Care Planning.

A PERSONAL PERSPECTIVE

As the community neurological nurse, it is a privilege to be in this role. I particularly enjoy being the patient's point of contact and provide liaison with the neurologist, GP and other health team members. One of my vital roles is to provide sound evidence based strategies to manage the multifaceted aspects of Parkinson's. I also am privileged to be part of the Parkinson's support groups and carer groups to build on providing awareness about Parkinson's, and local fundraising to provide exercise and dance classes for people living with Parkinson's.

LOOKING TO THE FUTURE

We look forward to implementing service structure previously not available in the Shoalhaven area that will benefit those living with neurodegenerative conditions. We are currently in the process of commencing a movement disorders clinic in the Shoalhaven to reduce driving time for people travelling to Sydney and allow specialist expertise to be accessed locally.

There is still a long way to go, but at least we are taking steps in the right direction in meeting local needs for people in the Shoalhaven living with Parkinson's and their carers.

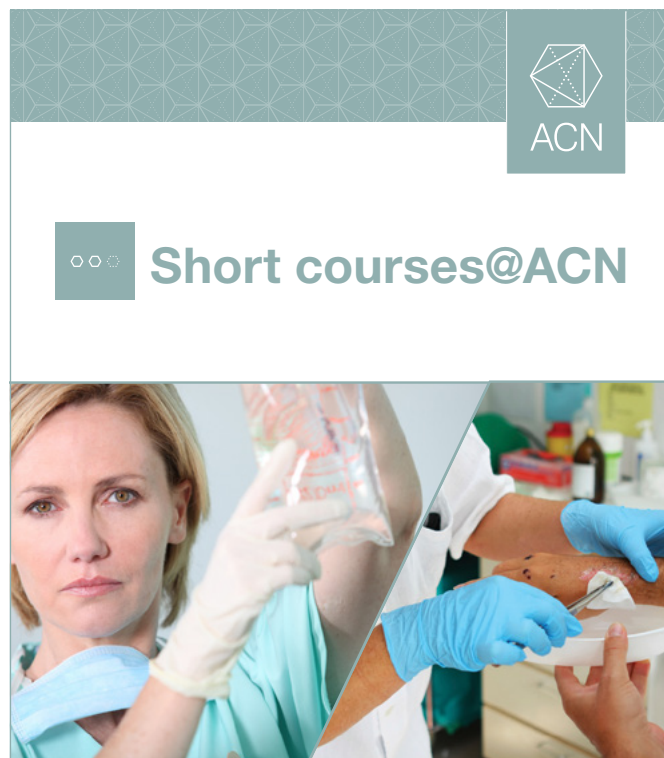
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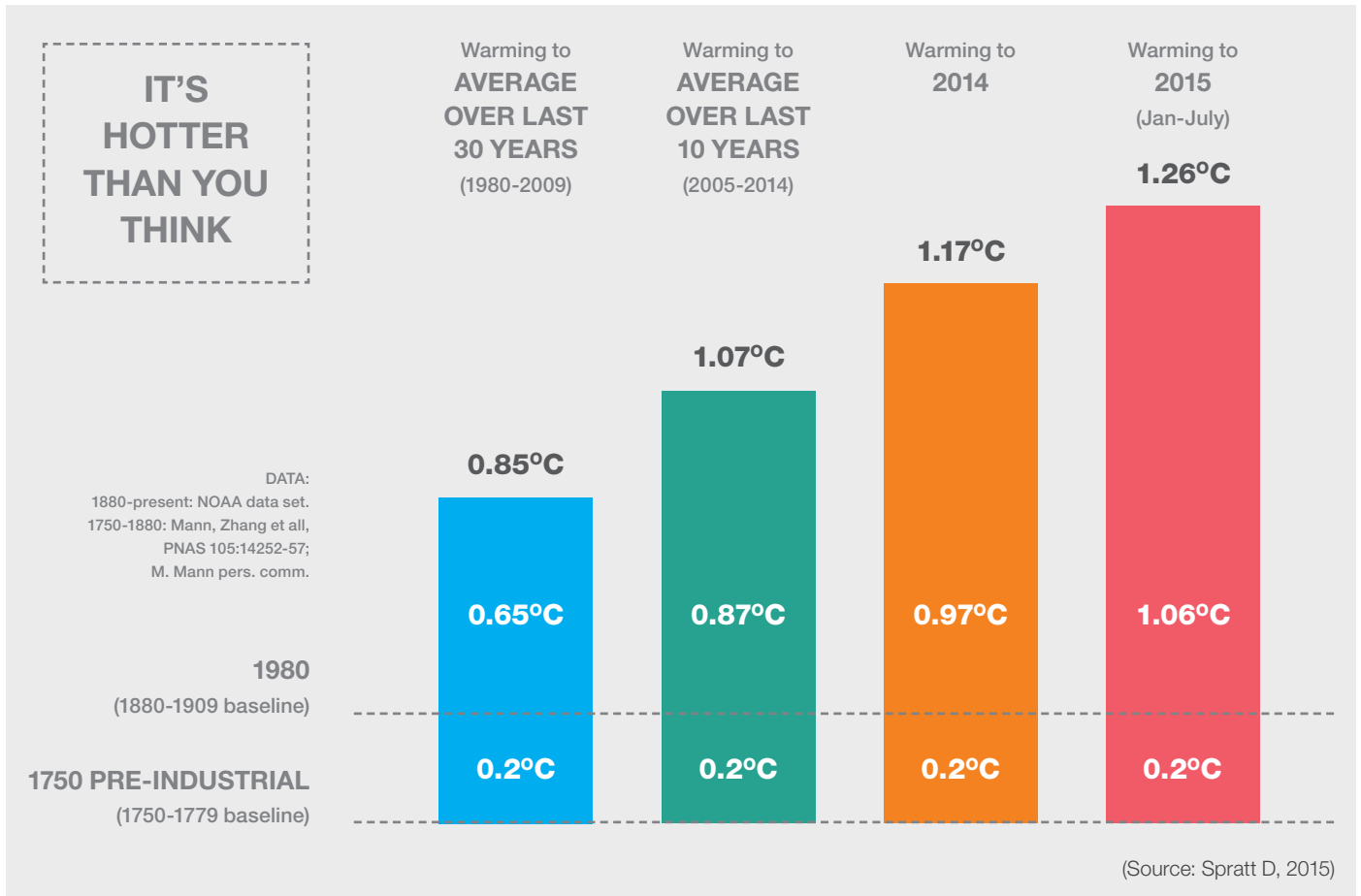
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2015 LIKELY TO BE WORLD'S HOTTEST YEAR



By Dr Liz Hanna FACN

Be prepared for a hot, dry summer.

The world is getting hotter. Since records began in 1880, 2014 was the warmest across global land and ocean surfaces, and marked the 38th consecutive year (since 1977) that the yearly global temperature was above the 20th century average (NOAA 2015a). However, that record was short lived, as 2015 has been even hotter, with an average land surface temperature 1.28°C above average (NOAA 2015b). Furthermore, 2015 will breach the symbolic and significant milestone of 1°C above the pre-industrial era (WMO 2015). October marked the sixth consecutive month to break a monthly global temperature record, and was also the greatest departure from average for any month in the 136-year-long record.

Australia's hottest year was 2013 (BOM 2014), and 2015 is also breaking heat records. Although the 2015 winter felt cold for our south eastern

states, the temperatures were akin to a normal winter of 30 years ago. Tasmania had snow on the beach at Kingston and below-average conditions, resulting in the third lowest temperature departure (-1.27°C) since Australian records began in 1910 (NOAA 2015c). After a hot start to the year, the June to August 2015 period saw a national temperature 0.79°C above the 1961–1990 average, and August was 0.61°C above average. October 2015 was Australia's warmest on record for mean temperatures, with daily maximum temperatures in southern states exceeding their 1961–1990 average by up to 12°C (BoM 2015a). These records continue the trends of summer heat starting earlier and lingering later into the year.

El Niño is measured in terms of equatorial sea surface temperature across the Pacific, towards Australia from South America, and described as the Oceanic Niño Index (ONI). In November, Australian sea surface temperatures exceeded 2°C above the 1981–2010 average, whereas equatorial seas exceed +3°C, earning it the title of a Super El Niño (BoM 2015b). Alarmingly, the ONI departure from normal this year far exceeds the strength of the El Niño of 2009, 2006 and is also likely to exceed the 1997–1998 event, known globally as the "El Niño of the century" (Spratt 2015), which brought a particularly severe drought to Australia.

“Droughts are associated with mental health issues, heat extremes take a heavy toll on the very old, the very young, and those working in hot environments.”

Another major climatic system that influences Australian climate is the Indian Ocean Dipole (IOD). El Niño is usually associated with below-average winter-spring rainfall over eastern Australia, and a positive IOD typically reinforces this pattern over central and southeast Australia. The whole Indian Ocean remains warmer than average with sea surface temperatures in the southern Indian Ocean the highest on record for winter. The IOD index has been above the +0.4 C threshold for more than eight weeks, indicating Southern Australia is likely to experience an extremely hot and dry summer (BOM 2015a).

Certainly, events may unfold that alter these projections, yet it is more likely than not, that we are facing an extreme summer. Such summers stretch health services as demand climbs. Droughts are associated with mental health issues, heat extremes take a heavy toll on the very old, the very young, and those working in hot environments. A common misconception is that we can acclimatise to cope with increasing heat, but human thermoregulation has limits, and hot summers are reaching those upper boundaries (Hanna & Tait 2015). Heat impacts reverberate throughout society. Systems can fail, such as electricity and water supplies, and transport. In addition to burns, fires exacerbate respiratory conditions. For the health sector, now is the time to build preparedness to ensure systems, policies and staffing levels are able to cope. Importantly, these events challenge the personal lives of health staff, so the needs and welfare of health staff must also be factored in to planning, along with the recognition that staffing numbers may be compromised as members attend their own family needs.

Author details

Dr Liz Hanna, ACN's Key Contact for the Climate and Health Community of Interest, is Director of the Working in the Heat Program at Australian National University and President of the Climate and Health Alliance.

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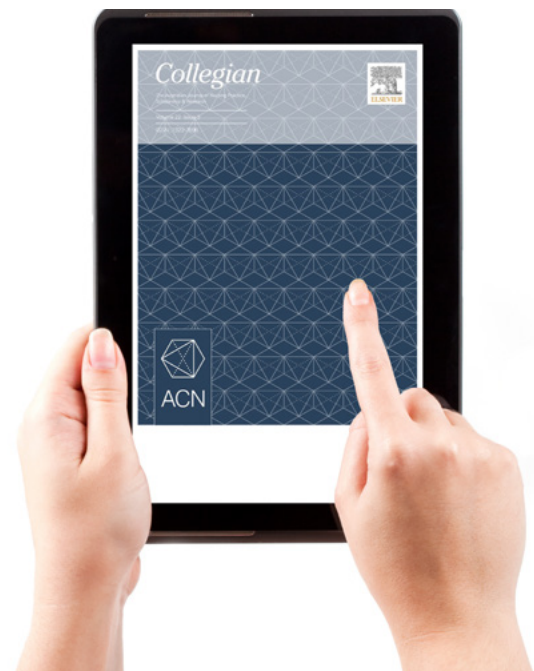
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WHO HAS THE PULSE ON NURSING INFORMATICS IN AUSTRALIA?

By Jennifer M. Newton, FACN

This challenging question was put to the audience at the Melbourne Region's Gertrude Berger Oration and Symposium held on 29 October 2015, by the orator Dr Kathleen McCormick. She is a senior practitioner, researcher, and policy executive in health informatics, bioinformatics, and gerontology. In 2013, she was honoured for her work in innovation with the International Informatics Award from Sigma Theta Tau.

It was one of many questions posed by Dr McCormick as she shared her experiences of the challenges in having one information system that can link quality, standards and outcomes in nursing practice. While Australia, Dr McCormick indicated, is well advanced in evidence based models/guidelines, what are we doing in relation to nursing informatics?

With our increasing ageing population, genomics is just around the corner and how well prepared are we? There is limited informatics taught in our current undergraduate programs courses that prepare the graduate nurse for the increasing technology that is becoming an element of everyday practice.

Fiona Hearn MACN from the Royal District Nursing Service (RDNS) shared some of the initiatives that RDNS has incorporated into its delivery of care, in particular the innovations using telehealth. Some examples can be viewed in the video *RDNS Telehealth Pilot: James' Story* at youtube.com.

Other symposium panel members, Associate Professor Virginia Plummer FACN (Monash University/Peninsula health) and Ms Meg Pollock MACN (Cabrini Health), shared examples of their clinical research projects in informatics.

We were delighted to welcome Adjunct Professor Kylie Ward, CEO ACN, to our event who fielded Dr McCormick's question on



Fiona Hearn MACN, Dr Kathleen McCormick, Associate Professor Virginia Plummer FACN and Ms Meg Pollock MACN

whether ACN has a position paper/statement on informatics. A final question that left the audience still engaged in conversation over refreshments – it is certainly a field of practice that needs a more prominent focus. This year's event was generously supported by the Ageing Well and Living Well ThinkTank and Innovation Collaborative and Datacom Healthcare Solutions.

MEMBERS' BREAKFAST AT THE FORUM

On Thursday 15 October 2015 more than 30 Region and Community of Interest members came together for breakfast before commencing day two of ACN's National Nursing Forum. The tables were divided into members of the Leadership and Management COI, the Education and Research COI, the Community and Primary Health Care COI, the Brisbane Region and the QLD West Region.

Much enthusiasm and many ideas were shared in regards to progressing the work of the groups. Some of the comments included "What are some ways to reach and engage

members living rurally in our Region?", "How can we increase the profile of research in nursing?" and "How can we be more involved in contributing to the Leadership work of ACN?". Considerable discussion followed and the Key Contacts and members of the groups came away renewed and inspired to progress engagement activities in 2016. ACN would like to thank those Key Contacts and members who attended this wonderful networking opportunity.



BOOK REVIEW: MONITORING AND ADMINISTRATION OF IV MEDICATIONS FOR THE ENROLLED NURSE

By *Kate Kunzelmann MACN*

ACN Fellows Belynda Abbott and Susan De Vries have produced a new book called *Monitoring and Administration of IV Medications for the Enrolled Nurse*. These two experienced nurse educators provide clarity where there might have been some confused thinking about the role of IV medication for enrolled nurses.

Right from the introduction (a reminder about Scope of Practice) to the end (review questions), this book is directly and explicitly instructional. The language is clear, concise and familiar for the student and gives clear direction to the teacher.

The monitoring and administration of IV medications is placed within the legal, anatomy and physiology, pathophysiology and practical administration contexts. As such, it provides a complete guide and is a very practical manual for gaining competency in HltEN519C – Administer and monitor intravenous medication in the nursing environment.

In all the chapters, we find case studies, tips and activities that enlighten and refresh, providing good information and practical skills. The book shows the student how to engage with the free Cengage resources for students.

With a comprehensive index and glossary, this volume will contribute to the achievement of competency in what some students find to be a difficult area.

Ms Abbott and Ms De Vries are excited about the possibilities for this manual, and claim its usefulness for students on clinical placement.

The manual is now available from Cengage online, and is also in ebook format.

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MY EXPERIENCE AT THE ECMO EURO-ELSO 4TH INTERNATIONAL CONGRESS

By Ralph Tramm MACN, Maylean Jessie Cordia Scholarship 2014 recipient

Equipped with the Maylean Jessie Cordia Scholarship and supported by a Monash Postgraduate Travel Grant I travelled to Germany to attend the ECMO EuroELSO 4th International Congress from 7-10 May 2015.

The congress took place in Regensburg, which is located in Bavaria (south-east Germany). The medieval centre of the city is a UNESCO World Heritage Site, where the picturesque Stone Bridge across the Danube connects to the old town of Regensburg. The iconic bridge not only represents Regensburg's landmark but was also part of the theme of the conference, "ECMO EuroELSO – Bridge to the Future"

Hosted by the European chapter of the Extracorporeal Life Support Organization (ELSO), 1200 delegates and international experts from 60 countries came together and discussed the latest outcomes concerning extracorporeal membrane oxygenation (ECMO) use in critically ill intensive care patients.

ECMO is a form of life support that temporarily supports the lungs or the heart, or both, for hours, days or weeks using a modified heart-lung machine that provides gas exchange and blood circulation external to the patient's body. Nevertheless, there is also mounting evidence that reduced mortality rates in ECMO patients come at the cost of complex physical and mental health morbidities during survivorship.

I presented in the Best Abstract section of the conference where 18 out of more than 150 accepted abstracts were featured in successive snapshot sessions. The presentation titled 'Back to the future? Health trajectory in ECMO survivors over time' featured the outcomes of my prospective observational study that is supported by a grant from the Australian College of Critical Care Nurses and related to physical and mental health outcomes in ECMO survivors three, six and 12 months after discharge from the hospital.

We found that physical and mental health impairments tended to resolve over time; that psychiatric risk factors followed an irregular pattern and that both health impairments and psychiatric risk factors remained elevated even 12 months after discharge.

Another interesting finding was that roughly only half of the participants in our young cohort were able to score normal results in the cognitive functioning tests. However, many factors are at play and further evaluation and validation of this preliminary finding in future studies is needed now.



Ralph at the 4th international congress of the EuroELSO

Apart from my own presentation, I attended many sessions and presentations from international experts such as Dan Brodie (US), Alain Combes (FR), Eddy Fan (CAN), John Fraser (AUS), Luciano Gattinoni (IT), Danny McAuley (UK), Giles Peek (US), and Matthieu Schmidt (FR) to name a few.

Alongside the conference I was able to connect with some of these and other international experts from Australia, Germany, France, England and Sweden to discuss current ECMO topics and future collaboration.

The conference was a huge success for me and as a consequence of my conference attendance, networking and reviewing of emerging opportunities across Europe before and after the trip, a fellowship with an EU exchange component is an exciting and now possible next step in my career once I finish my PhD this year.

I would like to say thanks again to ACN for supporting me on this significant career step during my PhD candidature.

About the author

Ralph is a PhD scholar at the Australian and New Zealand Intensive Care Research Centre at Monash University. He is investigating short and longer term health related outcomes in patients receiving ECMO. Ralph has a 20-year critical care nursing background and worked for many years at a large ECMO referral centre in Germany before moving to Australia.

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Aged Care Nursing	✓		✓	
Breast Cancer Nursing		✓	✓	
Cancer Nursing	✓	✓	✓	
Child and Family Health Nursing	✓	✓	✓	
Critical Care Nursing			✓	
Cardiac stream	✓	✓		
Emergency stream	✓	✓		
Intensive Care stream	✓	✓		
Drug and Alcohol		✓	✓	
Leadership and Management	✓	✓	✓	✓
Musculoskeletal & Rheumatology Nursing		✓	✓	
Neonatal Care			✓	✓
Intensive Care stream	✓			
Special Care stream	✓			
Nursing Practice		✓	✓	
Orthopaedic Nursing	✓		✓	
Paediatric Nursing Studies			✓	
General stream	✓	✓		
Emergency stream	✓	✓		
Intensive Care stream	✓			
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Stomal Therapy Nursing		✓	✓	



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