



#43 SPRING 2023

# *the hive*

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

COVER STORY:  
**THE  
BULLWINKEL  
PROJECT**

JULIJANA TRIFUNOVIC

**A CAPABILITY FRAMEWORK  
TO HELP BUILD DIABETES  
CAPACITY: THE PIVOTAL ROLE  
OF NURSES**

DR GIULIANA MURFET MACN

**ON THE FRAILTY, FRAGILITY  
AND FALLIBILITY OF  
HUMAN ETHICS: A NURSE  
PERPETRATOR OF THE  
HOLOCAUST**

DR DARREN O'BRIEN MACN

**+MORE  
INSIDE**





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Australian  
College of  
Nursing

ISSN 2202-8765  
Distributed quarterly

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#### Cover

The sculpture of Lieutenant Colonel Vivian Bullwinkel, AO, MBE, ARRC, ED, FNM, FRCNA in the grounds of the Australian War Memorial

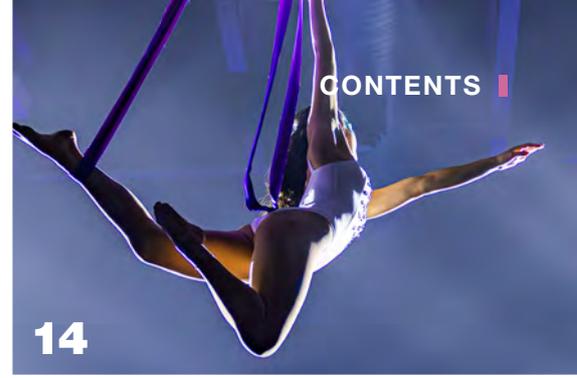
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Australian College of Nursing

## GLOBAL NURSING

FACULTY

# Supporting Vanuatu through the COVID-19 pandemic

## A positive impact in the Pacific Region

**A**lexandre Pheu MACN was born in Vanuatu and began supplying volunteer health care while still a teenager. He later moved to New Caledonia and then to Australia, gaining experience in cardiothoracic, medical, and orthopaedic nursing in NSW. After more than a decade in Australia, Alexandre made the decision to share his time between Australia and Vanuatu, working as a practice nurse in Port Vila while continuing to practise as a mental health nurse in Newcastle. When COVID-19 hit Vanuatu, Alexandre made the decision to stay full-time, even though many expatriates and skilled workers had to leave; he became a nursing technical advisor to the Ministry of Health in Vanuatu. He sat down with ACN Global Nursing Faculty Chair, Elizabeth Tollenaere FACN recently, to share his experiences.

**You have had a varied career from the start but how did you come to be involved in the work that you ended up doing during the COVID pandemic?**

As Vanuatu shut the borders, I chose to stay with my family and the community that would need my support. The number of health care workers in the country dwindled and the Vila Central Hospital Psychiatric Consultant identified me as a potential asset and referred me to an Australian government-funded program called the Vanuatu Health Program. Hence, I became a nursing technical advisor for the Ministry of Health of Vanuatu.

After the closure of the borders, the centre of the archipelago was struck by Tropical Cyclone Harold. For the first time, we were confronted with a disaster without any human resources

and only limited material support from the international community. It was our time to respond as a local health workforce.

**What a significant nursing role to take on! What were the typical tasks you were performing during this project?**

Although I was actually allocated to support the health authorities in a mental health and psychosocial support role, I also participated in developing the quarantine system, collecting epidemiological data, implementing infection prevention control between services, collecting pathology samples, and coordinating on the ground the mental health and medical emergency responses in disaster affected areas.

As the country had very strict rules (regular PCR test at the border and 'suspected cases' testing in-country) there was a low incidence of COVID-19-positive cases of repatriates until February 2022. Vanuatu was one of the last countries to have a community outbreak of COVID-19. With the partnership of NGOs and different government departments, Vanuatu was one of the developing countries in the South Pacific to implement rapid mental health screening tools in quarantine in a program that can now also be applied to disaster responses.

**It sounds like the response was successful and protected the people of Vanuatu from a large burden of disease but it must have been an extremely intensive period for you. What were the greatest challenges that you faced performing this work?**

I think the main challenges for me were the lack of human and financial resources, the attitude to time management in the

country, the level of understanding of the pandemic, and the challenges to do with the political environment and stigma around the disease. In order to manage these issues, I drew on my background in medical and surgical wards in NSW and the principles I had learned working with immunocompromised patients and during local outbreaks of infection. I also found my mental health nursing skills helpful in pacing myself and allowing me to listen actively to the needs of others. Finally, nurturing the habit of reading nursing and clinical journals helped me significantly in supporting my peers in delivering evidence-based care.

**I am sure that your contribution made a significant difference to your colleagues and patients and I am interested to know which achievement you are most proud of from this project.**

On an individual level, I feel more confident in my capacity for resilience during times of crisis (tropical cyclones, volcanic activity, pandemics, etc) and found myself responding to clinical and political challenges more serenely. I was also able to develop a network of interprofessional relationships in a time of political challenges. I am also proud that I was able to develop a mass screening and data collection program with very limited means and that I could provide mental health support to my colleagues during a really difficult period.

**What would be your advice for other colleagues who are interested in working on similar health projects?**

My first piece of advice would be to acknowledge the transition from clinical practice to a public health focus. The care



Alexandre raising mental health awareness for quarantine protocols



Responding with the emergency medical team in Tanna after Tropical Cyclones Judy and Kevin in 2023

of an entire population is a significantly different focus but it is important that you do not lose sight of your objectives and the impact you want to have.

Secondly, I found it helpful to follow this mantra:

- STOP!
- THINK!
  - Is somebody wounded or in a life-threatening situation?
  - What clinical reasoning is my judgement based on?
  - Is this idea sustainable?
- ACT!
  - Be safe.
  - Be sure to use the right authority and evidence to support you.
  - Be aware of your environment as it may be very unstable in times of crisis.

Thirdly, I learned to cut down on human resources by increasing efficiency through the use of technology while remaining vigilant about confidentiality and cybersecurity. Finally, I would encourage colleagues to focus on developing communication skills such as selecting out essential information, developing different modes of communication, reinforcing practical experiences, and participating in regular monitoring and feedback discussions.

**You are clearly a champion of nursing at a global level and a credit to our tribe at ACN. What does global nursing mean to you and why do you enjoy this work?**

I see a global nursing focus as a way to positively impact the Pacific Region as a Registered Nurse. Thanks to the Australian nursing curriculum, the Australian continuous professional development system, my professional experiences in NSW and the work ACN does in providing a forum for knowledge-sharing and networking, I was able to become a better critical thinker and practitioner. With this skill set, I could develop ideas that could serve my colleagues and the Pacific community in a truly extraordinary situation.

**Alexandre is a member of the ACN Global Nursing Faculty – a group of ACN members dedicated to examining nursing through an international lens. If you are also interested in these issues, you can join the online group via the ACN Neo Platform.**



**AUTHORS**

**ALEXANDRE PHEU MACN**



**ELIZABETH TOLLENAERE FACN**



Providing training in infection control and quarantine interventions



An emergency medical team deployment in Abrym following Tropical Cyclone Harold, 2020

# A trusted source of information

## Supporting women to have alcohol-free pregnancies

**N**urses play a vital role in asking women who are pregnant or planning a pregnancy about their alcohol use and providing evidence-based advice and support.

The Australian Institute of Health and Welfare's 2019 National Drug Household Survey found that more than half (55 per cent) of pregnant women consumed alcohol before they knew they were pregnant and 14 per cent continued to drink after pregnancy was confirmed (Peadon et al 2007).

Drinking alcohol during pregnancy increases the risk of miscarriage, stillbirth and babies being born prematurely, small for gestational age, or with low birth weight (Bailey 2011, Patra 2011, Aliya 2008).

Alcohol consumption during pregnancy can also disrupt the development of all organs and systems of the body, resulting in an array of neurobehavioral and physical outcomes collectively known as Fetal Alcohol Spectrum Disorder (FASD) (Mattson 2019).

In 2019, the Foundation for Alcohol Research and Education (FARE) launched the Every Moment Matters campaign, which shares the latest evidence-based information about the risks of alcohol use during pregnancy and the importance of safe breastfeeding practices.

The nationwide campaign is endorsed and funded by the Australian Government and was developed in collaboration with:

- National Organisation for Fetal Alcohol Spectrum Disorders (NOFASD)
- National Aboriginal Community Controlled Organisation (NACCHO)
- Australian College of Midwives (ACM)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

The campaign includes a public awareness campaign, resources and support

for women most at risk of having an alcohol-exposed pregnancy, education and training for health professionals, and health promotion activities with Aboriginal and Torres Strait Islander communities.

September is recognised globally as FASD Awareness Month, which is a wonderful opportunity to raise awareness about FASD and the importance of an alcohol-free pregnancy.

### ABOUT FETAL ALCOHOL SPECTRUM DISORDER

FASD is the leading preventable developmental disability in Australia. People with FASD can experience challenges such as:

- physical and emotional developmental delay
- impaired speech and language development
- learning problems, such as issues with memory and attention
- difficulty controlling behaviour.

A variety of maternal and fetal factors influence the risks of drinking alcohol when pregnant, making it impossible to predict the level of risk in individuals. However, we do know even small amounts of alcohol at any stage of pregnancy can pass directly to the developing baby and be harmful to the developing baby.

In early pregnancy, alcohol can disrupt the development of cells that go on to form the placenta, reducing its effectiveness and increasing the risk of other placental problems.

Once formed, the placenta is not a barrier to alcohol. This means that throughout pregnancy, any alcohol passes directly to the developing baby and can damage their brain, body, and organs.

Evidence also shows the risk of adverse pregnancy and infant outcomes increases with greater amounts and frequency of alcohol exposure.

### THE MOMENTS YOU SPEND WITH HER MATTER

Nurses and other health professionals are a trusted source of information. By providing advice that reflects the updated guidelines nurses ensure best outcomes for women and their developing babies.

The updated guidelines advise that:

- women who are pregnant or planning a pregnancy should not drink alcohol
- for women who are breastfeeding, not drinking alcohol is safest for their baby.

Women are likely to accept advice when this is discussed in an open, factual, culturally safe, and supportive manner. Research shows 97 per cent of women report that they want to know about alcohol and pregnancy; they expect the services they engage with to bring up the topic and be able to provide advice and support (Peadon et al 2007).

While it is best for women to stop drinking alcohol when they are planning a pregnancy, it's never too late. By focusing on the positives of health changes women make, we can avoid feelings of guilt or shame around alcohol consumption.

When assessing alcohol use it is important to use validated tools as advice will vary depending on the current level of consumption. The **AUDIT-C** in pregnancy is a quick and easy tool to use, with three key questions. The answers provide an indication of risk level, which can facilitate targeted follow-up questions and support.

### RESOURCES AND TRAINING

As part of the *Every Moment Matters* campaign, FARE has developed resources and training to support health professionals. Including:

- Free, accredited online training
- Downloadable brochures and fact sheets
- Evidence summaries and guides

“ Women are likely to accept advice when this is discussed in an open, factual, culturally safe and supportive manner. ”

Nurses have the knowledge, skills, and dedication to make an impact and support the best outcomes for the families they care for. We encourage all nurses working with families at any point from preconception to the postnatal period to complete the online training.

This short online course provides information about how to:

- explain the latest evidence about the risks of alcohol consumption during pregnancy, when trying to conceive, and when breastfeeding.
- describe the impact of alcohol at all phases of pregnancy, including the early weeks.
- use the validated AUDIT-C tool for assessing alcohol consumption during pregnancy.
- provide positive reinforcement, strengths-based brief intervention, or referral according to the assessed level of risk.
- confidently provide advice that is consistent with the National Health and Medical Research Council's (NHMRC) Alcohol Guidelines to reduce health risks from drinking alcohol.

#### WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

The National Aboriginal Community Controlled Health Organisation (NACCHO) recently launched the *Strong Born* campaign with support from FARE.

*Strong Born* aims to raise awareness of Fetal Alcohol Spectrum Disorder (FASD) and the importance of alcohol-free pregnancies among Aboriginal and Torres Strait Islander peoples in rural and remote communities.

The campaign includes culturally appropriate health information for women

and families, educational materials for Aboriginal health care workers, and guidance for health care providers who work with Aboriginal communities.

#### ABOUT FARE

The Foundation for Alcohol Research and Education (FARE) is the leading not-for-profit organisation working towards an Australia free from alcohol harms through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs. FARE is an Affiliate of the Australian College of Nursing.



TO FIND OUT MORE  
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# Let's Talk Leadership with Wendy McCarthy

Wise words from a trailblazer for women's rights



Adjunct Professor Kylie Ward FAcN and Wendy McCarthy

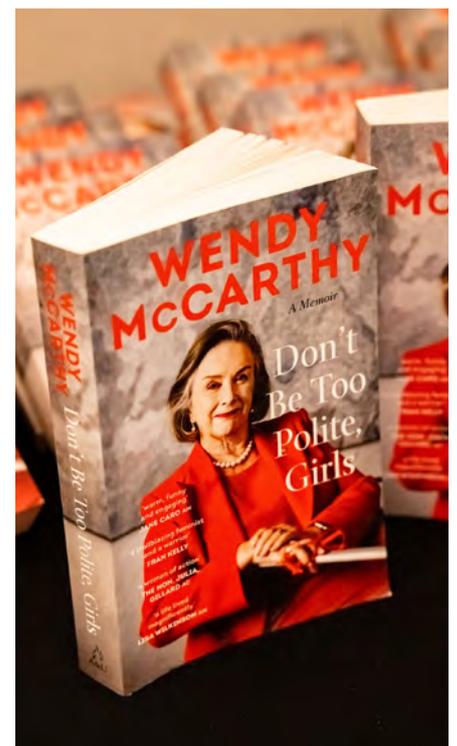
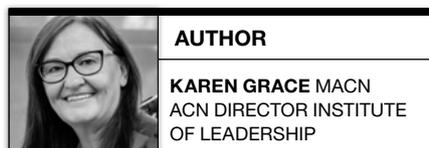
On Tuesday 18 July, the Australian College of Nursing (ACN) had the pleasure of hosting the latest event in our “Let’s Talk Leadership” series. A packed house of about 80 attendees, including our inaugural Nursing Unit Manager Leadership Program (NUMLP) participants, had the privilege of hearing from Wendy McCarthy as she shared her story. It is not often that one has the privilege of being in the presence of such a trailblazer. Her inspirational story took us from her humble beginnings on a soldier’s settlement farm in Western NSW, where she attended a small single-teacher primary school, through her realisation of the inequities that existed in society, to her incredible successes as an activist and lobbyist.

The audience was mesmerised by her storytelling ability, her wonderful humour, and humility. So humble for someone who has achieved so much for women’s rights in this country. Wendy described a world that most of us cannot imagine, where

women were no longer eligible for permanent employment once they were pregnant. This realisation led her to follow a path for women’s rights, something all women should be grateful for. Because of Wendy and others like her, women today enjoy many of the same rights as our male counterparts.

Wendy offered nurses some very sage advice that evening. She talked about the power of many and the importance of understanding your power. She talked about the need to be clever and considered in determining a strategy for change and advised that real change rarely comes from protesting in the streets. Wise words indeed.

Thirty-five lucky attendees were thrilled to receive a copy of Wendy’s book as a lucky door prize, which without doubt will be a page-turner.



Wendy McCarthy's book

**“ From humble beginnings on a soldier’s settlement farm in Western NSW, attending a small single-teacher primary school, to incredible successes as an activist and lobbyist. ”**



Networking at Let's Talk Leadership



Keyceelyn Seval (L) and Leyden De La Cruz MACN (R)



Kath Lynch MACN, Manager Professional Engagement (L) and Karen Grace MACN (R), Director Institute of Leadership



Participants enjoying Wendy's talk

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