

# The Australian Nurse Teachers' Society e-Bulletin

Volume 6  
Issue 4

DECEMBER 2014  
Summer Edition



Myer's Christmas Windows located in the Bourke Street Mall is a 59 year old Melbourne tradition. The windows are Myer's gift to the City of Melbourne and it's customers.

The Theme for 2014 is Santa Claus and the Three Bears to enthral the whole family with it's magical storyline, characters and animations.



# ANTS

<http://www.ants.org.au/>

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# NATIONAL PRESIDENT'S REPORT

## December 2014

Hello all and welcome to the final e-bulletin for 2014



This year has seen a number challenges highs and not so high moments for ANTS..

NNEC 2014 was held in Adelaide , that was a great success for ANTS and the SA Branch who were the main organisers of the event. A number of members and non members attended the event and we were lucky enough to have some international delegates participate. SA Branch – South East held an rural event in November that again was well supported by members and non-members.

WA branch held some events for members , reports and information have been included in the bulletin through out the year.

Other branches haven't fared so well with the restructures, moves and changes of roles and positions across health (all sectors) If you're a member of a branch that hasn't had a lot of activity in 2014 and you would like to help your state group along – you don't need to take a branch committee role, you can participate in the planning or development of an education event with a few colleagues supported by National Exec, and get some activity in your state. If interested contact myself or one of the other National Exec team to find out how we can help.

ANTS has been out doing some promotion and marketing this year , not only through NNEC but by participating in the following events:

- ACN forum , held in Adelaide Nov 2014
- Moodle Moot , held in Sydney Nov 20014

National Exec have meet for the last time of 2014 and have discussed how we will progress in 2015. The following were agreed to:

- Update the Exec action plan, incl the constitution work group activities
- Focus on promotion of ANTS
- Focus on moodle web based activities and forums
- Consider further (and more) webinar opportunities

If you have something to offer to your ANTS colleagues , don't forget to share, share, share ... it's the best way we can support and assist each other .

Id like to take this opportunity to wish all members and their loved ones a safe silly season, thank you for your ongoing support of ANTs and finally Merry Christmas and Happy New Year

Michelle Girdler, National President



# PROMOTING OUR SOCIETY

The National Nursing Forum hosted by Australian College of Nursing (ACN) was held in Adelaide, South Australia from 2 - 4 November 2014 with the theme *“Staying ahead of the game”*. The focus was how to, individually and as a profession, adapt and thrive in a complex, changing and often challenging health environment. The next forum is planned to be held in Brisbane from 14 - 16 October 2015.

Day One: Key-note Speakers. Well known comedians Fiona O’Loughlin and Malcom Dix who presented on staying sane and beating the odds to focus on what is important to you as an individual. Professor Christine Duffield with Professor Glenn Gardner looked at advancing nursing practice and what does this mean exactly? Brian Dolan examined the components of leadership and influence in relation to habits. Adjunct Professor Susan O’Neill, presented on the journey for excellence as a nurse leader.

Day Two: Concurrent Sessions A plethora of sessions inclusive of Leadership; Quality of Care; Education and Workforce for registrants to choose from across the contexts of Chronic/Complex Care; Acute Care; Rural/Regional and Community/Primary health care.

ANTS were represented as a TRADE EXHIBITOR to promote membership and awareness. As a promotion we had Door Prizes. One for new members or renewal and another for registrants as a raffle. In addition registrants received a SA Branch Thermal Mug for a gold coin donation. The monies are to be sent to Kim Patra’s Clinic in Bali as an extension of the NNEC 2014 fundraising activity.





## brave to **bold**

APNA National Conference 2015  
14-16 May – Gold Coast

### Registrations opening soon

Registrations will open in January 2015. To register your interest and receive a notification when the APNA National Conference 2015 registrations open please email [admin@apna.asn.au](mailto:admin@apna.asn.au)

### Call for Abstracts

It's time to take that leap from *brave* to **bold** and submit an abstract to present at the APNA National Conference 2015. Closing date for abstract submissions is Monday 15 December 2014 so get in quick!

LIFESPAN

WELLNESS

INNOVATION

PROFICIENCY

LEADERSHIP

The conference for nurses working in primary health care

Dust off your sari  
because you are invited  
to the Bollywood event  
of the year

Gold Coast Convention  
and Exhibition Centre

Friday 15 May  
7pm – Midnight

APNA'S  
**BOLD-LYWOOD**  
**GALA DINNER**

2015

# MOUNT GAMBIER CONFERENCE REPORT

## *Celebrating the Nursing Journey from a Regional Perspective: Strengthening links between Regions and City Conference*

After attending the highly successful Nurse Education conference (NNEC 2014) earlier this year four members of the society decided to again attempt to provide a regional conference/study day as the last attempt in 2012 failed to attract enough participants to make it viable. Discussion and planning began at NNEC 2014 in Adelaide and continued over several months. Research led us to decide to run a study day/conference that had a clinical and an educator stream to make the program more viable.

We chose the title **“Celebrating the Nursing Journey from a Regional Perspective: Strengthening links between Regions and City Conference”**. This was reflective of the needs for the developing of an understanding of the needs in the country and the expectations of our city counterparts.



Professor Nicholas Proctor  
Keynote Speaker

Professor Nicholas Proctor was our Keynote Speaker and his presentation was very well received. His presentation was very interactive and allowed for questions and led to lots of discussion at breaks. A case study on suicide concluded the day with participants nominating the case for discussion. Of great value has been the ongoing dialogue with Nicholas with Podcasts made available to participants and an online meeting in January to extend the education opportunities in 2015.

Sandra Jones  
SAAS Speaker

Other areas covered were trauma support and the roles of the Response team and SA Ambulance pre admission. Trevor Burchall and Sandra Jones provided us with a dynamic presentation on the care of victims of major trauma events prior to their arrival at the hospital ambulance bay.



Local expertise was showcased with the Palliative Care Team, Geriatric Management Clinical Lead for CHSA, Out of Hospital care Rapid Intensive Brokerage Service all contributing to the Clinical Stream.

Lyn Rabbetts represented the paper “Patient Assessment in Real Terms” that she presented at the Adelaide NNEC 2014 Conference.

We invited the RFDS and Medstar as presenters; this was directly related to the number of patients retrieved or transported from here to the city and was to address the education needed locally to ensure

*Continued page 6*

*Mount Gambier Conference Report continued from page 5*

the best outcomes for our patients before and during transport and on arrival at tertiary centres. Rosemary Moyles from RFDS provided an excellent presentation on the restrictions that the nurse and pilot operate under during flights and how vitally important the pre transfer details are to the well-being of the patient as she is 25,000 feet from a call bell when she requires assistance.

Her second presentation covered the areas RFDS cover besides Aeromedical Services with clinics in more remote areas.

Unfortunately the Medstar nurse was unable to attend due to rostering issues.

Tara McCracken introducing Rosemary Moyle



The Education Specific Stream resulted in some dynamic and thought provoking sessions:

Team STEPPS presenters titled their session "Making Sandwich's" which resulted in much laughter as one participant instructed another to make a sandwich while they were placed back to back. As one can imagine being instructed to put the butter on the bread resulted in the container being placed on top of the bread and so on, demonstrating that step by step instruction is required when expecting a procedure to be carried out in a logical manner.

Doorstop Education by Lauren Neuman from Portland Hospital was very interesting in her method of engaging staff in education. Lauren takes the education to the nurse in the work place taking every opportunity to engage staff in an individual or small group situation. Lauren likened her approach to taking the "water to the horse rather than waiting for the horse to come to the water". We are already planning this into our 2015 approach to education locally.

Lauren also spoke on "Workplace Wellness" balancing work life with our lives away from work a timely reminder for many of us "workaholics".

"A bit scary at first" nursing student perspective of the use of actors in the practice laboratory: in preparation for the real world. Judy Stapelton from UNISA Simulation Laboratory presented on her experiences with students in the laboratory and spoke of their trepidation when first exposed to this form of education which then led in subsequent exposure to recognising the benefits and eagerly engaging in the experiences.

We were delighted to have a delegate from Queensland attend, the rest of the participants were from the greater green triangle.

We were fortunate in gaining sponsorship from local businesses and should return a reasonable profit.

I wish to thank the hard working committee of: Sarah Boyd Greater Green Triangle Department of Health

*Continued page 7*



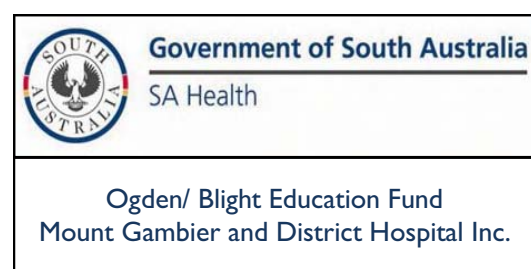
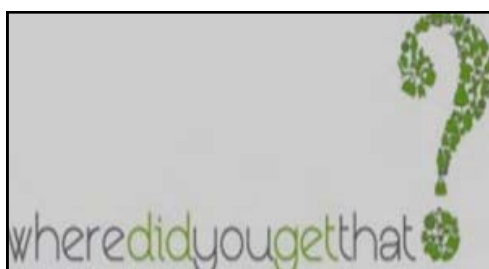
Mount Gambier Conference Report continued from page 6

and Health Workforce Australia; Miriam Bayes Student Facilitator and Simulation Education, Mount Gambier and Districts Health Service; Christine Ross Educator Flinders Rural Medical School and Team STEPPES Project Lead Mount Gambier and Districts Health Service; Tara McCracken and Lyn Rabbetts Nursing Lecturers University Of South Australia Mount Gambier Campus and Heather-Jean Ashby , Nurse Educator and TPPP Coordinator SE Region (Chair).

We cannot conclude without our thanks to Stuart Taylor for his magnificent assistance and guidance throughout without his assistance this conference would have not been so successful. THANK YOU Stuart

Heather-Jean Ashby ,  
Nurse Educator and TPPP Coordinator SE Region  
Mount Gambier Conference/Study Day Chair.

## Acknowledgments and Sponsors





Organising Committee Members Miriam Bayes and Heather-Jean Ashby



Professor Nicholas Proctor, Heather-Jean Ashby (Conference Chair) and Melony Baumgurtel, Karoonda Hospital



Committee Member Lyn Rabbetts with Professor Nicholas Proctor i

## **MOUNT GAMBIER CONFERENCE COCKTAIL PARTY**

The conference commenced with a cocktail party on Thursday 13th November with Guest Speaker Guest speaker Jayne Downs, South East Regional Director for Country Health SA opening the conference.

In addition Hayley Vinko and Elysha Collins, third year nursing student presented on their placement at a Cardiac Hospital in Manilla.

Entertainment was provided by Two's Company.



# CoNNO REPORT - NOVEMBER 2014

Coalition of National Nursing Organisations (CoNNO) meets every (6) months with national nursing organisation representation, including ANZSVN to work collectively to advance the nursing profession to improve health care.

## Department of Health (DoH) Report

No report provided due to a late apology.

## Nursing and Midwifery Board Australia (NMBA)

Consultation over previous months includes:

- Release of SQ framework
- Review of mandatory registration standards with consultation phase completed and awaiting for the Health Minister review
- Other projects
  - \* National regulatory scheme with the other (9) healthcare professions. Consultation paper closes early October (*refer to state/territory health departments*).
  - \* Assessment process framework for internationally educated and qualified practitioners
  - \* Currently developing transition pathways (*refer to media statement released 4 September*)
  - \* EN Standards for Practice (last review, 2002) are nearing completion with concern expressed on the working relationship between the RN and EN and variability between workplace / organisation / individual's role.
  - \* PII exemption for privately practising nurses and midwives. Project team (WA DoH) to develop options for consideration.

## Nursing Leadership Presentation

GAPFON is the Global Advisory Panel on the Future of Nursing. In the initial 2-year formation phase the (14) panel members chaired by Johns Hopkins School of Nursing Dean Emerita and Professor Martha Hill aim to become a Nursing representative body to participate in and influence health policy, nursing leadership and practice, education, and the global health agenda.

The first meeting held in March 2014, identified key issues [definition of global health] and major challenges [HRH, NCD's Universal health coverage] to facilitate implementation of the WHO Action Plan for Nursing & Midwifery. More information and updates can be found at:

- \* <http://www.gapfon.org/>
- \* [www.UTS.EDU.AU/about/faculty-health](http://www.uts.edu.au/about/faculty-health)
- \* [www.uts.edu.au/Research-and-teaching/our-research/who-collaborating-centre](http://www.uts.edu.au/Research-and-teaching/our-research/who-collaborating-centre)

*Continued page 10*

CoNNO Report Continued from page 9

### **NPS Medicinewise Update**

Antibiotic use in Australia overall is higher than other OECD countries. A national campaign goal is under-way to reduce inappropriate prescribing by 25% over five years. The approach is multi-pronged with community, mass audience, health professionals and stakeholders. Communication includes a social media campaign via Facebook.

Next phase is aimed at UTI with aged care focus within extended care facilities to be launched in November with online module available early 2015.

Other resources for nurses to achieve CPD (case studies, drug use evaluations, publications including Australian prescriber and online learning) are available at <http://www.nps.org.au/>

### **CoNNO Secretariat**

Conno has a new council and new chair. Draft TOR tabled with feedback by 3 October and to be endorsed out of session within an identified timeframe. Within the Constitution governance framework the ANMF secretariat and DoH hold the MoU with reporting lines and confidentiality agreements. A statement of expenditure and meeting minutes is the requirement under the funding model. Funding is minimal and previously (8 years) organisations self funded attendance at the meetings.

### **A question for ANTS Members ...**

*“Would you support ANTS representation at CoNNO if self-funding was required?”*

*Funding is for Airfares from home state to either Melbourne or Sydney twice-yearly*

Meeting papers, minutes, member reports, secretariat report and NPS Medicinewise presentation can be downloaded at <http://www.conno.org.au/meetings>



Seasons Greetings from fellow CoNNO Members

# VASCULAR 2014 CONFERENCE REPORT

## Revolution and Evolution in Vascular and Endovascular Interventions

Karen Simunov, Nurse Education Facilitator, The Queen Elizabeth Hospital, Adelaide

As Australia celebrates the 100th anniversary of ANZAC, I look back at the Vascular Conference [nursing, medical and interventional radiology] held October 11-13 in Canberra, the home of the National War Museum.

### DAY ONE

The nursing section of the conference opened with a short history of Australian Military Nursing from the Boer War to the current day. Acknowledgement was made to the hardships and sacrifices these Nurses made, which brought a tear to the eye to the audience (including mine) as we empathized. As the saying goes "*necessity is the mother of invention*" and this was clearly identified in the stories left behind from our medical and nursing corps. A tribute to these unsung (nursing) heroes was recently recognized with a memorial in Canberra (best viewed with the serenity at night). A segway into the contemporary armed forces nursing with an interesting juxtapose of the modern equipment and technology one is trained with and then to find a 'historical' version is all that is available at the coal face within other countries. The role of nursing/medical assistants is undergoing educational change and a debate has begun on the role of the Nurse Practitioner vs Advanced Practice model within the need and sustainability.

Continuing the theme with surgical focus of a ruptured (open) AAA and screening, which has decreased the incidence of the surgical emergency of a rupture. An interesting fact from statistics show the months of April and October/November there is a peak in emergency repairs, due to the change in atmospheric pressure with the seasons. To round off the morning session (2) workshops were offered (and repeated) - Lower Limb Oedema and Endovascular AAA.

The afternoon focus was on Chronic Disease Management, a contemporary issue in healthcare, opening with three viewpoints on the benefits of exercise for intermittent claudication. Each speaker was in agreement that patient compliance can be a barrier including time, locality, availability and plain hard work. This was followed by a dietetic viewpoint on extended hospital stay and post-operative malnutrition.

Smoking is a dominant risk factor (amongst others) for vascular disease and as a healthcare professional the smoking cessation discussion only takes three minutes. This "3-minute" conversation has shown to increase the individual's confidence in cessation and decrease the barriers. [Refer to RACGP guidelines at <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/>]. Use the 5A's ... **ASK** all patients; **ASSESS** readiness (and openness) to quit; **ADVISE** all smokers to quit (consistent and brief statement which can be personalized (<http://starttheconversation.org.au>); **ASSIST** to quit; **ARRANGE** a follow-up or ask again. The Cancer Council in each state provides training for healthcare professionals.

*Continued page 12*



*Vascular 2014 Conference Report Continued from page 11*

The final presentations for the day were how a nurse-led intervention program; pharmacotherapy and free papers. My learnings included an increased awareness of the specific storage requirements for medications that ALL healthcare professionals need to be aware of prior to decanting into dosettes; warfarin use is NOT a template for the newer anticoagulants and as a nurse we are the last link in the chain from prescription to administration and an awareness of pharmacology of medications we are administering becomes imperative to flag and question.

## DAY TWO

A combined nursing/medical session with multidisciplinary speakers (surgeons, trainees, podiatrists and a nurse practitioner). Vascular status and diabetes are co-morbidities that provide a challenge across the disciplines with presentations on the multidisciplinary role, amputation rates, debridement methods, off loading and diabetic foot infection management ([http://www.idsociety.org/IDSA\\_Practice\\_Guidelines/](http://www.idsociety.org/IDSA_Practice_Guidelines/)). To 'round-off' the morning an interactive diabetic foot workshop with correct measurement for ABI, including the importance of positioning the patient and equipment; neurological assessment and creating a simple off-loading device.

The afternoon focus was on "Preventing the Preventable and Free Papers" with Standard 8 – Pressure Injury Prevention and Management and Skin Integrity being the main focus. Specialist Nurses presented in their individual field of practice on Ultrasonic Wound Irrigation (UWI); Negative Pressure Wound Therapy (NPWT) with Prontosan™ irrigation; Chronic Wound Clinic Models using a mobile app for consistency of wound measurement (refer to App Corner page ...) and use of Telehealth services for education, patient assessment, early discharge, OPD follow-up in WA

## IN CLOSING

The combined conference dinner at Parliament House was held on the Sunday night bringing closure to the nursing session. Canberra is an aboriginal word meaning, "meeting place" ... and the conference is a meeting of [vascular] nurses, surgeons and [interventional] radiologists.

ANZSVN looks forward to meeting again at the 2015 Conference to be held in Adelaide, South Australia.



WORKSHOPS: Limb Oedema Workshop



and Creating a Simple Off-Loading Device

# Working Together for an Integrated Vascular Approach

CONFERENCE

**12th November Workshops**

- limited numbers

**13th-14th November 2015**

Adelaide Convention Centre, South Australia



Australian and New Zealand  
Society for Vascular Nursing

# 100<sup>TH</sup> ANNIVERSARY OF THE AN-



ANZAC Day – 25 April 2014 marked the 100<sup>th</sup> anniversary of the first major military action fought by Australian and New Zealand Army Corps (ANZAC) during the First World War.

War broke out in 1914, and Australia joined the allied expedition in 1915 sending Australian and New Zealand soldiers to capture the Gallipoli peninsula to open the Dardanelles to the allied navies.

On landing they were met with fierce resistance from the Ottoman Turkish defenders and the campaign dragged on for eight months. At the end of 1915 the allied forces were evacuated, after both sides had suffered heavy casualties and endured great hardships. Over 8,000 Australian soldiers had been killed.

In 1916 the 25th of April was officially named Anzac Day and was marked by a wide variety of ceremonies and services in Australia, London, and the Australian camp in Egypt. Today at 1015 hours the Anzac Day Service takes place at the Australian War Memorial in Canberra. After the ceremony, families often place red poppies beside the names of relatives on the Memorial's Roll of Honour.

*The "Anzac legend" has become an important part of the identity of both nations, shaping the ways we view both our past and future.*

Adapted from: <http://www.awm.gov.au/commemoration/anzac/anzac-tradition/>  
Accessed: 11 November 2014

## Gallipoli and the Nurses' Perspective

The Royal Australian Army Nursing Corps, has given 100 years of dedicated work to caring for Australian servicemen in times of war and its aftermath. In 1898 a small nursing service was formed in Sydney, with one Lady Superintendent and twenty-four nurses. The first actual service of nurses was during the Boer War (1898-1903).

The medical unit was an integral part of the Australian Imperial Force for overseas service. Nurses required to staff the medical units, were recruited from the Australian Army Nursing Service Reserve and the civil nursing profession. The first draft of Sisters in the Australian Army Nursing Services (AANS) left Australia in September 1914; and throughout the war, the Nursing Service served wherever Australian troops were sent, and numerous other countries.

During the First World War in 1915, a 1000-bed tent hospital without any floor covering, in Cairo, was staffed by (1) Matron, (15) Sisters and (30) Staff Nurses with male medical orderlies from the Australian Army Medical Corps. Compared to the Royal Melbourne Hospital in 1990 with 700 beds and a staff of 670 nurses [excluding administration and education].

Service records identify these Sisters set a very high standard under adverse conditions, proving themselves to be dedicated, courageous and spirited, and truly professional. At least 388 decorated for

*Continued page 15*



*100th Anniversary of the ANZAC's continued from page 14*

their service, with seven Military Medals were awarded to Australian Nurses for their courage under fire.

### **Excerpts form letters and diaries ...**

"I cannot remember what came next, or what I did, except that I kept calling for the orderly to help me and thought he was funkng, but the poor boy had been blown to bits. Somebody got the tent up, and when I got to the delirious pneumonia patient, he was crouched on the ground at the back of the stretcher. He took no notice of me when I asked him to return to bed, so I leaned across the stretcher and put one arm around and tried to lift him in. I had my right arm under a leg, which I thought was his, but when I lifted I found to my horror that it was a loose leg with a boot and a puttee on it. It was one of the orderly's legs which had been blown off and had landed on the patient's bed. The next day they found the trunk about 20 yards away."

*Sister Kelly's diary from a Casualty Clearing Station on the Western Front*

The wounded from the landing commenced to come on board at 9 am and poured into the ship's wards from barges and boats. The majority still had on their field dressing and a number of these were soaked through. Two orderlies cut off the patient's clothes and I started immediately with dressings. There were 76 patients in my ward and I did not finish until 2 am.

*[Ella Tucker, in Barker, Nightingales in the Mud, p.30]*

9 August — Found 150 patients lying on the ground — no equipment whatever ... had no water to drink or wash.

10 August — >Still no water ... convoy arrived at night and used up all our private things, soap etc, tore up clothes *[for bandages]*.

11 August — Convoy arrived — about 400 — no equipment whatever ... Just laid the men on the ground and gave them a drink. Very many badly shattered, nearly all stretcher cases ... Tents were erected over them as quickly as possible ... All we can do is feed them and dress their wounds ... A good many died ... It is just too awful — one could never describe the scenes — could only wish all I knew to be killed outright.

*[Grace Wilson, in Bassett, Guns and Brooches, p.46]*

The travelling kitchens would burn on windy days, and people got dysentery from the Greek bread ... we did not even have a bath tent as water was so short, and as well the centipedes were very bad! Our hair used to be full of burrs, and in the end many girls cut their hair short. It saved a lot of trouble.

*[Louise Young in Bassett, Guns and Brooches, p. 8]*

We were all glad to be taking part in the great adventure. They were grim and tragic, but somehow inspiring days.



used with the permission  
of the Australian War Memorial

*[Nellie Pike, in Barker, Nightingales in the Mud, p.42]*

Adapted from: <http://www.anzacsite.gov.au/5environment/nurses.html>

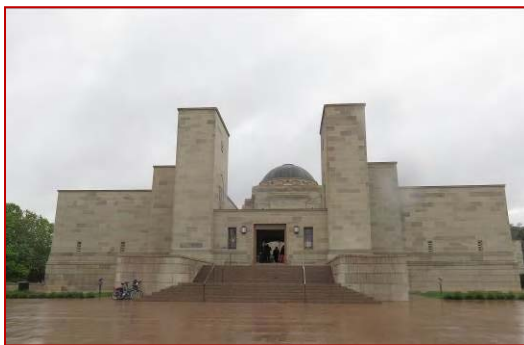
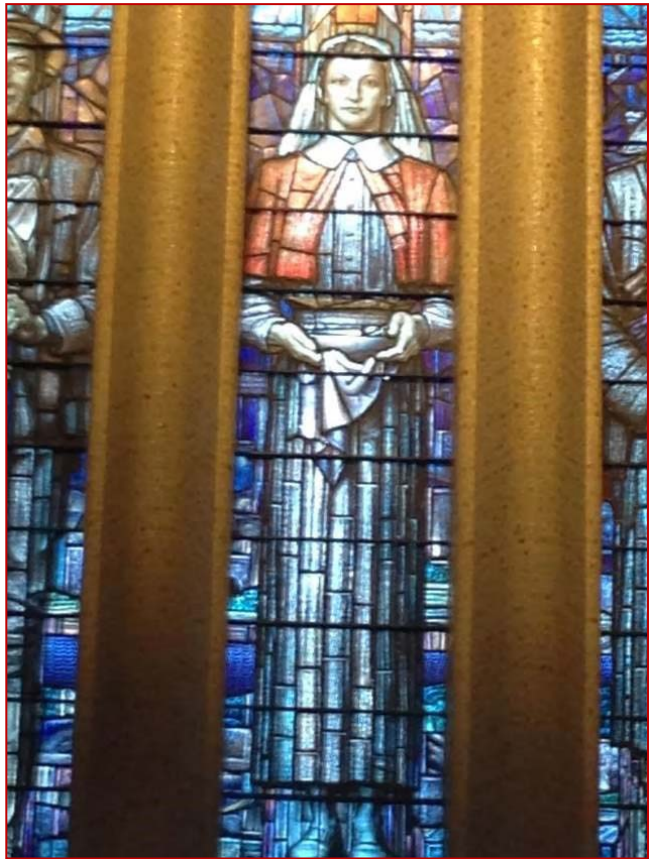
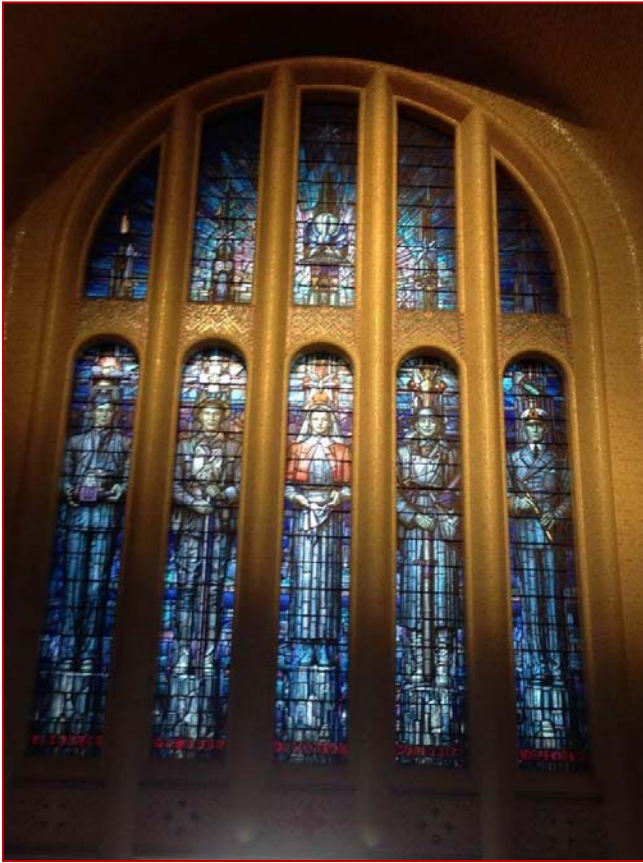
Adapted from: <http://www.anzacday.org.au/history/ww1/overview/nurses.html>



## Nurse' War Memorial, Canberra







## NATIONAL WAR MEMORIAL – NURSES ARE REMEMBERED Lest We Forget





# ANTS AWARDS

## ANTS Clinical Educator of the Year

### *Recognising Excellence in Nursing and Midwifery Education in the Clinical Setting*

This award recognises excellence of the clinical educator to encourage innovative teaching practices in the education of Nurses and Midwives in the clinical / workplace settings.

Open all categories of members who contribute to nurse/midwifery education external to the academic setting and employed in the role of: clinical facilitator; nurse/midwifery educator; clinical nurse educator/specialist; staff development; education coordinators and/or education manager.

The nominee must demonstrate an enthusiasm for teaching and promote learning by demonstration of a significant contribution to education within the clinical setting, which encompasses acute care; primary health care and community centres.

The judging panel is formed by the National Executive or Branch Committee members of ANTS with full details of [selection criteria and nomination forms](#) available for download on the ANTS website.

## Pearson/ANTS Nursing Educator of the Year Award

### *Recognising Excellence in Teaching Nursing*

Pearson Australia in conjunction with ANTS encourage and recognise innovative teaching practices in nursing/midwifery (academic) education.

Nominations are sought from members whom are employed by a University, TAFE and VET sector and whose primary activity is teaching nursing/midwifery students. The nominee must have demonstrated excellence and a significant contribution to advance nursing education through direct teaching, service and research in the areas: lecturing and/or tutoring and/or student support and/or development of quality teaching materials.

The judging panel is assembled by ANTS and Pearson with full details at <http://www.pearson.com.au/company/awards/educator-awards/pearsonants-nursing-educator-of-the-year-award/>

# 24<sup>TH</sup> ARNA CONFERENCE REPORT

## The Culture of Rehabilitation

Sharyn Webber, CSC Vascular Ward; The Queen Elizabeth Hospital, Adelaide

In October this year I attended the Australasian Rehabilitation Nurses Association (ARNA) conference in Darwin, "The Culture of Rehabilitation". The humidity was at 90% a culture shock for a native Tasmanian.

ARNA was established in 1991, in the Illawarra district of NSW when several nurses working in Rehab got together to discuss ways of networking and enhancing the education of nurses; there are members in all states and territories of Australia and New Zealand. ARNA is run by nurses for Nurses, but encourages mutual exchange of knowledge both multi and interdisciplinary.

I learnt so much, which will enhance the way patients are cared for on my wards. Working on a Vascular ward many of our patient's undergo some type of rehab, to gain a better understanding of these concepts was beneficial.



Keynote speaker was Melissa Noonan, who established Limbs4Life, which are a very important organisation for Vascular Nurses, At the age of 37 Melissa was a sales manager for a leading winery, her life changed forever in 2003 when she was running to catch a train and she slipped and became wedged under a train as it started to move. After many operations Melissa went on to Rehab at Melbourne's Royal Talbot Hospital, Melissa explained the nurses were exceptional but there was no information nor support for amputees. Melissa established Limbs 4 Life in 2004 a not for profit organisation to provide access and support to all amputees their families and primary care givers.

On my ward NE2, are amputees are referred to L4L with their consent, the volunteers/mentors are matched by site of amputation, reason for amputation, gender and age. The evidence suggests that peer support can have significant mental health benefits to amputees. L4L have also produced brochures on how to care for new stumps and stump hygiene. As Vascular nurses I am certain we have all had to deal with smelly stump socks.

Dr Lucy Madebwe is an Advanced trainee in Rehab medicine; she spoke of measuring outcomes in lower limb amputees in the Top End. This study was for her thesis whilst she was at Royal Darwin Hospital. In NT the mean age for amputation is 57 years compared to 68 years in South Australia. NT has the highest rate of Diabetes in Australia which contributed to 70% of amputations in the NT. Only half the amputees went on to Rehab and only 30% had a Prothesis fitted. The study identified the need to improve access to rehabilitation for indigenous and remote patients.

*Continued page 20*

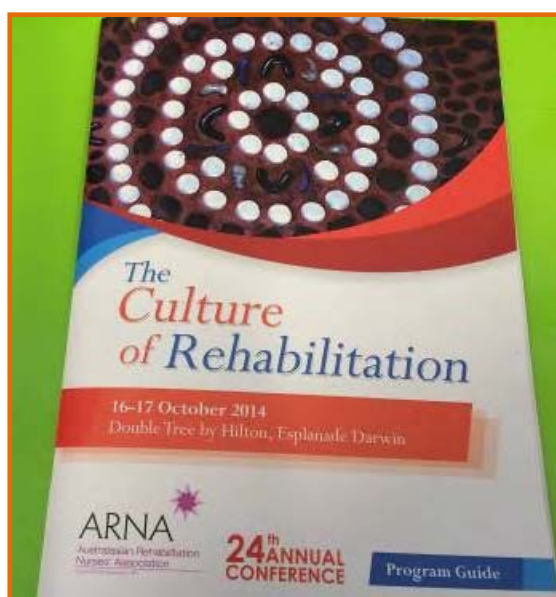
24th ARNA Conference Report Continued from page 19

Mark Kilpatrick RN, manager community services Groote Eylandt , MJD foundation. Machado Joseph Disease is a degenerative disorder known as spinocerebellar ataxia, the majority of Australians living with the disease are Aboriginal people living in the most remote and inaccessible parts of Australia. Up until 1995 the disease was known as Groote Eylandt Syndrome. Lots more research is needed on both the disease and why the people of NT are at risk. What is known is that it is caused by a chromosomal fault, that results in the production of an abnormal protein, causing nerve cells to die in the cerebellum, it is an inherited disorder and the mutation is expanded to the next generation, which means the symptoms appear 8-10 years earlier and are much more severe. MJD foundation established in 2008 to improve the quality of life of Indigenous Australians and their families living with MJD in Arnhem Land and beyond, they provide education and training to health care professionals, clients and their families, research, patient advocacy and equipment funding.

There were many other speakers presenting their research and how this research has improved rehabilitation care in their health service.

I have to add a story of the Royal Darwin Hospital, many territorians believe the hospital was jinxed. It opened on February 2<sup>nd</sup> in 1942 and was bombed 17 days later in World War 2, rebuilt and on Christmas morning 1974 was damaged extensively by Cyclone Tracy. In 1980 the new Casuarina Hospital opened, in 1984 was given the royal assent and became Royal Darwin Hospital. Today it is a 363 bed teaching hospital with 1700 staff and is affiliated with Flinders University, Charles Darwin and the University of Sydney.

The most memorable moment, all the delegates staying at the Doubletree by Hilton, were evacuated due to fire alarm and assembled downstairs in their PJ's.





# MOUNT GAMBIER CONFERENCE ABSTRACTS

## **“Finding mutual and tangible benefit through community partnering in mental health nurse education”**

KEYNOTE SPEAKER: Professor Nicholas Procter PHD, MBA, RN; Chair, Mental Health Nursing, U of SA

For several years Nicholas Procter has been working closely with practitioners across metropolitan and country South Australia to build a culture of practice based mental health research, writing for publication and state based policy development. At the same time he has continued to support local clinical leaders to co-convene highly successful Shared Learning in Clinical Practice symposiums and clinical master classes, where more than 600 consumers, carers and practitioners have participated.

This presentation will describe the way practitioners have become involved in research and learning opportunities in their local workplace and beyond. The presentation will also provide practical pointers for practitioners to follow their passion and find time to negotiate and become involved in research, writing and other creative work they find meaningful and rewarding.

## **“Pain Assessment”**

Liz Fallas, Endorsed Nurse Practitioner, Palliative Care

Pain is the fifth vital sign. Effective pain management demands careful assessment and regular review of pain. As nurses we play a vital role in pain assessment. This presentation examines the current evidence in pain assessment and the use of tools in the palliative setting.

## **“Care of the Spirit at End of Life”**

Rebecca Whitaker, Clinical Lead Nursing, Palliative Care

The Palliative care approach to care involves individual, holistic, continuous assessment of physical, psychological, spiritual and social problems. Evidence suggests that individual's living with a terminal illness consider spirituality to be one of the most important contributors to quality of life. Spirituality at end of life sees individuals seeking to understand their purpose and place in the face of death and can manifest in different ways. Health Care professionals are integral in the care of the spirit and require knowledge of spirituality and its manifestations to improve quality of life at end of life.

## **“Patient assessment in real terms: The evaluation of the implementation of a palliative care clinical assessment process”**

Lyn Rabbetts, Academic Nursing Lecturer, Nursing Researcher

Validated assessment scales are widely accepted in nursing as the foundation of providing evidence based holistic patient care. A number of validated scales are utilised by specialist palliative care services throughout Australia. This paper will present the findings of the introduction of these validated scales into the routine assessment process conducted by generalist nurses providing end-of-life care for patients receiving palliative care on a medical ward in a regional hospital in South Australia.

*Continued page 22*

*Mount Gambier Conference Abstracts continued from page 21*

**Oh dear, where did I put my glasses?**

Sharon McLellan, Clinical Practice Consultant

The Geriatric Evaluation and Management Program (GEM) is one of four state-wide initiatives initially funded by the Council of Australian Governments (COAG) in 2010. GEM services have been established at Mt Gambier, Whyalla, Berri, Port Lincoln, Mt Barker, Victor Harbour and Gawler. They are predominately ambulatory services with Whyalla having 3 inpatient beds. This presentation will define GEM services and describe the establishment of ambulatory GEM teams across SA country sites including Geriatrician clinics and Telehealth services. We will also briefly look at some of the screening tools used for cognitive screening prior to assessment by the Geriatrician.

**'Door Stop' Education: Taking the water to the horse V's waiting for the horse to come to the water!**

Lauren Newman, Education Manager, Portland District Health

Despite dedicated effort and variety, traditional scheduling of in house education via a monthly education calendar can be poorly attended by staff. It is assumed double staff time is opportunistic to engage staff in education sessions?

**'A bit scary at first' nursing students' perspective from the use of actors in the practice lab: Preparation for the real world.**

Judy Stapleton, Registered Nurse

This paper will present an insight into the use of actors as simulated patients within the practice based laboratories for nurse education with UniSA Mt Gambier. This is an initiative between UniSA and GGT. UniSA has used simulated patients with the first stage of the Bachelor of Nursing in "Being a Health Professional" course, the second stage in "Health of Older Adults"; "Health of Adults" and "Health of Infant, Children and Young People course" and the third stage in "context of Nursing Practice" course. We have also used simulated patients for assessments of students for their Experiential Learning Activity".



Liz Fallas



Rebecca Whitaker



Sharon McLellan,

*Continued page 23*

*Mount Gambier Conference Abstracts continued from page 22*

### **'Making Sandwiches': A team STEPPS approach to communication**

Christine Ross, A/Nurse Management Facilitator Clinical Information Systems TeamSTEPPS® Master Trainer and Vicki Guthrie, Clinical Services Coordinator Acute Care, Bordertown Hospital, TeamSTEPPS® Master Trainer

TeamSTEPPS® is an evidenced based team system to improve communication and teamwork skills. Communication is a critical skill needed for effective team work to occur. It is an important component of the team process because it serves as a coordinating mechanism or supporting structure for teamwork. Effective communication skills are needed to convey accurate information in a clear, concise manner, seek information from all available sources provide awareness of roles and responsibilities & verify information received. International data identifies that communication is a contributing factor to 70% of hospital sentinel events. This risk increases as patients are transferred between units and team. TeamSTEPPS® training has trained staff in communication skills to ensure this vital aspect of teamwork exists. To support the introduction of TeamSTEPPS® in the South East region in 2012 two part time project officers were funded for twelve months to provide local leadership and implementation support. Initially Naracoorte, Bordertown, Kingston, and the Emergency Department at Mount Gambier and the regional South Australian Ambulance Service (SAAS) introduced the TeamSTEPPS® program in their areas. In 2013 the program was extended and introduced into the Medical ward and Subacute areas.

### **'Workplace Wellness' - balancing work life in the healthcare setting**

Lauren Newman, Education Manager, Portland District Health

Every day healthcare workers experience a variety of work place stressors. It is well documented this industry of caring for others can have serious consequences on the practitioner. Compassion fatigue and vicarious trauma are precursor's that can lead to stress and burnout, with serious ongoing health impact. Recognising and developing a health plan to manage trauma inputs can significantly reduce the impact of harm. Maintaining the life wheel in balance ensures the practitioners remains 'mindful' of areas in their lives requiring attention to maintain mental and physical health and wellbeing.

### **Managing larger incidents within the rural setting**

Dr. Trevor Burchall, Director of Emergency Services MGDHS and Andrew Thomas Operations Manager Limestone Coast, SA Ambulance

The management and response to incidents which have more patients than responders in the rural can cause angst for health professionals. The session will look at the SA Health Rural Emergency Responder Network through a case audit, practical training on triaging of patients, and management of Mass Casualty incidents at the incident site and within the hospital which will be the receiving facility.

### **25,000 Feet from a Call Bell**

Rosemary Moyle, Health Services Education and Development Manager, RFDS, Central Operations.

As a staff member in a hospital environment, there is an understanding that "the team" will respond to the needs of others, particularly in an emergency. The call bell is viewed as an essential piece of equipment when requesting assistance.

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*Mount Gambier Conference Abstracts continued from page 23*

Flight Nurses work in an aviation environment, often physically isolated from their colleagues, so how do they manage in emergencies? The Royal Flying Doctor Service, Central Operations has aeromedical bases in Adelaide, Port Augusta, and Alice Springs. The Flight Nurses are all dual qualified Registered Nurses and Midwives, who care for the spectrum of disease processes and injuries across the lifespan.

This paper will examine the uniqueness of the aviation environment and the effects of aviation physiology on the stressors of flight for patients, staff and equipment. Flight Nurses not only undertake their nursing duties, but also have Flight Crew responsibilities to add to the complexity.

With safety for all an overarching principle, the pre-flight preparation and assessment of a patient is a vital step in providing safe transport by fixed wing aircraft with the Royal Flying Doctor Service.

#### **RFDS –More than an Aeromedical Service.**

Rosemary Moyle, Health Services Education and Development Manager, RFDS, Central Operations

The Royal Flying Doctor Service, Central Operations is well known for its traditional role in Aeromedical transport, but there are many other parts which make up what is RFDS today. This session will provide an overview of the many other activities such as Primary Health Care, Education and supportive programs provided to the people who live, work and travel in Rural and Remote areas of Australia.

#### **The Polyfills of Hospital avoidance - Rapid Intensive Brokerage Services**

Tony Potts, Community Health Registered Nurse

Rapid Intensive Brokerage Support (RIBS) is one initiative within the broader range of GP Plus Services Strategy for Country Health SA. RIBS increases primary care capacity by an additional funding source to assist with reduced hospital stays and hospital avoidance. The program is not aged restricted and can cover a wide variety of short term solutions for maintaining patients/clients safely at home. A vast array of creative solutions have been utilised to save 521 occupied bed days for 68 patients, and 284 hospital avoids for potentially preventable admissions at an average cost of \$252 per patient.

#### **'You can't do that here!' The development of an obstetric survival manual for the rural GP**

Dr Steve Dunn, Rural GP Proceduralist Mt Gambier

Obstetric practice can be challenging for the GP obstetrician, even in well supported environments. It can be especially daunting for the isolated rural GP with rusty or non-existent obstetric training.



## Christmas Greetings to ANTS Members

# DERMATOLOGY STUDY DAY

Wendy McInnes, Vascular Nurse Practitioner, The Queen Elizabeth Hospital, Adelaide

On Saturday 6<sup>th</sup> September I attended the SA Dermatology Education Day at Uni SA; the theme “**In to the derma sphere**”. Many of the topics of the day were related to my practice in Vascular and I found the day most interesting with a different slant to the regular vascular presentations.

Dr Chris Duguid from Ashford dermatology presented on Hyperhidrosis; the physical discomfort this brings to people with skin that cracks and splits, fungal infections, the social impact and the fact that it actually affects 3% of the population. Treatments vary including;

- Topical agents with aluminium compounds
- Botulinum toxins – a neurotoxin that inhibits release of acetylcholine (lasts 6 months) – axillary (15 needles each side, palmer 80-90% reduction for 6 months but need higher doses – painful and can increase weakness of intrinsic muscles – plantar – 50% but results are variable
- Iontophoresis – electric current – tap water – low level current to hands and feet for 15mins – safe to do at home- side effects burning, blisters, painful if splits and cracks
- Systemic anticholinergic – side effects blurred vision, dry mouth, constipation
- Mira Dry- microwave technology that destroys axillary sweat glands – effective but expensive \$6,000 for 2 treatments; painful, oedema and nerve damage are side effects
- Surgery – liposuction, excision of sweat glands, endoscopic thoracic sympathectomy; compensatory can come from the chest

Dr Ivan Simmons from Ashford Dermatology presented varied interesting cases along with some great photo's including plantar warts, tinea, psoriasis, nappy rash, orbital cellulitis, plaque of TB. Scabies, herpes and BCC, SCC, severe acne and penile warts.

Dr Lachlan Warren from the Womens and Childrens' Hospital presented paediatric vascular deformities including haemangioma, vascular malformation port wine stain and atopic dermatitis. Dr Emma Haverock from St Peters Dermatology presented on vulval dermatology and Janine Gibbett an RN from Royal Darwin Hospital presented Dermatology Darwin Style including the different things they see there because of the climate.

The real tear jerker of the day was a video showed by Glenda Thomson; a nurse at Laramoo Hospital who had lost her son Aaron in his twenties to melanoma, to demonstrate the real risk and get the message out there. [www.melanomaresearch.com.au](http://www.melanomaresearch.com.au)

While the day was not vascular focused there were many interesting presentations that overlap with the vascular patients we care for. On reflection I think that for my own practice there are areas within the field of dermatology I need to brush up on to enable a holistic approach to care.

# PEER REVIEW CONTRIBUTOR GUIDELINES

## **ABSTRACT AND KEYWORDS:**

An abstract of up to 250 words maximum should be included. The abstract should be informative and report on the key aspects of the publication and include the methodology and key findings of the paper. The abstract should not contain abbreviations or references. Up to five keywords can be provided.

## **ACKNOWLEDGMENTS:**

The acknowledgement of colleagues who are not named as authors should appear just before the reference list. The source of any funding or any potential conflict of interest should also be declared.

## **REFERENCES:**

The author is responsible for providing accurate references. Referencing must follow an Author-Date style, such as APA (American Psychological Association). The reference list must include details only of those works cited in the text, and all references cited in text must be listed.

## **SUBMISSION OF MANUSCRIPTS:**

All manuscripts, and related correspondence should be submitted via email to the Peer Review Section Editor. The peer-review process will be managed by the Peer Review Section Editor. It is anticipated that authors will receive feedback or a decision on the manuscript within 6 weeks of submission.

## **MORE DETAILED INFORMATION OR ASSISTANCE:**

e-Bulletin Peer Reviewed Section Editor David Stanley [david.stanley@uwa.edu.au](mailto:david.stanley@uwa.edu.au)

*Several Peer Reviewed articles have been submitted ... Thank you to the contributors*

*David and myself await your amendments for the Peer Review Section or as an article for the e-Bulletin.*



# WOUND SYMPOSIUM, SINGAPORE

Wendy McInnes, Vascular Nurse Practitioner, The Queen Elizabeth Hospital, Adelaide

Margie Moncrieff (Wound Management NP FMC) and I were lucky enough to be invited to speak as the key note speakers at the Changhi General Hospital in Singapore in September 2014.

The day was very interesting with a variety of speakers and topics including nutrition in wound healing, evidence based stoma care, the art of pressure ulcer management, updates on cell based therapy in wound care, management of atypical ulcerations, nursing management of patients with flap surgery and wound dehiscence, could it have been prevented.

Margie spoke about the management of complex abdominal wound with negative pressure as a Nurse Practitioner. My presentations included sharing of Australian Practice in Wound Management and Assessment using the HEIDIE concept with an in depth emphasis on venous wound management and compression.

The day after the conference I was lucky enough to have a tour of Changi General Hospital as well as Singapore General Hospital. I was amazed by the size and capacity of these huge hospitals compared to what we have in South Australia. Without a home nursing system, patients must also travel to the hospitals for dressing changes, paying out of their pocket for visits and dressings.

It was a fantastic experience, one I highly recommend, learning about other countries health systems, their practices , learning new skills, sharing and networking is great professional development



(L-R) Margi Moncrieff and Wendy McInnes

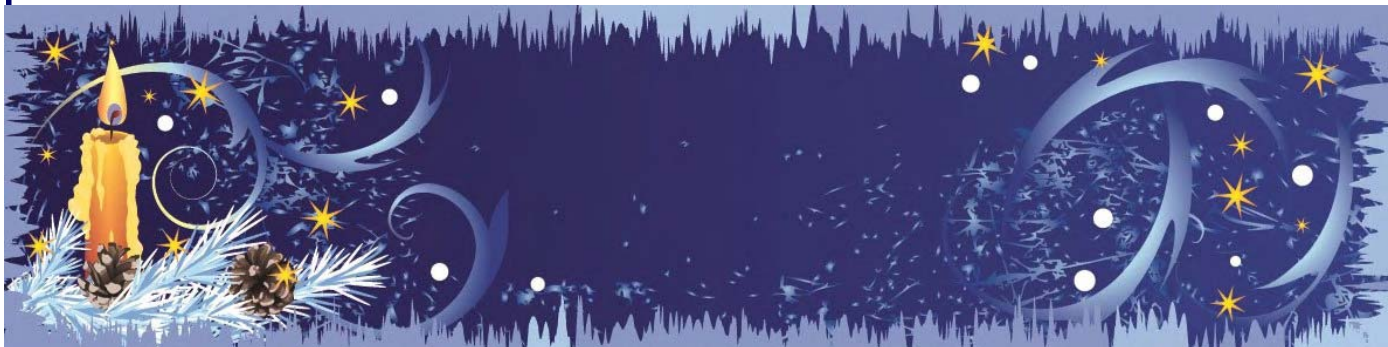


# ANTS WEBSITE

[Links of Interest](#) has links to organisations with relevant nursing resources, including ANMAC and RNAO ANTS [Constitution](#) and Nurse Teacher [Professional Practice Standards](#). If you would like to participate in a review of the Constitution please reply via the post in the general discussion forum

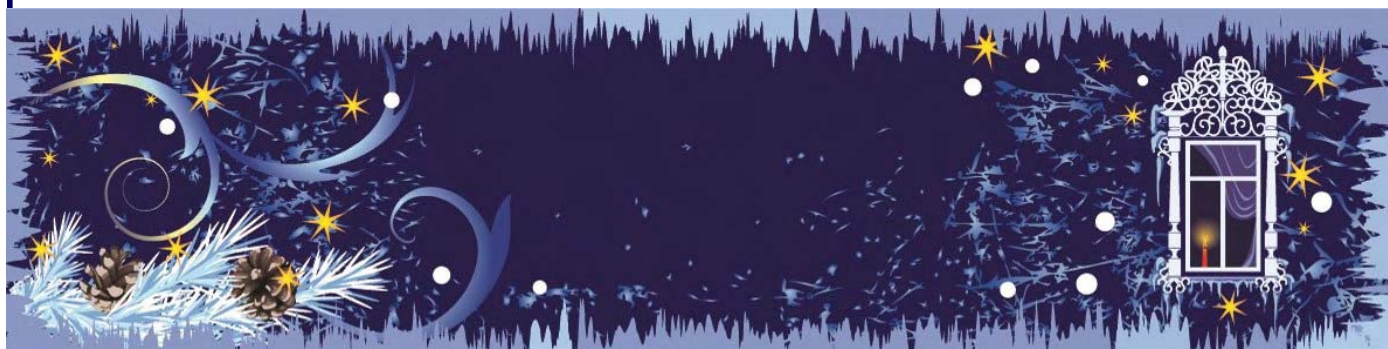
ANTS [e-Bulletin](#) for back copies of the publication

Education Awards for nominating yourself or a colleague for an award in recognition of their contribution to nursing/midwifery education . Note there are (2) awards .. [Academia](#) and [Clinical](#).

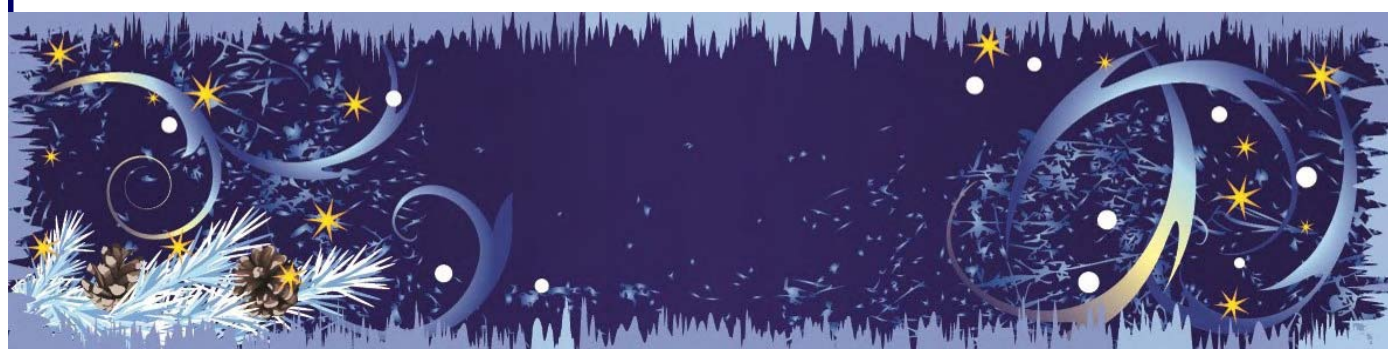


The Teach and Learn area <http://www.ants.org.au/ants/course/view.php?id=42> is available on the website to all members and guests to highlight and discuss matters of educational interest. As an ANTS member we would like to encourage you to exchange and share your experience, professional ideas, experiences, knowledge and resources freely.

All members have Moodle Teacher level access and can utilise all currently installed Moodle modules.



The ANTS e-Bulletin is seeking original, previously unpublished articles from ANTS members which can be manuscripts on contemporary clinical or academic education issues, workforce issues relevant to nurse education, and educational research of interest to ANTS members.





## Australasian Nurse Educators Conference 2015

### 'Being, Knowing, Caring'

11 - 13 November 2015

Welcome. Tena Koutou katoa,

If the only constant in the universe is change, nurses strive not only to embrace change, but be the agents of that change. Strength is gained in partnership, which is why nurse educators from both academic and clinical settings, are collaborating together to develop our current and future workforce. We believe the key message for this year's conference particularly resonates as we aim to provide a forum where we can share in – Co-Creating the Future.

**BEING:** refers not only to the attitude required of the nurse, but the mix of attributes which are essential components in the embodiment of a nurse. These attributes combine to form the very essence of being a nurse and may include: leadership, cultural, spiritual, philosophical, ideological, ethical, motivational and inspirational.

**KNOWING:** acknowledges the fundamental patterns of knowing. These include, knowing in regards to ethics, aesthetics, empirics and personal knowing (Carper, 1978). What kind of knowing is most valuable for the nurse? This knowing may include innovations in teaching and learning, researching, e-learning and learning by use of simulation.

**CARING:** involves the combination of knowledge and caring skills that the nurse must possess to provide excellent care. The careful choice of caring as opposed to 'skills' is to ensure the inclusion of empathy and compassion, without which, the attainment of practical nursing skills is meaningless. This theme may also include: the application of knowledge to practice, research which changes practice, new ideas and the practical 'hands on' approach of the nurse. In fact, everything nurses do.

<http://www.anec.ac.nz/>





## MOWA

### Mobile Wound Analyzer (MOWA)

Easy to use: just take a picture of the wound/ulcer with analysis of the wound is in a few moments with:

- Tissue percentage (necrosis, fibrin, granulation)
- Automatic calculation of the surface area using a blue label mark
- Read the treatment (EPUAP-NPUAP)
- Archive and / or print

A practical application targeted at healthcare professionals for advanced management of pressure ulcers, diabetes and vascular disease.

- Non-invasive
- Medical device, registered in Italy as a health class I A CE directive
- Coming Soon
  - \* Healing process assessment comparing photos in time
  - \* Graph charts of tissues percentages against time

Cost is approx. \$8—\$10

<https://itunes.apple.com/au/app/mowa-mobile-wound-analyzer/id470195183?mt=8>

<https://play.google.com/store/apps/details?id=it.healthpath.mowa&hl=en>

Accessed 12/12/2014

## IN CLOSING ... FROM THE EDITOR

A very FULL e-Bulletin with conference reports ...

I am always seeking articles of interest on what is in your workplace, a member profile or an article for the peer-review section. Is there a specific book that you would like to review? Let me know by email and I will see what I can do (and it becomes yours on writing a review for the e-Bulletin).

See you in the new year with an updated layout

Karen Simunov, e-Bulletin Editor  
karen.simunov@health.sa.gov.au



# AUSTRALIAN NURSE TEACHERS' SOCIETY 2014-2016 NATIONAL EXECUTIVE



(L to R) Lorraine McMurtrie, Karen Simunov, Michelle Girdler, Christine Taylor, Lindsay Harris and Stuart Taylor

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## WANT TO CONTRIBUTE TO OUR E-BULLETIN OR PEER REVIEWED SECTION?

Please contact the Editor at [karen.simunov@health.sa.gov.au](mailto:karen.simunov@health.sa.gov.au).

This e-Bulletin is published quarterly with DEADLINES for submissions /advertisements NO LATER THAN

**15th February**

**15th May**

**15th August**

**15th November**

*(exceptions possible with prior arrangement)*

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