

# CDNM News

Issue 1

June 2005

## Report from the Chair

Welcome to the first CDNM newsletter. We hope this will become a regular method of communication in the future. If you have any ideas for inclusion, or wish to contribute to the newsletter, please contact Jenny Martin.

As nursing continues to be high on the public agenda, for whatever reason, it is important that the CDNM remain visible and pro-active. We have sought to achieve that over the past few months and have actually been quite successful with regular news items from the CDNM published in the *Nursing Review*. We have also been asked for comment on items of importance to nursing by the *Nursing Review* journalists on a regular basis. The media person for the Shadow Minister for Health has also been in regular contact with me over issues such as the clinical funding allocation. Below is a brief summary of our major recent activities.

### *Anniversary Dinner*

Those who joined us for the Anniversary Dinner will know that this event was a great success. The evening brought together many of the 'greats' of nursing in Australia; the people who championed the cause of tertiary-based undergraduate nursing and it was exciting to see the joy they experienced in the celebration of their achievements. We have received numerous letters of thanks and the sentiments of Rosalie Pratt conveyed the general feeling of participants: "...what a wonderful evening you gave us all! ... such a smorgasbord of entertainment ... you can't imagine how exciting and rewarding it was to reconnect with all those marvellous women I worked

with 20-25 years ago".

### *Research Quality Framework Submission*

Preparing a response to the Research Quality Framework Issues Paper has been an important task for this quarter. The working party that prepared the response on behalf of the Council was led by Professor Sioban Nelson and I would like to express our thanks to Sioban and the group for their efforts and commitment to the task. A very well prepared submission went forward as a result of their efforts. Sioban and I will be attempting to meet with a number of key people in the coming months to further discuss our response. We are currently negotiating meetings with the Chief Nurses.

### *Aged Care Projects*

As the CDNM does not currently have an ABN number, the plan to have the projects administered by the Council was not possible. As a result, JCU will now administer the projects on behalf of the Council. Council members will still manage the call for EOI and determine the successful applicants while JCU will be responsible for managing and distributing the funds and ensuring that the projects are completed as agreed. Although the contract has not yet been signed, we do expect to have the call for EOI out in the June/July period.

### *Proposed BN course in Victorian TAFE College*

This issue arose recently and we



need to manage it very carefully so as not to give the impression we are seeking to prevent it from an elitist or anti-competition position. A group of the Victorian Deans is meeting to plan strategies to address this situation including a meeting with the Minister for Higher Education in Victoria. I have spoken with the AVCC CEO and he is also exploring the situation and its implications. This is a further issue that we need to stand together on.

### Inside this issue:

<i>Report from the Chair</i>	1
<i>Membership Update</i>	2
<i>Committee Reports</i>	2
<i>State / Regional Reports</i>	3, 4
<i>Media releases</i>	4

## Membership Update

### Head of School Changes

Mr Bill McGuinness appointed Head, School of Nursing and Midwifery, La Trobe University

Associate Professor Cobie Rudd appointed Head, School of Nursing, Midwifery and Postgraduate Medicine, Edith Cowan University

### Council Representation on External Committees

ANF Steering Committee for Nurses and IT Project

Mental Health Nurse Education Taskforce

## Special Events Reports

### **'Passing the baton of care – the patient relay'**

The National Safety and Quality Council conducted a workshop on clinical handover in Sydney on the 19<sup>th</sup> April, 2005 hosted by Dr Norman Swan.

#### **Definition of clinical handover**

Clinical handover refers to the transfer of information from one staff member to another when:

- a patient has a change of location or venue of care, or
- when the care of/responsibility for that patient shifts from one staff member to another.

A summary was provided by Dr Cliff Hughs. Handover can occur verbally, electronically or in written form. It comprises qualitative and quantitative information, and can operate at one or all of three levels:

1. *cognitive*: factual information transfer, including quantitative, physiological data (such as heart rate and blood pressure measurements) and qualitative data (such as a change in behaviour, or psycho-social observations)
2. *reconnaissance*: information transfer regarding the search for and identification of possible risks inherent in the situation, for example a post-operative patient possessing risks of obesity and a history of smoking.
3. *intelligence*: at this level, risks are linked and potential problems are anticipated. These are communi-

cated to the next staff member, with a plan for action in mind. In the above example, the risks may indicate a resultant possibility of chest infection or pneumonia. An action plan to prevent this eventuating would be a part of the handover.

Workshop participants agreed that there needs to be a nationally consistent approach to clinical handover, and these nine principles were developed as a framework to guide this approach.

#### **Draft National Principles for Clinical Handover.**

1. Patients and/or carers **must** be aware of and involved in clinical handover wherever possible. This will facilitate participation in clinical decision making and improve awareness of the documentation of their health care.
2. There **must** be system commitment to clinical handover with respect to explicit accountability, resource allocation and Performance Development Systems.
3. Clinical handover requires adequate resources including time, money, space and a variety of tools.
4. Clinical handover **must** be structured, efficient, effective and action oriented and must exist within and between all levels of health care. There must be strategies to ensure that those being communicated with have received, understood and will act on handover information.

5. Clinical handover should address qualitative as well as quantitative issues. Subjective concerns and psychosocial issues warrant attention equivalent to that given to objective data.
6. Clinical handover information must be accessible with an explicit, practical, minimum dataset emphasizing recent changes in that patient's care.
7. Clinical handover must be multidisciplinary to the maximum extent possible.
8. Training in clinical handover competencies, communication and team skills – based on the National Patient Safety Education Framework - are essential.
9. The principles of continuous improvement must be evident in the clinical handover process. This should include clear feedback loops in general patient care, and formal evaluation of clinical handover strategies.

This additional point was made by a member of the workshop about privacy, because of a concern that information is withheld from patients and carers to protect privacy.

"The staff members should be aware of the provisions of the privacy act so that while the privacy of individuals is protected during the handover process, the quality of handover is not limited by undue concern arising from misconceptions about privacy".

*Report submitted by Judith Donoghue, University of Technology, Sydney*

## State/Regional Reports

### Report from South Australia

The Schools of Nursing in the three South Australian Universities formed a strategic alliance in order to discuss, debate and provide information (to government, academia and the community) on issues of importance related to nursing education. The group met three monthly with the State's Chief Nurse to provide information on enrolments, issues of note and to have input at Department of Health level on nursing issues. Each of the universities hosted a forum during the year inviting guests and encouraging attendance from academia and industry. Meetings were held with Directors of Nursing of the major tertiary public hospitals to discuss nursing education and the issue of clinical placements. In addition the alliance met with two of the Regional Health Service Chief Executives to share perceptions of the state's future nursing requirements.

The South Australian Government's inquiry into nursing is still ongoing and has not to date produced a report.

A major issue being grappled with is the availability of clinical places. This issue kept us occupied for most of the year with several meeting/workshops-taking place with a view to producing some agreed models. It is anticipated that by end of 2005, models will have been developed ready for piloting in 2006.

### University of South Australia

The University of South Australia's School of Nursing and Midwifery has substantially increased its BN student cohort over the past three years by 405 EFSTL and will be taking another small increase this year in a midyear intake. This has also increased the pressure on clinical places and is reviewing its curriculum to ensure that the school is able to maximise its clinical placement needs and still 'dove-tail' with the clinical requirements of the other SA universities and other health education providers.

The school has also commenced an intake of approximately 50 BN students through Open University Australia and at this stage the program has presented no

problems and all student that are continuing, are managing the program well.

The school is still grappling with issues around midwifery education and the requirements that are laid down by ACMI and therefore ICM policy. This is an ongoing problem for all schools offering a midwifery program in Australia and warrants discussion at CDNM level.

### Flinders University

During 2005 the School of Nursing and Midwifery are holding a number of events to celebrate 30 years of nurse education in the tertiary sector at the Sturt building site. Birthday celebrations began during the first week of the semester with the cutting and sharing of birthday cakes at the Sturt site (for over 600 students and staff), Riverland site and in Norway.

In May an Oration was held in the city centre with invited past staff member and alumni Dr Maryanne Loughery – who delivered a dynamic presentation on her work with refugees, and the notion of caring in today's climate.

Our School has also had a significant increase in the undergraduate placements, but have declined to have a mid year intake, to limit the competition on already limited clinical placements.

We are in ongoing negotiations with the Nurses Board of South Australia with respect to the number of normal vaginal deliveries expected of our midwifery students. At this point in time, the Board has made a decision that both our 3 year and 1 year students are required to achieve 40 normal vaginal births before being eligible for registration as a midwife (amongst other less controversial criteria).

### University of Adelaide 2004

The Department of Clinical Nursing has continued to bring together an enthusiastic group of nursing clinicians and academic staff who have been responsible for the teaching the nursing programs that have included theory and practice of nursing in its clinically focused programs which have included the Graduate Certificate of

Nursing Science, Graduate Diploma of Nursing Science, the Master of Nursing Science through to the Doctor of Nursing. The department continues to diversify its programs by offering an increased number via flexible learning mode making it easier for nurses to study off campus. These programs have been well received by nursing staff throughout the metropolitan and rural areas that are unable to come to regular lectures and find this option an increasingly more acceptable means of furthering their education. The department has seen a regular increase in student numbers and it continues to invest in offering the best possible education for nursing to take it into the future.

The Department has conducted PhD and Doctor of Nursing research schools in February 2004 and July 2004. The visiting Scholars for 2004 for were Professor Mary Chiarella and Adjunct Professor David Thompson.

The Department held the Joan Durdin Oration in April 2004, Professor Mary Chiarella, Chief Nursing Officer for the New South Wales and Professor of the Faculty of Nursing, Midwifery and Health at the University of Technology, Sydney, gave the oration.

The establishment of the undergraduate-nursing program has been one of the key activities of the department and 50 EFSTL have been made available to introduce the program in 2006.

## Contact the Council

Ms Jennifer Martin  
Project Officer  
School of Nursing  
Deakin University  
221 Burwood Highway  
Burwood VIC 3125  
Australia

Phone: 61 3 9244 6111  
Fax: 61 3 9244 6159  
Email: [jmartin@deakin.edu.au](mailto:jmartin@deakin.edu.au)



<http://www.cdnm.edu.au>

## Media Releases

The CDNМ has distributed four media releases since our last meeting. These are all included on our web site ([www.cdnm.edu.au](http://www.cdnm.edu.au))

- Nurse Practitioner media release in response to AMA press release (18/4/05)
- Post dinner press release to Nursing Review and all schools of nursing media contacts (22/3/05)
- Work experience programs in NSW-media release to NSW newspapers (24/2/05)
- Joint position paper with the NSW College of Nursing on allocated nursing places (4/2/05)
- Notification of the 20<sup>th</sup> Anniversary Dinner celebration nationwide press release (Dec 2004 –Feb 2005)
- Research in schools of nursing response to the editor of The Australian (9/12/04)

## Upcoming Events

1. Council meetings - 14-16 September 2005 - Grace Hotel, Sydney
  - Professional Development Workshop (14/9)
  - Research Forum (15/9)
  - General Meeting/AGM (16/9)
2. Aged Care Principles Project - Expressions of Interest called for (Download form via our web site). Submissions due: 5/8/05.

## State/Regional Reports continued

### Report from New Zealand

1. HPCA Act has been implemented.
2. New Midwifery Council established; Scope of Practice consultation completed.
3. Scopes of Practice for Nursing gazetted - Nurse Practitioner: subject to medical challenge re. DD; Enrolled Nurse and Nurse Assistant (these final two distinguish between previously registered enrolled nurses and the new 2nd level nurse programme). The final scope challenged by NZNO and one MP, resulting in the issue being referred to a parliamentary committee. **Implications** - one scope can't be withdrawn for further debate; all would need to be withdrawn; final scopes may be determined by a parliamentary committee or the courts.
4. Competency based practicing certificates being implemented - areas clinical, admin., education and management.
5. Generic Disciplinary Tribunal established
6. Expecting demise of State examination
7. PBRF - nursing and midwifery fared poorly. Universities and individual academics ranked. All staff 0.2 or greater on a contract of 12 months or more counted and expected to be research active. Implications for promotion and performance reviews.
8. NPAC acting as a clearing house for Nurse Practitioner research - monitoring, coordinating and collating all research. Currently 12 Nurse Practitioners.
9. Clinical access remains an issue - in large metropolitan areas, competition for places and Nursing Council requirements re. Number of hours (anticipating a range of hours after current review); Access to private sector difficult - need to negotiate clinical factor into Ministry of Education funding.
10. Nurse Assistant programmes are sub degree level - there are no credit/RPL issues for BN programmes.