



#42 WINTER 2023

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KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

COVER STORY:
**FINESSING LEADERSHIP:
KEEPING CONNECTED
AND PROFESSIONALLY
INFORMED**

CARMEN MORGAN FACN

FREE EDITION

**MAKING A DIFFERENCE ON
THE OTHER SIDE OF THE
WORLD: HOW CARE FOR
AFRICA WAS BORN**
DIANE BUTLER OAM MACN

**CHAMPIONING NURSING AT A
GLOBAL LEVEL: THE POSITIVE
LEGACY OF THE COVID-19
PANDEMIC IN BURUNDI**
PETER TARATARA MACN AND
ELIZABETH MATTERS FACN

**+MORE
INSIDE**



MAKING A DIFFERENCE ON THE OTHER SIDE OF THE WORLD

How Care for Africa was born

I was an emergency nurse working in Tasmania with no direct experience of the reality of people struggling to exist in a remote part of Tanzania.

Then I met a young doctor and my life would change. So, too, would the lives of many people in Tarime, Tanzania.

The young doctor told of a hospital with no electricity and no running water. She told of how, as a young girl she would hold a candle for her father to operate at night. Most of the staff were shocked. In Australia, we may complain sometimes about a lack of facilities and services in health care but never do we imagine a hospital without water and power. I was not just appalled, I was determined to react and respond to those in need. *Care for Africa* was to be born.

My training and skill as an emergency nurse had prepared me for assessing and diagnosing problems. My first response was to organise my nurse colleagues who willingly rallied the community and sent a shipping container of medical supplies including a generator to Tarime. Then I went to see for myself what could be done in the longer term. More containers followed.

I saw villages where communities of hard-working, intelligent people lived in poverty caused by situations well beyond their power to fix. I looked and importantly, I listened.

I started where I was skilled. I organised a team of medical volunteers to run mobile medical clinics with Tanzanian counterparts. They set up the clinics in schools and the surrounding communities came in

droves. The clinics would prove to be a way to triage the communities. Children were dewormed – one of the surest and cheapest ways to improve health – and specific cases of need were referred for treatment and surgery. Tasmanian sponsors contributed to costs. It was in the clinics where health issues and, vitally, causes as well as treatment, were identified.

It became apparent that the issue went beyond the hospital. Villages needed access to safe, clean water if health needs were to be met. People were drinking from dirty, infected water sources. Women attempted cleanliness, but had to wash in muddied water. Solving this issue meant drilling bores in strategic places. Schools were key centres. Girls often had to miss school to carry water so if the water was at school they could come to school and carry water home. The links were emerging between health, water, and education. These became the flagships of *Care for Africa*.

Care for Africa rallied support in Tasmania and one specific project took on a focus on water bores. To date, 19 deep water bores have been installed servicing 32,000 people across six outlying communities. More are planned. There are ongoing issues with maintenance and there is hope that the Tanzanian Government will take on this aspect. *Care for Africa* is well regarded by the government which recognises that the organisation respects and responds to the efforts of its people.

Having clean water is essential but it needs to be accompanied by good hygiene practice. Mothers all over the world struggle to get children to wash their hands. It is the same in Tanzania. This brought attention back to schools. Small devices called tippy taps were installed around schools and communities. These are slowly helping to change behaviour.

But the cycle of need continues. Schools of 1,200 students have 10 teachers including a headmaster with no administrative support. Compare this with an average of 13.5 students per teaching staff member in Australia. Some students walk up to 12 kilometres each way to and from school. They carry water home. But they often go to sleep in class in the afternoons. They have had no food all day. So, the issue of food needed to be confronted. *Care for Africa's* breakfast program was born.

Now, in any one year approximately 6,000 children get a cup full of maize porridge each day. It is at least filling. *Care for Africa* buys the maize, students husk it, communities contribute a very small amount to pay local women to prepare and cook the porridge. Each student brings a cup and brings firewood. Huge cauldrons bubble away with the maize flour and water stirred with large wooden paddles. Then, at a signal, lines form and older students serve the porridge. It is wonderful but also a reminder of comparative privilege, to see the way this simple meal is received. No children here complain about what they are given to eat. The test of *Care for Africa's* work is being demonstrated in a significant increase in

“I started where
I was skilled.”

school attendance and academic results.

And still the cycle of integration continued. Health, water, education, and enterprise all happen together. The women of Tanzania are strong and hard-working but their children were hungry and the men disrespected them but they wanted to combine strengths to make a better life. They knew what they needed. *Care for Africa* helped with a dedicated space, sewing machines and training programs. Now some of the women's groups sell school uniforms and clothes, buy and sell fabric at a small profit, work together to cater for events, and make and sell soap – some to the schools for hygiene practices. These women are farmers – they now sell what they can spare to the breakfast program. They often have five, six, seven, eight children and one group supports eight orphans, runs its own micro-finance bank and mentors another eight women's groups.

Care for Africa, with the leadership, dedication and commitment of a Tasmanian emergency nurse is certainly making a difference in the lives of many people on the other side of the world. One step at a time.

***Diana Butler OAM, MACN is
Founder and CEO of Care for Africa
Foundation and After-Hours Manager
Launceston General Hospital***



AUTHOR

DIANA BUTLER OAM MACN



Diana with her son Harry in 2010 at the Kiterere Community Centre assessing community members for their health needs.



Diana and Abdallah at Biswari water well



Diana and the kids

Australian College of Nursing

CPD CENTRE

Providing clinical and evidence-based education

Venepuncture and cannulation workshop

INTRODUCTION

After close to three years of COVID lockdowns and a transition to online learning, the Australian College of Nursing (ACN) recommenced their face-to-face continuing professional development (CPD) courses in late 2022. In 2023, ACN is now offering over eighty courses across Australia. One of the most popular courses is the Venepuncture and Cannulation Course.

PURPOSE

A review by the Australian Commission on Safety and Quality in Health Care (Keogh and Matthew 2019) found that in over 30 million peripheral intravenous catheters (PIVC) inserted into patients in Australia per annum, complications were reported to be as high as 70 per cent. The review highlighted several recommendations, including education and training of nursing and medical staff that focuses on contemporary and evidence-based PIVC insertion and maintenance care.

One of ACN's key purposes is to empower nurses by providing education with a strong clinical focus and evidence-based practice. The Venepuncture and Cannulation course meets this purpose by equipping health professionals with the theoretical and clinical skills required to perform safe and effective peripheral venepuncture and peripheral intravenous cannulation following evidence-based guidelines and within professional scope of practice, ensuring both the protection of the public and the delivery of high standards of care.

Attendees come from various healthcare settings and backgrounds, including nursing, medical, paramedical, and research. The course is conducted onsite at ACN's Parramatta offices. Participants gain seven CPD hours, including theoretical and practical learning in a simulated environment.

At the end of the course, attendees can outline the legal and professional requirements related to venepuncture and

cannulation, apply the principles of Hand Hygiene and Aseptic Technique to peripheral venepuncture and cannulation, and recognise the anatomy and physiology related to peripheral veins and arteries.

During the practical sessions attendees are able to practice locating the position of peripheral veins, correctly identify the appropriate vein for peripheral venepuncture and cannulation, identify precautions and contraindications to venepuncture and peripheral cannulation, and demonstrate the correct techniques for peripheral venepuncture and cannulation within a simulated environment with the support and guidance of ACN's educators.

VALUE

There are many benefits to face-to-face learning. The face-to-face environment promotes collaborative learning where participants learn from the presenter and each other's experience and knowledge. It also encourages critical thinking, where participants can engage in lively discussions.

A recent attendee stated, 'I really enjoyed the practical demonstration by the instructor, real-life scenarios from instructors' stories and the workbook to take home and re-read the information. The small, concentrated group of participants in the practical session, with the support from the instructor, made for thorough practice'.

Face-to-face learning is more focused and productive, improving engagement and professional performance. One student found the course 'very well structured between theory and practical, with great interactive sessions'. This gave her 'the knowledge and hands-on experience to work towards being competent at our new skills'.



From left to right – Sally Byrne MACN, Judy Smith MACN and Christine Collins MACN

“The face-to-face environment encourages critical thinking, where participants can engage in lively discussions.”



Christine leads the workshop



Christine gets into details



Sally works with a student



Attention to detail

MEET THE EDUCATORS

The course is delivered by a highly experienced team of educators with extensive clinical experience across several specialty areas, including Emergency, Perioperative, Day Surgery, Paediatrics, ICU and Oncology.



CHRISTINE COLLINS MACN

Before her role as a Nurse Educator at ACN, Christine was a

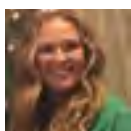
Clinical Nurse Educator coordinating the chemotherapy administration education for nursing staff at a comprehensive cancer centre. Christine is passionate about adult learning and believes her role is to equip clinical nurses with the skills they need through collaboration, respect and empowerment.



KIRSTEN MASTER MACN

Before becoming a course coordinator at ACN, Kirsten worked

as a senior nurse within a very busy tertiary Emergency Department. If you keep an eye out, you may spot her on the TV show Kings Cross ER. Kirsten is passionate about delivering quality education that will empower nurses to provide care that is of the highest standard.



SALLY BYRNE MACN

Sally has been with ACN for two years as an educator in the Immunisation and CPD

settings. Before her role at ACN, Sally worked as a senior nurse in paediatric and adult critical care settings. Sally is passionate about delivering quality education that will empower nurses to build on their current knowledge and practice to provide all individuals with the highest standard of care.



JUDY SMITH MACN

Judy is the Director of Professional Development at ACN. Before this role, Judy

worked clinically for over 25 years in critical care settings and has extensive experience in curriculum development and implementation in both clinical and tertiary settings. Judy is passionate about developing creative and inspiring learning, which enables nurses to build strong professional identities and sustainable future-focused capabilities.

Reference

Keogh S, and Mathew S. (2019) Peripheral intravenous catheters: A review of guidelines and research. Sydney: ACSQHC. Accessed < <https://www.safetyandquality.gov.au/about-us/latest-news/media-releases/new-standard-improve-care-77-million-australians-who-receive-iv-cannulas-or-drips-each-year> >



AUTHOR

JUDITH SMITH MACN

A passion for patient care

The benefits of the Mid-Career Nurse Leadership Program

“To make a real impact I needed to be able to lead my team and advocate for my patients effectively.”

As a registered nurse, I have always been passionate about patient care and making a difference in people's lives. However, I have also been interested in developing my leadership skills to become a more effective nurse leader. I knew that to make a real impact I needed to be able to lead my team and advocate for my patients effectively.

When I heard about the Australian Mid-Career Nurse Leadership Program at the Australian College of Nursing (ACN), I knew that it would be the perfect opportunity for me to develop my leadership skills further. The program is designed to help mid-career nurses enhance their leadership capabilities, learn best practices in team building and communication, and develop leadership projects to apply their newfound knowledge in practical settings.

The program runs for six months and is delivered through a combination of online modules, face-to-face workshops, and a leadership project. In addition, mentoring sessions provided me with guidance and support. While it required a significant time commitment, the program was worth it. The online modules were informative and engaging, and the face-to-face workshops provided an excellent opportunity to interact with other nurse leaders and learn from their experiences.

One of the most significant benefits of the program was the networking opportunities it provided. I met many inspiring nurse leaders who shared their experiences and provided me with continual advice and support. These connections have been invaluable, and they have opened new career opportunities that I would have otherwise missed out on.



Another aspect of the program that was particularly helpful was the leadership project. The project focused on improving scheduled appointments for the Pre-Admission Clinic, which eliminated the need for walk-in appointments, shuffling patients, and bypassing patients with the duty anaesthetist. As a result, the workload was reduced, fatigue was minimised, and safe work levels were maintained. Additionally, the increased capacity allowed us to meet the demand for extra OT time and patient lists given to surgeons, which also increased revenue due to more bookable time and enhanced hospital efficiency while facilitating the achievement of KPIs. The project gave me

the tools and techniques to lead a shared understanding of the issues and need for change, which was a valuable addition to my resume and created new career prospects.

The Mid-Career Nurse Leadership Program also presented me with leadership concepts and covered topics such as conflict management, change management, strategic planning, and financial management. It also kept me up-to-date with the latest advancements, best practices, and challenges in health care that the nursing profession is currently facing and thus a better understanding of the health care system. My existing skills have been enhanced and I am able to apply the skills and knowledge gained to my clinical practice.

It has also improved my communication skills, and promoted self-awareness, which has had a positive impact on my leadership skills and overall professional development. So, I feel more confident in my ability to navigate any work environment, thanks to the transferable skills that I learned during the program. I have been able to navigate the transition from paper to digital, allowing better decision-making, more positive outcomes and a flow of information across the elective surgery journey, keeping our patients safe. After completing the course, my role continued to grow, and a business case was put forward for two additional CNS positions and approved in 2022.

The Australian Mid-Career Nurse Leadership Program has had a significant impact on my career plan. Being selected as one of 25 candidates to participate in the Inaugural program, being invited to the 10 Year Anniversary Ball at Parliament House and to the ACN Policy Summit 2023, I was aware that I was a part of something special.

However, I have also come to realise that I want to focus on developing my leadership skills even further and to pursue a leadership role within my organisation. I am now working towards becoming a clinical nurse consultant and taking on more significant responsibilities.

The program has given me the confidence and skills I need to succeed in this role and make a real difference in patient care. For me, the Australian Mid-Career Nurse Leadership Program was a life-changing experience, both personally and professionally. It helped me achieve my career goals (and discover new ones) and inspired me to pursue further leadership opportunities. It will empower you to challenge yourself and give you the confidence you need to lead change. I would highly recommend this program to any registered nurse looking to expand their leadership skills, advance their career, and have a positive influence on health care delivery.



AUTHOR

**AMANDA LOUISE
FOKES MACN**