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NMBA UPDATE
Just renewed your registration?
Welcome to the June edition of *NurseClick*.

Nurses make an invaluable contribution to the development and delivery of strong and resilient health care systems across the country. In this edition of *NurseClick*, we feature a number of insightful articles that celebrate nurse leadership and explore how our profession can shape the future of health care in Australia.

Nurse leaders can be found in all settings and across all levels of the health care system. In her regular column, *Vital Signs*, our exceptional nurse educator Trish Lowe MACN writes about the lead role nurse play in providing co-ordinated care in response to both natural and man-made disasters. Reflecting on the ever-changing landscape of this dynamic and diverse profession, Trish offers fascinating insights on how we can lead workforce readiness in this specialty area of nursing practice.

In conjunction with Community and Primary Health Care Nursing Week this September, the Australian College of Nursing (ACN) will be publishing an eBook to celebrate the many nurses who lead and provide care in community-based health services throughout Australia. In our engaging feature article, *Share your story*, we encourage readers to contribute to our eBook and join us in raising the professional profile of community and primary health care nurses.

At ACN, we empower current and future nurse leaders to achieve their professional and personal goals through our Emerging Nurse Leader Program. In this edition of *NurseClick*, we feature short reflections from our 2017 Emerging Nurse Leaders who describe the moment they found out that they had been accepted into this prestigious program.

Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor Debra Thoms FACN (DLF), is a highly accomplished nurse leader who makes a significant contribution to both our organisation and profession. In our CNMO feature series this month, we congratulate Adjunct Professor Thoms for her many achievements and celebrate her distinguished career in nursing, health and government.

At the forefront of care delivery, nurses are well placed to lead improvements and tackle complex health challenges. In her highly informative piece, Madeline Hall MACN emphasises this position by outlining how health care worker influenza vaccine uptake can be enhanced through nurse-led immunisation services. The importance of immunisation advocacy within the nursing profession is a topic further explored by another one of our dynamic nurse educators, Gim Gim Pua MACN in her engaging article, *Refugee Week 2017*, this month.

I hope you enjoy this inspiring read!
In the news national

**Binge TV watching a risk for older adults**

Binge watching television shows may be good for our stress levels but it could be harming the physical health of older Australians.

A study has found that people who watched high levels of TV had significantly lower body muscle strength than their more active peers.

Read more

**Cancer impacting Australia’s health more than any other group of diseases**

Cancer is the disease group that has the biggest impact on Australian’s health, according to a recent report released by the Australian Institute of Health and Welfare. The report found that cancer is costing Australia, as a nation, more years of life than any other.

Read more

**Researchers on journey to combat jet lag**

Some of Australia’s leading academics are taking to the skies to find ways to mitigate jet lag.

The University of Sydney’s Charles Perkins Centre has teamed up with Qantas as part of the airlines overall plan to improve the health and wellbeing of their customers.

Read more

**Teenage smoking and drinking down, while drug use rises among older people**

Younger Australians’ smoking and drinking habits have improved, according to a recent report released by the Australian Institute of Health and Welfare. However, the report also found that when it comes to illicit drug use among older people, a more complex picture has emerged.

Read more

**Growing up in disadvantaged areas may affect teens’ brains, but good parenting can help**

New research has found growing up in a disadvantaged neighbourhood can have negative effects on children’s brain development.

Read more

**New website for teens with food allergies**

Having a severe food allergy can have a huge impact on a teen’s social life, yet many are reluctant to talk about it.

A new website has now been launched to encourage teenagers and young adults with food allergies to start a conversation without embarrassment.

Read more

**Artificial intelligence used to predict death**

A computer program designed by researchers at the University of Adelaide in South Australia, studied images of organs in 48 patients and was able to predict which patients would die within five years with almost 70% accuracy.

Read more

**App developed to support self-care and promote wellbeing of nurses**

South Eastern Sydney Local Health District have developed the Australian-first Nursewell app.

The free app contains useful information and activities targeted at addressing key health concerns and the wellbeing of nurses.

Read more

**Bowel screening could save 83,000 lives**

More than 80,000 lives would be saved by 2040 if participation in the national bowel cancer screening program increased by 20%, modelling estimates.


Read more
In the news

Social media pressure is linked to cosmetic procedure boom
Young people are turning to cosmetic procedures, such as botox and dermal fillers, as a result of social media pressure, according to a report.
The report identifies several factors that are encouraging young people in particular to focus on body image.
Read more

Extra-virgin olive oil may prevent Alzheimer’s disease
New research has explored the neurological benefits of extra-virgin olive oil and found that it may help to prevent the onset of Alzheimer’s disease.
Read more

Breast implants skew heart attack test
Breast implants make it trickier to run tests that spot a possible heart attack, a small international study has found.
Researchers found electrocardiogram (ECG) tests, which measure the electrical activity of the heart, were often unreliable because breast implants ‘got in the way’.
Read more

How lack of sleep affects the brain
Scientists in Canada have launched what is set to become the world’s largest study on the effects of lack of sleep on the brain. A team, at Western University, Ontario, want people from all over the world to sign up online to do cognitive tests.
Read more

Autoimmunity may have a role in Parkinson’s disease
For the first time, scientists have found evidence that autoimmunity may have a role in Parkinson’s disease.
They found that fragments of the protein that builds up in the dopamine cells of the brains of people with Parkinson’s trigger an immune response that kills the cells.
Read more

Cholesterol jab to stop heart disease
A team of international researchers are conducting human trials of a cholesterol-lowering vaccine to help prevent heart disease.
The jab is designed to stop fatty deposits from clogging the arteries. It would offer patients an alternative to taking daily pills to cut their risk of stroke, angina and heart attacks.
Read more

Breakthrough in the care of advanced hepatocellular carcinoma
A major head-to-head study has shown SIR-Spheres Y-90 resin microspheres, administered once directly to the liver, offer important treatment benefits compared to twice-daily oral doses of sorafenib, the current standard of care, for advanced hepatocellular carcinoma.
Read more

International Council of Nurses announces 2019 Congress
At its closing ceremony of the 2017 International Council of Nurses (ICN) Congress in Barcelona, ICN announced that its 2019 Congress would be held in Singapore, hosted by the Singapore Nurses Association.
ICN’s international Congresses are the largest gathering of nurses in the world and attract leading nurse experts and high-level speakers.
Read more

Paracetamol impacts masculinity in womb
Paracetamol used during pregnancy could inhibit the development of ‘male behaviour’ by curbing the sex hormone testosterone, according to a new Danish study.
Read more
Australian College of Nursing update

ACN Nursing & Health Expo
On Sunday 18 June, over 1,700 passionate visitors converged on the Perth Convention & Exhibition Centre for the 2017 ACN Nursing & Health Expo. The event provided over 150 dynamic nurse leaders with an opportunity to connect with and hear from WA’s new Deputy Premier, Minister for Health and Mental Health, the Hon. Roger Cook, ACN CEO Adjunct Professor Kylie Ward FACN and WA Chief Nurse and Midwifery Officer Adjunct Associate Professor Karen Bradley MACN.

Visitors also attended complimentary seminars that were held throughout the day covering topics such as CV and interview skills, transition to practice and nursing abroad. The seminars provided attendees with practical up-to-date information to assist them in furthering their career.

ACN would like to thank our Members and Emerging Nurse Leaders who volunteered their time to assist onsite at the Expo — your support and expertise helped us make the day a success.

ACN would like to thank the WA Nursing and Midwifery Office for their support of the Perth Expo.

Nursing and Midwifery Leaders Breakfast Forum
ACN was excited to partner with the Nursing and Midwifery Office, WA Health, to host the Nursing and Midwifery Leaders Breakfast Forum on Friday 16 June.

The event provided over 150 dynamic nurse leaders with an opportunity to connect with and hear from WA’s new Deputy Premier, Minister for Health and Mental Health, the Hon. Roger Cook, ACN CEO Adjunct Professor Kylie Ward FACN and WA Chief Nurse and Midwifery Officer Adjunct Associate Professor Karen Bradley MACN.

Many talented professionals from the Western Australian health care and nursing community attended the event, which was centred around finding priorities on health reform.

The Breakfast Forum was an enormous success and ACN would like to thank the WA Nursing and Midwifery Office for co-hosting it with us.

Collegian journal ranking climb!
Recent academic journal rankings have placed ACN’s Collegian: The Australian Journal of Nursing Practice, Scholarship and Research in a high position, compared to other journals in the same category.

Collegian has climbed from an impact factor of 1.122 to 1.398 on the The Journal Citation Reports® 2016, published by Clarivate Analytics. This is an impressive increase, and demonstrates that Collegian articles are being frequently cited.

In addition, Collegian also received improved SNIP and SJR measurements in 2016, of 0.899 and 0.602, respectively.

These measurements for journals are calculated annually and reflect the credibility and importance of journal, on the basis of the number of citations an average article receives.

ACN is very proud of this achievement and wishes to congratulate the editorial team for their continuous efforts to create such a high quality publication.

ACN members have electronic access to Collegian. Subscriptions include print and online access. Visit www.collegianjournal.com for more information.

Cover doesn’t always mean protection.
Find out more
It is estimated that the lives of 255 million people are impacted each year by natural and man-made disasters; and of these, 60,000 are killed (Rafferty-Semon, Jarzembak & Shanholzer, 2017). In recent years, a noticeable rise in complex disasters has been noted. Disasters are defined as:

“A serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources” (International Strategy for Disaster Reduction, 2004; World Health Organization, 2007, cited International Council of Nurses, 2009, p. 3).

Nurses have a long history of providing coordinated and rapid responses to natural and man-made disasters, including the provision of clean water, adequate food, shelter and timely medical treatment. Nurses are often the first medical personnel on site, acting as rapid responders, acute care providers, logistics coordinators and educators. However, these responses are labour dependent, reliant upon specialist skill building, planning, logistics and consideration of all legal and ethical responsibilities.

As the provision of nursing and midwifery care has transitioned from home based and community settings to more technologically advanced environments, awareness of the public health initiatives and skills required to provide care ‘in the absence of technology’, has progressively disappeared from both undergraduate and postgraduate curricula (Alfred et al., 2014, p. 82). It is acknowledged by the World Health Organization (WHO) and International Council of Nurses (ICN) that the ever increasing demands on nursing curricula, inadequate budgets, limited disaster experience and few champions have led education providers to deprioritise (WHO/ICN, 2009, p. 29).

Veenema et al. (2016) on behalf of the John Hopkins University School of Nursing, Centre for Refugee and Disaster Response, indicate that workforce preparation necessitates education, research and policy initiatives and that the introduction of simulation and didactic learning opportunities, based upon the WHO/ICN Framework of Disaster Nursing Competencies (2009-version 1.0, currently under review, p. 29), could represent a starting point. Rafferty-Semon et al. (2017) agree, indicating that simulation exercises have tremendous capacity to provide nurses with disaster preparedness and a greater awareness of the competencies guiding practice.
The rising incidence of natural and man-made disasters have highlighted the need for specialist nursing skill development.

The WHO/ICN Competencies (2009) were developed in recognition of the need to build workforce capacity and in doing so, ‘safeguard populations, limit injuries and deaths, and maintain health system functioning and community well-being, in the midst of continued health threats and disasters’ (WHO/ICN, 2009, p. iv). These competency standards include four specific domains which guide practice and direct the transitional phases, evident in disaster responses, namely: Prevention/ Mitigation Competencies (e.g. risk reduction, disease prevention, health promotion, policy development and planning); Preparedness Competencies (e.g. ethical practice, legal practice, accountability, communication and information sharing, education and preparedness); Response Competencies (e.g. care of the community, care of the individuals and families, psychological care, care of vulnerable populations); and Recovery/Rehabilitation Competencies (e.g. long term individual, family and community recovery).

The Preparedness Competencies, specifically address the legal and ethical concerns raised by health professionals when working in resource limited settings. Doubler (2014) attempts to further clarify these responsibilities, by reiterating that whilst never required to act outside a healthcare environment, if doing so, that whilst some protection is conferred under legislation covering the acts of ‘good Samaritan’, health professionals are behooved to adhere to the same standards for practice, as always. Domain 3.0 of the WHO/ICN Competencies (2009, p. 52-53) outline the Ethical Practice, Legal Practice and Accountability requirements for nurses called into service, by reinforcing the importance of: practicing in accordance with local, state, national and international applicable laws, accepting accountability and responsibility for one’s own actions, delegating to others in accordance with professional practice and identifying the limits of one’s own knowledge and skills.

The Codes of Ethics for Nurses in Australia (Nursing and Midwifery Board of Australia (NMB) 2008, rebranded 2013) do not explicitly address the ethical concerns of nurses who contribute to disaster relief. However, the ethical principles of the profession are implied by statements such as that nurses protect ‘the wide range of civil, cultural, economic, political and social rights that apply to all human beings’ and ‘the right of all people to the highest attainable standard of health as a fundamental human right’ (NMB, 2008, rebranded 2013, pp. 1-2). Yet, the ability to act according to these is fraught when working in a resource scarce environment, with nurses challenged by the ethical dilemmas they are presented with on a daily basis.

When mobilised into disaster zones, nurses have reportedly been challenged by reality and their inability to manage multiple health problems in shelter conditions, cope with extraordinarily high nurse/patient ratios (1:40) and deal with the extreme emotional and psychological responses to disaster, especially when coupled with an absence of care protocols and strategic planning. Anecdotal evidence asserts that prepared and adequately briefed health professionals enjoy greater structure and direction in their application of nursing knowledge and skill than those who are not (WHO/ICN, 2009, pp. 19-24).

As outlined by Veennema et al. (2016), research priorities pertaining to disaster preparedness and response, include the broad scale assessment of current literature, acknowledgement of gaps and identification of research opportunities. Nursing and public health policy developments, which encourage volunteering and deployment, clarify legal and ethical ambiguities, enhance self-care and the provision of post exposure counselling, are also required (Veennema et al. 2016).

The World Federation of Critical Care Nurses and Australian College of Critical Care Nurses jointly facilitated examination of professional issues pertaining to disaster planning and workforce development, at their 2016 World Congress, in Brisbane. Bronte Martin, Director of Nursing (Trauma & Disaster) at the National Critical Care Trauma Response Centre (NCCTRC), in Darwin, presented abstracts to the World Congress on a range of issues, including ‘the unique experiences’ and ‘current issues facing nurse leadership and the clinical workforce in disaster settings’ (Martin, 2016a; 2016b, p. 32). Martin (2016) emphasised that the nursing skill base required includes largely transferable skills, such as nursing leadership and the ability to provide care in an ‘austere’ environment.

The rising incidence of natural and man-made disasters have highlighted the need for specialist nursing skill development. Post engagement evaluations have highlighted the need for advanced critical thinking, effective communication, multi-disciplinary cooperation, adherence to standards for practice, developing specialised skill sets and facilitating the provision of an optimal skill mix. Allowing students the opportunity to explore theoretical content within both undergraduate and post graduate nursing curricula, along with the ability to hone skills using simulation, are means by which these goals could be achieved. Additionally, the development of a comprehensive policy and research framework is required, to guide workforce education, preparation and mobilisation.

References
Treat yourself to new member benefits!

The Australian College of Nursing is excited to offer our Members and Fellows exclusive travel, accommodation, dining and entertainment offers!

**Hilton**
Access a 12% discount on the best available rates, including Wi-Fi, at 18 Hilton hotels, resorts and properties across Australia and New Zealand.

**Contiki**
Benefit from a 5% discount on Contiki's group travel adventures for 18–35 year olds across six continents, with over 270 trips to choose from.

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Receive 25% - 50% off and two-for-one offers for a range of restaurants, hotels and attractions by purchasing *The Entertainment Book*. The Entertainment Book is a restaurant and activity guide which can only be purchased through participating organisations.

Log into MyACN and head to the ‘My Offers’ tab to find out how to access these exciting deals!
Improving health care worker influenza vaccine uptake

Through a nurse practitioner led vaccination service

By Madeline Hall MACN

Context
Health care workers, and other support staff working in patient care areas, are at an increased risk of contracting influenza due to their frequent direct and indirect contact with sick and immunocompromised persons. In addition, there is also the risk that an infected health care worker could transmit influenza to susceptible patients, which may result in serious health outcomes. Because of these risks, annual influenza vaccination is recommended for all health care workers, using vaccines containing the most recent strains to provide continuing protection (National Health and Medical Research Council & Australian Technical Advisory Group on Immunisation, 2013).

Process
A review was undertaken to look at the issue of access to vaccine, as a lack of convenient access has been a commonly cited barrier to influenza vaccination by health care workers. This identified that compliance with health care worker vaccination recommendations is not always optimal, and a lack of convenient access has been cited in many studies as a barrier to vaccination of health care workers, particularly annual influenza vaccination. Factors influencing access were identified, including adequate supply and availability, financial affordability, socio-cultural acceptability, and organisational accessibility (Influenza Specialists Group, 2007; Kaufman, Davis, & Krause, 2008; Lam, Chambers, Pierrynowski, MacDougall, & McCarthy, 2010; Simeonsson, Summers-Bean, & Connolly, 2004; Stuart, 2012).

Discussion
The most consistent predictor of health care worker influenza vaccination in both national and international studies was having previously received an influenza vaccine (Ballestas et al., 2009; Hollmeyer et al., 2013; Osman, 2010; Seale et al., 2010; Stuart et al., 2008). This suggests that strategies to increase access by removing barriers and thus increase uptake, may have long term recurrent effects on subsequent uptake (Stuart, 2012).

A limitation of this review is that all studies utilised multiple strategies and therefore it is difficult to determine the exact effect of a particular strategy in isolation. Also, this review did not look at all strategies relating to influenza vaccination uptake, only those related to access; thus the effect of mandatory vaccination and other local policy strategies were not included.
However in relation to access, this review identified:

- Limited access is a barrier to influenza vaccination uptake in health care workers, including an inability to access vaccination conveniently, and being unaware of how to access vaccination (Hollmeyer et al., 2013; Kaufman et al., 2008; Lam et al., 2010; Stuart, 2012). Other studies identified convenience as a key enabling factor (Kaufman et al., 2008; Seale et al., 2010; Zimmerman et al., 2009).

- The most effective strategies related to improving access to influenza vaccination targeted multiple barriers (financial, convenience and organisational barriers)
  - Financial access – removing barriers by providing free, onsite vaccination was shown to have a high success rate across multiple studies (Ballestas et al., 2009; Hollmeyer et al., 2013; Kimura et al., 2005; Lam et al., 2010; Llupià et al., 2010; McCullers et al., 2006; Seale et al., 2010; Stuart, 2012; Tapiainen et al., 2005; Wicker et al., 2013; Zimmerman et al., 2009).

- Convenient access – provision of influenza vaccine at multiple times and locations, including the use of mobile vaccination carts and drop in clinics with no appointment required were associated with increased uptake in almost all included studies (Ballestas et al., 2009; de Juanes et al., 2007; Hollmeyer et al., 2013; Kaufman et al., 2008; Kimura et al., 2005; Lam et al., 2010; Llupià et al., 2010; Lopes et al., 2008; Seale et al., 2010; Stuart, 2012; Stuart et al., 2008; Tapiainen et al., 2005; Wicker et al., 2013; Zimmerman et al., 2009).

- Organisational access – assignment of dedicated staff to organise and promote vaccination, and multiple reminders of where and when to access vaccination, in a variety of formats, demonstrated an increase in the proportion of health care workers who received influenza vaccination in several included studies (Ballestas et al., 2009; Doratotaj et al., 2008; Hollmeyer et al., 2013; Kaufman et al., 2008; Kimura et al., 2005; Lam et al., 2010; Llupià et al., 2010; Stuart, 2012; Stuart et al., 2008).

**Implementation**

A Nurse Practitioner (NP) led Workforce Screening and Vaccination Service commenced at the Royal Brisbane and Women's Hospital in April 2015, and strategies to increase access to staff vaccination that were identified in the review were also implemented:

- Onsite vaccination at the health care workplace (including satellite staff not working at main hospital site)
- Vaccination offered to health care workers whilst at work
- Vaccination provided at multiple times to include varying shift patterns (between 6:00am – 6:00pm)
- Organisational access – assignment of dedicated staff to organise and promote vaccination, and multiple reminders of where and when to access vaccination, in a variety of formats, demonstrated an increase in the proportion of health care workers who received influenza vaccination in several included studies (Ballestas et al., 2009; Doratotaj et al., 2008; Hollmeyer et al., 2013; Kaufman et al., 2008; Kimura et al., 2005; Lam et al., 2010; Llupià et al., 2010; Stuart, 2012; Stuart et al., 2008).
- Vaccination delivered at multiple locations, including clinical areas by the use of mobile carts
- Daily drop in vaccination clinics held with no appointment required
- Promotion and distribution of reminders indicating time and place of vaccination, using multiple methodologies i.e. newsletters, noticeboards, emails, pay slip messages
- Dedicated trained staff to organise and promote influenza vaccination – volunteer registered nurses provided with additional training to administer influenza vaccination under a standing drug order
- Use of ‘vaccine champions’ to promote influenza vaccination amongst health care worker peer groups – small supply of vaccine kept in clinical areas where it may be difficult for staff to leave e.g. intensive care unit, emergency department etc.

**Outcomes**

For the 2015 influenza season, there was an increase of approximately 15% in the number of staff receiving seasonal influenza vaccine, compared to the two previous years.

“A lack of convenient access has been a commonly cited barrier to influenza vaccination by health care workers.”
Conclusion
Increased access to healthy care is a key reason for the formation of the NP role; the change to allocate a dedicated NP service to be responsible for health care worker screening and vaccination, in combination with other strategies, resulted in an increase in annual staff influenza vaccination. It is anticipated through this expanded scope of practice and increased access that compliance with other health care worker vaccinations and screening will also improve.

References


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Retirement might seem a long way off for some of you but that’s why it’s even more important to pay attention to your super now.

For those of you closer to the end game, it’s time to think tax effective strategies, and salary sacrificing.

Register today and learn how tiny changes you make now could have a huge impact on your quality of life when you retire.
Refugee Week 2017

Immunisation advocacy

By Gim Gim Pua MACN

As we reflected and celebrated the diversities brought about by the integration of refugees in Australian society during Refugee Week 2017 (18 – 24 June), it is important to also recognise what we can learn from the resilience and success stories of many refugees in the face of adversities in their lives as they settle in their new homeland, Australia. This includes success in maintaining their health as an individual and the health of the community, through accessing immunisation services aimed at health promotion and disease prevention.

Many health benefits that most of us take for granted are not privileges that refugees automatically enjoy in their country of origin. This is especially true when fleeing to safety becomes the main focus in their minds. Immunisation is a good example. Access to immunisation services for refugees prior to arriving in Australia may be limited, or nonexistent. This is mainly due to barriers like the challenges in maintaining the ‘cold chain’ process to ensure the viability of the vaccines during storage and transportation, lack of resources and funding – just to name a few.

In the report on Protecting Australia – closing the gap in immunisation for migrants and refugees (NHMRC, 2013), it was reported that refugees and migrants generally have low rates of immunisation or inadequate immunity against vaccine preventable disease (VPD) when arriving in Australia, compared against the Australian Standard Vaccination Schedule. Therefore, recommendations have been made to help close the gap in immunisation rates against VPDs for migrants, refugees and asylum seekers.

In order to support this ‘close the gap’ initiative, the report (NHMRC 2013) also recommended that immunisation service providers adhere to the national immunisation guidelines, and referred to the use of the Australian Immunisation Handbook for catch-up recommendations that the refugees will invariably require as their immunisation status is brought up to the immunisation requirements of Australia. As a consequence to this, it is crucial that immunisation service providers are empowered with evidence-based knowledge that draws on a national guideline to advocate immunisation. This is to ensure that the immunisation service addresses the needs of refugees who may present to various health care settings (hospital clinics, dedicated refugee health services, general practices), depending on the jurisdictions within the state/territory they reside in and conduct opportunistic vaccination where appropriate.

The importance of immunisation against VPDs, in protecting the refugees and asylum seekers on Australian soil, is inevitably protecting everyone residing within the shores of Australia as we work collectively towards disease prevention and elimination. Echoing the message from ACN’s CEO, Adjunct Professor Kylie Ward FACN, that “nurses have arguably been at the forefront of caring and working with those who are most vulnerable and disempowered, and have often had to fill the gap where no other profession is willing or potentially able to work,” as nurses, we are at a strategic standpoint to make the difference. We can do this by empowering the disempowered with the knowledge to make an informed decision to immunise.

By immunising against VPDs, not only the individual who has been immunised is protected against the specific VPD, one is also contributing to the herd immunity level that helps to protect the community, and the nation (especially the ones who cannot receive vaccination due to medical reasons), as a whole. And this would be the success stories we can share through immunisation advocacy, in combating diseases (the vaccine preventable ones to begin with), through sheer resilience – just like the resilience refugee seekers display as they integrate in Australia.

Reference:

EDITOR’S NOTE
Do you want to be empowered with the confidence and knowledge in delivering immunisation services based on the requirements of a jurisdiction? ACN’s course on Immunisation for Registered Nurses is based on the National Guidelines for Immunisation Education for Registered Nurses and Midwives. This 12-week course is conducted fully online. You are able to log on to do your study at anytime. Details of the course can be found at https://www.acn.edu.au/immunisation-registered-nurses-and-midwives
Australian research investigating the role of nurse practitioners: a view from implementation science

By Malcolm Masso, PhD, RN, BSc(Econ), MNA, MPH, and Cristina Thompson, RN, RM, BA, MBA

Serious debate regarding the introduction of the nurse practitioner role in Australia started about 25 years ago. Ten years later, in 2000, the first nurse practitioner was authorised to practice and the following year the first nurse practitioner was appointed to a position. From these humble beginnings, the number of nurse practitioners has steadily increased, as has the volume of Australian research into the nurse practitioner role. Australian research has taken place in the context of research from other countries with a longer history of nurse practitioners, particularly the USA, Canada and the UK (Brown and Grimes, 1995, Carter and Chochinov, 2007, Horrocks et al., 2002, Jennings et al., 2015, Newhouse et al., 2011, Wilson et al., 2009).

If you would like to read the rest of this research piece, please visit our website to find out how to access current and previous issues of Collegian.
Leading us forward

Get to know Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor Debra Thoms FACN (DLF)

Adjunct Professor Debra Thoms FACN (DLF)

Adjunct Professor Debra Thoms FACN (DLF) commenced in the position of Commonwealth Chief Nursing and Midwifery Officer at the end of August 2015. Immediately prior to this, she was the inaugural Chief Executive Officer of ACN, a position she took up in mid-2012 following six years as the Chief Nursing and Midwifery Officer with NSW Health.

Debra has a particular interest in the role that leadership plays in creating positive cultures in health services. She is also interested in the important role that caring relationships between nurses and midwives and those they provide care to and with, play in quality health care and the impact this has on retention. As the Commonwealth CNMO Debra is keen to facilitate the contribution that nursing and midwifery can make to health care through representation on relevant committees, as well as providing input into the development of key policies and strategies.

In 2005, Debra was selected to attend the Johnson and Johnson Wharton Fellows Program and the Wharton School of Business at the University of Pennsylvania. Her contribution to nursing and health care has been recognised by an Outstanding Alumni Award from the University of Technology, Sydney. She also holds appointments as an Adjunct Professor with the University of Technology, Sydney and the University of Sydney.

Debra is an exceptional nurse leader and highly valued Distinguished Life Fellow of ACN who has made significant contributions to both our organisation and profession. We look forward to continuing to work collaboratively with Debra in 2017.
We asked our 2017 Emerging Nurse Leaders (ENL) to tell us how they felt when they had been accepted into our ENL program. Here’s what they said...

**HOW DID YOU REACT WHEN YOU FOUND OUT YOU WERE ACCEPTED AS AN ENL?**

**PRISCILLA BRYAN**
At first I was quite gob smacked, then after a few short moments there was a bit of fist pumping followed by a happy dance. The exciting part was sharing the news with my family, it was one of those moments for me.

**TAMMIE BRENEGER**
To be honest, I cried!! I was on clinical placement and not having the best time and was seriously questioning my continuation through the program when the email came through. Even though I have a strong sense of self worth and confidence the confirmation email gave me just that little bit extra.

**HANNAH SMITH**
When I found out I had been accepted onto the program I was elated! I couldn’t wait to begin the nine month journey and see where the program takes me.

**ANDREW DEAN**
I was over the moon, it was a chance to learn from experts and successful nurses. This is the first opportunity I have had in various careers and much appreciate it.

Find out more about our 2017 cohort of Emerging Nurse Leaders
IN FOCUS @ACN

Research Study

Learning to respond to thought disordered speech

By Denise McGarry MACN

The common focus of research about the preparation of pre-registration nurses to provide mental health care has focussed primarily on career trajectories to mental health nursing, examining the significance of clinical placement experience and theory and practical classes in the tertiary educational sector (Happell & Gaskin, 2013; Neville & Goetz, 2014). It is reported that mental health clinical placements and the first clinical placements undertaken by nursing students are stressful (Galvin, Suominen, Morgan, O’Connell, & Smith, 2015). It has been observed that students in mental health environments experience more and different stressors than nursing students in other clinical areas (Pryjmachuk & Richards, 2007). One of the concerns often expressed by nursing students prior to their mental health clinical placement is how to talk with people experiencing mental health concerns and the possibility of ‘doing harm’ inadvertently (Kameg, Mitchell, Clochesy, Howard, & Suresky, 2009).

In spite of the widespread agreement that therapeutic communication is pivotal to achieving recovery goals (Hewitt & Coffey, 2005), studies from clinical practice record that nurses in mental health practice spend only small amounts of time in conversation with people in care. These reports of low levels of interaction have been reported for decades (Altschul, 1972; Sanson-Fisher, Poole, & Thompson, 1979). Whittington and McLaughlin (2000) reported that 7% of a nurses’ time was spent in potentially therapeutic communication, and clients have been found to spend only 4% (Higgins, Hurst, & Wistow, 1999) or 6% (Martin, 1992) of their time with nurses. Concern at these observations and recognition that therapeutic communication is seminal to recovery goals has led to policy responses. In the UK, directives require 15 minutes of one-to-one documented interaction with inpatients each nursing shift (Healthcare Commission, 2008).

1 In Australia and other countries, preparation to practice as a registered First Division Nurse is achieved via a three or 3.5 year Bachelor degree. The second Division or Enrolled Nurse whose practice is also regulated is prepared by a 12 month Vocational College program and practices under the supervision of a Registered Nurse. During preparation for practice terminology is ambiguous and makes differentiation between these two classes of nursing students difficult. Pre-service, pre-registration or nursing student are terms commonly used, but rejected in favour of the clearer term ‘undergraduate nurse’ that encompasses both the student and type of nurse examined.

2 Serious mental illness (SMI) is also referred to as significant or severe mental illness. SMI ordinarily refers to diagnoses of a psychotic illness, including schizophrenia and affective conditions, and may also include diagnoses of anxiety conditions and occasionally personality disorders.
The motivation for my doctoral study of these issues was also partially personal. For many years I have worked with early-career nurses in a variety of roles as they first begin their formal tertiary mental health nursing education. These roles have been based both within the tertiary education and clinical education arenas. I have observed many students struggle when attempting to talk with people who present with thought disordered speech. Frequently they are visibly shocked at the difference from usual patterns of speech and/or concerned that they may inadvertently communicate in a way that damages or provokes the person. An opportunity to assist students to better prepare for this component of their future nursing practice and to relieve those experiencing thought disordered speech from this reaction, was my motivation for my doctoral research. It is hoped that my findings may support development of effective learning and teaching approaches. Furthermore, we expect a better prepared nursing workforce that might afford people exhibiting thought disordered speech more therapeutic responses – responses that are therapeutic in content and duration.

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References
Martin, T. (1990). Psychiatric nurses’ use of working time: How nurses spend their time at work is an issue increasingly under scrutiny. This small study, undertaken by a nursing development team, examined the activities of staff and patients on five admission, rehabilitation and continuing care psychiatric wards. The results, sure to stimulate debate and encourage further research, suggest nurses spend less time than might have been expected doing the job for which they were trained. Nursing Standard, 6(37), 34-38.

EDITOR’S NOTE
Part of the data collection for this investigation is a survey of pre-registration/undergraduate and newly registered nurses. The survey, that is open until August 2017, is seeking experiences and opinions about learning to respond to such speech during undergraduate study. It also seeks to gather these participants’ opinions about what might help in this learning and teaching.

This survey has ethics approval from the University of Technology Sydney UTS HREC REF NO. ET16-0911. It can be accessed via Facebook, (https://www.facebook.com/Health-Education-Doctoral-Research-1742559022723387/). The author is not seeking to access anyone’s Facebook site or private information. It may also be accessed via a direct link to https://www.surveymonkey.com/r/FFPVJ5M

One in five Australians can be expected to experience mental health problems in any 12-month period. Participation in this research will allow the researcher to be better informed of the range of experiences and suggestions of pre-registration and newly registered nurses, whether or not they work in mental health fields.
Spread the word and save!

Every time you refer a new member to the ACN tribe you both receive one month of your membership free of charge!

Simply ask your friend or colleague to provide your name and member number when completing the online application form.

Please note this offer is not applicable to new members joining as complimentary Start-Up members.
Community and Primary Health Care Nursing Week is an annual ACN initiative that aims to educate the health care profession, government officials and the wider community about the important contribution community and primary health care nurses provide to our health care system.

Each year, there are a range of activities that ACN encourages nurses to become involved in during this week-long campaign.

In 2017, Community and Primary Health Care Nursing Week will be held from 18 – 24 September. As a part of the celebrations, ACN will be publishing an eBook filled with stories about why community and primary health care nursing is vital to the health and wellbeing of our society. We encourage submissions from across the nursing profession and broader Australian health care workforce.

Last year, our eBook received wide circulation and exposure across our professional networks and social channels. If you would like to make a submission and be considered for this valuable opportunity to have your story published in our eBook, please complete this online form by COB Monday 17 July.

Visit our website for more information about this national public awareness campaign.
The Nursing and Midwifery Board of Australia (NMBA) would like to thank all of the nurses and midwives who renewed their registration on time this year. Being registered with the NMBA lets people in your care know that you’re qualified to practise and have met the NMBA’s standards.

Each year when you renew, you’re asked declare that you have met the Continuing professional development (CPD) registration standard. The purpose of the CPD registration standard is to ensure that every nurse in Australia is maintaining and improving their professional knowledge and skills, and staying up-to-date with their profession. It’s a matter of public safety.

Plan your CPD for the year

Planning and reflection are key parts of the CPD learning that is expected of nurses and midwives. Research shows that engaging your peers or supervisors to help you plan your CPD results in positive learning outcomes and evidence-based changes to practice. Reflecting on the CPD you do also supports your professional development.

Keeping a CPD journal with notes and reflections on what you learned is a good way to record CPD, as well as keeping certificates of attendance from events. The NMBA recommends that you keep records of your CPD activities for a period of five years from the date you completed the CPD.

What counts as CPD?

Examples of CPD include:
- conferences and seminars
- courses and post-graduate study
- journals, clubs and
- self-directed learning and e-learning.

How much CPD do I need to do?

The NMBA CPD registration standard requires nurses and midwives to complete a minimum of 20 CPD hours relevant to their context of practice, in each registration period (1 June to 31 May).

If you are both a nurse and a midwife, you will need to complete a minimum of 20 hours of CPD related to your nursing practice and 20 hours of CPD related to your midwifery practice. There may be some CPD hours which can count towards both contexts of practice, but the NMBA would also expect to see separate CPD activities specific to nursing and specific to midwifery.

Midwives with an endorsement for scheduled medicines will have to complete 10 hours of additional CPD, related to prescribing, ordering of diagnostics, consultation and referral.

You can find the CPD standard on the Registration Standards section of www.nursingmidwiferyboard.gov.au. You can also find helpful guidelines on planning and recording CPD on our Professional Codes and Guidelines section.

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Minimum hours</th>
<th>Total hours</th>
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<tbody>
<tr>
<td>Enrolled nurse, registered nurse or midwife</td>
<td>20 hours</td>
<td>20 hours</td>
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<tr>
<td>Registered/enrolled nurse and midwife</td>
<td>20 + 20 hours</td>
<td>40 hours</td>
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<tr>
<td>Nurse practitioner</td>
<td>20 + 10 hours</td>
<td>30 hours</td>
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<tr>
<td>Registered nurse with scheduled medicines endorsement</td>
<td>20 + 10 hours</td>
<td>30 hours</td>
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<td>(rural and remote)</td>
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<tr>
<td>Midwife with scheduled medicines endorsement</td>
<td>20 + 10 hours</td>
<td>30 hours</td>
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<tr>
<td>Registered/enrolled nurse and midwife with scheduled medicines endorsement</td>
<td>20 + 20 + 10 hours</td>
<td>50 hours</td>
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