



Australian
College of
Nursing

NurseClick

SEPTEMBER 2017

CLINICAL PERSPECTIVES OF NURSING


PROFESSIONAL PORTFOLIOS

COMMUNITY & PRIMARY
HEALTH CARE NURSING WEEK

*Paediatric
emergency
nursing*



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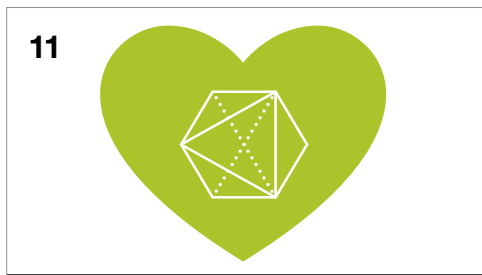
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Hello!

Adjunct Professor Kylie Ward FACN, CEO of ACN

Welcome to the September edition of *NurseClick*.

At the Australian College of Nursing (ACN), we are committed to fostering the development of a highly skilled nursing workforce to meet the changing health profile of the Australian population. In this edition of *NurseClick*, we feature a number of insightful articles that explore the values of practice-based learning, postgraduate education and professional development across all levels of our profession.

International clinical experiences are a vehicle through which the next generation of nurse leaders learn the nuances of nursing practice in an increasingly globalised society. Reflecting on his placement within a busy hospital setting in Tonga, one of our passionate undergraduate members, **Gabriel Grey MACN**, describes how he developed a deeper appreciation for the nursing discipline in a colourful personal reflection, **Clinical perspectives of nursing – a student's insight**.

Upon entering the workforce, it is imperative that all nurses continue to broaden their clinical knowledge, expertise and competence through professional development. In her regular column, **Vital signs**, **Trish Lowe MACN**, outlines the importance of CPD to ensure that our workforce upholds best practice and delivers quality care. Within this informative review, Trish discusses the benefits of maintaining a professional portfolio as structured evidence of cyclical, lifelong learning and to facilitate reflective analysis for future skill building.

Postgraduate education is an investment into the future of our profession, which can open up a whole new world of opportunities for personal and professional growth. The importance of postgraduate study in nursing practice is a concept thoroughly explored by **Jane Clark** in her cross-sectional pilot study, **Paediatric emergency nursing – towards identifying a future of curriculum framework for post-registration specialisation**. Drawing on a body of empirical evidence, Jane makes a strong argument for postgraduate education in paediatric nursing.

At ACN, we design and deliver a **Graduate Certificate in Paediatric Nursing Studies** that cultivates excellence in the provision of care for infants, children and young adults within a family focused framework. In this edition of *NurseClick*, we provide an overview of the course and delve into the diverse clinical, management and specialist roles available within this growing area of nursing practice.

Community and primary health care nurses lead and provide care in a wide variety of roles and settings across the country. During **Community and Primary Health Care Nursing Week** this September, we celebrated, recognised and acknowledged the many nurses who work tirelessly to make a difference in our communities. With more than 40 contributions for our eBook and 44 events held throughout Australia, this annual initiative was a great opportunity to raise the profile of community and primary health care nurses.

I hope you enjoy the read!

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In the news *national*



Australian stillbirth researcher makes major breakthrough

Almost one in 100 pregnancies in Australia will end with the death of the baby.

But an Australian researcher has had a major breakthrough in understanding the mysteries of stillbirth, and is developing a test which could alert obstetricians when a baby is in grave danger.

[Read more](#)

Seaweed may help heal injured brain tissue

People have been eating seaweed for decades and now Australian researchers believe the marine algae can be used to help heal damaged brain tissue caused by injury or stroke.

Australian researchers have created a novel treatment for people with traumatic brain injury by tapping into the anti-inflammatory properties of seaweed.

[Read more](#)



Meningococcal vaccine approved for infants

A combination vaccine that protects against four strains of potentially deadly meningococcal disease has been approved for use in young infants in Australia.

Vaccine MENVEO provides immunity to strains A, C, W and Y and has been approved for use in babies from the age of two months by the Therapeutics Goods Administration.

[Read more](#)

Leaving prostate cancer untreated harms mental health

Men diagnosed with low-risk prostate cancer who decide against surgery or radiation therapy have better sexual function but can suffer psychologically, a long-term study has found.

A decade ago there was a greater tendency to treat men with low-risk prostate cancer with surgery or radiation, but now about 50% are put on active surveillance.

[Read more](#)



Australian teens doing well, but some still at high risk of suicide and self-harm

A snapshot of Australian teens shows that most are doing well, but as a group, they are still plagued by suicide risk, self-harm and mental health problems.

The latest longitudinal study in the *Australian Children Annual Statistical Report* provides a window into how the lives of Australian teenagers are changing.

[Read more](#)

Maggie Beer calls for 'revolution' in quality of food in aged care, hospitals and palliative care

Australian chef and food guru Maggie Beer is determined that food can and must be a pleasure to the very end of life – from the meals served in aged care homes and hospitals through to the taste of mouth swabs for dying patients who can no longer swallow.

[Read more](#)

Strongyloidiasis is a deadly worm infecting many Australians, yet hardly anybody has heard of it

Estimates suggest up to 60% of Indigenous Australians in some communities carry an infection from a parasitic worm called strongyloidiasis.

Worldwide, it infects an estimated 370 million people, making more people ill than malaria does.

[Read more](#)

AI technology to help prevent blindness

It could soon be easier to prevent blindness in the 1.7 million Australians living with diabetes thanks to the successful trial of a world first artificial intelligence-driven technology in Perth.

Currently only specialists can screen for the condition.

[Read more](#)

Melanoma therapy trials could prevent disease spreading, researchers say

New research has found that therapies currently used for people with advanced stages of melanoma could help prevent the disease from returning and spreading at an earlier stage.

One Australian dies every five hours from advanced melanoma, but the new research could soon reduce that number.

[Read more](#)

In the news *world*



Industry distorts alcohol cancer risk

The alcohol industry has been accused of misleading the public about the risks of developing cancer from drinking.

Drinks industry organisations often present the relationship between alcohol and cancer as highly complex, implying there is no clear evidence of a consistent link, said the UK study.

[Read more](#)

The more years spent in a classroom the lower your risk of heart disease

A new study has found increasing education by 3.6 years – similar to the length of a university undergraduate degree – could reduce the risk of heart disease by a third.

A decrease of this magnitude is similar to short-term use of a cholesterol-lowering medication.

[Read more](#)



Pacemakers being recalled over hacking risk

Thousands of Australians are believed to have pacemakers that have been recalled in the United States because they are vulnerable to being hacked.

The US Food and Drug Administration has recalled 465,000 devices because hackers could remotely cause the batteries to rapidly go flat or force the pacemakers to run at potentially deadly speeds.

[Read more](#)

More evidence links exercise to lower stroke risk

Women who consistently get the minimum recommended amount of exercise for a healthy heart may be less likely to have a stroke than their counterparts whose exercise habits shift over time, a recent U.S. study suggests.

Researchers examined data on more than 61,000 women in the *California Teachers Study*.

[Read more](#)



The mental health impact of major disasters

When major disasters like Hurricanes Harvey and Irma hit, the first priority is to keep people safe. This process can involve dramatic evacuations, rescues and searches.

However, after the initial emergency passes, a much longer process of recovering and rebuilding begins.

[Read more](#)

Avoiding alcohol while pregnant is safest

A UK study recently concluded there's not enough evidence to suggest an occasional beverage is harmful to the baby, however Australian experts are warning against drinking any alcohol during pregnancy.

A systematic review of all available research on the impact of low level drinking in pregnancy found an association between light drinking and smaller babies at birth.

[Read more](#)

Zika virus used to treat aggressive brain cancer

A harmful virus that can cause devastating brain damage in babies could offer up a surprising new treatment for adult brain cancer, according to US scientists.

Latest research shows the virus can selectively infect and kill hard-to-treat cancerous cells in adult brains.

[Read more](#)

Mums most exposed to pesticides more likely to have preterm babies

Women exposed to high quantities of agricultural pesticides while pregnant are at a heightened risk of giving birth prematurely and delivering low-weight infants, a new international study has found.

[Read more](#)

Neighbourhoods with more light have higher breast cancer risk, study says

A new study from Harvard has found greater risk of breast cancer in women who live in neighbourhoods that have higher levels of outdoor light during the night.

The findings are based on the Nurses' Health Study (NHS), which has for decades been advancing our understanding of risks to women's health.

[Read more](#)

Australian College of Nursing *update*



Military Nursing Community of Interest

Nursing has a proud, selfless and heroic history of military service, both in times of conflict and peace.

This is why ACN is so excited to announce that we are currently in the process of introducing a new Military Nursing Community of Interest (COI) to our suite of special interest groups.

This new COI will provide unique engagement and representation opportunities for our members who share an interest and passion for this incredibly important area of nursing practice. It will provide a platform for nurses who work in military settings to come together and exchange ideas.

This new COI will be introduced alongside our revamped Regions and COI engagement structures, which have been designed to increase opportunities for our membership to connect with like-minded nurses who are located in their area or share the same area of practice.

If you would like to find out more and contribute to the development of this exciting new COI, please contact us at engagement@acn.edu.au.



Workforce, control and choice central to future aged care services

ACN welcomed the Federal Government's ongoing commitment to providing older Australians with more choice in and control of aged care services.

The recent release of the Legislated Review of Aged Care 2017, highlighted the work done to date to give consumers more say in aged care services and the steps still needed to ensure all Australians have access to high-quality care as they grow older.

"We broadly welcome the reforms already implemented, the additional home care packages, and improvements to the My Aged Care information system," ACN CEO Adjunct Professor Kylie Ward FACN said.

"However, it is vital that all Australians share in these reforms.

"We are pleased the Government recognises the need to do more to support older Australians living in regional, rural and remote areas who wish to stay in their communities.

"ACN looks forward to working with the Commonwealth to develop initiatives to improve service delivery right around the country.

Read our [media release](#).



Election of Directors and Annual General Meeting

ACN is currently undertaking the bi-annual election process to appoint four Directors to the Board.

Nominations are now open and the newly elected Directors will be announced at the Annual General Meeting (AGM) to be held in Sydney this December.

ACN is seeking to elect an experienced skills-based Board, which collectively has the governance skills and industry knowledge to lead ACN forward as an organisation.

Notices regarding ACN's upcoming Election of Directors and Annual General Meeting (AGM) have been sent to Fellows and Members by email or post. View an electronic copy of the notice [here](#).

The call for nominations will close on Friday 20 October and the ballot will close on Friday 24 November.

If you have any questions, please do not hesitate to contact the Company Secretary on company.secretary@acn.edu.au.

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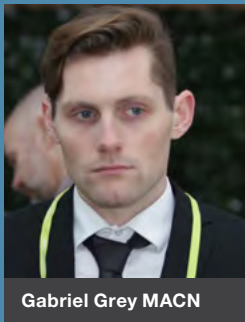
In Australia, Venous Thromboembolism (VTE) events kill more people than breast cancer, road traffic accidents and HIV/AIDS combined. It is the most common cause of preventable deaths in hospitalised patients.

REGISTER HERE



Clinical perspectives of **NURSING** a student's insight

By Gabriel Grey MACN



Gabriel Grey MACN

**JUNE 14,
DAY 3**

Having arrived at Tongatapu airport at approximately 2:00am on Monday morning, our group was tired as we sat in a crowded, battered old shuttle

bus heading slowly into town. Without seatbelts, and with only the vaguest notion of road safety, the cruise into Nuku'alofa went off without a hitch.

The road itself was poorly lit. Every now and again we'd pass a roadside shop or home; the sordid glow of a street light hovering benignly overhead cast only enough light to make out simple features. As we drove, I could make out the silhouettes of palm trees and shanties from the darkness. Tired as we were, we all strained to see the spectacle of this new land we had just arrived in, but had been anticipating for weeks. As we travelled closer to town, lighting improved somewhat. From the grimy windows of the shuttle bus, we could begin to make out the businesses and modest domiciles that would come to characterise Nuku'alofa's unfamiliar atmosphere. We had been told what to expect but we were not prepared. The pristine habitat of Canberra was far behind us; the third-world life of Tonga lay ahead...

We arrived at our lodgings after a short ride from the airport; a guesthouse with adjacent buildings. Amenities were basic. My first priority was running water, even though we had been cautioned not to drink the local supply. Cases of typhoid had been documented throughout Tonga but I was elated at the prospect of a hot shower. My second priority was a washing machine. Tired though I was, the image of having to wash clothing by hand for a month was horror incarnate – a fate befallen previous students. As we unloaded our luggage and began hurriedly staking claims to bedspace as though it was gold, I scoured the premises, hunting the elusive Simpson Esprit 450 that was my saviour.

Pleasantly, my hopes had been delivered. I felt ready to face whatever challenges Tonga could

throw at me. To my surprise, and to the envy of my female peers, I was assigned a bedroom with an ensuite and queen size bed. This was luxury. Eagerly, we all found our beds for the night, ready to begin the new day as fresh as we could. First impressions would have to wait until sunrise. We did not have to wait long, however.

Our first revelation, my first challenge: the noise. Centrally located in the Kingdom's capital, we were treated each night to Tonga's nightlife. From the distant beat of house music at all hours, to the incessant barking of dogs all night. From feline hiss to mosquito kiss or the ringing of church bells from 4:30am...needless to say, sleep was rarely peaceful for anyone.

JUNE 30, DAY 19

Little Kingdom of Tonga, how sleepless do your night grow?

From church bells ringing or traffic singing;

And roosters all a-crow.

Nuku'alofa's unending stream of noise was inescapable. This was as impressive as it was irritating. Dwarfed by Canberra in size and population, the capital of Tonga brims with liveliness and a distinct communal flame. A far cry from the subdued and often aloof nature exhibited by Canberra, much to Australia's shame. Despite my month-long sleep deprivation, I endured; ever determined to immerse myself in Tongan culture.

My resolve was tested on many occasions, however. The main struggle I later discovered, was reconfiguring my Western perspective. During our first few days, amid a general feeling of excitement and curiosity, we began our foray into the foreign streets of Nuku'alofa. I was living on a high, repressing minor frustrations and delighting in the lurid differences of Tongan life. This was our honeymoon period. Gradually however, my lens of wonder shifted to judgement as I became acutely aware of the deficits of daily life. Not just my life, but the lives of those around

me, extending to the patients of the Tongan health care system.

As time passed, it became increasingly easy to condemn clinicians and public figures. Many of our troupe had become disenchanted by the second week. Daily examples of poverty and sub-standard clinical practices made debriefing sessions a necessity. Viewing Tongan health care through a Western prism set me apart from my Tongan counterparts. Confronted by an alien culture of health care, I began to feel regret for the community nurses at the coalface. I witnessed first-hand the extent of poverty. A mother and her eight children living in a stable. An infant receiving herbal remedies to cure scabies. A district surviving without basic sanitation. The communities these nurses tend to are the very communities they come from.

Watching these nurses tend to the needs of their community gave me pause. As I continued to observe Tongan nurses in their daily practice, I came to realise our counterparts were operating from a unique set of cultural values, distinct from a Western values of evidence-based practice. I had expected a standard of practice based firmly on evidence and a level of professionalism founded on Western nursing roles. This was rarely applicable in the Tongan context. Standards and expectations of nursing

are broadly influenced by Tongan cultural norms, while specifically, nursing practice in the Kingdom is shaped by scarcity of resources.

Considering this, I came to understand my expectations and judgements were largely unfair. Western values of best practice stamped on a third-world system can fail to take local cultural values into account. Unique cultural perspectives underpin the values and subsequent clinical practice of local clinicians. Failure to appreciate the central role of culture in a health care system starved of resources and quality education can lead to a shortfall in health delivery. This underlines the need for greater collaboration from Western practitioners to guide standards of care and foreign aid allocation.

As I reconciled my cultural differences, I experienced a newfound admiration for my Tongan counterparts. Their thrift and commitment at times could mean the difference between basic treatment and absent health care. By resigning my Western perspective of nursing, I came to a deeper understanding of Tongan culture from a variety of health care settings.

But more importantly, I developed a deeper appreciation for the universal care and agency espoused by the nursing discipline beyond all borders.

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“Watching these nurses tend to the needs of their community gave me pause.”





Vital signs

Professional portfolios

Evidence of continuing professional development

By **Trish Lowe MACN**



Trish Lowe MACN

Australian nurses and midwives are required to develop professional portfolios as evidence of their continuing professional development (CPD). The CPD registration standard applying to all registered nurses and midwives was updated in 2016. It now contains clarifying statements from the Nursing and Midwifery Board of Australia (NMBA) which

state that, “continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives” (NMBA 2016b, p. 4). The key words, “maintain, improve and broaden,” are all important, and can be utilised to inform the selection of appropriate CPD activities, as nurses and midwives strive to meet the mandatory registration standards.

Australian nurses and midwives are required to complete a minimum 20 hours of continuing professional development during each registration period (1 June – 31 May) (NMBA, 2016b). Nurse practitioners and registered nurses or midwives

in possession of endorsements – such as those pertaining to the prescription of scheduled medicines – are required to complete an additional 10 hours per year (NMBA, 2016b). Health professionals wishing to retain dual registration as both registered nurses and midwives are required to complete 40 hours of CPD, through activities which are deemed applicable to both disciplines (NMBA 2016b). For instance, providing in-service education on post-operative analgesia or cardio-pulmonary resuscitation guidelines, apply equally to both nurses and midwives.

In some cases – such as in the presence of significant illness – the NMBA may (upon consideration of a written application) grant an exemption from the CPD standard (NMBA, 2016b). However, this cannot be assumed. Whilst inability to meet the standard is not an offence, the NMBA may impose conditions on, or refuse registration of, nurses and midwives who fail to do so (NMBA, 2016b). Furthermore, failure to meet the standard may give rise to mandatory health, conduct or performance actions against the individual and be used in disciplinary proceedings as evidence of what constitutes appropriate practice under Health Practitioner Regulation National Law (2009) (Australian Health Practitioner Regulation Agency (AHPRA), 2017).



“Portfolios are becoming increasingly utilised as evidence of guided learning, career planning and advancement”

Nurses and midwives are required to maintain records of all relevant CPD activities, relating to the proceeding five years (NMBA, 2016b). The most appropriate way to do this is by developing a professional portfolio. Portfolios are used by many professions for a variety of reasons. Within organisations, a portfolio might be used to illustrate and document the allocation of responsibilities or a back catalogue of work but in the context of professional development, portfolios are used to document and provide evidence of learning (Andre, Heartfield & Cusack 2017, p. 3).

Andre, Heartfield and Cusack (2017) define professional portfolios as, “structured evidence demonstrating that an individual is meeting their professional standards for practice including an indication of the professional’s vision of future growth and capacity building”. Adding further that it is a document, however stored, in which “professional development activities, experiences, competencies, achievements and goals,” are presented (Andre, Heartfield & Cusack 2017, p. 3). Development of a professional portfolio allows all claims to be legitimised, validated and documented (Andre, Heartfield & Cusack 2017, p. 3). Consequently, portfolios are becoming increasingly utilised as evidence of guided

learning, career planning and advancement (Andre, Heartfield & Cusack 2017, p. 5).

Importantly, a portfolio represents more than just a collection of documents. A well-constructed portfolio facilitates reflective analysis and evidence of cyclical, lifelong learning. Health professionals are encouraged to undertake an annual appraisal of their knowledge gaps, learning goals and requirements for future skill building. Therefore, relevant practice standards must be viewed in combination with the individual’s scope of practice and clinical context to direct professional development activities (Andre, Heartfield & Cusack 2017, p. 3).

Nurses and midwives are, “responsible for autonomous practice,” with the term practice encompassing both “clinical and non-clinical roles,” and defined as, “any paid or unpaid role where the nurse uses their nursing skills and knowledge” (NMBA, 2016a). Therefore, a professional portfolio allows individuals to demonstrate competence across the “personal, professional, organisational, regulatory, social and technological dimensions” of practice (Andre, Heartfield & Cusack 2017, p. 3). Portfolios take time to compile but can be done so utilising an array of hard copy, or digital mediums (Andre, Heartfield & Cusack 2017, p. 3).

Many professional bodies offer portfolio development software to their members. For example, the Australian College of Nursing, offers a professional portfolio that allows members to effectively track and monitor their CPD activities.

In 2016, the NMBA revised the mandatory registration standards guiding practice for Australian nurses and midwives. These revisions clarified the professional development responsibilities of health professionals wishing to obtain and retain registration in Australia, as outlined under National Law (2009). Of vital importance, is the onus on nurses and midwives to engage in critical reflection in order to identify learning activities, which facilitate professional growth and to record these in an acceptable manner. One of the most effective ways to gather and store this information is within a professional portfolio.

References:

- Andre, K, Heartfield, M & Cusack, L 2017, *Portfolios for health professionals*, 3rd edn., Elsevier, Chatswood
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Member update

At ACN, our Fellows and Members are the heart of our organisation and we are committed to supporting them to be the best they can be. Here's an update of our latest membership news, activities and developments...



Engagement leadership positions

Calling all nurse leaders! We are looking for passionate members to form a Leadership Group, consisting of a Chair, Deputy Chair, Communication Coordinator and Secretariat Support, for each of our Regions and Communities of Interest (COI).

These members will be profiled as nurse leaders and will be rewarded for their commitment through a range of benefits, including exclusive event invitations, representation opportunities and a discounted registration rate for the National Nursing Forum.

If you are interested in putting your leadership skills into action and giving back to our profession, then we want to hear from you! You can review the position descriptions and apply on our [website](#).



Online engagement platform

We know how much our members value the opportunity to connect, so we are incredibly excited to now be able to offer you the opportunity to network through our new [online engagement platform](#).

No matter where you are located or what shifts you are working, you can join in on the conversation – anytime, anywhere.

We would love to hear what you have to say and encourage you to contribute to discussions about your areas of interest or dialogues relevant to your state or territory.



Professional portfolio

Do you struggle to keep track of your continuing professional development (CPD)? We've got you covered!

You can now track all of your CPD activities in one place using the [ACN Professional Portfolio](#).

Maintaining a professional portfolio will allow you to demonstrate that you have met the Nursing and Midwifery Board of Australia's (NMBA) CPD registration standards.

It can also support you when you are applying for a new job or for your annual performance review.

Representation opportunities

We are incredibly proud of the wide range of skills and experiences you all bring to the ACN community and are committed to pursuing opportunities for our exceptional members to engage in representing our wonderful profession.

As representation requests are highly time-sensitive it is important that we can quickly identify members with the required knowledge and skillsets. To be considered for such prestigious representation opportunities we encourage you to ensure your areas of expertise on [MyACN](#) are up-to-date. If you would like to provide additional information about your background and experiences you can also send your CV to membership@acn.edu.au.

Please refer to our [Representation Charter](#) to find out more about the responsibilities of members representing ACN in an official capacity.

We are currently looking for an engaged Fellow or Member to represent ACN on the [National Aged Care Alliance \(NACA\)](#). Check out more information about this exciting opportunity on the next page.



Share your snaps and thoughts with us using [#ACNtribe](#)



Represent the voice of nursing!

National Aged Care Alliance ACN representation opportunity



ACN is a proud member of the **National Aged Care Alliance**, a representative body of peak national organisations in aged care.

Through our involvement we are able to represent the voice of nursing on a broad range of aged care issues and contribute to enhancing aged care outcomes.

An exciting opportunity has become available for an ACN Fellow or Member to take up the prestigious role of representing ACN on the Alliance. This is an ongoing representation role for 24 months with an interim review after 12 months.

The successful candidate should have sound experience and unique attributes to contribute to

the Alliance, as well as to ACN's policy analysis and position development. A key responsibility will be attending quarterly Alliance meetings to represent ACN and provide a strong informed voice for nursing. Furthermore, participation when appropriate on various Alliance committees and/or working groups and regular liaison with ACN's policy team to develop written advice and policy input to inform Alliance deliberations will be required.

If you are a passionate and engaged leader in the aged care sector we encourage you to apply for the position by sending your CV and cover letter addressing the selection criteria to engagement@acn.edu.au by Friday 13 October.

SELECTION CRITERIA

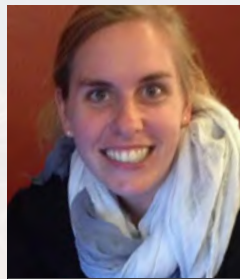
- **Advanced professional leadership experience in the aged care sector**
- **Broad experience and skills in identifying and analysing issues in aged care**
- **Broad knowledge of aged care legislation**
- **Contemporary aged care expertise and systems knowledge including funding, workforce management and policy**
- **Extensive knowledge and a strong advocate for equity and quality care for the ageing population**
- **Specialty nursing expertise such as dementia, geriatric nursing, home and community care would be an advantage**
- **Active engagement within ACN**



Paediatric emergency nursing

towards identifying a future curriculum framework for post-registration specialisation

By Jane Clark



Jane Clark

INTRODUCTION

The emergency paediatric patient requires nurses who are specialised, confident and competent (Emergency Nurses Association, 2014). Nurses working in paediatric emergency settings need specialist preparation in order to

have comprehensive theoretical knowledge and the advanced psychometric skills to respond to rapidly changing situations (Europe World Health Organization, 2003; Paediatric Nursing Associations of Europe, 2010; Emergency Nurses Association, 2014). The Paediatric Nursing Association of Europe (PNAE) (2010) identified that Finland does not have a registry for paediatric nurses or a postgraduate university-based specialisation framework.

AIM

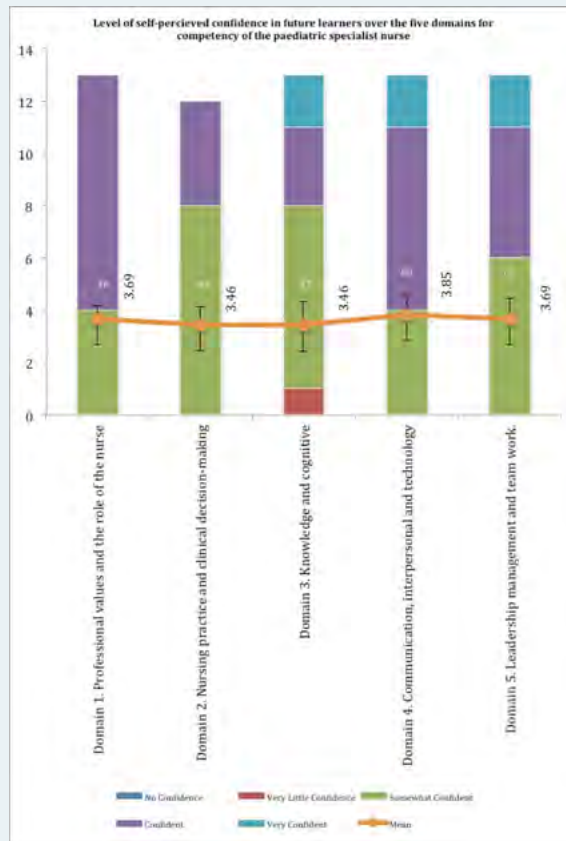
Identify key content areas for curriculum development of specialist paediatric emergency nursing and critical care programs for Finland in the future.

METHODOLOGY

Based on the Paediatric Nursing Associations of Europe Competency Framework for paediatric nursing education programs and discussion with an expert panel of three health care lecturers, a training needs assessment instrument was developed. A cross sectional pilot study of the instrument was made. Undergraduate final year nursing students were invited to participate, n=42 and 13 responded. The data was then analysed with descriptive methods.

RESULTS

Part one of the training needs assessment identified, through asking two dichotomous questions, an interest amongst participants in post-registration specialisation education. Due to the small number of respondents, the data was not statistically significant but indicated an interest in the speciality area.



“A strong argument exists for post-registration university-based specialisation courses for paediatric nursing...”

Part two of the training needs assessment consisted of five items that were measured related to participants self-perceived confidence level to practice within the five domains of paediatric nursing competency as defined by the PNAE. The domain in which participants felt least confident in was *Domain 2: Nursing practice and clinical decision making*, and *Domain 3: Knowledge and cognitive*. Therefore, in order to target the domains that learners were least confident in, future curriculum should have a focus on these domains.

In *Domain 2: Nursing practice and clinical decision making*, results showed the highest mean importance for the item, recognising signs of normal, changing, ill health and disability in paediatric patients. This item also had the lowest standard deviation correlated to the highest mean score for an item in this domain. This demonstrated congruence amongst sample participants in the importance of learning related to recognising the signs of normal, changing, ill health and disability. In *Domain 3: Knowledge and cognitive*, results demonstrated participants were least interested in learning nursing theories and had the greatest interest in learning related to paediatric anatomy and physiology. The World Health Organisation Europe Syllabus has a strong focus on teaching related to anatomy and physiology of the paediatric patient (Europe World

Health Organization, 2003). Therefore, from the descriptive analysis when constructing a curriculum framework in the future, educators should allocate adequate time to develop this item into their syllabi.

This study developed an instrument that could be adequately used to identify the future directions of paediatric nursing curriculums. The elements of curriculum most informed by the Paediatric Nursing Training Needs Analysis (Emergency & Critical Care) instrument is the student learning outcomes end of program, level objectives and the implementation plan.

CONCLUSION

A strong argument exists for post-registration university-based specialisation courses for paediatric nursing especially in Finland. The aim of this study was to assess future learning needs of nurses wishing to further specialise in paediatric nursing (emergency and critical care). The instrument developed by this research integrated the organisation framework of the Paediatric Nurses Associations of Europe Competency Framework for paediatric nurses (Paediatric Nursing Associations of Europe, 2010) and used a Likert Scale to identify greatest areas of importance for future learners to have education centred on. Although limited by the small sample size, this process allowed for the piloting of a newly developed instrument

and the dichotomous questions in part one showed the participants strongly supported inclusion of a post registration paediatric specialisation to be incorporated into Finnish nursing education systems.

RECOMMENDATIONS FOR FINLAND AND AUSTRALIA

This project provides a foundation for future research into postgraduate paediatric nursing education in Finland. An evaluation of the training needs analysis instrument is recommended. This should occur with a larger sample size amongst a similar student population to determine effectiveness. This would allow for statistical tests to be performed testing the instruments reliability and validity. Once the instrument is validated a recommendation would be to distribute the instrument amongst a West Australian nursing population to determine the needs of learners in Western Australia for paediatric nursing emergency and critical care.

References:

- Emergency Nurses Association 2014, *ENPC/TNCC*, USA, accessed 1 September 2014, <<http://www.ena.org/education/enpc-tncc/pages/default.aspx>>
- Europe World Health Organization 2003, *WHO Europe Children's Nursing Curriculum*, Europe, accessed 8 December 2013, <http://www.euro.who.int/__data/assets/pdf_file/0017/102257/E81512.pdf>
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Thanks for joining us!

In September, 44 celebrations were held across the country in support of Community and Primary Health Care Nursing Week.

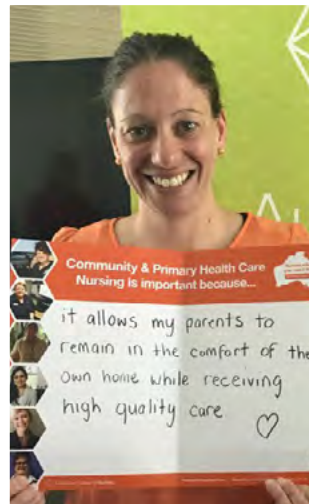
This annual ACN initiative was an enormous success and important opportunity to raise awareness of the valuable role community and primary health care nurses play in our society.

As a part of the week-long campaign, ACN published an eBook filled with over 40 stories that explored why community and primary health care nursing is vital to the health and wellbeing of our society.

ACN would like to thank all those who joined us in supporting Community and Primary Health Care Nursing Week this year. We also wish to acknowledge our Official Partner, Regal Home Health.



With thanks to the support of our official partner



Goodbye paper – hello digital

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Current and previous editions of *Collegian* can all be accessed for free by all ACN members and by separate subscription to others.

The October edition of *Collegian*, Volume 24 issue 4, is now available online. Here is an extract from an intriguing piece published in this issue:

Missed care in residential aged care in Australia: An exploratory study

Julie Henderson, Eileen Willis, Lily Xiao and Ian Blackman

The phenomena of missed nursing care is usually measured through quantitative surveys that detail the specific tasks that are rationed or delayed, and the reasons why this is so. These studies report high levels of agreement within and across countries between the two major measures employed; the Kalisch's MISSCARE tool and the

RN4Cast Basel Extent of Rationing of Nursing Care (BERNCA) instrument. Most of these studies have been conducted in acute care settings and demonstrate the impact of lack of human and other resources upon decisions to omit care. Less is known about missed care in residential aged care...

If you would like to read the rest of this research piece, please visit our [website](#) to find out how to access current and previous issues of *Collegian*.

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NNF Facebook competition

We asked delegates at the National Nursing Forum last month what they enjoyed most about the event! Here are some of their amazing responses!

Bern White ▸ Australian College of Nursing
22 August at 11:24 · Sydney, NSW · 🌐

Excellent speakers. Networking has been very stimulating. #NNF2017



Australian College of Nursing, Megan White and Sue White

Like Comment Share Message

Holly Wood ▸ Australian College of Nursing
22 August at 10:51 · Sydney, NSW · 🌐

I have loved meeting with Nursing Leaders from across the country and hearing their insights on how to #MakeChangeHappen #thanksACN #ENL #NNF2017 — with Ali Graham at 📍 The Star Sydney.



Like Love 9

Like Comment Share Message

Marie Jones ▸ Australian College of Nursing
23 August at 11:14 · 🌐

Nancy & I have been inspired by the amazing Keynote speakers, we have so much to take back to our workplace 😊😊 #NNF2017



Like Love 21

Like Comment Share Message



New codes of conduct for nurses and midwives

The new Nursing and Midwifery Board of Australia (NMBA) *Code of conduct for nurses* and *Code of conduct for midwives* (the codes) have been released and will take effect for all nurses in Australia on 1 March 2018.

The codes sets out the legal requirements, professional behaviour and conduct expectations for nurses and midwives in all practice settings.

The codes are important as they support nurses and midwives in the delivery of safe practice as part of their professional roles; provide guidance for the public about the standard of conduct and behaviour they should expect from nurses and midwives, and help the NMBA protect the public in setting and maintaining standards to ensure safe practice.

Underpinning the codes is the expectation that nurses and midwives will exercise their professional judgement to deliver the best possible outcomes in practice and also recognising that the codes are not applied in isolation. They complement the standards for practice, the codes of ethics and other NMBA publications.

The new codes are grouped into four domains:

- Practise legally
- Practise safely, effectively and collaboratively
- Act with professional integrity
- Promote health and wellbeing

The codes are framed around seven principles of conduct, each with an explanatory value statement:

1. Legal compliance: respecting and adhering to professional obligations under the national law and abide by relevant laws
2. Person-centred practice: providing safe person-centred and evidence based practice. It mentions partnership, shared decision-making and care delivery
3. Cultural practice and respectful relationships: engaging with people as individuals, upholding honesty, privacy and confidentiality
4. Professional behaviour: embodying integrity, honesty, respect and compassion
5. Teaching, supervising and assessing: committing to developing the nursing workforce across all contexts of practice
6. Research in health: recognising the importance to inform quality health care and policy, and support the rights of those who participate in research
7. Promote health and wellbeing: promoting good health and access to services

Each value statement in the codes is accompanied by practical guidance to demonstrate how to apply it in practice.

The first domain in the codes is, *Practise legally*; this is underpinned by the first principle in the codes which is, *Legal compliance*. This domain and principle address the requirements for nurses and midwives to adhere to their professional obligations under the National Law and abide by other laws. This includes meeting the requirements of the NMBA registration standards and practising ethically and honestly, and not engaging in unlawful behaviour.

Nurses and midwives also need to comply with relevant mandatory reporting requirements, including reporting obligations about the aged, child abuse and neglect.

The NMBA encourages nurses and midwives to get to know the principles of the new codes before they take effect next year. Over the coming months in *NurseClick* there will be a feature of the other domains to assist your understanding of the new codes.

For more information and to view the *Code of conduct for nurses* and the *Code of conduct for midwives* in full, please visit the [NMBA website](#).