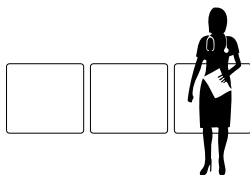




# Korero Hauora Health Talk

**A celebration of Nursing & Midwifery  
projects & achievements in  
Taranaki  
December 2011**

*Whaia te iti kahurangi. Ki te tuoho koe, me he maunga teitei.  
Pursue excellence- should you stumble, let it be to a lofty mountain*



Taranaki Together, a Healthy Community  
Taranaki Whanui He Rohe Oranga

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# INTRODUCTION

## **Taranaki Together, a Healthy Community Taranaki Whanui He Rohe Oranga**

**December 2011**

Welcome to this newsletter showcasing some of the many accomplishments of our nursing and midwifery staff across the region. This edition mostly focuses on some of the achievements, projects, innovations and initiatives that resulted from post graduate study. Staff are encouraged to consider contributing to future publications. Research, audits, post graduate essays, thesis summaries etc are always welcome.

In the pages that follow there are examples of how nurses and midwives are working toward our vision of "Taranaki Together, A Healthy Community - Taranaki Whanui, He Rohe Oranga", their work reflects the DHB's strategic priorities and goals and I would like to acknowledge and thank them for sharing their work. Compliments of the season to you all, and happy reading!



Kerry-Ann Adlam  
Director of Nursing





# We Bid Farewell to a Nursing Stalwart - Alison Brown

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Alison Brown has seen many changes in her thirty seven year time span of unbroken service with Taranaki District Health Board. During these periods of change staff working within organisations such as hospitals, rely on solid dependable no-nonsense workers to facilitate and anchor change. Alison is certainly worthy of note in this capacity as an enthusiastic and tireless worker.

Alison started off her career as a hospital aide thirty seven years ago in Ward 4, followed by working on general pool. In 1987 Alison undertook her Enrolled Nursing training, followed by a stint in Barrett Street Hospital prior to joining the Maternal-Child Pool working in Ward 2, NNU, Maternity Unit and the Tabor Unit laying the foundation for a broad clinical experience base.

In 1994 Alison commenced a permanent position in Ward 2 as an Enrolled Nurse and two years later transitioned to become a Registered Nurse. It is here in Ward 2 where Alison has enjoyed the last 17 years of her working life. Not only has she supported parents and families through the trials and tears associated with sick children but also has been a strong supporter of all her nursing colleagues. Alison managed to juggle shift work with the demands of a young family as well as being there for her peers whenever she was needed. Her own personal philosophy of “just get on with it”, provided everyone with a shining example of how things should be done!

There have been many highlights in Alison’s career span, one which readily springs to Alison’s mind is the fact she started as a hospital aide and progressed to Enrolled Nurse and later to become a Registered Nurse. Alison gratefully acknowledges the help Taranaki DHB provided in order to support her career advancement.

In fact, Alison was a key driver in setting up the successful Enrolled Nurse to Registered Nurse transition programme where nurses could work and study with the joint support of Taranaki DHB and Western Institute of Technology (WITT).

Some of the changes Alison has seen over the years in child health included the implementation of the paediatric assessment unit, working collaboratively with the tertiary centres such as Starship Hospital for complex cases. Inter organisational case liaison occurs almost on a daily basis. This approach utilises specialist services for best practice and improved child health outcomes.

A significant component of Alison’s career has been her long standing and extraordinarily dedicated involvement and service with the New Zealand Nurses Organisation (NZNO) as an active delegate, strong advocate and site Convenor for nursing issues. Integral to this was Alison’s contribution, at national and regional level, with contract negotiations, chairperson duties, Board proxy and an ever present desire to support colleagues when needed. This involvement led to NZNO Honorary Membership in 2010. Alison holds a great deal of respect from nurses, other clinical colleagues and from all levels of management within the organisation.





The Human Resources (HR) team would like to convey their warmest wishes to Alison. "In all our time when dealing with Alison, we have found her to be a very pragmatic and level-headed person; enabling professional, but yet robust, discussion. Her enthusiasm and commitment when advocating for NZNO members and her nursing profession has been outstanding. We will certainly miss her dry sense of humour, but we wish her all the very best in her next endeavours. All the best, the HR Team at TDHB".

So just what has kept Alison's passion for healthcare and child health?

Paediatrician and colleague Dr John Doran captures what is well known about Alison: " ' Grandma' is a title that totally reflects the esteemed place Alison holds in our department. Setting an example- from her nursing and life experiences, being there to support all her colleagues young and old; prepared to make things happen and providing a shoulder to lean on and an ear to listen, all of these are part of what Alison has been for us. We know she will always be there as a friend and continue to advocate for children wherever she is".

Other colleagues describe Alison as a caring, committed, forthright, compassionate team player, always seeing the current project through to completion with her valuable contribution.

Thoughts for the future as Alison nears her retirement date include looking forward to spending more time with her eight grandchildren, some more travelling and gardening. We leave the last word to Alison "It will be hard to retire as so many of my colleagues have become great friends over the years. I will miss you all".

From all of us at TDHB thank you for your wonderful service over the last thirty seven years Alison, and every best wish for a long, happy, busy, relaxing, enjoyable retirement. You certainly deserve it!





## Recognition of a Nursing Pioneer in Palliative Care in Taranaki

By Heather Koch, RN., Graduate Certificate in Hospice Palliative Care., PG Cert. Health Sciences (Leadership & Management). Article kindly supported by John Fairey.

It is timely that in this newsletter we acknowledge the loss of a palliative care nursing pioneer - Shirlie Fairey RN.

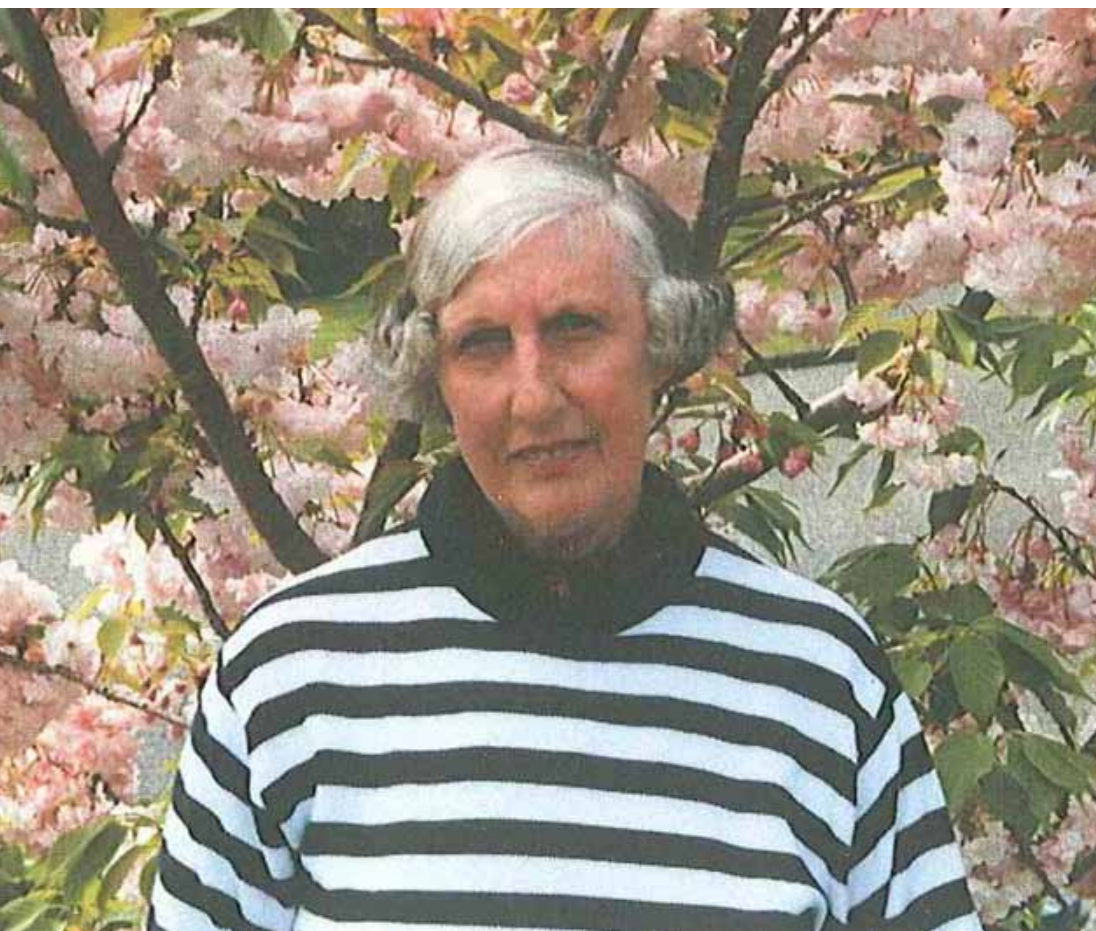
Shirlie was a founding member of the palliative care movement in Taranaki, initially in the clinical field and later as Board of Trustee and Patron for many years. Shirlie's commitment to palliative care nursing was second to none, as she encouraged the development of a skilled nursing team who achieved best practice ideals through post graduate study. Shirlie's belief in professional development being the key to

achieving a skilled workforce is upheld by us all to this day. Personally, I was very fortunate to have mentorship from Shirlie in my early days as a community nurse. The ethics and values she shared fourteen years ago, remain foremost in my mind as I encourage new staff to aim for high standards and consider to commit to post graduate study. My own journey in post graduate study and those of other Hospice Taranaki nurses who have completed their study re-iterates Shirlie's belief as well.

We pay tribute to Shirlie for her commitment to the

development of this well respected service, and also to her family for so graciously sharing her with us.

Shirlie Fairey, gracious nursing pioneer and leader passed away in August 2011.



# Post Graduate Studies being undertaken by Taranaki Registered Nurses and Midwives

E hara te pae i te tawhiti rawa ki nga mea whakareri

No horizon is too far for those properly prepared

Over fifty five Registered Nurses (RN) and one Midwife pursued studies at post graduate level in 2011. A wide variety of post graduate papers were undertaken from various tertiary organisations. In conjunction with The University of Auckland, some carefully selected Health Science Nursing papers were able to be locally delivered at the Taranaki Base Hospital satellite campus. This is a joint initiative, between with The University of Auckland and Taranaki District Health Board (TDHB), and is well supported in assisting RNs advance their knowledge, skills and clinical practice development.

The number of RNs undertaking post graduate study has increased markedly over recent years, which has been supported by the Ministry of Health Health Workforce New Zealand funding assistance and also the TDHB Strategic Plan, and the visionary stance of the Taranaki DHB Director of Nursing. Post graduate courses are carefully planned in conjunction with a myriad of contributing drivers such as health priorities, and population health predictions. Senior nursing roles are increasingly incorporating relevant post graduate study or specific courses/papers into job descriptions. An example of this is the N773 Advanced Assessment and Clinical Reasoning Paper required to be successfully completed by the pre-admission nurses, and the paper is also a highly desirable attribute for the Emergency Department and ICU nurses, with many other areas such as aged care sector, surgical and practice nurses coming on board. At present the Assessment paper is one of our most popular courses, enhanced by the fact it is locally delivered.

An excellent paper to follow on from N773 Assessment paper this year was the N714/N758 combination. N714 Nursing Practicum and N758 Advancing Clinical Expertise in Nursing combine two fifteen point papers to make a thirty point paper. The papers continue on by encouraging students to critically analyse and further explore their clinical nursing practice themes that are unique to each participant and their practice context. This process was supported by engagement and regular meetings with academic and clinical mentors. Mentors are gratefully acknowledged for their coaching and mentorship skills which are crucial to the success of the paper by supporting students to move their critical thinking and practice "to the next step". Some of the students from this course have kindly agreed to be contributors in this edition of Korero Hauora to demonstrate their clinical practice development.

RNs who choose to embark on post graduate study are to be commended, as it is not always easy to juggle work life balance, so well done to all those who have studied this year.

Our midwife who studied at post graduate level this year, Sue Shands, shares her story further in this edition.



Lara Puketapu-Collins, Ward 1, in our new look uniform. This photo is destined to feature in our Inpatient Ward Brochures.





# Supporting Post Graduate Education and Development in Nursing and Midwifery Practice

In 2010 an expression of interest was put forward by nurses in Hawera Hospital to 'design a post graduate rural paper for nurses working in Hawera'. This was the inception of the development of a post graduate course to be known as N714/758 Nursing Practicum/Advancing Clinical Expertise in Nursing planned to be delivered in semester two 2011 in Taranaki.

During the second half of 2011 a group of Registered Nurses from various clinical settings embarked upon this 30 point course, full of anticipation, trepidation, excitement and inspiration. Post graduate writing and language is like silken honey to some and as foreign as Mars and Jupiter to others. Critical thinking and critical analysis and reflection were soon to become part of everyday language! An ever present 'patient-centred care approach' was crucial to the course.

Despite the differing learning styles, clinical backgrounds and stages of post graduate study, the group launched onto the course inspired by their lecturer from the University- Mia Carroll, and supported by clinical and academic mentors and coaches from within Taranaki.

To achieve quality clinical initiatives and projects, as part of an assignment in the course, the nurses selected some wonderful assignment topics and ongoing clinical projects, which has led directly to changes in clinical practice development. Some of these projects and/or resulting initiatives and innovations are showcased in this edition of Korero Hauora. Congratulations to all N714/758 students, and grateful thanks to contributors for sharing their professional stories.

**“It is the individual patient who we treat, not the disease.  
It is the patient who recovers or dies, not the illness”  
- James Peck, MD, Am. Jour. Surg. 2004.**



# Post Graduate Study Leads to Nurse Led Eczema Clinic

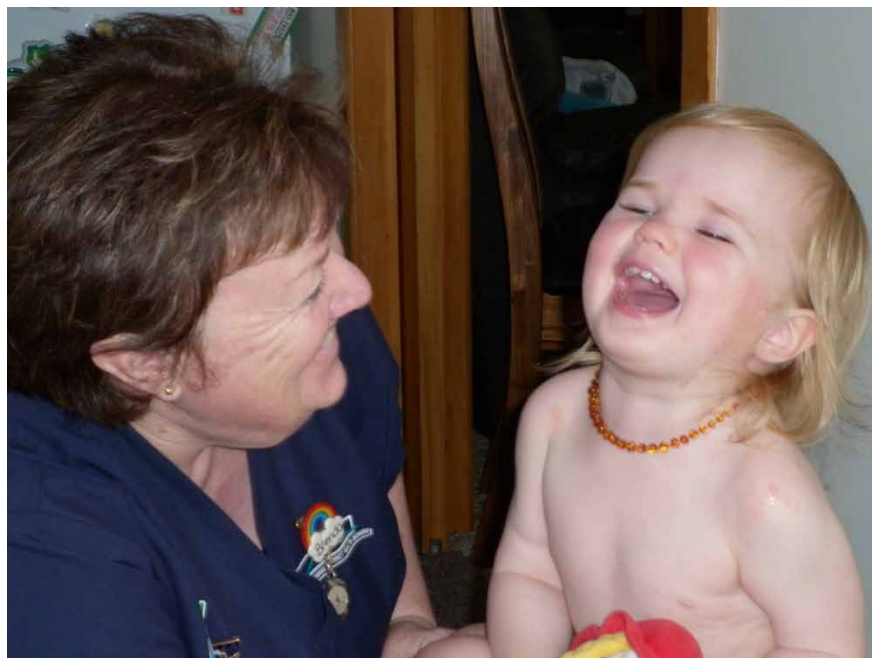
By Brenda Sturgeon, RN, PGCertHSc, Paediatric Community Nurse, South Taranaki.

If anyone mentioned postgraduate studies to me five years ago I would have laughed and said "no way".

Now that I've almost completed my Post Graduate Diploma, I am looking at more studies next year. Believe me it has not been an easy road. It requires considerable commitment in terms of time, balance to personal, busy full-time clinical employment and academic endeavours.

When I completed my hospital based nursing training thirty five plus years ago I never thought I would go back to such complex study again. However, I have and I don't regret one minute of it. It has changed my way of thinking and direction. I have developed a much increased knowledge base accompanied by complex decision making skills that are always evidence based.

Within my current role I have recognised a gap in service delivery in one of the areas of my work. Post graduate courses and papers have made me more responsive to health needs and I have become empowered to initiate, lead and manage a service development in nurse led eczema/skin clinics in South Taranaki.



*Brenda with one of her patients in clinic.*

The Advanced Assessment and Clinical Reasoning course is one of the amazing papers I have undertaken and this has led to an advancement of my nursing practice. The high degree of knowledge, skill and expertise associated with the paper has helped me to progress this nurse led project striving for improved patient and service outcomes. Every patient is unique and I now see my patients in a more holistic way and in collaboration with colleagues, including our paediatrician Dr John Doran, I believe the patient outcome will be better achieved. I have to say I am excited about driving this project forward.

There is an enormous sense of personal satisfaction and achievement in commencing and completing post graduate papers, there will always be challenges along the way but right now I have a desire and aptitude for learning and if that means I can improve my healthcare practice and ultimately patient care then I will have achieved what I set out to do. It hasn't always been a smooth road, but if you're passionate about your work the way I am it is definitely a road worth travelling.

# Post Graduate Study - Advancing Clinical Practice

By Linda Smith-Madden, Clinical Nurse Educator, Hawera Hospital & Nicola Tanner, MA (Nursing), Clinical Nurse Manager, Hawera Hospital.

Advanced practitioners, clinical assessment, diagnostic reasoning, gold standards, critical thinking, critical analysis, biomedical expertise, tacit knowledge, reflection on practice, patient centred care, quality...the list is endless. These are all key concepts that have been learned via post graduate study in 2011 from locally delivered papers.

To ensure the value of these papers, scrutiny and reflection on ones own practice, and the environment in which we work begins. The blinkers of historical practices are lifted and new light shed upon daily practice with new emphasis focussed on evidenced based practice and patient centred care, identifying gaps and barriers in services, and being empowered as nurses to address these gaps, provide solutions and think outside the square to ensure the care which is delivered is quality.



*Left to Right: Linda Smith-Madden, Jessica Miller and Susan Barrett from Hawera Hospital.*

Here in Hawera Hospital this process is well underway. Opportunities for nurses with advanced knowledge and skills are indeed growing. A large contingent of our workforce has undertaken post graduate study. Along with increasing numbers of post graduate qualifications, a number of nurse led strategies are currently being investigated. Having a workforce that has undertaken appropriate

implementation of academic study has enabled the consideration of nurse led clinics being commenced in Hawera.

There is a strong emphasis of building a health service in South Taranaki to be sustainable in the long term and derive strategies to deliver quality healthcare within a threshold encompassing efficiency, appropriateness, quality, availability whilst still being economically viable.

By increasing local nursing skills and knowledge thus advancing clinical practice, the likelihood of delivering such services becomes more of a reality. Thus post graduate study has a direct impact at clinical level and drives changes to clinical practice as well as laying foundations for future models of delivering patient care.

# Fostering a love for learning - Post Graduate Study and Clinical Practice

By Jill Barron RN, PGDip HSc



Jill Barron, Nurse Educator (ED Base) triages tamariki in ED.

I had just had a most horrendous shift working at triage in Emergency Department (ED), with unrelenting ambulances bringing us patients, as well as walk-ins by the dozen. I felt I needed more skills to prevent missing someone really sick, and ill equipped to cope with such an influx of numbers. Thoughts of the patient who died in the Christchurch ED waiting room began to surface.

This began my journey in to the world of post graduate study in 2008. With my family growing up the timing seemed right. Fortunately the Advanced Assessment and Clinical Reasoning paper which I really wanted to do was being provided in Taranaki, so I duly signed up, and ended up with Biological Science for Practice as well. It was, I felt, a bold move on my part. The last real study had been in the United Kingdom (back in the 1980's!!) when I sat my state finals and religiously transcribed the information we had been taught with out a care of referencing in the world. Postgraduate study was quite a bit different. New terminology and concepts, different teaching styles, Boolean searches, research articles, libraries and journals I never knew existed!

From my meagre beginnings in the world of academia I think I have come a long way, and slowly have found my way round academic writing and APA referencing. I can still remember the whole Sunday it took to complete the reference list for that first paper. I have thoroughly enjoyed all the papers I have undertaken, and feel that my practice has improved, and my level of understanding has been raised. Whether I am working on the floor or orientating staff, I have different teaching styles to fit individual learning styles, and knowledge of techniques for assessment, and knowledge to differentiate normal from abnormal.

I am now working as the ED Nurse Educator, following on from a Clinical Nurse Specialist (CNS) role in pre admissions. These jobs I could only dream of doing and being effective in prior to my study, and am lucky to be working in a job and area I love.

There were some sacrifices to finish assignments on time. The garden has suffered, plenty of one pot wonder dinners (I think I have put the kids off crock pots for life), housework left, and having to put off invitations to get the study completed. But I am pretty sure I will receive my Post Graduate Diploma this year, and am very proud!!! I would like to thank my family who have supported me through the study, despite the impact on them. There is also tremendous support within the hospital for those undertaking papers which has been terrific.

I would encourage anyone thinking of study to go ahead and take the plunge. If I can get through learning the academic writing style required and referencing, then so can anyone! It has fostered my love of learning, and with our always evolving profession, I feel better equipped to meet that head on.

# Clinical practice development flourishes in Emergency Department

**“My Journey Through Postgraduate Study” By Jackie Flynn (ED Base) final paper for PGDip HSc - enough to make you smile!**

In 2006 I was encouraged to undertake postgraduate study. I thought about it for about three years and in 2009 I started my first two papers. These were the Biological Science for Practice paper, (which was 15 points at the time), and the Advanced Assessment and Clinical Reasoning Paper. It was a good time for me to start studying, as my children were growing up and leaving home. I felt I would have the time I needed to put into study. Luckily one was still at home and could teach me how to do things on the computer! Now in 2011 I am almost finished my last paper to complete a Postgraduate Diploma in Health Sciences.

I have found postgraduate study a bit of a bumpy ride at times, and a lot of work, but the sense of achievement and the rewards far outweigh the ups and downs. Post graduate study has taught me the art of critical thinking, and to analyse my nursing practice. I now try not to jump to preliminary conclusions, but to apply my critical thinking to consider possible diagnoses. Post graduate study has given me much more confidence in patient assessment

and an understanding of clinical analysis, diagnostic reasoning and research based practice. This has improved my ability to discuss the presentation of my patients with the wider health team including doctors. I have also greatly improved my computer skills.

This semester I have been doing the Nursing Practicum / Advancing Clinical Expertise in Nursing paper which I have enjoyed. The learning in this paper has supported me to take on a role in a project for the Emergency Department (ED). We are currently developing the Fractured Neck of Femur Pathway, and I will be involved in introducing this pathway in ED. Talking to the staff, auditing (once the pathway is in place), and accepting discussion and ongoing feedback from the staff to establish whether there is improvement in the patient process through ED.

I have an interest in Orthopaedics and Trauma, nurtured by previous orthopaedic training overseas, my role as plaster nurse and emergency nursing clinical experience. I wanted to do something that



Above: Jackie Flynn assesses 'patient Debbie Campbell' for shortening in suspected 'fractured neck of femur'.

would benefit ED and our patients.

I feel I was able to extend my practice development to take on new learning experiences in my clinical setting.

Thank-you to all of those who helped me and gave me support along the way. Chris Gruys our post graduate coordinator, University of Auckland lecturers, and various 0800 helpline staff, University of Auckland library staff, TDHB library staff, various study buddies, this semester my clinical mentor Cam Grant-Fargie and a very long suffering daughter. It is much appreciated! Oh, and last but not least the Health Workforce New Zealand (HWNZ) Fund.

# Shifting Clinical Practice and Critical Thinking in Mental Health Nursing

By Donna Gush, RN, PGCertHSc



Hi, my name is Donna and I work in Acute Mental Health. Sometimes that is greeted with a certain amount of preconceived ideas and stigma... Mental Health Nurses aren't "real nurses", "what's wrong with you that you want to work there?", and the old jokes about you can't tell the nurses from the patients.

Well, nursing in mental health is a highly skilled specialised field, and doing post graduate study has helped me to both work more effectively and to value what I and those I work with do. We make a difference to people in distress – and isn't that what nursing is about?

While I was working on my most recent assignment I found a quote which made me stop and think about what it is we do: "Inpatient psychiatric nursing requires considerable expertise in assessment and treatment of severe forms of psychiatric illness, with psychodiagnostic and psychopharmacological skills, psychotherapeutic insights, knowledge of group and family dynamics, psychosocial and cultural awareness and an ability to relate to other professionals and relevant outside agencies. And this list is not exhaustive" (Leonard Fagin, Psychiatrist).

I returned to study after a lengthy break (about fifteen years) and had some anxiety about whether I could still study. I can. I also started working in Mental Health sometime after I did my nursing training and there had been a few changes. Focus of care to a recovery model with management of mental health clients in the community as much as possible – the main role of Acute Inpatient Care was now to stabilise people in as short as possible time so people can be returned to community care, meaning that often people in Inpatient Units are more unwell than they were in the past (as they remain in the community longer). As someone said clients are often discharged at a level that ten years ago they would have been admitted at ... also, since I had last had any contact with mental health nursing the "big bins" had closed and those who would have been sent to them for treatment are now nursed here. The Mental Health Act had been updated and was quite different from what I had learnt. It was a different world.

There is a lot of training provided through the hospital for those who work in mental health, but after a while I wanted to learn more than was offered, to augment it. Post graduate study has helped me to feel more confident about things such as mental health assessments, working with patients to help them understand the link between their thinking and behaviour, recommended approaches towards people who self-harm and to challenge in myself why I do things the way I do – is my practice actually the best for benefiting that patient? There is much more. It has been said that Inpatient Mental Health nurses are poor at articulating what they actually do – I feel I have barely skimmed over what I have learnt and gained, and I believe my practice is now at a higher level due to what I have learnt.

So, if you're on the edge of deciding and not sure – I encourage you to go for it, you'll be challenged and grow in skills and confidence... one assignment at a time.

# Clinical Practice continues to develop in Aged & Residential Care Nursing

By Bronwen Pepperell, RN. on final pathway to Masters of Nursing 2011, Nurse Consultant Aged Care

The Nurse Consultant Aged Care role was implemented in 2007 to support ongoing professional education and development for the residential aged sector in Taranaki.

Key areas of work for this role include facilitating clinical education days for Registered and Enrolled Nurses (RN) (EN)s from this sector. For example, in 2011, a clinical refresher study day has been held with a variety of relevant clinical topics. Access to Taranaki DHB study days continues and nurses from this sector have been able to attend many different study days, for example, wound, respiratory, mental health, and pharmacology.

Uptake of Professional Development Recognition Programme (PDRP) in the sector continues to be popular with nineteen facilities participating in the programme. Many ENs in this sector have transitioned to the new EN scope of practice by completing their portfolio and meeting the new competencies.

The Aged Care Clinical Education and Leadership (ACCEL) programme

has been developed in conjunction with Dr Michal Boyd, (Gerontology Nurse Practitioner and Senior Research Fellow, Auckland), and delivered in Taranaki. Fifteen RNs from residential aged care participated in this programme which focused on advanced clinical skill development. Nurse sensitive quality indicators were collected prior to the programme and again following ACCEL. There were significant improvements noted in completed skin, falls and nutrition risk assessment undertaken by the RN. In addition presence of skin breakdown was also recorded with results indicating decreases in numbers of skin tears, lower limb ulcers and pressure injuries. Further ACCEL programmes are planned for 2012.

An example of clinical practice development and quality improvement initiative is highlighted by Dr Boyd describing Albert Lim who works in the sector: "I had the pleasure of teaching Albert as part of the ACCEL programme through Taranaki DHB. Albert was a joy to work with and he is clearly

passionate about being a nurse and about.

He significantly developed his physical assessment skills with mentorship by Bronwen Pepperell. He also made an impact through the implementation of a standardised handover system in his aged care facility. He collaborated with the GP and staff to adapt it to this environment. He reports that the GP was very happy with the tool and found it very helpful for reporting of resident issues.

I was also very impressed that Albert has used the research literature to inform and shape his clinical practice. He has shared this literature with his nursing colleagues and with the GPs he works with. He has demonstrated excellent initiative to improve practice.

Albert is a shining example of how upskilling nurses in aged care can translate into changed practice".

Concurrent to the ACCEL programme, Albert has successfully completed two post graduate papers this year as well.

Albert, Michal and Bronwen and 'hand held friends' mourn the recent loss of Steve Jobs providing excellent care for older people in residential aged care.



# Post Grad Study has Helped My Clinical Practice and Critical Thinking Develop

N714/758 Nursing Practicum/Developing Clinical Expertise in Nursing.  
By Pauline Matuku, RN/Facility Manager-Aged Care Sector

This paper (N714/758 Nursing Practicum/Advancing Clinical expertise in Nursing) has been a great enabler in advancing my clinical practice. It has challenged my thinking around every day clinical care and taught me how to critique and question what sits behind the care we provide and how we deliver it. This has resulted in a huge shift in practice for myself, of which has filtered down to staff at the facility that I manage.

I have developed many new skills and I can honestly say I am using every one of them on a day to day basis. I am now able to search, research, critique literature, utilise robust evidence and apply it into my practice, and provide education to my staff. New learning has given me a confidence that I never had before. It has allowed me to move forward and take control of my own practice and the every day practices of the facility I manage, make changes knowing that I have sound rationale for the same, and this all works to provide good patient resident care.

I have also developed a network with people, something that I never had before. Managing an aged care facility can mean working in isolation a lot of the time, a situation which can be quite lonely. I now have good support and people that I can resource when I need to. Learning from this paper has also improved my communication skills with those people I work closely with. I attribute this to the development of my own knowledge base, which has enlightened and empowered me and given me confidence.

I would like to thank Taranaki District Health Board (TDHB) for access to 'my beautiful mentor' Suzanne Smith. Sue has been a great but hard mentor. Not only did she mentor me but she supported me how to learn, research, and produce academic work. I would recommend her to anyone.



“It has challenged my thinking around every day clinical care and taught me how to critique and question what sits behind the care we provide and how we deliver it”

# Leadership and Compassion in the Theatre Setting

By Tania Russell RN, PGCert HSc.

In semester two I undertook the Nursing Practicum/Advancing Clinical Expertise in Nursing post graduate course. As part of one of the assignments we were to demonstrate leadership in our role, with a person/patient/family centred approach. I chose leadership and compassion in the theatre setting.

When developing this leadership objective I initially struggled to identify areas of leadership in my practice but as I have reflected over the course of this assignment I have identified that I am a leader in everyday practice, in my Recovery (PACU) bed space, in my work environment, in my communication with others and in advocating change.

Working in the perioperative environment does not lend itself well to family centred care. Traditionally theatre and the post anaesthetic care unit(PACU) have not been a place for parents or family members to have access while their loved ones are checked in for surgical procedures in the preoperative unit or while recovering from an anaesthetic. PACU is a small compact area which does not enable effective patient privacy. While attempts are made by staff to ensure privacy while maintaining dignity, it is difficult when family members are present due to the nature of the recovery experience of each patient, high acuity, lack of space as well as high patient volume. (Smykowski & Rodrigues, 2003).

Compassion in care is an area often neglected in the PACU/theatre phase. Spending time with a patient pre operatively who is anxious is something poorly managed due to lack of time, the arrival of post-operative patients in the recovery unit, and with lack of staffing also a barrier, Murray cited in Kai Tiaki Nursing New Zealand (2011) that "operation time is a valuable commodity and resource that is expensive and limited where time can be a source of tension as individuals; compete for control to use it." As patients arrive in the post-operative unit they are sometimes not suitably covered, with surgical appliances for example, drains sometimes coiled around limbs. This sort of thing happens for various reasons, including the medicated sedated state of the patient following surgery.

Through the ability to lead and manage change in my work environment I have initiated and introduced changes in practice, by being a voice for the unconscious patient.

I have done this by speaking at staff meetings advocating change in the way we recover children, talking about patient centred care and how patients have a right to dignity and privacy. I have spoken to Clinical Nurse Leaders and the multidisciplinary team about how we can improve on the process we transfer patients with increased dignity.

As this course has required robust referencing, I align the quality improvement with the Nursing Councils Code of Conduct which all Registered Nurses in New Zealand operate by. (NZNC, 2009)



Another area where leadership and change has been implemented is in the way we now recover children. There was a time where parents were able to come to recovery once their child was ready for discharge back to the ward. Children often cry and are generally unsettled post operatively, waking in a foreign environment can at times exacerbate their disorientation and I felt that having a parent present could alleviate some of their anxiety if they were present well before the point of transfer. Leading by example I began to arrange for parents to be present sooner and it was evident that this showed a positive effect on the child. With young children and babies I encourage the parent to sit or lie on the bed with their child.

As part of any change, the new practice resulted in identification of some logistical barriers, for example in the actual mechanics of the transfer process. Timmins (2008) conceded regardless of the nature and the size of change it must be accepted that resistance to change is a common human attribute. Allowing time to adjust to this practice is still underway in recovery, there has been a positive change to the way I recover children which has been beneficial to both my practice and the experience of the patients. Communication is a competency for critical care nurses both written and verbal (NZNO,2002) and is a skill necessary to communicate across all levels of the health care continuum resulting in patient centred care and a positive experience for the patients and families we deal with.

The recovery room provides a safe place for patients to recover from the effects of anaesthetics and surgery whilst being cared for by a health professional whose role stands to identify, assess and correct potential or real immediate post operative complications. With continual assessment and reflection of my nursing practice in patient centred care and safety, I am able to influence positive change and facilitate a positive patient recovery experience. Communication is very important to allow the mechanism to collaboratively provide continuity of care for the patients we all work with.

Compassion is a valuable component to care that has motivated my nursing practice with a positive effect on patients which results in a positive outcome of care.

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# Thoughts on Attaining my Post Graduate Diploma in Health Science

By Claire Barrett, RN, Rural District Nurse

Post graduate study has been both rewarding and challenging. The most rewarding aspect of studying has been seeing how my learning has impacted on my practice. As a rural District Nurse, I feel more confident in working collaboratively with patients and their families/whanau, and being more aware of recommended best practice also gives me confidence in looking at treatment and management options for patients. I am more confident in discussing cases with other health professionals, and referring patients to other health providers. These factors all combine to make my job a lot more satisfying and rewarding.

I really valued the time spent with other nurses who were studying alongside me. We supported and encouraged each other, and this mutual acknowledgement and understanding of what we were working through, was very helpful. The support from lecturers, mentors and other senior nursing staff was also appreciated. They were very generous of their time and professional sharing.

Studying and working and trying to have a life was very challenging, as I spent a lot of time reading and thinking. However I am grateful for the opportunity to advance my nursing practice and be able to offer a better level of service to my patients, and hopefully encourage and support my colleagues.

“I really valued the time spent with other nurses who were studying alongside me.”



# Knowledge Acquisition in Post Graduate Course Leads to Insight into District Nursing Service

By Patrick Morris, RMN, RGN, PGCert Clin Sup.

It has been my privilege to have completed two post graduate leadership papers N732 Nursing Leadership Practicum and N775 Leadership and Management of Quality Healthcare this year. I would recommend this Post Graduate Certificate (PGCert) and University of Auckland wholeheartedly to any nurses interested in acquiring a great new set of skills and knowledge.

The first paper was delivered here at Taranaki Base Hospital and the second at Albany campus of University of Auckland .

The format for both papers included two individual written assignments, a third group written assignment plus a group presentation. The group assignment involved formulating and facilitating a Quality Improvement (QI) across the two semesters. A reflective journal/diary was another component common to both semesters.

Highlights for me were:

- Reflection and acquisition of knowledge - which is always interesting.
- Appreciative Inquiry as a model of change/leadership approach (Coghlan, A. T., Preskill, H., & Tzavaras Catsambas, T. 2003).
- Lean Thinking ([http://www.institute.nhs.uk/building\\_capability/general/lean\\_thinking.html](http://www.institute.nhs.uk/building_capability/general/lean_thinking.html)).
- The relevance of the course to the dynamics of daily team interactions for both members, leaders and the Course teams (lecturers and student teams).
- Gaining insight into the challenges for District Nurses who were the team our QI focussed on.

Challenges:

Combining full time work / parenting with condensed time frames for assignments and travel to and from Auckland.

- Paper assignments versus electronic submission.
- Team work at a distance created some challenges - study dates in Mokau and the *Fat Pidgeon* were good for the team but not the waistline negotiating and compromising with Lesley and Rebecca my fellow team members from Te Kuiti.

Group project members from left: Lesley, Patrick and Rebecca.





## Risky Crossings:

# The perceptions and experiences of managers in dealing with therapeutic boundary crossings amongst registered mental health nurses and their clients

By Ronél Marais, Associate Director of Nursing Mental Health & Addictions and Older People's Health

My post graduate study journey has been well worth the hard work, challenges and sacrifices. I have renewed appreciation for my family for their support and patience. My initial aim was a New Zealand qualification and a Post Grad Certificate sounded achievable. The world of knowledge and opportunity "out there" captivated my interest and the financial support through Health Workforce New Zealand (formerly CTA) made further study possible.

I am now on my last paper to complete the Master of Nursing degree through Massey University, a prescribed 30 point research report. With many years of mental health (MH) experience, choosing a research topic wasn't easy, there are just too many areas of interest.

Mental health nursing is intensely interpersonal by nature. A complex and challenging aspect of the uniquely rewarding role of a mental health nurse is the ability to build, maintain and terminate the therapeutic relationship with the service user and their family/whanau. Navigating the relationship safely within therapeutic and professional boundaries implies responsibility, professionalism and integrity.

**“My initial aim was a New Zealand qualification and a Post Grad Certificate sounded achievable... I am now on my last paper to complete the Master of Nursing degree through Massey University”**

Boundary crossings are ill defined, open to interpretation and vague, capturing my interest in who risks the brief excursions across the therapeutic boundaries, that may or may not cause harm to the service users. These excursions may be inadvertent, thoughtless or even purposeful to meet a specific therapeutic need or lead to a positive outcome for the service user. Boundary violations are black and white, more clearly definable and are dealt with through the courts and regulatory bodies responsible for public safety, and were deliberately excluded from this small scale qualitative study.





The experiences and perceptions of managers managing boundary crossings in the therapeutic relationship between the mental health nurse and the client were explored through individual semi-structured interviews. Selecting managers rather than individual nurses to participate enabled me to draw on experiences across a range of settings and cases managed. All three participants had overseas experience in managing MH nursing as well.

Participants broadly categorised boundary crossings into under-and-over involvement in the therapeutic relationship. The ever growing use of social networking and social media was seen as enablers for testing therapeutic boundaries bringing new opportunities and challenges for nurses in managing professional behaviour, boundaries and therapeutic relationships. The perceptions of the managers were that most nurses maintain well-established therapeutic roles within the zones of helpfulness and recognised the influence, challenges and contribution of the long term nature of relationships with clients with enduring mental illness. Under-involvement in the therapeutic relationship was attributed to negativity, judgmental attitudes, 'burn-out' and failure to instil hope. Blurring social and professional boundaries, willingness to help beyond accepted therapeutic expectations, familiarity and excessive self-disclosure were regarded as over-involvement in the therapeutic relationship. Boundary crossings were often committed by well intentional, experienced nurses with a genuine willingness to help.

Common denominators identified included favouritism, personal experience of mental illness, lack of self-awareness, using the therapeutic relationship as a vehicle to fulfil personal drivers and needs against professional judgment. Nurses who did not engage in regular supervision were more prone to blur boundaries.

Professional supervision, professional development and boundary education were identified as vital components to maintain ethically safe and competent nurses to ensure safe outcomes for clients. Recommendations from this report that can be applied to practice include the development of policies and guidelines regarding the use of social networks and managing professional boundaries; professional development; education of the public and service users about the role of the mental health nurse and expectations of the therapeutic relationship.

The Research Report was submitted to Massey University early September 2011 and is still in the process of being marked.

*So it's not quite the end yet...but watch this space!*



## Specialist Clinical Nurse – Exercise Tolerance Testing and Pre Assessment Clinic

My Journey to Masters of Nursing through The University of Auckland and Nurse Practitioner Cardiology focus.

By Jo-Ann Downie, RN, On final pathway to Masters of Nursing 2011, Specialist Clinical Nurse /Nurse Coordinator - Angiography

*Left: Jo Downie assessing Lauren in the Cardiology Clinic.*

Well it was only ever going to be one paper!

“Ok” I said to my Manager at the time, “I will do this paper”, it was the Specialty Nursing - Cardiac Focus paper N730 A+B. “Great” says Chris Gruys when I applied, “you will be the first one in Taranaki to complete this paper”, ‘Yeah great’ I thought, ‘no-one to ask questions to’. However, I could not believe how much I enjoyed the paper, the whole aspect of learning through the University of Auckland was great, I found that the online support was fantastic from the tutor, and this has been the case for all of the papers that I have done since.

After I completed and passed that paper, struggled through referencing it properly – heaven forbid I plagiarised something, as well as learning how to attempt to write a three thousand word assignment at post graduate level, I thought – ‘well this is not too bad, perhaps I should complete my Post Graduate Certificate’. And especially since I used so much of what I learnt “in school”, and applying this knowledge to the patients I nursed, assessed and educated, along with their families/whanau. All of a sudden I was able to read an ECG, listen to heart and lung

sounds and have a good idea of what the doctors were talking about, as well as feel like I could ask more in-depth questions and understand the responses.

Again I went and spoke to Chris who was fantastic, she went through the papers that were going to be held here at Taranaki, I chose two more papers to do the following year to complete my Post Graduate Certificate. Chris then helped me with my funding application and has supported me from then onwards to keep going, that was back in 2006.

Every single paper I have done has been a huge learning curve, and yes it is hard to work full time, raise a family and study, all the while keeping your sanity fairly well intact, but I have found it so very worthwhile. I don’t know about you, but for me the fact of learning why doctors especially do what they do to try and diagnose and then treat patients is cool, little light bulbs went on all of the time. ‘Ooohhh, so that’s why’ happened constantly in my head. My colleagues also got used to me spouting off bits of information that I had recently learnt during my papers.

I don’t feel like any of the papers

that I have done have been a waste of my time, and they have also helped me to advance in my nursing career and achieve the goals that I have set myself along the way. Some of the papers I chose were practical hands on courses, such as the Advanced Assessment and Clinical Reasoning paper, others helped me look at myself and my nursing practice, such as the Scholarship of Practice paper.

I love the fact that I am fairly autonomous in my work environment, especially when running nurse-led clinics. I would never have been able to function at this level in my roles if I hadn’t studied.

Now I cannot believe that I am in my last semester of my Masters, it is a fantastic feeling knowing that I have achieved this, and believe you me, if I can do it, anyone can!

My next challenge is to undertake and complete my prescribing practicum with a view to becoming a Nurse Practitioner with a Cardiac focus.

“In spite of them being so busy, they always had time for me, and I never felt like just another case file. They were really skilled and professional all the time.”



# Nurse Practitioner - Heart Failure Also Mentors Emerging Senior Nurses in this Area of Nursing Practice

By Brigitte Lindsay, Nurse Practitioner-Heart Failure

The Nurse Practitioner Heart Failure Clinic Pilot commenced following the success of the Heart Failure Clinic which had been run in Hawera the previous three years. The goal was to improve the care of patients with cardiac failure both in primary and secondary care; this followed a successful Heart Failure clinic running in Hawera for several years. In 2008, after a positive evaluation of the New Plymouth clinic, the position was made permanent (0.6FTE) and has been continued successfully. My position has proven to be valuable in contributing to help cardiac patients, reduce cardiology wait times to a more manageable level, and in the interaction with primary care. All patients admitted with heart failure to hospital should be considered for referral to the service. Referrals are also accepted from primary care and Outpatient Department (OPD) clinics.

A later pilot to extend my role to work in general cardiology at SouthCare General Practitioners (GP) Practice, Hawera, also showed improved outcomes for patients and in January 2011, I became employed there permanently one day a week. This model helps further integration of primary/secondary interface and provides a specialist cardiology service to patients in primary care whose most pressing concern is cardiac in nature. Patients who have been discharged after admission with a cardiac diagnosis can be followed up by myself at the GP practice for review, the patient may not necessarily need to see the GP. Health professionals including doctors and nurses, or patients themselves can refer to my service, even if patients have not been admitted to hospital.

In my role as Nurse Practitioner, I not only care for patients at an advanced level but I assume leadership and mentoring roles including being available to provide advice, training, examining for the University of Auckland in the Cardiac VIVA clinical examination for the post graduate Specialty Practice Cardiology paper, all of which contribute to the workforce development and the development of cardiology services as a whole.

## Becoming a Midwife in Taranaki

By Grace Maha, Undergraduate Midwifery Student. AUT Satellite Campus at Taranaki DHB.

After nearly three years with my nose buried in textbooks and my kete full of reference material and medical equipment stuck to my arm, I am nearing the end of my time as a student midwife.

In December of 2008, I commenced my journey by enrolling in a human bioscience paper. In doing so I thought it would give me a nice smooth transition into the world of tertiary study as it was a world that I was totally unfamiliar with.

In 2009, I completed eight papers in total ranging from human development to Maori Health. After the first full year of study, it became apparent that science was not really my thing and I started to wonder whether I should have done a nursing degree first. This became even more of a worry when I failed the applied science for health professionals paper in the summer. I knew that midwifery was still what I wanted to do and that caring for "sick" people was not something I could see myself doing so I 'soldiered on'.

In 2010, I completed another eight papers and started to feel a real conviction in what I was doing. I started to feel more relaxed about where I was headed and how my knowledge and skill base was starting to grow. This year was quite demanding in terms of travelling away to Wellington for block courses whilst trying to juggle family, work and study commitments. The financial

strain as an extramural student was and still is significant, eased only by the unconditional support of my amazing mother and whanau. They were going to help me to get through this anyway they could. From buying me groceries and slipping me \$20 for petrol to make a birth, to looking after my son when ever I needed to be elsewhere.

2011, the worst year of my life. With state finals just around the corner (March 2012) and five papers to complete, I cannot believe what this year has thrown at me and how on earth I've managed to get through it all in once piece. My beautiful mother passed away in May and my world fell apart. If it was not for her dream of seeing me complete this journey and become a fully qualified registered midwife, I doubt that I would be where I am now. The year has been a complete struggle and knocked me every which way, affecting my confidence and in some ways my belief in myself that I am ready to make that transition from a student to a 'real midwife'.

It is a quiet day on the labour ward, week one of seven weeks remaining of my hospital placement and on reflecting on the last three years I would say the best part of my journey thus far has been the constant exposure to the practical side of midwifery. From day one we have been hands on, learning the basic skills that a midwife must possess such as taking

blood pressure and abdominal palpations and so on.

On the other side of the coin, the negative for me would have to be the sense of isolation I have felt as an extramural student. Although tutors and other students have been accessible by email and phone, not being able to talk face to face or sit with another student and study has been hard. I guess that's all part and parcel of extramural study but something I did not fully understand when I started.

All in all, it has been an amazing journey full of ups and downs as is life. I would most definitely encourage anyone who is interested in midwifery, or any career in the health sector, to take the plunge and get in to it and I would be more than willing to chat with anyone or support them in anyway I can.

# Post Graduate Complex Maternity Care Course Helps Develop Clinical Practice

By Sue Shands, RN, Midwife



My name is Sue and I am employed by Taranki DHB as a core midwife. Earlier this year I decided that I needed to up skill and gain some tertiary qualifications. My nursing and midwifery qualifications had been gained many years ago in the hospital setting, so this was going to be a huge step. My interest focused on the post graduate complex maternity care course run over two trimesters at Victoria University. This course consisted of two papers, one, which focused on intensive, clinical or other workplace experience, discussed and developed with the help of a mentor. The other, focusing on midwifery practice in the complex maternity care setting. This would involve placements in clinical areas other than my usual setting, five of which would require me to go to the Capital Coast District Health Board (CCDHB).

As a midwife, I see more women with underlying co-morbidities every day. I felt this course would not only assist me in gaining valuable tools to enhance my clinical practice, but could help me in gaining confidence and leadership qualities.

I must admit after the first

school and course introduction I thought I was mad to even attempt this. This was very much out of my comfort zone, what was I thinking? I had never written an essay nor done any formal research, my computer skills were very basic. My only salvation was the fact that six women out of the eight of us in the course felt the same. Maybe there was some hope!

The first, most important step, was to find a mentor. I was very fortunate to have Taranaki DHB's clinical midwife specialist Belinda Chapman to fulfil this role. Without her guidance and expertise I would have not been able to complete this course.

My placements in Wellington included, Delivery Suite/High Dependency Unit, Neonatal Intensive Care, Women's Assessment Clinic and Maternal Fetal Medicine. My placements in Taranaki DHB included the Intensive Care Unit, Emergency Department, Diabetic Clinic and secondary care follow up through our Antenatal Clinic. I loved the diversity of all my clinical placements and thoroughly enjoyed going back to the acute clinical areas, as this is where I have spent most of my time practising as a nurse. I had a set of goals that I hoped to achieve within these placements and the staff were more than willing to help me to achieve them.

Part of the course included the follow-up of three women, one of whom was a follow-through, throughout her pregnancy and birth. I had the pleasure of meeting a delightful woman whom I shall call 'Carol'. Carol was pregnant with her third child and had been handed over to secondary care as she had developed a condition called isoimmunisation (Rh incompatibility). Due to the complications associated with this disease, it was likely that Carol would be required to travel to Wellington for intrauterine blood transfusions and possible preterm delivery. My placements allowed me to discuss the procedure in depth with Carol as well as be present for one of these procedures. Carol was booked for an elective caesarean section at 36/40 gestation and I was able to prepare her for theatre and be there for the birth of her baby. The continuity of midwifery care in this high risk condition was of great comfort to Carol and her husband.

This has been a great journey for me and my knowledge and clinical skills have been greatly enhanced. I have a much better understanding of evidence based practice and how to apply this to my role as a midwife. I feel well on my way to gaining my Quality Leadership in March next year and would strongly recommend this course to other midwives.

## Baby Friendly Hospital Initiative

By Deb Wright, RN, Lactation Consultant, IBCLC (International Board Certified Lactation Consultant)

“The midwives in the maternity ward were so patient and understanding. I was really nervous with our first baby and they did everything you could think of to support and assist me – especially with breast feeding. I can’t thank them enough for being so good to us.”

As part of my role as Lactation Consultant I have undertaken the IBCLC papers and remained current by way of re-certification. This led to me driving the successful implementation some years ago of a project, assisted by my enthusiastic and supportive colleague Nicky Gordon (Midwife) to establish Taranaki’s Baby Friendly Hospital Initiative (BFHI).

Breastfeeding lays a foundation for good health in infancy, childhood and into adult life. Here in Taranaki we support and encourage the establishment of breastfeeding. The BFHI assists all maternity hospitals to become centres of breastfeeding support. This initiative is endorsed by the World Health Organisation and United Nations Child Fund.

BFHI has been adopted in many countries. Where hospitals have been designated as baby friendly the standard of care for all mothers and babies has been raised. More mothers are breastfeeding their babies and child health has improved as a result.

Staff at our baby friendly centres in Taranaki provide assistance to breastfeeding mothers by adopting practices that protect, promote and support breastfeeding. Staff also ensure that mothers who decide not to breastfeed are provided with information and support.

A baby friendly hospital adopts the Ten Steps To Successful Breastfeeding whilst providing good care before, during and after birth, treating every mother with respect and supporting her with factual information. A baby friendly hospital also agrees not to accept free or low cost breast milk substitutes, feeding bottle or teats.

Taranaki Base Hospital Maternity, Neo Natal, Hawera and Elizabeth R (Stratford) Units have again sustained BFHI status after accreditation in July 2011.

New Zealand Breastfeeding Authority is responsible for implementing BFHI throughout NZ and for awarding certificates of accreditation.



Staff in Hawera(left), Stratford (middle) and Taranaki Base (right) receive BFHI Certificate in October 2011.

# How Post Graduate Study Has Influenced My Clinical Practice Development

By Cheryl Sole, RGON, BN, IBCLC, Master of Nursing  
Neonatal Homecare Nurse / Lactation Consultant



I have been privileged to have undertaken post graduate (PG) education focusing around the child and family within a neonatal context. My journey was one of personal enlightenment and growth alongside professional academic achievements which helped in development of my nursing role as the Neo Natal Homecare Nurse and Lactation Consultant for the Taranaki District Health Board.

Reflecting on the years of study, they corresponded to the need for me to acquire the knowledge I felt I needed to practice autonomously within the community. PG education allowed me to stretch the parameters of my knowledge to look at the world in which I live and work and critique myself and my nursing ways. I began learning about myself; what values, beliefs and judgements guided my decision making and where they came from and why. The need for self reflection and adjustment is now an ongoing process as it helps inform and contribute to my safe nursing practice.

To be able to practice safely I undertook child protection studies so that I would have a greater knowledge of child protection issues and all the agencies in the community to access, if and when I needed their input. As we send infants home that are not fully breast feeding from the neonatal unit, it was necessary for me to increase my breast feeding knowledge and I became a Lactation Consultant which supports infants breast feeding longer and mothers with difficult breast feeding issues. My Advanced Assessment and Reasoning Paper for Tamariki stretched my learning further but it was important for me to develop a systematic approach for infant examination in the home. The teaching paper and all the presentations I have done gave me confidence to present to others. Nursing theorists like Jean Watson and her caring philosophy centred my nursing focus back to why I was nursing.

I value the influence Gwen Hartrick Doane has given to my nursing practice as she introduced her nursing theory of relational practice within a care model which I use daily with the people I come into contact with. Caring for an infant and their family/whanau comes from a deep respect for their humanity and I work with families/whanau to empower them to make health decisions that are meaningful to them. Caring and healing mean different things to us all and by allowing myself to be open to the understandings of another persons world has helped me learn more from the mothers and families/whanau I visit than I ever thought possible.

PG learning has given me the confidence to make autonomous decisions associated with referral and action for infants and families/whanau in the communities and when they are readmitted back into the hospital. It has allowed the transition of care to be seamless from the hospital to the home with the parents knowing they will not be alone in their journey; and they decide when they get discharged, not me. PG education has changed my way of thinking and being in the world and I see a bigger view, trust all my knowledge and intuition to care for the infants, families/ whanau, myself and others around me.

# A Time to Celebrate our professions

## International Nurses Day 2011 & International Midwifery Day 2011

Every year nurses and midwives celebrate their respective professions and 2011 was no different.

The "great quiz evening" has become a feature in the hospitals calendar. Once again a very entertaining and hotly contended quiz evening featured some very knowledgeable team members from across the region, with the hospital cafe suitably decorated for the occasion. Each team was required to have at least one Midwife or Nurse, with quiz rules overseen by "Matron" Quiz Master Kerry-Ann Adlam, Director of Nursing.

Participating teams had loads of fun and hearty discussions answering the quiz questions prompted by cryptic clues.

We look forward to your department submitting a team for 2012 International Nurses Day and International Midwifery Day!

Top right: Quiz-Master "Matron" Kerry-Ann Adlam gets a bit of traction from the orthopaedic long haired lasses.

Middle right: Hawera Hillbillies ho-down on answers.

Bottom Right: Lauren from Mental Health Team accepts Quiz prize.



# Compilation of PDRP Portfolio: A Nurses Journey Stroke Pathway and Professional Development in Ward One

By Jenny Palamountain, EN, BN, RN, PDRP, Proficient Portfolio

In April 2003 a small group of Enrolled Nurses from Ward One took up the challenge of compiling their Professional Portfolios of Evidence to date. At the beginning this seemed a daunting task, as the portfolio required an alarming amount of information. This was to be presented for assessment in a large ring binder; not like today's small folder. Attendance at monthly group learning sessions under the guidance of a nurse educator was required throughout the year. By the end of this year all the information had been compiled and submitted for assessment. A further information sharing day was required before the Portfolios were assessed as having met the requirements of the Professional Development and Recognition Programme (PDRP). My portfolio was finally completed, submitted and deemed competent that it met the proficient requirements in August 2004.

In November 2004 two of us undertook our Bachelor of Nursing study. Compiling my portfolio helped motivate me towards further learning. It was also an opportunity to gain more knowledge and support for my role as an Enrolled Nurse (EN) in a time

of immense change within the profession where there was concern at the direction the Enrolled Nurse qualification was leading to within the public health system.

In 2005 while undertaking study my EN Proficient Portfolio became due for resubmission. This time it failed as there was too much superfluous and repetitive information not necessary for meeting the required criteria. Within a year the amount of evidence asked for had lessened and the large ring binder presentation style was no longer needed. It was recommended my portfolio be fine tuned and resubmitted. Not about to give up, another portfolio was put together with half of the information. In 2006 it passed the assessment and I was able to remain on the EN Nurse Proficient Portfolio Programme.

My journey continued. As soon as my degree was completed in 2006 I began gathering information required for my Competent RN portfolio. This was not a difficult task as much of the information asked for demonstrates our competence and clinical practice. Also a PDRP Buddy was available to assist putting the gathered

information into some sort of order. In 2008 this portfolio was successfully completed.

A full portfolio is required every three years for reassessment and so this year (2011) has seen me resubmit my Competent Portfolio and go on to complete a Proficient Portfolio. The information gathered now is more factual and has encouraged me to examine aspects of my practice and demonstrate competency at a higher level. Ward One is now an acute stroke unit. This made it easier to present a case study there and afterwards examine and document evidence-based practice on an acute stroke patient's admission and ongoing care.

The compilation of portfolios over these years has been for me an invaluable learning experience. For the Enrolled Nurses, the group learning sessions in particular were great motivators. The portfolio encourages reflection on practice and is a way of demonstrating expanding knowledge in a supportive environment ensuring nursing expertise is visible, valued and understood.

“The nurses in Ward One were so lovely to us. They really explained things well to us (the family) and kept us informed on Dad's progress, and he had the best of care. Keep up your good work.”

# TDHB Professional Development and Recognition Programme/Quality Leadership programme (PDRP/QLP)

By Gail Geange, PDRP/QLP Co-ordinator

The TDHB Professional Development and Recognition Programme/Quality Leadership programme (PDRP/QLP) acknowledges a range of skills and knowledge, and sets out a clinical career pathway for nurses and midwives. This is a voluntary programme which provides additional financial incentives as outlined in the collective industrial agreements, for nurses and midwives who achieve the higher levels in the programme. This programme has been developed in conjunction with Whanganui and Wairarapa DHBs and is managed in each DHB by the PDRP/QLP Co-ordinator. PDRP approved assessors are involved in all portfolio assessments. Nurses or midwives interested in the programme can access all information and documents on the Taranaki DHB intranet or from the PDRP administrator if their organisation has joined the programme.

Congratulations to Cecile de Bock who successfully completed her Expert Portfolio and to Jenny Palamountain and Michelle Harris who successfully completed their Proficient Portfolios.

Taranaki DHB PDRP/QLP received a five year programme approval from Nursing Council New Zealand (NCNZ) in February 2007. The uptake from nurses and midwives within the provider arm continues to grow and as at 1 June 2010 approximately 34 % of staff had joined the programme. The national average at 1 June 2010 was 45%.





As this is a NCNZ approved programme all nurses who maintain a portfolio within the programme are exempt from Nursing Council audits.

The PDRP component of the programme became available to nurses working in the community from July 2007. Various community groups have shown an interest in joining the programme. Currently 30 organisations in the primary sector have signed onto the programme through a memorandum of understanding between the organisation and Taranaki DHB. These groups represent Primary Health Organisations, aged care sector, mental health Non Government Organisation sector, Occupational Health Nurses, local polytechnic, and private health providers. Approximately 45% of nurses working in this sector have joined the programme at competent level. Currently the higher levels are being offered to those organisations with the primary sector who have expressed an interest.

The current evidential requirements for all PDRP levels reflect the recommendations from a PDRP Working Party Report that was approved nationally in November 2009.

## Primary - Secondary Partnership Approach to Professional Development

Sue Dobson Clinical Nurse Manager at Omahanui Special Care Unit in Peace Avenue, New Plymouth and Simon Kirkham Clinical Nurse Specialist ICU collaborate in preparing their presentations for a study day held at Taranaki Base Education Centre in November. Post graduate study has assisted Simon to “see the bigger picture” and recognise that the nursing collaborative partnership approach works well, Simon presented “A Big Deal” on management of bariatric patient in the high dependency setting, and Sue followed on with “A Bigger Deal” from a community perspective.



# Time to Care

By Kareen McLeod, Nurse Educator- Releasing Time To Care Co-ordinator

Releasing Time to Care (RTTC) – the productive ward was developed originally by the English National Health Service (NHS). The main aim of the programme is to create time in the normal nursing working day so nurses can increase the time they have for direct patient care, improving safety, efficiency and reliability of care provided to patients.

RTTC is made up of 12 modules consisting of three foundation modules Know How We Are Doing (KHWD), Well Organised Ward (WOW) and Patient Status at a Glance (PSAG), and nine process modules which the wards all work through under the direction of the Nurse Manager and support from the RTTC coordinator.

RTTC programme started at TDHB in January 2011 with the appointment of a RTTC coordinator. During 2011 three departments have started the RTTC programme. Each time a ward starts the programme all staff including nursing, administration, HCA and allied staff (where applicable) attend a launch day where they are given a brief introduction about the foundation modules, they are encouraged to share potential suggestions for their ward and register an interest in which foundation module they would like to be a part of.

The showcase ward (first ward to start the programme) was the acute surgical ward, Ward 3 who launched in April. Ward 4 followed in July and ICU in November.

As part of the KHWD module the ward creates a performance board to display graphs from four key measures which include patient safety, staff wellbeing, efficiency of care and patient satisfaction. These boards are updated monthly for most audits and daily for the patient safety measures. Each board reflects the uniqueness and creativity of the staff and the ward.

Below left: ICU study day

Below middle: Ward Three's board.

Below right: Ward Four's board.





A ward vision is also created by the staff on the ward to reflect how they want their ward to be. All measures and changes implemented in the ward are designed to bring that vision into reality.

Since Ward 3 launched Releasing Time to Care in April 2011, there has been a noticeable change in the way staff approach issues on the ward. The attitude is now "what is the problem and how can we fix it?" For example, daily auditing of medication charts revealed that a number of basic mistakes to hospital policy were being made. Corrections were discussed and implemented by the staff and between May and September, daily auditing had risen from 25% to 90% compliance, meaning the ward is delivering much safer care to patients.

Sustainability of changes made is ensured through the creation of standards and simple auditing processes. All problems are identified by staff, solutions are created and maintained by staff. This is able to happen with the support and ongoing motivation from the nurse manager. Staff are also given the time and resources to implement their changes, which encourages an environment where nurses actively work to improve not only their environment but their work practice.

RTTC is an ongoing initiative with the aim to embed itself as part of ward culture and become part of the way we work. A NHS presenter summed it up "You don't do the productive ward. It is what you are!"

Ward Four's vision:

We the ward 4 team are committed to creating a safe, supportive welcoming environment for all.

Our aim is to provide professional care to enable optimum individual patient outcomes

We will respect all members of our health care team, patients, families and visitors.



# Ward 4 Vision

# Ongoing Initiatives

## Nurse Entry to Practice Programme (NETP)

By Glenda Butturini, RN, PGCertHSc, NETP Co-ordinator

The Taranaki DHB continues to support nursing workforce development through the Nursing Entry to Practice (NETP) Programme. The programme employs Registered Nurses (RNs) with less than five months experience, who have recently graduated from a Nursing Council of New Zealand approved nursing programme, for a period of one year for 0.8-1.0 full time equivalent.

This supported transition to the workforce provides a resource of competent RNs with a broad range of basic clinical nursing skills supported by Preceptorship and also as part of the programme, the new graduates complete a 30 point post graduate clinical practice development paper with the University of Auckland. This paper is tailored for newly graduated nurses with a clear focus on developing knowledge and assessment skills in their first year of practice as a RN.

In 2011, 18 new graduates were supported to work in areas such as the Medical, Surgical, Mental Health, AT & R, Paediatrics, and Orthopaedics Wards; Neonatal Unit; and Hawera inpatients. Four new graduates were in the expansion programme, two in primary setting, one in Hospice and one in Aged Care .

The 2012 programme also has 18 graduates within Taranaki undertaking the programme.

## Taranaki District Health Board Nursing Re-connect Programme

By Glenda Butturini, RN, PGCertHSc, Nurse Educator

The aim of the Nursing Re-connect programme is to provide a supportive environment to facilitate nurses who have been out of nursing for more than five years to return to work in a healthcare setting or have trained overseas and would like to register in this country .

The programme is a six to 12 week course, depending on how long an applicant has been away from practice, and covers both theoretical and clinical days.

This year we have run two courses and a total of eight New Zealand Registered Nurses, 12 overseas nurses and five Enrolled Nurses have re-activated or gained their practicing certificates.

We hope you have enjoyed reading this edition of Korero Hauora - Health Talk, and we wish you all a very happy and safe summer festive season.

The Directorate of Nursing Team gratefully acknowledges the assistance from the Communications Team in layout and graphics.

# *Merry Christmas*

