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It is my pleasure to welcome you to this edition of NurseClick.

Bullying in the workplace is a serious problem. It jeopardises unit morale and impedes a nurse’s ability to function professionally, potentially compromising patient safety, and impacts on personal health. But action can be taken to deal with this destructive and damaging behaviour. The ACN Policy Team has written an important article about bullying in the workplace and the key role that nurse leaders play in building a team environment that prevents the development of a buying culture.

ACN has serious concerns about the secrecy provisions and what is deemed “protected information” under the Australian Border Force Act 2015 and the way this Act may prohibit nurses and midwives from fulfilling the standards of practice expected by their respective Code of Ethics and Codes of Professional Conduct. This article by our Advocacy team is essential reading for all nurses and midwives.

Nursing is a profession that demands teamwork, dedication and drive. This month, we have a feature on the importance of teamwork in a palliative environment. Teamwork is a key component of many professions, especially nursing, but in order to deliver quality of life at the end of a life, teamwork from nursing and the wider health care community is essential for patient comfort and care.

On the Mental Health front, there is a thought-provoking article about youth self-injury in Australia. Sadly, between 10-20% of young people have self-injured at some stage and it is a significant risk factor for suicidal behaviour.

Make sure you have a look at the Speaker Profiles in the National Nursing Forum update. We have arranged an impressive line up of international and local presenters, providing inspirational and high quality interactive sessions. Places are filling up fast, so if you haven’t already registered to attend, don’t delay any longer - you will find a link to the full program and registration system on page 12.

Finally, I would like to acknowledge and thank Debra Thoms for her valuable contribution to ACN and her inspirational and visionary leadership in advancing ACN as a pre-eminent nursing and well regarded education and membership organisation.

Carmen Morgan FACN,
President of ACN
The latest from the Australian Institute of Health and Welfare

Cancer mortality trends and projections: 2013 to 2025

This web-based release presents mortality projections for selected cancers and all cancers combined from 2013 to 2025 based on mortality trends from 1968 to 2012. Between 2013 and 2025, the death rate from all cancers is projected to continue an overall downward trend from an estimated 214 to 183 deaths per 100,000 males, and from 135 to 120 deaths per 100,000 females.

Click here for more information.

Spatial variation in Aboriginal and Torres Strait Islander peoples access to primary health care

The report shows that, overall, Australian Government funded Indigenous-specific primary health-care services appear to be well positioned relative to the geographic distribution of Aboriginal and Torres Strait Islander people and to the distribution of other GP services.

View a summary of the report here.

Arthritis and its comorbidities

People with arthritis often have other chronic diseases and long-term conditions. Overall, three out of four Australians with arthritis reported at least one other chronic condition, with cardiovascular disease being the most common comorbidity (44%). People with arthritis are also more likely to be smokers, inactive or obese, compared to people without arthritis. These new webpages explore the relationship between arthritis and other comorbid conditions that people with arthritis experience.

To view the web page click here.

Breast, cervical and bowel cancer screening reports

Cancer screening programs aim to reduce illness and death resulting from cancer through an organised approach to screening. Measures of participation in cancer screening programs tell us how many people participate in these programs, and whether factors such as remoteness, socioeconomic status or Indigenous status mean that people are more likely to miss out on the benefits of screening.

Click on the links below to view the web pages.

Participation in BreastScreen Australia 2013-2014

Participation in the National Cervical Screening Program 2013-2014


AHPRA and the NMBA take action to protect patients

The Australian Health Practitioner Regulation Agency (AHPRA), on behalf of the Nursing and Midwifery Board of Australia (NMBA), is taking legal action against a man they allege has pretended to be a registered nurse.

AHPRA, on behalf of the NMBA, has filed charges in the Magistrates’ Court in Queensland and Western Australia alleging that Mr Nicholas Crawford was ‘holding himself out’ as a registered nurse in both states.

For more information, see the media release.

In the news

National

- Nurses bolster mid-year uni intake
- Bundaberg to benefit from State Government funding to boost Queensland’s nursing workforce
- Australia may legalize medical marijuana in August
- Senators give medical marijuana the green light
- Is sugar really to blame for obesity?
- USA and Australia announce landmark youth mental health research partnership
- Nurses afraid of giving medication to patients about to die, senior doctor says
- Fiona Stanley Hospital patients injured, not fed, left in dirty beds: review
- Ward closure causing chaos in WA’s mental health system
- Australian survivors of female genital mutilation call for access to restorative surgery

World

- Artificial Intelligence (AI) Nurse could shorten a Doctor’s visit to 90 seconds
- NYU Nursing Students learn teamwork with virtual teammates
- Can a coloured bulb promote sleep in the hospital?

Disclaimer: the views expressed in these articles are not necessarily those of the Australian College of Nursing (ACN) and should not be seen as an endorsement.

McGrath Foundation milestone

Halfway through their 10th anniversary year, the McGrath Foundation is celebrating a significant milestone with the announcement of their 105th McGrath Breast Care Nurse to support families through breast cancer. To date, McGrath Breast Care Nurses have now supported more than 36,000 families.

Click here to read more.

Give Them Wings Scholarships help country nursing and midwifery students reach for the sky

Four students from country Victoria are the winners of this year’s Give Them Wings Scholarships, provided by the Royal Flying Doctors in partnership with Rural Health Workforce Australia. The scholarships, worth $2,500 each, are designed to encourage the next generation of nursing and allied health professionals from rural communities.

Click here for more information.
ACN Board Election

All members were advised that there is a forthcoming election to fill three vacancies on the Board of Directors of Australian College of Nursing (ACN). All members have received an information pack and nomination form for the positions. In line with the ACN Constitution this election is for three (3) Directors:

a. Two (2) Directors that may be a Distinguished Life Fellow, Fellow or General Member
b. At least one Director being an enrolled nurse. The EN may be either a Fellow or General Member.

Members are encouraged to consider nominating for the positions and reminded that all those nominated, nominating and seconding must be financial Voting Members of ACN at the time the call for nominations opens on August 3rd 2015. The call for nominations will close at 5pm (EST) on Friday 28 August 2015.

The ballot will open on 7 September 2015 and close at 5pm (EST) on Friday 2 October 2015. The outcome of the ballot will be declared at the ACN Annual General Meeting (AGM) to be held in Brisbane on Wednesday 14 October 2015.

If you have any questions please do not hesitate to contact Debra Thoms (debra.thoms@acn.edu.au or 02 6283 3459) or Tiffany Wallace (tiffany.wallace@acn.edu.au or 02 6283 3459).

ACN and Resthaven sign new Membership Affiliation

ACN is proud to announce the recent signing of a new Membership Affiliation with Resthaven Incorporated. Resthaven is an aged care community service associated with the Uniting Church in Australia that offers a range of high quality, responsive community and residential care services for the elderly and their carers in South Australia. The new Membership Affiliation with ACN aligns the shared commitment by the two organisations to advancing nurse leadership.

Resthaven’s Executive Manager Workforce Development and Governance, Wendy Morey, acknowledges that Resthaven appreciates the value nurses bring to aged care services. “They are thought leaders, clinical leaders and workforce leaders. Resthaven is committed to supporting the professional development of its nurses through membership of the Australian College of Nursing.”

Debra Thoms, ACN’s CEO, believes that organisations such as Resthaven offer an excellent environment in which to identify, foster and develop the leadership potential of any nurse. “This new Membership Affiliation will strengthen both Resthaven and ACN and give our staff and members the support they need to reach their professional potential,” Debra said.

Under the new agreement all Resthaven nursing staff are able to join ACN at a discounted rate and the organisation has access to a scholarship to help pay for ACN courses for Resthaven staff.

If you would like more details on ACN Membership Affiliation please follow the link here or contact the Membership services Team on 1800 0610 660.

Nursing and midwifery scholarships are now open for applications

Australian College of Nursing (ACN) administers a number of nursing and midwifery scholarships on behalf of the Commonwealth Government. These provide financial support to nurses and midwives who want to do further study.

If you are intending to do postgraduate study, you may wish to apply for a scholarship. Scholarships are available for those who want to study for their master degree, graduate diploma or graduate certificate.

Or if there is a short course, conference or workshop you would like to attend, you can apply for a continuing professional development scholarship. Specific scholarships are available for nursing and midwifery staff who work in Emergency Departments or live and work in remote areas of Australia.

These scholarships are for studies commencing or continuing in 2016.

Apply online today or for more information call 1800 117 262. Applications close Monday, 21 September 2015.

Short Courses

Download the latest calendar via our website for upcoming CPD courses for the remainder of 2015.
Workplace bullying – how would nursing stand up?

By Nastassia Hanson-Murphy on behalf of ACN Policy

The ABC’s Four Corners program At Their Mercy, which aired 25 May 2015, reported that young surgical trainees are experiencing abuse and humiliation in the workplace and are exposed to a toxic culture of bullying (McDermotte & Michelmore 2015). The program was a sobering reminder that workplace bullying persists in the health care sector and should provide a cue for nurses to reflect on the current state of bullying in our own profession. Nurses, and nurse leaders in particular, must ask themselves “How would the nursing profession stand up under similar scrutiny?”

The evidence suggests that bullying and its harmful influences are, in fact, widespread in the profession. Nurses, and nurse leaders in particular, must ask themselves “How would the nursing profession stand up under similar scrutiny?”

Unfortunately, in some workplaces in nursing, bullying is a stark reality. If it is to be stamped out, bullying must be recognised, acknowledged and challenged by the profession. Nurses must individually and collectively take responsibility to name and confront it in order to eradicate it.

Wide ranging negative effects

Bullying does not just affect individuals; its negative effects are a real concern for professions and organisations. The potential effects of bullying on individuals are serious and include depression, anxiety, low self-esteem, obsessive thoughts, substance abuse and post-traumatic stress (PTSD) (Wilkins 2013). Bullying also affects organisational productivity, potentially causing financial loss (Hutchinson et al 2006a), high staff turnover rates (Dawson et al 2014), and serious detrimental effects on the safety and quality of care (Wilkins 2013). A study on workplace aggression in the nursing profession in Australia found that, of the participating nurses, two-thirds admitted to making errors in their patient care because they were upset about an aggressive incident (Farrell et al. 2006 in Johnson 2009).

When the safety and emotional wellbeing of nurses is threatened due to bullying the consequences can be broadly felt. Many nurses already experience high stress levels and burnout due to their challenging and demanding work environments (Khamisa et al. 2013). Any further emotional and physical stress caused by bullying only adds to an already taxing work situation. Reputational damage is a further concern for professions and workplaces. Once reports about serious and continuing bullying become public, not just health care organisations but also entire professions can have their reputations damaged. A proactive stance that prevents bullying and effectively deals with bullying conduct is the best protection against reputational damage.

What to do

Anti-bullying strategies must investigate the contributing causes and confront any existing culture that underpins bullying behaviours if they are to be effective (Stevens 2002).

Workplace bullying tends to be a complex and multi-faceted phenomenon where individual, environmental, and organisational factors combine to increase workplace hostility. Individual factors such as mental conditions, environmental factors such as crowding and organisational factors including inadequate staffing, working with a hostile clientele and lack of supervision can contribute to the emergence of bullying (Cooper and Swanson 2002; Salin 2003).

Workplace cultures can exacerbate these factors as has been demonstrated in nursing. Research...
shows that bullying behaviour is a learned process amongst nurses who observe and adopt bullying practises as a means of assimilating with their colleagues (Lewis 2006 in Rocker 2008). This can be further aggravated by nurses forming alliances and using bullying as a strategy for controlling staff “through ignoring, denying... indoctrinating nurses into bullying-defined rules; and structuring bullying around those they consider weak” (Hutchinson et al. 2006b in Rocker 2008).

Staff and management must be educated about what bullying behaviours are, the effects, and methods of responding to bullying both as a victim and as a witness (Johnson 2009). An effective strategy may be taking a grassroots approach that curtails bullying through uniting nurses against it. Nurses can be engaged through involving them in the development of anti-bullying policies and mechanisms for conflict resolution. Such involvement offers nurses an opportunity to take ownership and responsibility for their work environment (Rocker 2009).

**Policy approaches**

In Australia, state and territory governments along with the nursing profession have developed resources in response to bullying within nursing. For example, the Victorian Department of Health has a dedicated bullying resources directory for creating a positive work environment. The directory assists the Victorian work environment (Rocker 2009).

Apart from preventing the development of a bullying culture, nurse leaders have also been shown to secure better patient outcomes, producing higher levels of job satisfaction and nurse retention (Duffield et al. 2011 in ACN 2015). In the majority of health care settings, effecting change across an organisation requires committed nurse leadership prepared to adopt and drive culture change. Nurse leaders must agitate both within organisations and the profession to ensure there is financial investment and attitudinal buy-in to address bullying and to promote positive practice work environments. They must demonstrate how to confidently respond to bullying and provide guidance on how to safely address it. In the prevention of bullying, nurse leaders, through their own actions and behaviours, have a central role in promoting collegial genuinity within their workplaces.

**References**


ACN invites you to share your insights via a “Workplace bullying” discussion group on 3LP.

Simply sign into your account via 3LP.acn.edu.au, and click on the tab labelled “Groups”
ACN responds to the Australian Border Force Act 2015

The secrecy provisions in the Australian Border Force Act 2015 have raised serious concerns for some of Australia’s key professional nursing and midwifery bodies, including the Australian College of Nursing (ACN).

The Act threatens jail for up to two years for health care professionals who disclose information that is deemed ‘protected information’ under the Act. ‘Protected information’ is all information health care professionals obtain in their work capacity. This includes information about access to and quality of health care, sexual abuse and other violence or conditions in immigration detention that may compromise detainees’ physical and/or mental health. Under the Act any recording or disclosure of protected information that is unauthorised by the Australian Border Force Commissioner is a punishable offence.

ACN is deeply concerned that this law actively prohibits nurses and midwives from fulfilling their duty under their respective Codes of professional conduct and Codes of ethics (the Code of ethics for nurses, Code of ethics for midwives, Code of professional conduct for nurses and Code of professional conduct for midwives).

These Codes set the minimum standards for practice a nurse or midwife is expected to uphold. Under their respective Codes of professional conduct, both nurses and midwives are required, where they have made a report of unlawful or otherwise unacceptable conduct to their employers and that report fails to produce an appropriate response from the employers, to take the matter to an appropriate external authority. However, restrictions imposed by the Australian Border Force Act prohibit nurses and midwives from doing so.

The Department of Immigration and Border Protection and the Australian Border Force in a media release dated 7 July 2015 sought to reassure health professionals that claims that “the provisions of the Act were in conflict with professional ethical obligations to report such matters (e.g. child abuse), were false”.

However, ACN remains concerned that nurses and midwives countenance the possibility of 2 years imprisonment for reporting conditions adversely affecting the health and wellbeing of people in detention.

Nurses and midwives are obliged to report such matters under their Codes of professional conduct and Codes of ethics, and the Codes can be used as evidence under the National Law. Section 41 of the Health Practitioner National Law (NSW) No 86a states that Codes constitute admissible evidence in the determination of what constitutes appropriate professional conduct:

“An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.”

ACN has joined together with the Australian College of Midwives (ACM) and the Australian College of Mental Health Nurses (ACMHN) to raise concerns about the secrecy provisions in the Act and advocate for the protection of nurses working in immigration detention centres.

In the past few weeks, ACN, ACM and ACMHN jointly wrote to the NMBA seeking clarification about this issue and issued a joint media statement Australian Border Force Act conflicts with Code of Professional Conduct for nurses and midwives. Further, ACN co-signed a statement on the Border Force Act published by the Royal Australasian College of Physicians (RACP).

ACN will continue to advocate for the nurses affected by the Australian Border Force Act 2015 to ensure that nurses can meet their accountabilities under their Code of professional conduct and Code of ethics.
Cloak and comfort - teamwork helps palliative patients live until they die

By Mandy Cleaver MACN

With the kids’ at school and me on a “day off”, I can put on my Palliative Nurse reality hat and reflect: is being a Community Palliative Care Nurse what I expected? No, it’s not.

As a nurse very new (only 7 months in) to this role, it’s most certainly been an eye opener… but one I wouldn’t change a minute of. As I’ve discovered, Community Palliative Care nursing is so much more than I could ever have contemplated.

Palliative Care Community Nursing is clearly a role only to be considered by those dedicated to continuous learning, and for me, with increased knowledge comes increased confidence. But even with all those positives, sometimes, going from the emotional intensity of my job, straight back to our beautiful and busy family life can feel a bit overwhelming at times but I am blessed with an amazing husband, a beautiful blended family with 7 cherished children and wonderful friends.

I’m learning that my role is to walk alongside patients and their families through all phases of the palliative arena – stable, unstable, deteriorating, terminal and bereaved. The walk involves both complex symptom management and care co-ordination.

One of my goals – or even duties – must be to try to minimise patient suffering – and just like the expression every nurse has heard ‘pain is what the patient says it is’… suffering too, is very very subjective. Patient suffering is as unique as the patient is – so the relief needs to be equally as individualistic.

As a nurse on the frontline, it’s crisis management, it’s high impact, it’s dynamic. It requires a high level of knowledge around disease characteristics and progression, available and appropriate interventions (some at an intensive care level), and liaising with a vast array of other health care and community organisations. There’s a whole multitude of other layers which encompass the emotional, spiritual and environmental issues, all of which are of equal importance.

Maybe the heaviest of responsibility of the job – or fear of getting it wrong – will ease within time. I have always been super organised, in control and calm, and able to attend to challenging and confronting situations at work. But after my first week in this role, I felt like I was in way over my head, the weight of responsibility I felt in dealing with these patients, the sickest of the sick, was intense due to the fear of the unknown, taking things too personally, wanting to fix everything and feeling personally accountable when someone’s “plan” didn’t go to “plan”.

Unfortunately, the word ‘palliative’ seems to strike fear into the general population. “Palliative” actually means, ‘to cloak and comfort’.

The palliative approach says we cannot fix your diagnosis, but we can recognise what quality of life means to you, and do our best to provide you help, comfort, and quality of life throughout your experience, however long that may be for. The “help” required can cover a multitude of needs.

It’s bittersweet really, we’re here because we can help – but we’re here because someone is dying. Comfort can range from antibiotics because of a treatable chest infection – through to medication to keep someone ‘less aware’ of their experience of a horrific event, such as a terminal bleed.

So how do we help our patients live until they die?

Although I may stand at a patient’s front door alone and that initial clinical, physical, emotional, and spiritual assessment rests with me, I have the privilege of working with not only a very highly skilled team, but a highly caring, supportive and nurturing one. I am extremely well supported by my team and I think I’m starting to relax more into the work role, but I am just one cog in a very large wheel. I liaise with GPs, Specialists, Allied Health and other community organisations.

There is literally a wealth of knowledge and experience on offer to help with counselling, advanced care planning including assistance with legal documents such as Enduring Power of Attorney (EPA’s), Enduring Power of Guardianship (EPG’s), and Advance Health Directives (AHD’s), nutritional advice; speech therapy; inpatient admission; home assessments and moderations for things like rails in the bathroom and electronic beds. In addition the team includes an Aged Care Assessment Team, alternative therapists and cultural specialists - the list is pretty much endless. Given the very dynamic nature of someone’s health, members of the team can be brought in and out numerous times for numerous reasons.

There are two main challenges with the team wheel. The first is functional. In my experience, each individual team works at an admirably high standard, I have nothing but upmost respect for the members of the wheel. Problems seem to arise when communication between the teams has broken down (due to different shifts, technology, processes and so on). However these processes are constantly assessed and improved through changes in handover communication and checklists and the like.
The other challenge, which I find far more frustrating, is to do with the patient’s reluctance. For some patients to accept, for example, an ACAT assessment, it doesn’t bring comfort. It brings loss. To accept that service’s help is to acknowledge that one’s health has deteriorated. One’s independence has decreased. One’s autonomy has diminished.

Whilst I totally respect this, it can be heart breaking to see people suffering unnecessarily when there are things that could provide practical help. It’s not just the practical and physical we are dealing with. It’s the emotional, spiritual, financial, mental and even sexual components as well.

Think about it. Providing someone who now requires full nursing care and pressure area care, a single electronic hospital bed should be a blessing, because it will make caring for that person easier won’t it? Or could the very thought of not being able to sleep beside their loved one in the marital bed they’ve shared for the past 50 years, be an unbearable consideration?

I thought that when people chose to die at home, it would always be a beautiful and peaceful experience for both the person and their family. Thankfully, sometimes that is the case. But sometimes it isn’t. The mix involves illness, accompanying symptoms, family dynamics, stress, fatigue, and change.

As someone takes their final breaths surrounded by those they love, it’s not always a peaceful, candlelit room. It’s emotional. It’s sad. It can be very stressful. There’s a lot of pressure, both individually and as a team, and we all want to do our best for the patient.

But it’s also beautiful. It’s life honouring…and ultimately, we play a part in supporting a person to live as comfortably and dignified as they can, right up until their last moment.

I think Dame Cecily Saunders, founder of Palliative Care Hospice, summarised it perfectly when she said:

“You matter because you are you, and you matter to the end of your life. We do all we can not only to help you die peacefully, but also to live until you die.”

Editor’s Note:

ACN offers a Graduate Certificate in Nursing Practice, which has been developed for nurses working in primary health care, palliative and community nursing roles.

This graduate certificate includes Symptom Management in Advanced Disease States, which covers assessment and management of pain and pain relief strategies and the physical, psychological and social effects of advanced disease on the patient and their family psychological and cultural aspects of the dying process.

This subject is also available to study separately to gain advanced knowledge in these areas. The Graduate Certificate in Breast Cancer Nursing and the Graduate Certificate in Cancer Nursing also include this subject.

For more information Click here.

ACN is holding a workshop in August in Pain Management.

Click here for more details.

In August, September and December, ACN is running workshops on Palliative Care for New South Wales Health employees at no cost. Limited places are available.

Click here for more details.
By Garry King

The issue of self-injury has been in society for centuries. It is defined by the International Society for the Study of Self-Injury as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned (ISSS, 2007). It is also sometimes referred to as non-suicidal self-injury, self-injurious behaviour, or deliberate self-harm. It is a complicated and mystifying condition; purposefully causing pain in order to feel better, and is by its very nature, a complex issue (Aldridge et al., 2014).

Increasing numbers are showing on hospital admission lists and accident and emergency wards, yet there is limited information disseminated to professionals on how best to manage this issue. It has been listed as a syndrome since the 1980s yet is not listed as a separate disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM). It has been listed as a syndrome since the 1980s yet is not listed as a separate disorder (De Leo & Heller, 2004). These findings have been replicated in numerous studies.

Reasons for self-injury behaviour are numerous; however, findings support the view that, for many, it is a maladaptive coping strategy (Lewis & Santor, 2010). Young people become overwhelmed with painful emotions which they have great difficulty regulating.

While self-injury allows them, for a short time, to feel in control again, it is detrimental to their long term welfare. It is important in interventions not to lose focus of the reason for the self-injury rather than the act of self-injury. Focus on the causal factors will allow appropriate treatment thereby reducing future risk.

Research suggests that continuity of self-injuring behaviour is linked to the individual’s level of resilience. This has important preventative and clinical implications (Rotolone & Martin, 2012). Given this evidence it is important that appropriate referral to support services be made to ensure the young person learns the necessary skills to be able to manage difficult components of their life.

Psychological intervention may be advantageous for the young person in the form of counselling and therapy. Research has shown that a number of therapies may help to reduce the risk of self-injury. These include Cognitive Behavioural Therapy, Problem Solving Therapy, Interpersonal Therapy and Dialectical Behavioural Therapy.

Recovered Memory Therapy is not recommended as one study indicated a risk of an increase in self-injuring behaviour (The Royal Australian and New Zealand College of Psychiatrists, August 2009).

It is a difficult task in limited space to be able to share the widening body of knowledge on self-injury prevention and intervention. What can be stated is that our understanding of why young people commence self-injury, what prompts them to continue with this behaviour and what is needed for them to cease is increasing rapidly.

References
Goldstein TR, & Poling KD, 2012, STAR Center Conference, Pittsburgh USA.
The Royal Australian and New Zealand College of Psychiatrists 2009, Self-harm, Melbourne.

Author details
Garry King is a guidance officer and youth worker. He presently holds an academic title of Lecturer with the Australian Institute for Suicide Research and Prevention at Griffith University.

Editor’s Note:
ACN is holding CPD workshops on Physical Care in Mental Health during October and November.

Click here for more information.
Community & Primary Health Care Nursing Week

Nurses lead and provide care in many community-based health services across the country, striving to improve equity of access for the hardest to reach communities and promoting the integration of health care delivered by a range of services. ACN is pleased to announce the launch of a national campaign to help raise awareness of community and primary health care nursing.

If you are a Community & Primary Health Care Nurse, get involved by:

- Submitting your story for our eBook
- Holding an event to put your town on the map
- Wearing an orange scarf or t-shirt
- Joining ACN as a supporter
- Spreading the word!

#nurseswhereyouneedthem
A group of leaders from both St Vincent’s Hospital and Mater Hospital Sydney recently undertook the Australian College of Nursing’s TAE40110 Certificate IV in Training and Assessment (TAE).

This course was customised and contextualised for both health providers, and to meet the needs of non-nurses in the group. It was delivered onsite at St Vincent’s Hospital Sydney to allow the least amount of disruption for participants and their workplaces.

Participants were from a variety of roles and specialities, with varying degrees of experience in training and assessment. They graduated last week with greater confidence as facilitators and assessors, which will enable them to deliver continuing professional development (CPD) in the workplace and assess competence of staff now and into the future.

Reasons given for completing the course varied, but in general participants stated they wished to upgrade their current qualification, advance into Clinical Nurse Educator and Nurse Educator roles, or move into facilitation, tutoring, lecturing or training of health and nursing programs in universities or Registered Training Organisations.

Feedback from participants during the course listed the benefits of completing the program, which included: confidence gained in conducting CPD programs; undertaking presentations at conferences; and benefits to their organisation and profession, which was counted as the primary and rewarding motivation.

The graduation was attended by graduates and their managers. Guests included key stakeholders such as the Director of Nursing (St Vincent’s), Deputy Director of Nursing (Mater Hospital), Manager of Learning & Development and acting Manager Nurse Education (St Vincent’s). Representatives from ACN included the new Executive Manager Education - Anne Samuelson, Manager Training & Assessment - Jennifer Lohan and Course coordinator – Deborah Cochrane.

For further information about this course, or others offered by ACN visit the website at www.acn.edu.au/rto.
Events @ACN

THE NATIONAL NURSING FORUM
14–16 October 2015

Speaker feature

The program for the upcoming National Nursing Forum is now available online. This year we have an impressive line-up of international and local presenters who will join us in Brisbane, 14-16 October 2015. The Forum provides a unique opportunity for nurses to come together to join the conversation on Advancing nurse leadership in Australia, attend high quality, interactive sessions and take away inspiration and new ideas.

As well as our international guest speaker Professor Anne Marie Rafferty from King’s College in London, more than 30 concurrent presenters will share their latest work in nurse leadership within the specialty streams of clinical practice, research, management and education.

View the program online
Click here to register

With thanks to our partners and sponsors

Concurrent Sessions

CLINICAL PRACTICE
Building and supporting clinical leadership in aged care: a best practice recommendation

Associate Professor Drew Dwyer MACN, The Australasian College of Care Leadership & Management

Drew Dwyer is one of the most recommended consultants in Clinical Leadership and Learning & Development for the Aged Care environment. As a leading professional, Drew has over 20 years of experience as a qualified nurse and educator.

Drew brings his nursing and military background to his consultancy to provide exceptional learning and development opportunities in multi-disciplinary health for care teams, individuals and groups in Aged and Community/Home Care.

RESEARCH
Improving nurses’ transition of evidence into practice: evidence, context & facilitation

Dr Sally Lima MACN, The Royal Children’s Hospital Melbourne

Sally has many years’ experience working actively with nurses in clinical practice to enable their development and investigate opportunities to improve care. She has utilised evaluation, research, quality improvement and practice and organisational development methods and strategies. Sally is passionate about developing an effective nursing workforce committed to quality outcomes for patients and their families.

MANAGEMENT
Military command, leadership and management

Mrs Michelle Turner MACN, Royal Australian Air Force

SQNLDR Michelle Turner applied for the Air force in 1999 while working at the Queen Elizabeth Hospital as a clinical nurse in the renal ward. She was successfully appointed and commenced with the Air Force in Feb 2000, completing her Officer training at Point Cook.

SQNLDR Turner has been posted to several bases – Laverton (6 Hospital) as a junior Nursing Officer, Williamstown in outpatients, ward and senior nurse positions and a further year was spent full time studying her Graduate Diploma in Emergency Nursing, Butterworth as the OIC, Laverton (Training Flight) as the 2IC, and most recently to Canberra to work in staff positions.

EDUCATION
Advancing nurse leadership through cross-cultural education in the clinical setting: the benefits of an international internship program for the host organisation

Ms Elizabeth Matters FACN, North Shore Private Hospital

Elizabeth Matters (MN, PostgradDip Mid, BA/BN, RN, RM, FACN) is a Cardiac Nurse Educator and Registered Midwife in Sydney, Australia. She sits on the ACN Editorial Advisory Committee for The Hive magazine and has written often for ACN publications. She presented at the ACN National Nurses’ Forum 2014, the ICN Congress 2013 & 2015 and the RCNA National Conference 2012 and will speak at the ICN 2015 Conference in Seoul. Her special interests are the professional needs of early-career nurses, clinical education for bedside nurses and international nursing partnerships.
Talent Management: the increasing importance of ‘the why’

Finding and retaining great talent often doesn’t come down to offering the most money or the greatest career progression. It’s about genuinely offering your staff something greater.

The overwhelming majority (91%) of employees surveyed in our latest whitepaper, Talent Management: The next wave, want their workplace to provide some greater purpose or meaning beyond making money.

These results aren’t particularly controversial. They are supported by leadership expert Simon Sinek, whose inspirational leadership model focuses on the increasing importance of the question “why?”

According to Simon, “people don’t buy what you do, they buy why you do it,” and I have to agree.

A company’s employee value proposition (EVP) is critical to the success of businesses today.

But our research shows employers aren’t quite walking the talk when it comes to their EVP.

On the surface there’s improvement, with 33% of employers surveyed having re-shaped their talent management practices to include a greater focus on meaning. But you could forgive employees for displaying a healthy sense of cynicism when you consider many employers still associate ‘meaning’ with effective marketing rather than creating lasting change.

Businesses which are focused more on the illusion of purpose will struggle to compete for available talent but, perhaps even worse, won’t unlock the full potential of their existing staff.

The whitepaper shows employers are aware of the increasing desire for purpose among their staff but actions suggest they often don’t see the benefit of appealing to the deeper impulses that drive behaviour of the workforce.

Successful organisations like Apple and Google, renowned for a strong company culture and ideology, attract a workforce that doesn’t just work for a paycheque. Employees share the same beliefs and motivations and therefore invest more of themselves in achieving great results and contributing to the overall business success.

If employers want to replicate this level of success and compete effectively for talent they need to start with a clear vision of ‘the why’.

Why are we doing this?

Here at Chandler Macleod, the ‘why’ is to boost the capacity of organisations to unleash the full potential of individuals, teams, entire workforces.

But to be in the best position to attract, retain and inspire their staff in a competitive talent market, employers need to go deeper. They need to be re-working EVPs with a balance of economic, technological, demographic and social considerations.

Talent management strategies that create meaning deliver more than just moral and ethical benefits. They inspire and drive your people to go the extra mile. When your people are fully invested in ‘the why’, your business will be well on the way to success.
Revised re-entry to practice policy - update

The NMBA has extended the publication of its revised re-entry to practice policy to 1 August 2015. The extension aims to provide a better registrant experience and ensure that all relevant forms, factsheets and documents are available to applicants and interested parties at the time of publication.

The policy will be effective from 1 September 2015 and provides information for nurses and midwives who wish to re-enter practice, but do not meet the Recency of practice registration standard.

The NMBA has also introduced provisional registration for nurses and midwives who are no longer registered and are applying to re-enter practice as a nurse or midwife. Nurses and midwives who fall into this category can apply for provisional registration from 1 September 2015.

Nurse practitioner accreditation standards approved

The NMBA has approved the Nurse Practitioner Accreditation Standards, developed by the Australian Nursing and Midwifery Accreditation Council (ANMAC). These accreditation standards detail the minimum requirements that higher education providers must meet to have a nurse practitioner masters program accredited by ANMAC and approved by the NMBA.

The revised standards will be available on the ANMAC website in the coming weeks.

Registered nurse standards for practice update

In June, the NMBA conducted a public consultation on Registered nurse (RN) standards for practice. A large number of responses were received from a variety of respondents. The NMBA would like to thank all respondents for their time and feedback.

Analysis of responses will inform the final version of the RN standards for practice, which will be approved by the NMBA. The new standards will be released in the next few months. A summary of the responses from the public consultation is being prepared and will be available soon on the NMBA website.

Changes to what appears on the national register for some nurses

The NMBA continues its work in promoting a consistent approach to the way restrictions on registration are described and shown on the national register.

A recent comprehensive review of the national register has resulted in changes that will benefit nurses with conditions on practice relating to sole qualifications in mental health nursing, paediatric nursing or disability nursing and other general scope of practice conditions.

For the majority of this group, the conditions on their registration will be removed or the condition will be changed to a notation on the register, in line with the NMBA policy position.

More information including the NMBA’s policy position is available on the NMBA website.

For more information
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