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the hive

KEEPING NURSES INFORMED, CONNECTED AND INSPIRED

FREE EDITION

COVER STORY:

IN CONVERSATION

**WITH EMERITUS PROFESSOR
CHRISTINE DUFFIELD FACN (DLF)**

**THINGS TO CONSIDER DURING
FIRE SEASON. THE ROLE OF
NURSES IN RESPONDING TO
DISASTERS**

PROFESSOR ALISON HUTTON FACN

**AM I STILL A NURSE?
REAFFIRMATION THROUGH
THE MID-CAREER NURSE
LEADERSHIP PROGRAM**

LISA EVANS MACN



**+MORE
INSIDE**



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Cover

Emeritus Professor
Christine Duffield FACN (DLF)

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Overcoming needle phobia

Winner of the 2023 Health Minister's Award for Nursing Trailblazers
Lauren Barbre MACN on what the award means for her and
alleviating the physical and mental stress of needle procedures



Adjunct Professor Kylie Ward FACN with Trailblazer winner Lauren Barber MACN



Emeritus Professor Christine Duffield FACN (DLF), Trailblazer winner Lauren Barber MACN, finalists Professor Caleb Ferguson FACN, Tammy Harvey and Toni Slotnes-O'Brien MACN



Trailblazer finalists and winner with ACN Board members

“This recognition legitimises our contribution to the healthcare landscape and will serve as an inspiration for countless aspiring nurses eager to make their mark.”

In August 2023, at the Australian College of Nursing's (ACN) National Nursing Forum in Adelaide, the Minister for Health and Aged Care, The Hon Mark Butler MP, announced Lauren Barber MACN as the winner of the Health Minister's Award for Nursing Trailblazers (Trailblazer Award).

Lauren was named winner in recognition of her work as Founder and CEO of NeedleCalm. The innovative medical device was developed to help alleviate the mental and physical problems associated with needle phobia. It improves patient comfort and safety by reducing the risk of needle sticks and decreasing procedure time.

ACN spoke with Lauren about her work with NeedleCalm and what the win means for her.

What were you thinking about when you were announced as the winner?

When Minister Butler announced me as the winner of the 2023 Health Minister's Nursing Trailblazer Award, my heart swelled with a mix of emotions – gratitude, pride, and a sense of fulfillment. It was a moment that validated the countless sleepless nights, the tireless dedication, and the unwavering belief in the transformative power of innovation within nursing. As the crowd erupted in applause, my mind raced with the realisation that this win was not just about me; it symbolised the recognition of the entire nursing profession.

What was the impetus for you setting up NeedleCalm and how has it developed?

The impetus for setting up NeedleCalm arose from a deep-rooted empathy for patients and a burning desire to improve their overall experience during medical procedures. Having witnessed countless individuals endure unnecessary pain and anxiety, I was

motivated to create a solution that could ease their suffering. Through meticulous research, I identified a crucial gap in current medical practices – the discomfort caused by needle procedures.

NeedleCalm has since evolved into a pioneering initiative, revolutionising the way healthcare professionals approach injections and infusions. Our mission is to alleviate pain and anxiety, optimising patient comfort while improving the efficiency of procedures. The positive feedback and success stories we've received have been truly humbling, and they fuel our dedication to further advances in this field.

Do you have any advice for others who are thinking of new initiatives that will benefit the nursing and wider community?

To those considering new initiatives that benefit the nursing and wider community, my advice would be twofold: first, identify a pressing need or challenge within the healthcare system, and second, forge partnerships and collaborations that enable collective action. Nurses possess a unique perspective, derived from their frontline experiences. By leveraging this expertise and seeking out interdisciplinary collaborations, we can innovate and effect tangible change. Moreover, persistence, resilience, and a propelling vision are essential to overcome inevitable hurdles along the journey.

What do you think the win means for NeedleCalm and for nurse-led initiatives?

The win of the Health Minister's Nursing Trailblazer Award for NeedleCalm signifies a profound endorsement of nurse-led initiatives. It demonstrates the vital role nurses play in driving medical advancements. This recognition legitimises our contribution to the healthcare landscape and will serve as

an inspiration for countless aspiring nurses eager to make their mark. The spotlight cast upon NeedleCalm illuminates the immense potential nurse-led initiatives hold in shaping the future of health care.

How will you use your award to further your work?

Using the award as leverage, I intend to further propel NeedleCalm's mission. This recognition validates our approach and opens new avenues for collaboration with industry leaders, healthcare providers, and policymakers. The award will undoubtedly provide an additional platform to advocate for patient-centred care, fostering partnerships that can accelerate the integration of our innovative solutions into standard medical practices. Moreover, the award carries with it a responsibility to share our experiences, knowledge, and best practices with the nursing community, empowering aspiring nurses to embark on their own ground breaking journeys.

In conclusion, the win of the 2023 Health Minister's Nursing Trailblazer Award is a testament to the power of innovation, collaboration, and dedication within nursing. It amplifies the significance of nurse-led initiatives, marking a turning point in the recognition and appreciation of our contributions. With the support and momentum generated by this award, NeedleCalm will continue to revolutionise patient care and inspire nurses worldwide to be the catalysts of change within their own communities.



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ACN History Faculty Inaugural Meet & Greet

Two events, one purpose

SYDNEY – THE SPASM MUSEUM

Attendees of this inaugural event gathered on a warm Spring Saturday morning at the Society for Preservation of Artefacts of Surgery and Medicine (SPASM) Museum, within the sprawling grounds of Gladesville Hospital. The tall sandstone walls and buildings reflect its establishment in 1838 as the Tarban Creek Lunatic Asylum (subsequently renamed the Gladesville Hospital for the Insane (1868-1914) and finally the Gladesville Mental Hospital (1915-1997)). The museum itself was established in 1979 through the shared vision of Professor Ross Holland AM and Judith Cornell AM.

In the years since the last in-patient received psychiatric care in 1997, many of the historic buildings have been re-purposed and are once again occupied (Hunters Hill Trust). A small cluster of these buildings is now home to the SPASM Museum.

The group of 12 attendees included members of the ACN History Faculty and the New South Wales – Sydney Region as well as two locals (both retired doctors) out for a morning walk. All were happy for the opportunity to meet each other during morning tea prepared by SPASM Museum volunteers. History Faculty Chair Lesley Potter FACN spoke briefly about the genesis of the Meet & Greet events, noting that a concurrent event was underway with Faculty members in Brisbane. Lesley presented a copy of the latest ACN publication *No Longer Silent*, *Voices of 21st Century Nurses* to the museum as a gift for the SPASM library.

Due to limited space in the themed display rooms, the group was split in half. During the 90-minute tour, one group explored some of the grounds, notably the old Gladesville Cemetery and the burial site of the hospital's second Medical Superintendent Frederick Norton Manning. Nearby (and far closer to the cemetery than you might expect) is Building 2 built in the 1880's which was originally a bakery and a butchery, while the adjoining tall building with once open archways was a double-story cold-



Originally a double-story cold storage room this building is thought to have been the largest Coolgardie Safe ever built

store room. This building is thought to have been the largest Coolgardie Safe ever built, using the evaporative cooling provided by breezes passing through long curtains of damp hessian hung over the large open archways (now bricked up).

The SPASM collection includes items, documents, photographs, and other artifacts from the Tarban Creek Lunatic Asylum as well as diagnostic equipment and patient care items used by rural general practices and district nursing services. The groups moved through rooms with detailed display labels recreating historic operating theatres (including an extensive collection of working anaesthetic machines and ventilators), a surgical instrument pick room (with packets of horsehair and other suture material), and another room highlighting military medicos and nurses at work using field instruments and portable operating tables.

Other unique artifacts drawing attention during the tour were a small portable water steriliser (heated by kerosene) used by Dr Sydney Evan Jones during Mawson's Australasian Antarctic Expedition of 1911 (Jones 2023), a Dental X-ray machine patented in Germany in 1921, and a palm-sized ivory diagnostic doll used by female patients to identify the location of their pain and other medical symptoms. With



A display including an ivory diagnostic doll used by female patients to identify the location of their pain and other medical symptoms

more than 7000 items in the collection it would be impossible to see everything. Suffice it to say that our guided tour of the SPASM Museum was enough to whet the appetite for more of these events.


The Leadership of the ACN History Faculty extend their special thanks to SPASM Hon Secretary/Treasurer Ros Berryman, Curators Gary Klopfer and Peter Hartigan, along with the museum volunteers Kerry Moroney (GP-anaesthetist) and Val Corcoran (who like Ros, had a long nursing career in operating theatres). All were welcoming of the assembled group and generous with their time, enthusiasm, and specialised knowledge.

More information about the SPASM Museum can be accessed via the website www.spasmmuseum.org.au/index.html

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	AUTHOR
	SALLY SUTHERLAND-FRASER MACN

“On Saturday 9 September, the ACN History Faculty enjoyed their inaugural Meet & Greet with two events – one in Sydney and the other in Brisbane.”

CALL FOR ABSTRACTS

MOVING FORWARD: BRINGING THE PAST WITH US

The History Faculty invites abstract submissions for the ACN 5th History Conference to be held on Tuesday 13 August 2024 in Cairns, QLD. This will be a pre-National Nursing Forum event addressing our theme “Moving Forward: Bringing the Past with Us.”

Send your abstract to Lesley Potter FACN at catch63@bigpond.net.au by COB Wednesday 31 January 2024.

You can find all instructions on [neo](#)



In front of the telephone booth that was used by students and staff alike

BRISBANE – MUSEUM OF NURSING HISTORY AT ROYAL BRISBANE AND WOMEN'S HOSPITAL AND THE MARKS-HIRSCHFELD MUSEUM OF MEDICAL HISTORY

We visited and toured two important museums: the Museum of Nursing History at Royal Brisbane and Women's Hospital (RBWH) and the Marks-Hirschfeld Museum of Medical History (MHMM).

We were greeted at the Marks-Hirschfeld Museum of Medical History at The University of Queensland's Medical School at Herston by Ms Jan Nixon and Dr Jim Nixon from the MHMM. They kindly showed us a collection of photographs and then left us to explore the museum and its displays. After a visit to the Reconciliation and Rose Gardens of the Medical School, we walked across the adjoining Royal Brisbane and Women's Hospital (RBWH) Herston Complex, much to the delight of some who had “trained” at RBWH. A highlight was seeing how well Queensland Health has retained and renovated the series of heritage-listed buildings and their related gardens that make up a large part of the complex.

After lunch, we were hosted at the Museum for Nursing History, an integral part of RBWH, by Ms Joy Wilson FACN and three

of her volunteers. Exhibits covered those nurses who started the hospital, nurses in wartime, and the evolution of nursing at RBWH over the years. The museum contains displays about Matron Christense Sorenson MBE RRC (1885-1958) who, after serving in World War 1, in 1928 became Matron of Brisbane General Hospital, as it was then called. Another display showed Matron Grace Wilson RRC, CBE, FNM (1879-1957), who was Matron of the hospital from 1914-1915 when she joined the Australian Imperial Force (AIF) and held the position of Principal Matron of the 3rd Australian General Hospital. She served in Lemnos, Egypt, England and France. After the war, she was Matron of Melbourne's Royal Children's Hospital and the Albert Hospital. In World War II she was called for full-time duty in the AIF. Other nurses from RBWH included those who were POWs or murdered on Radji Beach. The museum is a delight, with uniforms showing changes over time, what “living in” was like, and various equipment used throughout the hospital. All the other matrons and senior sisters over time were in attendance as well, at least in photos and spirit.

The day finished at 3 pm, with many new friendships formed, old ones regenerated,



At the front of the Mayne Medical Building of the University of Queensland

and enthusiastic requests for more such history days in the Brisbane Region.

We sincerely thank everyone who helped us make this a very successful visit.

Learn more about the Museum of Nursing History here: <https://metronorth.health.qld.gov.au/rbwh/about-us/museum-of-nursing-history>

Learn more about the Marks-Hirschfeld Museum of Medical History and its purpose as custodian of one of Australia's finest collections of medical material heritage here: medicine.uq.edu.au/museum



AUTHOR

PROFESSOR LINDA SHIELDS FACN

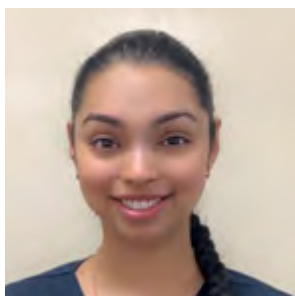
The places you can go

Niche roles for Registered Nurses

Looking beyond the well-trodden pathways of acute ward care and emergency or intensive care to launch a nursing career as a graduate Registered Nurse (RN).

I sat down for a chat with three graduate RNs working in niche roles to ask them: how they got there, what it's like, and how this starting point has impacted how they see their nursing career? I was surprised to learn how bravely they went into the unknown and how they navigated consolidating their core nursing skills acquired as a student with the new and vast skills their new specialty demands. All in all, these graduates remind us of the strength and variety of our profession and make it known there is no one-size-fits-all approach to a rich nursing career.

STEPHANIE ESPINOZA ENDOSCOPY



How did you land this role?

I applied through the Queensland Health graduate portal with endoscopy being one of my preferences.

Had you done a placement in Endoscopy as a student?

I hadn't, I had no idea what I was getting myself into if I'm being honest.

What did you know about Endoscopy before starting work there?

I knew it was similar to both the day surgery unit, and to peri-op in that there are different areas you can work as an RN. So that's the two main points why I chose it as a graduate option because peri-op and day surgery are also areas of interest to me.

What surprised you about working in Endoscopy?

There is a lot to learn! We're doing a program in the unit to work through our competencies, with the last stage being working in the procedure room with the doctors. Most of us grads are now assisting and scouting for the procedures. It's a lot to learn because we have to know about the different procedures and how to troubleshoot the equipment. We get to learn the entire unit from admission, cleaning equipment, procedures, recovery and discharge. It's pretty cool.

How has being a graduate in Endoscopy shaped how you see your nursing career?

I think it's been a really good graduate program for me to start in. I knew I didn't want to work in the wards, but this is still a fast-paced nursing environment and there are still lots of core skills we get to practise. Now I can work across the unit, I love being in the procedure room because you get to learn so much about anatomy.

Also, as a student, I struggled with ward placements and I think it can put some students off nursing, even though it's important and we're learning our core skills. But there are just so many other options out there and I think it's okay to have your preferences, to know what you're not going to like and to look for different places to start your career.

SUMAYA MOHAMAD PERITONEAL DIALYSIS OUTPATIENTS

How did you land this role?

I applied directly to the area after graduating and was appointed after interviewing for the position.

What did you know about peritoneal dialysis before starting work there?

I did have some prior knowledge as I was working as an AIN with a client who was receiving peritoneal dialysis. From there I had gotten more interested in starting my nursing career in this specialisation.

Had you done a placement in this area?

No, I had not done any placement doing peritoneal dialysis or in any renal areas.

What was something that surprised you about working in this clinical area?

I was surprised at how busy outpatient settings could get and how much of it was nurse-led especially when it comes to peritoneal dialysis.



“These graduates remind us of the strength and variety of our profession.”

How has starting your nursing career in this area shaped what you think your future might look like?

I have been able to develop and expand on my critical thinking skills and continue to build confidence in my own practice. I am excited to see where this will take me in the future.

**MITCHELL BANNAH MACN
GASTROENTEROLOGY ENDOSCOPY**



How did you land this role?

I ended up in gastroenterology by applying for a new graduate RN role with Queensland Health and selecting Internal Medicine Services as my first preference. Once I was registered with AHPRA I contacted my first preference hospital's graduate recruitment team to follow up on opportunities as my Undergraduate Student in Nursing position at the same hospital was soon to end and I would be unemployed. By doing this, I was able to gain employment as an RN sooner than a lot of other new graduate nurses.

What did you know about Endoscopy before you started working there?

I knew nothing about gastroenterology or perioperative nursing other than approximately one-third of a single subject during my undergraduate studies. Unfortunately, education at uni around perioperative nursing was a very small component of the degree.

Had you done a placement in this area?

No. I had never undertaken a placement in a procedural/operative area. I had, however, worked as an Undergraduate Student in Nursing in the infectious diseases day therapy unit where I would assist with PICC insertions, and this did provide me with a better understanding and application of aseptic techniques and the necessity of correct informed patient consent.

What was something that surprised you about working in this area?

Starting a nursing career in gastroenterology, like any other specialised field, comes with its challenges and potential career negatives. The good things include: the flexibility and diversity of working in an area where I must traverse and obtain skills in patient admission, assisting gastroenterologists with procedures, recovering patients in a PACU environment and discharging patients. However, as a new graduate nurse, it is difficult to reinforce and cement learnings from my degree in a procedural environment. Unfortunately, without practising clinical skills that are not used in a procedural environment (e.g., using IV pumps,

wound care etc.), this raises concerns for my future career and its limitations if I were to stay in a procedural area.

How has starting your nursing career in this area shaped what you think your future might look like?

Starting my career in gastroenterology has shaped my future career in positive and negative ways. For starters, I must consciously consider and reflect on my commitment to specialising in gastroenterology at the beginning of my career as this is what is expected in my work unit. I also must consider my future career trajectory and how I can maintain clinical nursing skill currency so that I remain current and employable. Rather than committing to a career in gastroenterology, I focus on transferrable skills and knowledge such as the implications influencing patient flow within a tertiary environment and the adjustments required to accommodate triaging of emergent cases while still delivering scheduled outpatient and inpatient services. Prior to working in Gastroenterology, I was aiming to be a Nurse Practitioner in some capacity. However, since working as an RN in a procedural environment my career plans have changed and are now aimed towards the executive space where I can implement change for the improvement of nursing entitlements and NUM policy education.



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MACN**