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Editorial



Once again the fascinating topic of professional cohesion and collaboration has been raised in the College's electronic discussion forum. It is a topic of huge importance from a range of perspectives.

I remember being totally shocked one of the first times I ever went into the Ministry of Health as part of a visiting delegation of some sort (long ago and long forgotten!!). But I do remember that I heard, by roundabout means, that our impending arrival was spoken of with dread and references were made to "its easier to herd cats than manage nurses". As the years have gone by I have quietly noticed how very frequently similar events occur and that an absolute assumption may be made that nurses as a profession are divided and in disarray.

Back in 1998 towards the end of the chaotic period of health "reform" I can certainly agree that relationships between various nurse

leaders and organizations were tense, difficult and sometimes destructive. NZNO had borne the brunt of the effect of the Employment Contract's Act and had weathered the ongoing distress of nurse members whose working lives were shattered by the so-called reform process. The College of Nurses seemed like an upstart organization appearing to have taken an illusionary high ground by focusing on professional issues only and not union or employment concerns. There were certainly tensions and they erupted during and after the Ministerial Task Force on Nursing (1998).

Since that time there has been enormous change and growth; never more clearly demonstrated than at the nursing organisation's Consensus Day in February this year. As reported in Te Puawai (April, 2010) the day was characterized by recognition of the enormous level of consensus and agreement over a range of topics under debate during the day. The professional organisations are currently working well to manage the challenging task of forming a National Consortium to review standards for practice. NZNO and the College now frequently confer on major submissions and we have yet to discover any significant disagreements. Additionally we can now recognise 9 key points of contact into the profession as a starting point for referring and determining consultation.

It seems, however, that the perception held by many nurses is not dissimilar to the perceptions of external stakeholders. Nurses too believe that nurse leaders or organizations remain at loggerheads with each other over a number of issues. In addition some have commented that it is no wonder that external stakeholders find consulting with nursing difficult if not "too hard". Many nurses clearly find any kind of disagreement really uncomfortable and can readily agree with the expressed perspective of some stakeholders.

I take a completely different view; believing that in a professional group of such size and such diversity disagreement is inevitable and



healthy. Think for a moment just how many nurses there are and how vast our sphere of activity is. Nurses provide service from hospitals to prisons, from super clinics to traditional general practice settings, from private to public, from one-stop youth centres to age related residential care and from people's homes in New Zealand to crisis areas in war zones. Not to mention the many engaged in education, health policy and research. Even where nurses have the same title they may be providing services under a different contract and funding stream and they may have an entirely different perspective on the world.

As such it would be quite extraordinary if we were ever to agree on all of the myriad aspects of "managing nursing" in the rapidly changing health sector. Indeed I think it is remarkable that we agree as much as we do. Certainly there are wide differences of opinion about the value of calling a second tier workforce by the title of enrolled nurse but I am hard pressed to think of any other fundamental area of disagreement. There will always be variation in views about education programs, concerns about inclusion and exclusion of various groups on decision-making processes and some less than successful efforts to get the right representatives into some committees. There are varying views about the effectiveness of the employment of practice nurses by GPs. Nevertheless these are simply variations in views and a logical outcome when so many people are dealing with such a breadth of activity and from such widely different perspectives.

From my perspective, what is critically important is how we handle differing views. There is a very old saying about "not washing dirty laundry in public" and largely it still applies. In other words disagreements are just fine but they should be strategically handled in terms of how much and where and with whom they are publicly aired.

In addition I think it is more than worthwhile to consider why it might be so useful for various stakeholders to continually paint us as divided and in disarray. Firstly it gives

them a wonderful excuse not to communicate or consult appropriately. It is also a powerful way of dismissing advice that is not welcome or not what they wanted to hear. I have often heard advice dismissed as partial or not representative when I have known very well that it is a consistent professional view. The sociological literature is full of commentary on the power accruing to dominant groups when they portray a less powerful group as divided amongst its own membership.

So where to with this? I feel personally confident that the breadth of nursing leadership has become much more savvy at addressing differences of opinion and perspective. What remains to be achieved is our self-concept as a profession and the adoption of a process known as "speaking to power". By this I mean that we can recreate our reality by speaking of our discipline or profession in particular ways, both amongst ourselves and in more public domains. Rather than speaking of misery and division could we focus on the words and ways of being that create a sense of power and potential? Thinking about the people for whom we care first, rather than tending to focus on areas of self-interest would be a great help. If the respective needs of individuals and of communities is always the basis or touchstone for our deliberations we will surely make good decisions. If we speak constantly of our professional cohesion and our shared commitments to patients and clients it will become much harder for external groups to depict us as divided. And it should not stop us from having a good scrub at the dirty laundry from time to time in the privacy of our own professional domains!

Professor Jenny Carryer
RN, PhD, FCNA(NZ), MNZM
Executive Director

Nurse Practitioners: changing the landscape of health delivery



Gill Alcorn and Rebecca Zonneveld and staff from the Mary Howard Health Center

Gill Alcorn and Rebecca Zonneveld were joint recipients of travel awards from Fulbright New Zealand and The College of Nurses Aotearoa New Zealand. Gill and Rebecca attended and presented at the National Nursing Centers Consortium – 8th Annual Conference of Nurse-managed Health Centers - Disruptive Innovations for Comprehensive Care held in Philadelphia in November 2009. Following the conference Tine Hansen-Turton, the Executive Director of the National Nursing Centres Consortium (NNCC) and the Executive Director of the Convenient Care Association facilitated an excellent site visit programme to a wide range of Nurse-managed Health Centers (NMHC) serving vulnerable populations within Philadelphia.

The health care sectors in the United States and New Zealand (NZ), while funded differently face similar challenges including; medical shortages, inequitable health care access, and economic/ fiscal constraint. The Ministry of Health, Primary Health

Care Organisations (PHOs), and Non government organisations are faced with the challenge of delivering accessible, affordable, quality, and timely health care to the NZ population. Parallel workforce development strategies are required to address current clinical shortages. Supporting clinical education and training pathways for advanced nurses, NPs and general practitioners is a key to addressing health care inequalities. Advanced practice nurses and NPs working in partnership with general practitioners have the potential to improve population health. Hansen-Turton (2009) writes,

“Policy makers are feeling the consumer pressure to get access when they want to and when it is convenient to them, and they are taking notice about the role advanced practice nurses and nurse practitioners can play in improving accessible, affordable, high quality care”.



New Zealand

Health disparities between Maori and Pacific, and European New Zealanders are well documented in health literature and traditional health care models have proved inadequate in addressing unmet health need within disadvantaged populations. The NP role seeks to make health care accessible, timely and affordable. Where referrals to allied health agencies are required, nurses working at an advanced level and NPs mediate health care access on behalf of clients, aid referral pathways, and make continuity of care a reality.

There are currently eighty-three NPs in NZ and a planned and rapid increase of nurses gaining this advanced registered nurse scope of practice is urgently required. The NP role started in the United States over 40 years ago and international literature has consistently demonstrated that NPs deliver quality health care. Comparison between NP care and doctor/physician care shows that NP care is comparable and the level of consumer satisfaction is high. NP interventions show a high level of effectiveness in low socio-economic communities where holistic care supports positive health outcomes.

PHO's are well placed under current governance guidelines to integrate the NP role into service delivery. The development of Nurse-managed Health Centres in NZ in parallel to NP development needs to be supported.

The strategic placement of nurse-managed health centers in communities that lack adequate health care services can help reduce medical disparities and the unnecessary use of health care resources.

Funding pathways in primary health care have traditionally been directed through a medical business framework – this historical model requires deconstructing and reconstructing. NPs require the ability to enrol clients within a practice and thereby attract direct funding for service delivery. The NP role in NZ is gaining momentum and international learning concerning the role is valuable as we progress this disruptive innovation. Incorporating new models of health care delivery including the NP role and Nurse-managed Health Centres into the NZ health care landscape provides a very real opportunity to improve population health.

Nurse-managed Health Centers and Nurse Practitioners in the USA: working in partnership with disadvantaged communities

Nurse-managed Health Centers are community-based, not for profit organisations and are staffed and run by NPs, registered nurses, public health nurses, clinical nurse specialists, health educators, mental health professionals, community outreach workers, and collaborating physicians. Nurse-managed Health Centers in the US deliver 2.5 million annual client encounters per year to low-income and vulnerable populations. Nurse-managed Health Centers “are led by NPs who have advanced education and training that allows them to provide a broad scope of health care services similar to those of a primary care physician” (NNCC, 2010). The role of doctors within Nurse-managed Health Centers was as collaborating physicians providing phone consultancy when required and peer review.

According to managed care data, nurse-managed health center users report 30% fewer hospitalizations than patients receiving care at traditional primary care practices. Likewise the rate of emergency department usage among nurse-managed health centers users is 15% less than at traditional practices.

Nurse-managed Health Centers visited included the Eleventh Street Family Health Services, Homeless Shelter-City Housing Project, the Public Health Management Corporation Health Connection and the Rising Sun Health Center. Services visited were commonly established in partnership with University Nursing Departments and provided clinical placement opportunities for NP students and other allied health professionals. Health promotion, health education, disease prevention, client advocacy and empowerment and partnership within the community were noted to be integral to nurse-managed health care. Funding sources for the work of the Nurse-managed Health Centers include; fee for service, sliding fees, community and philanthropic grants, medical insurance claims, public health agencies, and social service agencies (human service agencies).

The site visit to Eleventh Street Family Health Services was an outstanding example of a purpose built Nurse-managed Health Center where a team



Tine Hanson-Turton, Erin Hillman, Diane Shoemaker, Rebecca Zonneveld, Dan Geisler, Gill Alcorn at the Eisenhower Fellowships Office, Philadelphia

of ten Nurse Practitioners serve as primary health care providers to a medically-underserved urban area. The 11th Street practice has 4,000 enrolled patients, and most live within four adjacent public housing developments. The practice demographic includes low-income vulnerable adults with chronic illness who have limited Medicaid insurance or no health insurance. This multidisciplinary health care practice is collaboration between Drexel University College of Nursing and Health Professions and the Family Practice and Counselling Network and is a site for trans-disciplinary student placement. Eleventh Street Family Health Services has a comprehensive range of services and staff in one setting including; NPs, advance practice nurses, social workers, nutritionists, psychologist, physical therapist (physiotherapist), and dentists. In addition to multiple clinical rooms the service has group programme rooms, fitness centre and trainers and a teaching kitchen and garden.

The site visit to Congreso de Latinos Unido, a not for profit Latino organisation situated in a low-socio economic Latino community was a further example of an integrated family health service. Congreso is a comprehensive provider of social, economic,

educational, and health services and this multi-agency initiative promotes service accessibility and seamless referral pathways between services.

The Nurse Practitioner role within retail centres: providing accessible and convenient care

The role of NPs in the US has become more visible to the general population since the establishment of Retail health care – NP clinics three years ago. NPs provide convenient care in retail centres such as Target, Wal-Mart, and drugstore chains such as Walgreens. There are currently 1,200 retail NP health clinics across the United States and the Convenient Care Association supports the development of resources, best practice guidelines and standards.

The Convenient Care Association is an association of companies and health care organisations that provide health care in retail settings within the community. The network of Minute Clinics are electronically linked using medical software and clients accessing the service are able to have their clinical notes readily available across multiple Minute Clinic sites. The potential for retail health care provided by NPs to interface with PHOs in NZ or alternatively to be delivered using a business model was discussed in the context of site visits.



Nurse Practitioner retail-based health care – Minute Clinic

The opportunity of NPs and advanced nurses in NZ working in retail health care settings to undertake health assessment and treatment, health screening, health promotion, and immunisation outreach was evident within the retail Minute Clinic model.

The premise of the disruptive or innovative retail health clinic model is that the consumer wants quality health care that is convenient, timely and affordable. NPs working in retail clinics provide prompt health consultations on a drop-in basis to the public. A limited range of routine medical conditions are addressed within the retail clinics. NPs are able to diagnose, treat and prescribe medication for routine episodic medical conditions including; cold/flu, skin infections, ear infections, urinary tract infections, and muscle strains and sprains. NPs also undertake health screening and immunisation. The funding structure of the retail clinics comes from fee for services and reimbursement through health insurers. The positioning of NP clinics within shopping centres brings additional customers to the store and pharmacy the retail clinic is co-located with and also to adjacent shops. This model of health care practice is a privatised model and complements traditional health care models.

The potential for retail health care to interface with PHOs or alternatively to be delivered using

a business retail model was discussed in relation to the NZ context. Modifying current government funding pathways and developing a commercial business case for the retail NP model has the potential to bring a new dimension to the primary health care landscape as we seek to provide timely, convenient and accessible health care.

Summary

The number of NPs registered to practice in NZ is growing and parts of the community are becoming more aware of the role that NPs can fulfil in addressing health care inequalities and improving population outcomes. NPs in NZ are employed by District Health Boards (DHB), Non Government organisations (NGO), and PHOs. Most DHBs currently have only a small number of NPs working within their geographical areas, while Auckland DHB and MidCentral DHB have been at the forefront of NP development and have a larger number of NPs working in a range of scopes of nursing practice. NPs work in a broad range of nursing scopes including; primary health care - Whanau Ora, neonatology, wound care management, diabetes and related conditions, adult cardiac care, youth health, primary care – aged care, primary care – child and youth, adult emergency



Nurse Practitioners: changing the landscape of health delivery cont.

care, neonatal care and paediatric cardiac care, ophthalmology, womans health, intensive and high dependency care, and palliative care.

The NP role in NZ is gaining momentum but the potential within the primary health care sector is still to be realised. The partnership between university nursing departments and the link between NP clinical delivery and NP clinical training was evident in Nurse-managed Health Centres in the US. NP workforce development and career pathway development in NZ requires an increased focus on advance clinical training programmes, funded NP candidate training roles, and NP employment contracts that reflect a commitment to ongoing Clinical Nursing Education (CNE).

The current shortage of General Practitioners in NZ is an opportunity to envision new models of health care delivery that can complement traditional primary health care models. The American College of Physicians, in the publication *Nurse Practitioners in Primary Health Care* write, “Nurse Practitioners are critical to improving access to health care in undeserved communities”. In this publication the American College of Physicians also write, “Nurse Practitioners play an essential role in the provision of primary care”. Nurse-managed Health Centres are congruent with the government intention to support the development of Integrated Family Health Centres and Whanau-centred Initiatives. Horrocks et al write, “increasing availability of nurse practitioners in primary care is likely to lead to high levels of patient satisfaction and high quality care”.

Attendance at the NNCC conference and subsequent health site visits within Philadelphia allowed us to stand alongside NPs that have a breadth of experience in delivering quality health care to marginalised populations. The conference enabled forward thinking conversations about NP training pathways in NZ and collaborative partnerships between medical colleagues, communities, university nursing faculties, health services, and allied health professionals. Barriers to NPs working to their potential were discussed including; legislative barriers, PHO funding pathways and restrictions to NPs registering patients within a PHO or Nurse-managed Health Centers. New models of health care delivery within retail centres (supermarkets/ shopping malls) and adjacent to pharmacies were discussed in relation to the N Z context. Central to this discussion was the potential of delivering best practice health care

that is accessible and affordable to those with the greatest health disparities.

The opportunity of conference attendance, site visits and the hospitality provided by Tine Hansen-Turton and her staff enabled us to envision how the NP role can develop in NZ. The NP role and the role of registered nurses working at an advanced level of practice have changed the landscape of health care in N Z. Releasing the capacity of the nursing workforce and the medical workforce and working to forge new models of health care delivery will improve the health outcomes of New Zealanders.

Gill Alcorn - RN, MA Nursing, Grad Dip Teaching, FCNANZ

Gill is a Nurse Practitioner – Primary Health Care (Youth Health) and she is currently employed at VIBE Health and Support Service for People 10 – 24 years. Her NP role includes youth health clinical practice, case management, nursing leadership, policy and practice development, consultancy, and professional mentoring. Gill is currently the secretary of the Society of Youth Health Professionals Aotearoa New Zealand (SYHPANZ).

Rebecca Zonneveld - RN, MA Nursing

Rebecca is a Nurse Practitioner – Primary Health Care (Youth Health) and she is currently the clinical nurse leader of EVOLVE Youth Service Wellington. Rebecca’s work within the youth health scope of practice includes; general health, mental health and sexual health. NP - Youth health practice also involves partnership with medical colleagues, social worker, peers workers, counsellors and community services to promote youth health and development.

This is an abridged version of the report from Gill and Rebecca, for a complete copy of their report please see the college website www.nurse.org.nz.

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Inspiring stories from NURSING100

We have been so impressed by the stories of Nurses individual experiences in their contributions to NURSING100, New Zealand Nurses celebration of Florence Nightngales life work and 100 years of Nursing in this the International Year of the Nurse. One of our Members, Reena Wallis shares her NURSING100 experience with us and we follow this with just a few of the contributions that Nurses have shared when registering online for their NURSING100 certificates.



Reena Wallis (pictured above left) reflects on her contribution to Nursing100.

I was really delighted to learn from the College of Nurses about the idea of honoring Florence Nightingale and promoting nursing. While working in the UK recently I took the opportunity to visit the Florence Nightingale Museum and found this quite an emotional experience, learning so much about Florence. Then recently when clearing out my mother’s home following her death I came across a biography of Florence Nightingale by Cecil Woodham Smith (1950) which contains a lot of very personal and detailed accounts of her life and work. In due course I intend to donate this book to the College.

As well as contacting the local newspaper

to promote nursing as a great career choice, I decided to contact a local Rest Home and offer 100 minutes of my time to some activity they would like help with. They asked me to do some foot care on diabetics, which I duly did. Those residents who chose to participate received a foot spa, foot inspection, filing of dry skin, nail trimming and finally a foot massage. They all enjoyed it.

For me the most satisfying part of the activity was at the end, to offer the Diversional Therapist the same foot treatment. She was actually an amputee and therefore her one foot did a load of work and greatly benefitted from some attention. She was a generous hearted woman and I could see the residents were very important to her and it felt great to do something kind and helpful for her.



Reena Wallis called her local paper to promote Nursing 100 year anniversary.

Tanya Bish reflects -

I took my 2 children to a doctors surgery to clean the toys that children play with while they wait to see the doctor. We took all the things we needed to do the cleaning and washed all the toys in hot soapy water then dried them. While it provided a service to the general practice it taught the children the value of voluntary service and we discussed how our contribution might stop a child getting an infection.

Florence Nightingale is recognised for her incredible contribution to nursing. She was a strong advocate for a clean environment and whether she realised it or not initially this impacted on infection rates. The opportunity to provide a service outside of my normal nursing role gave me the idea of taking the children with me to clean the toys at a surgery. It provided the chance to share some history about Florence Nightingale with the children while we provided a service that would hopefully help to prevent children from picking up "bugs" while playing with the toys.

Jennifer Hussong reflects -

As the OR Nurse Educator I was involved in facilitating the workchoice day for College students from the Marist College. I welcomed them for 4hrs in which we gave them an overview of the different roles you can go into as a nurse.

I provided some practical sessions where the students got to experience gowning and gloving with a surgical gown and gloves. I also showed them a crate of instruments which they could touch. I answered their questions and told them what I liked most about being a nurse.

I am new to the educator role. This day in particular proved to me how wonderful it can be to not only teach staff but to show other students what a wonderful job it is being a nurse. Not every day is glamorous but overall after being in nursing for 12 years I can still say that I really like being a nurse. This I was able to truly share with these students. The response I got from them was excitement, lots of questions and interest in our profession. I enjoyed having such a wonderful bunch of girls with whom to share my passion for nursing.

Jennifer Moore reflects -

I was contacted by Hospice and asked to link with a woman with terminal illness about my age, with similar interests and to help her achieve her dream of completing a particular project. I have visited her, and will continue to do so, and am listening to her hopes and dreams and supporting her to make some of them become a reality given her limited energy, and limited time.

I have reflected on the responsibility of ensuring that I was supportive but not leading, that I was moving at a pace determined by her, and feeling that it is so important not ever to let her down, as she is lonely, frightened, and dying.

Are you inspired to donate your 100 minutes of time for NURSING100?

Log onto the website - www.nursing100.org.nz

NURSING 100



The Auckland Region of the College of Nurses Aotearoa (NZ) invites all NZ nurses to join them in a national event to celebrate 2010 as the International Year of the Nurse along with the centennial year of the death of Florence Nightingale (1820 – 1910).

Nurses around the country are gifting 100 minutes of their time to promote nursing as a fantastic career or to deliver a nursing related service. This event will start on 12 May (Nurses Day). We encourage all Nurses to take part in this significant event to promote New Zealand nursing.

How will you gift your time either as an individual or as groups/organisations

Activities may include but are not limited to:

- Promoting nursing as a career choice eg in the media, schools, expo's, clubs, organisations
- Promoting nursing as a caring profession eg spending time with patients in age care disability services, health promotion
- Nurses currently in practice (direct patient care) could reaffirm their commitment by giving 100 minutes towards the provision of quality patient care
- Registered nurses in practice who do not provide direct patient care eg nurses involved in management, researchers, education and policy could identify initiatives that will allow them to spend 100 minutes promoting the future of nursing or nursing related activities (could span the environment from individual home help or care delivery to strategic communication at Government level)
- Nurses who do not practice nursing (and do not have an APC) e.g retirees, those who work in other business endeavours, could gift 100 minutes volunteering to assist someone in general need or share their story in some way to promote nursing as a fantastic vocation.

How to do it?

The website www.nursing100.org.nz to be launched in April will allow you to register your gift of 100 minutes. You can enter your name and a summary of your gift. In return, a certificate can be provided for you to include in your personal PDRP portfolio. This website will also be linked to the College of Nurses website www.nurse.org.nz

Nurses wishing to take part in this event are asked to ensure that their activities are within their scope of practice and that they are competent to do so. They are also asked to check with providers or consumers about issues related to confidentiality and indemnity, if applicable.

The event is open to any registered nurse who is willing to gift 100 minutes irrespective of membership or affiliation with the College.

The College of Nurses journals, website and other publications may publicise examples of what nurses did in their 100 minutes which we are sure will make fascinating and inspiring reading.

Register at www.nursing100.org.nz

For more information contact the Auckland Regional Coordinator, Willem Fourie at wifourie@manukau.ac.nz or your regional coordinator.





Update on health professional concerns about alcohol use in NZ

Information provided by Prof Doug Sellman, Professor of Psychiatry and Addiction Medicine, Director, National Addiction Centre, Department of Psychological Medicine, University of Otago, Christchurch

Government response to Law Commission's recommendations is imminent

It is highly likely that the Government will be announcing its formal response to the Law Commission's recommendations within the next three weeks. New alcohol legislation will be introduced into Parliament soon after.

What will the Government's response be?

The three most important strategies of the 5+ Solution based on both the science and the industry's self-disclosed fears are:

- raising alcohol prices
- reducing marketing and advertising
- increasing drink-driving countermeasures

John Key has already ruled out raising excise taxes. Steven Joyce has recently made the appalling decision to delay for at least two years reducing the BAC level for driving in those 20 years and over from 0.08 to 0.05, using the excuse that more local research is needed. And we always knew that reducing marketing and advertising would be the most difficult thing for the Government. So it is not looking good in terms of changes that will make a really significant difference to the heavy drinking culture in New Zealand.

The Government appears to be working up a grand impression of doing something significant while carefully avoiding the three most important strategies listed above. This "head in the sand" stance is occurring when a significant majority of the public are beginning to support these changes as evidenced by the indicative polls conducted on the BAC levels.

Why is the government ignoring public opinion?

The Government may have misjudged public opinion, which is running at about 70% wanting the BAC level dropped from 0.08 to 0.05 for driving. They may very well be now trying hard to think of a way of saving face, while not being seen as a populist "flip flop" administration.

Alcohol Action spokesperson, Jennie Connor, outlined two further possible reasons on National Radio recently. First, there is an ideological problem for National/ACT, esp ACT. The three key strategies can too easily be denigrated by "nanny state" taunts from Roger Kerr's Business Roundtable. So, even though the science points strongly to these three measures, our leaders allow ideology to trump science, which brings to mind political regimes such as Iran. The third reason government appears prepared to ignore public opinion is the enormous power and influence the alcohol industry has on the Government. John Key will be carefully determining how much of a majority of the public is required to outweigh the mate-ship and money of the alcohol industry. It seems that the majority has to be more than 70%, an indication of the alcohol industry power. With the country's editorial comment strongly critical of the Government's "impaired" decision-making on BAC levels for adult driving and the Government increasingly at odds with public opinion, alcohol could well be shaping up as an election issue.



NOTICE OF ANNUAL GENERAL MEETING

The Annual General Meeting of the College of Nurses Aotearoa (NZ) Inc will be held in Auckland on
Wednesday 23rd November 2010 at 5.00pm

Venue: AUT University, North Shore Conference Centre
AF Building
90 Akoranga Drive
Northcote
North Shore City, 0627

Remits: Individuals or regional groups may submit remits for consideration at the Annual General Meeting. Remits must be in writing and received at the College office no later than **Friday, 8th October 2010.**

Long Road to NZ Nurse Practitioner status

This month we congratulate College Board member, Angela Bates on achieving Nurse Practitioner status here in New Zealand. Coming from the UK as an NP, Angela describes her sometimes frustrating journey to NP registration here and the support she received from other NP's along the way.

I completed my Master's in Clinical Nursing at Liverpool University UK in 2004 and worked as a nurse practitioner in primary health care in a variety of settings.

When I came to NZ in 2006 I naively thought it would be easy to register my masters with NZ nursing council and continue working as a Nurse Practitioner here. I contacted nursing council and was informed I needed to submit a portfolio of evidence showing I meet the NP competencies, I was given the contact details of NZNO mentor and advised to contact them as they would provide me with support in putting the portfolio together. Being keen to get the process started I immediately contacted NZNO and was told in no uncertain terms to contact them again when the portfolio was in a completed draft form! I struggled for 2 years trying to get the right support and advice regarding the type of evidence that was required to get me through to NP panel. It has been a frustrating 4 years and there were times

when I felt like giving up but through determination and good networking I found a few good people (Jane MacGeorge, Gill Alcorn and Theresa Fowler) who were willing to mentor and support me. I am truly grateful to these people to for having faith in me and keeping me motivated and focused on obtaining NP status. I had my panel assessment at nursing council on 15th June, which to my surprise I found a supportive and positive process. I am now endorsed as a Nurse Practitioner with prescribing rights and my scope of practice is in primary care across the life span. Why did I choose this to be my scope? Well, primary health care has been my passion for 25 years and the reason I chose this area of practice is because I feel nurses can really contribute and make a difference to the health of the population. Nurses working in primary health care have the opportunity to be innovative and flexible in the delivery of care.

Angela Bates NP

A tale of interdisciplinary working in South Auckland.

College Fellow, Karen Hoare, shares with us just one day in her role as a nurse practitioner for children and youth in primary care.



It was the usual busy Tuesday morning at the clinic. As the nurse practitioner for children and youth, I had just seen one of many toddlers with a fever. I was sharing the patients with a trainee intern (TI), who wanted to spend the morning 'doing' paediatrics. At the front desk there were three 15 year old girls who had turned up from the high school; I had been telephoned 10 minutes prior by the school nurse asking if I would see them to dispense emergency contraception (ECP). The new graduate nurse (NGN) joined us, she liked to be present during my consultations with young people. The girls wanted to come and see me together in one joint consultation, I asked their permission if the NGN (female) and TI (male) could be present. They said yes to the NGN and would allow the TI if he was 'hot', they nodded in approval after they saw him. The room was crowded and the atmosphere slightly stilted to start with. "OK" I said to the NGN and TI, "you two conduct the consultation while I write the notes from the last patient". The NGN launched into enquiring why they were here, while the TI

sat silent. "How about a HEADSSS assessment" I suggested. The TI seemed comfortable with that and knew the right questions to ask. The NGN and I had an advantage as we both knew the girls from a previous visit to the school. We knew they were in appropriate relationships with boys of a similar age. The TI and NGN addressed the issue of chlamydia infection and how common it was amongst young people of their age, they asked permission to send the girls' urine for testing. As they were discussing the various sexually transmitted infections, various expletives and comments of "yuk" ensued. Leaflets were pored over. The atmosphere in the room lifted and the laughter started. By the time we got to the condom demonstration, using our glass demonstration penis, we were all giggling (our glass penis, which is kept in a jewellery type box, is quite absurd - see picture). The girls all left the consultation laughing, with a mound of information in leaflet form, a packet of condoms each, having had their pregnancy status checked, been dispensed ECP and had their urine sent for

chlamydia screening. I looked at the NGN and TI who were also still laughing. I reflected on the consultation; in half an hour we had together formed a relationship with three teenage girls, averted three potential pregnancies, screened for a disease which can cause infertility and sensitively delivered all sorts of health promotion about keeping safe sexually. The young nurse and doctor had worked together collaboratively and had fun. We had improved access to primary care for three vulnerable young people.

Post script.

One of the girls tested positive for chlamydia. The NGN and I went to (confidentially) deliver azithromycin to her at the school. She self-swabbed for other infections and after a discussion stated she would like depo-provera. I asked her to come to the practice the next day with her partner for her to have the depo and for him to get azithromycin. They both came.

Karen Hoare



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PROFESSIONAL PORTFOLIOS

College of Nurses Professional Portfolio’s are available for purchase from the College office. This includes a full set of instructions for completing your own professional portfolio to comply with Nursing Council regulations)

\$30 for members, \$35 for non-members. (Inc postage & GST)

To purchase a portfolio, please forward payment and postal address details to the College office - PO Box 1258, Palmerston North 4440 or call (06) 358 6000 for more information.



National Nursing Consortium: Practice standards endorsement

Update by Judy Yarwood FCNA(NZ) Co-Chair, College of Nurses Aotearoa (NZ) Inc

As 2010 appears to be a busy one for many of us, time to read and keep abreast of what is happening in the world of nursing in New Zealand is sometimes difficult. To make that task a little easier, we want to update you on one of the more important pieces of work that has been going on behind the scenes, the National Nursing Consortium: Practice standards endorsement. Developing a national process for endorsing specialty practice standards has been and continues to be a challenge at many levels. While this process has been challenging it has also been very rewarding. We're into the era of collaboration, so in a way the four organizations involved in the consortium, The College of Nurses Aotearoa (NZ), NZNO, NZ College of Mental health nurses and Te Kaunihera o Nga Neehi Maori o Aotearoa are leading the way and showing the benefits collaboration can achieve.

STOP PRESS -

Some of this work may look familiar to many of you as in April this year this draft work presented below was put out to the nursing sector for feedback and comments. We received 11 submissions overall both from groups and individuals with many of those supporting the work of the Consortium. However two strong themes emerged which the working group are keen to address before we formalize this work. Firstly there is still some uncertainty about what the Consortium will deliver and secondly there is a significant number of nursing groups who are keen to be a part of the development process of these standards for specialty practice.

Key to the success of this work is buy in from all key nursing groups and it's to this end that the working group has decided to delay the commencement of the Consortium until 2011. In the meantime we will be consulting with as many people as possible and would be keen to hear any College members views about this ongoing and important work.

ENDS

The consortium has been working for about a year now to establish Terms of reference, objectives and a model to guide, not only the work of the Consortium, but also as a reference guide for those groups wanting to develop specialty practice standards and frameworks.

The final Terms of Reference are:

Purpose

The consortium is a collaborative, national process for overarching endorsement of nursing standards and knowledge and skills frameworks by the wise nursing profession in New Zealand. It establishes a mechanism by which nursing retains authority over standards and frameworks for areas of practice developed with New Zealand. The process does not replace the processes representative nursing organisations use for the wider nursing profession in New Zealand of standards meeting criteria set by the profession. Neither individual nurses nor education programmes would be endorsed through this process. Nor will procedural standards be eligible.

Objectives:

1. Establish criteria for the endorsement of nursing standards and specialty knowledge and skills frameworks.
2. Provide professional nursing endorsement of standards and specialty knowledge and skills frameworks.
3. Establish a central repository of consortium approved standards and knowledge and skills frameworks, with public access.

Just before we look at the model ; two definitions are provided for clarity:

Nursing specialty – specialty practice focuses on a particular area of nursing practice. It is directed towards a defined population or a defined area of activity and is reflective of increased depth of knowledge and relevant skills. Specialty practice may occur at any point on the continuum from beginning to advanced practice. (Holloway 2009)

Nurse specialist – a level of nursing practice. (Holloway 2009)

Below is the model guiding the development and endorsement of specialty nursing standards and frameworks within New Zealand.

NURSING

All nurses meet the Nursing Council of New Zealand’s code of conduct, competencies and the New Zealand Nurses’ Organisation’s code of ethics

A framework guide to the development and endorsement of specialty nursing standards and frameworks within New Zealand, April 2010

<i>Area of Practice</i>	<i>Specialty#</i>
Primary health care	Public and population health Family/whanau health Community health Occupational health
Older persons care	Residential care Dementia care Assessment, treatment and rehabilitation care Community care
Mental health and addictions	Adult mental health Addictions nursing Child and adolescent mental health
Children and young persons care	Neonatology Acute, long term and developmental support care
Perioperative care continuum	Intraoperative care Post anaesthetic care Surgical nursing practice
Critical care	Emergency and trauma nursing Critical care nursing
Acute and long term support care continuum	Acute inpatient medical nursing Long term conditions care Oncology, haematology and palliative care nursing

Notes:

1. The framework above acknowledges the tensions between generalist and specialty nursing
2. The constraint within New Zealand regarding critical mass and the ability to support increasing subspecialisation is recognised
3. It is a living document subject to review, development and refinement
4. It is acknowledged that there are overlaps between the areas of practice categories
5. Areas of practice would have broad and encompassing standards of practice which would apply across contexts of care and to the specialties of practice within that broader area of practice
6. To be designated a specialty of nursing, threshold criteria would need to be met. Initially the threshold criteria used will be based on those developed by the Australian National Nursing and Nursing Education Taskforce 2006 and the American Nurses Credentialing Centre 2008
7. Specialties may use knowledge and skills frameworks to explicate the area of practice standards. Knowledge and skills frameworks should be explicit, not repeating the Nursing Council’s competencies. Smaller subspecialties could band together within the most appropriate specialty to develop more generic specialty knowledge and skills frameworks

Principles

1. Standards and knowledge and skills frameworks are evidence based
2. Threshold criteria for being designated as a specialty include
 - a. Administratively feasible
 - b. Publicly credible
 - c. Professionally acceptable
 - d. Legally defensible
 - e. Economically affordable
 - f. National in its geographic scope
 - g. Defines itself and subscribes to the

overall purpose, functions and ethical standards of nursing

h. Distinct and defined area of nursing practice which requires an application of specialty, focused knowledge and skill sets

i. Demand for and need for the specialty service from the community

j. Based on a core body of nursing knowledge which is being continually expanded and refined

k. Expertise is gained through various combinations of experience, formal and informal education programmes including but not limited to continuing education and professional development

Adapted from The National Nursing and Nursing Education Taskforce 2006 and the American Nurses Credentialing Centre 2008)

3. The process for development of the standards or frameworks has been robust and inclusive of specialty nursing input nationally

As you can see from both the notes to the framework and the principles the dynamic nature of this work must be acknowledged. Like the complexity and diversity of nursing practice itself, there will always be tensions when developing areas of specialty practice. What the consortium working group suggests is that standards for practice are developed for the broad areas of practice listed above. The knowledge and skills frameworks then are used for the specialty practice column.

The consortium workgroup also developed an assessment checklist for specialty standards endorsement principles (see figure 1 below). Endorsement of standards and knowledge and skills frameworks by the consortium provides the approval by the profession of nursing in New Zealand that the standards are appropriate and professionally sanctioned for national use.

The consortium may seek expert advice in reaching their decision, which maybe to endorse, decline endorsement, seek further information or make a recommendation to defer a decision. Where consensus cannot be reached there will be further discussion with the applicant around the area(s) of concern, seeking resolution.

Endorsement of standards or competency/ knowledge and skills frameworks is conferred for a period of five years or less if there is a major review of the standards/framework beforehand, after which it lapses.

The Consortium group is very grateful to Kathy Holloway for her guidance and support in this work. We see this ongoing development as very much a part of the College of Nurses strategic plan 2009-2012 to build on professional excellence in nursing practice and health care delivery, through negotiated relationships.

Figure 1 Criteria for Standards endorsement

Number	Requirement	Met/Not Met	Comments
1	Led by a national group		
2	Wide national consultation		
3	Maori involvement in the development		
4	Evidence of support from nursing in the specialty		
5	At least one consultation document circulated for input		
6	Inclusive of knowledge, skills and attributes		
7	Based on current evidence		
8	Fit with scope of practice and NCNZ competencies clear without unnecessary duplication of the NCNZ competencies		
9	If not endorsed by recognised national nursing organisation, evidence of robust process and engagement with nurses in the specialty is included in the application		
10	Is an identifiable area of nursing specialty practice and is not for a procedural skill set		

Sabbatical in London.

Jenny Carryer reports on her recent sabbatical from Massey University spending 3 weeks in London and Oxford. Hosted by Nuffield Trust she explored recent research in primary health care, attended a week long Round Table on social justice at historic Oxford University and enjoyed the delights of traditional English Shakespearean theatre as well as a small touch of Australian glamour in London Theatre.



I have recently had the wonderful opportunity to be hosted by the Nuffield Trust in London.

The Nuffield Trust is an independent health policy charitable trust in the UK. The Trust's mission is to promote independent analysis and informed debate on UK healthcare policy. The Trust's purpose is to communicate evidence and encourage an exchange around developed or developing knowledge in order to illuminate recognised and emerging issues.

It achieves this through its principal activities:

- Bringing together a wide national and international network of people involved in UK healthcare through a series of meetings, workshops and seminars.
- Commissioning research through its publications and grants programme to inform policy debate.
- Encouraging interdisciplinary exchange between legislators, academics, healthcare professionals and management, policy makers,

industrialists and consumer groups.

- Supporting evidence-based health policy and practice.
- Sharing its knowledge in the home countries and internationally through partnerships and alliances.

The Nuffield Trust was established as the Nuffield Provincial Hospitals Trust in 1940 by **Viscount Nuffield** (William Morris), the founder of Morris Motors. It seems quite extraordinary to me that an individual can make sufficient money from selling cars prior to 1940 in the UK to support the vast and enduring philanthropic work, which occurs in the UK under the name Nuffield.

The Trust carries out a number of research streams; my particular interest was their work on integrated care as it is hugely topical in primary health care policy in NZ. In addition I have been interested in NZ to explore the notion of patient stratification as a means to more appropriate workforce deployment and was interested to compare that work with the Trust's work on risk stratification. The Trust has made a significant break through in being more able to predict exactly which individuals benefit most from intervention to prevent hospital admission. Surprisingly the findings based on data modeling with a very large number of cases, shows that many previous assumptions are false. This is highly relevant





to a great deal of development in NZ currently aimed at developing nursing and other services, which reduce hospital admissions. In very brief summary the research shows that intervention with people currently experiencing a high rate of admission and attention does not change the subsequent admission rate, which generally falls anyway for a number of reasons. Rather there is a point much earlier in people's illness "journey" at which prevention of admissions may be much more achievable.

There is a growing programme of work at Nuffield on Integrated Care, combining seminars, research, briefing papers and advisory work to support the development of integrated services. An international study of integrated care organizations has been undertaken, aiming to identify factors that support the demonstrably successful development of integrated care. Case studies were conducted in the US and Europe between Feb – May 2009 and a report published in October 2009. The work is led by Rebecca Rosen supported by Gerraint Martin within the Trust and the participation of a cluster of external experts on integrated care Chris Ham (University of Birmingham) and Nick Goodwin (Kings Fund) acted as advisors to the project. Some of these people and others were present

and it was a luxury to be able to meet, talk, think and read at more leisure than usual! The time at Nuffield was an excellent balance of access to cutting edge thought and materials and time to think, read and reflect. Amongst many other things I learnt a great deal about the policy, research and practicalities (or otherwise) of integrated care. In brief integrated care aims to improve the quality of patient care, patient experience and cost effectiveness. In the face of increasing austerity it is a pressing agenda in the UK as it is in NZ. It crosses all previous agendas in terms of aiming to prevent hospital admission, improve the co-ordination of care, link health and social care more effectively and reduce duplication and fragmentation of service delivery. Like many new terms in the health sector it has a variety of meanings and interpretations.

While at the Nuffield Trust I met with the senior leadership at the Royal College of Nursing in London. Our topic of discussion was the lack of alignment between the UK approach to the Nurse Practitioner role and New Zealand's approach, which is more consistent with many other countries. This has been a topic of relevance to constructing an international dialogue about Nurse Practitioner outcome research and is a source of concern because of the research consistently published from the UK, which reports evaluation





of Nurse Practitioners who would not be called Nurse Practitioners in NZ, Australia, Canada or the USA at least. RCN staff shared their concern at the way developments have unfolded in the UK and for people who are interested in this topic a recent publication may be of interest. See end of article.

London was experiencing a heat wave while I was there and the humidity was immense. This made using the underground extremely suffocating but did not prevent miles of walking and exploring and also the highlight of seeing the live show Priscilla Queen of the Desert. If in London, don't miss it.

On July 12 I moved to Oxford University living in at Lincoln College to attend a Round Table on Social Justice. The week-long program was fairly intense with a huge range of papers presented. Unfortunately the delegates were predominantly from the USA and this significantly limited the nature of dialogue in terms of taking the proposed/ advertised global focus. Even so there were rich opportunities for discussion and learning with economists, social workers, environmentalists, academics, psychiatrists and other disciplines present.

One major question of importance raised was to ask why the drive to incarcerate people seems to override the drive to heal and restore the victims of poverty and other injustices. This is a particular concern for those focused on social justice in the US but arguably it is of equal concern to us here in NZ. Another stream of work, which especially interested me, was presented by Dr Sara Garcia from UCLA who has a long standing interest to connect the frontiers of environmental education to social justice concerns.

Oxford is a beautiful University and I felt deeply privileged spending evenings in the ancient College chapels listening to a French boys choir, a quartet of exquisite musicians and some of the summer Shakespeare program. This certainly supported the reflections which are an important part of sabbatical leave.

Professor Jenny Carryer

What are the differences in nurse practitioner training and scope of practice in the US and UK? Lessons learnt in preparation and practice in the US could be used to develop the nurse practitioner role in the UK, maximising the potential of the profession <http://www.nursingtimes.net/5017012.article?referrer=e26>

**Tenei ro te powhiri atu ki nga iwi o nga hau e wha. Naku te rourou nau te rourou ka ora ai te iwi.
Piki mai, Kake mai, Haere mai.**

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Professional Portfolio Presentation Workshops for Registered Nurses

presented by Dr Stephen Neville.

These workshops are an enjoyable and invaluable day providing you with all the skills and information required to complete and maintain your own Professional Portfolio with ease as required under the HPCA(2004). You also receive a certificate of attendance adding 6 hours towards your required professional development hours. Workshops are catered with morning tea on arrival and a light lunch. Registration is open to all Registered Nurses.

Book Now for -

Location	Date	Venue	Workshop Registration Non CNA(NZ)	CNA(NZ)* Members Registration
Wellington	17 th November 2010	Massey University	\$ 175.00	\$ 155.00
Christchurch	18 th November 2010	CPIT- Christchurch Polytechnic	\$ 175.00	\$ 155.00
New Plymouth	26 th November 2010	The Devon Hotel & Conference Centre	\$ 175.00	\$ 155.00
Napier	7 th December 2010	Anchorage Motor Lodge	\$ 175.00	\$ 155.00

Register your interest for

Nelson / Marlborough	TBA – Early 2011
Dunedin / Otago	TBA – Early 2011

* College of Nurses Aotearoa (NZ) Members discounted rate. For Membership enquiries contact the College office, details below.

Workshops are run for 6 hours (Usually from 10am – 4pm)

Numbers are limited for each workshop, if you or any of your colleagues are interested in attending one of these workshops please register your interest ASAP.

To register email admin@nurse.org.nz directly with the location of the workshop in the subject line. We require your Name, Phone Bus Hrs, Postal Address and Email Address in the body of the email please. If your Invoice should be made out to your employer, please include this info as well. For other queries please phone Kelly on (06) 358 6000

If you are interested in hosting a Portfolio Workshop in your area for your own group/employer, please contact the College office for details.

Please note –This is a day for Registered Nurses who are not on a PDRP Programme and want to develop a Professional Portfolio where they can clearly demonstrate competencies to meet the RN Scope of Practice. This is not a Nurse Practitioner Portfolio Development course.

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Please feel free to post on notice boards or circulate to anyone who may be interested. See below for more detailed explanation of the workshop.



Portfolio Presentation Workshops – more information

Background

With the introduction of the Health Practitioners Competence Assurance Act (2003) there is now a requirement for nurses to formally demonstrate ongoing competency. The development of portfolios is considered to be an appropriate way to not only fulfil these legislative requirements but also professionally develop nurses in practice. While many nurses who work within DHB provider arms are familiar with the development of portfolios as part of various professional development and recognition programs, there are a significant number of nurses who have not had this exposure. These nurses practice in a wide range of settings, e.g. aged care facilities, NGOs, the smaller private surgical facilities and primary health practices, often with little professional support and advice. The College of Nurses would like to assist this group and they would benefit from being able to access practical professional support in portfolio development in order to meet their professional and legal obligations.

Purpose of workshops

For all attendees to develop the skills required to confidently complete their professional portfolio to meet Nursing Council requirements and in which the individual nurse can take pride.

To provide an understanding of legislative and professional requirements in relation to competency review as part of the HPCA Act(2003) to those nurses who currently have little or no access to professional advice and support.

Please note –This is a day for Registered Nurses who are not on a PDRP Programme and want to develop a Professional Portfolio where they can clearly demonstrate competencies to meet the RN Scope of Practice.

This is not a Nurse Practitioner Portfolio Development course.

Who can attend?

All nurses who believe they need support and advice in development of their professional portfolio, particularly those who do not currently belong to DHB based PDRPs nor have access to professional advice and support e.g. nurses who practice in the aged care facilities, NGOs, smaller private surgical hospitals and primary health care settings.

Workshop Outline

The workshop will be interactive and practice based with each person completing some work on their own portfolio. Participants will work both in groups and as individuals and use the group and the facilitators to assist and support them with their work.

Areas covered will include:

- Understanding the Nursing Council competencies
- Becoming familiar with the portfolio format and terminology e.g. exemplars, peer review, case review, performance appraisals, professional development
- Understanding the different forms and ways of presenting evidence
- Practice in completing aspects within their own portfolio
- Ongoing support and services offered by the College of Nurses

Workshops will take a full day from 10am-4pm and networking and collegial support will be an important part of the day.

What others have said about this workshop-

"Stephen was fantastic and as it was the first time all the nurses had met together ever, the day had a good vibe."

"I personally got a lot out of it and it has given me some great ideas for my role also."

"We really appreciated the fact that Stephen was able to give us a day for this and all feel that it was so very worthwhile attending. It has broken down what was a major daunting job into easily explained and achievable tasks."

"Great day, great presenter and at the end of it a complete understanding of what is required in my portfolio. Highly Recommended!"



Working with consumers

Anne Fitswater, Nurse Practitioner in East Otago updates us on the July RWNZ conference.

Through the College of Nurses Aotearoa alliance with Rural Women, and with the help of Judy Yarwood (College Co-Chair), I secured a time for a very short presentation at the recent Rural Women Conference at Oamaru. After traveling

through flooded roads with 4-wheel drive to get into Oamaru I duly delivered my 5 minute presentation on Nurse Practitioners in Rural Primary Care. The delegates showed considerable interest and later all the promotional material was given away, with many people wishing to talk further about the place of Nurse Practitioners within a rural General Practice.

Regional Activities

The **Canterbury Region** has had three meetings this fall/winter. The first was a meet and greet breakfast for members to meet me and thank Judy Yarwood for her excellent work over the years. The second gathering was to discuss potential activities for the next 2 years and the final meeting had two items. The first was to begin the planning process to bring the Elder Care Symposium to the SI in 2011 and the second item was a discussion around the details of bringing in an international speaker, Maureen Horsely, FNP from the United States on 14 September 2010 to speak on Nurse

Practitioner Practice in Rural America; One nurses experience. We will be hosting this event at the Centre for Postgraduate Nursing Studies from 5-600 pm with a short member meeting after the presentation, all are welcome.

Mary Jo Gagan PhD PHCNP FAANP
Regional Coordinator - Canterbury
Centre for Postgraduate Nursing Studies
University of Otago--ChCh
03 364 3868

Moving House or Changing Job

Remember to update your
details with the college
office ASAP.

admin@nurse.org.nz

(06) 358 6000

College of Nurses, Aotearoa Regional Co-ordinator Vacancies

Northland, Manawatu,
Tarawhiti, Whangarei

The Regional Coordinators role is the face of the College in your area, if you could organise 2-3 meetings a year it would greatly benefit the members in your area.

If you would like to know more about this role please contact Kelly in the College office for more details.

(06)358 6000 or
admin@nurse.org.nz

Conferences & Events

16-18 September 2010 Auckland
Continence Conference 2010
www.continence.org.nz (see page 17 for more details)

23 November 2010 Auckland
College of Nurses Aotearoa (NZ) Inc Annual General Meeting
AUT University, North Shore Conference Centre
AF Building
90 Akoranga Drive
Northcote
North Shore City
All College of Nurses members welcome - please email confirmation of attendance or apologies to admin@nurse.org.nz (See page 15 for details)

24-25 November 2010 Auckland
Health Wealth of a Nation Symposium
www.healthwealthsymposium.co.nz (See page 10 for details)

Professional Portfolio Workshops
17 November 2010 - Wellington
18 November 2010 - Christchurch
26 November 2010 - New Plymouth
7 December 2010 - Napier
www.nurse.org.nz (see page 24 for details)

16-18 February 2011 Auckland
17th International Conference of the Nursing Network on Violence Against Women (NNVAWI)
www.confer.co.nz/nnvawi (see page 15 for details)

If you know of an event that you would like to see in this section of our next issue in August, please send details to admin@nurse.org.nz

Advertise with College of Nurses

Do you have an event or product that would interest our readers. We have advertising opportunities via our Member Email Updates, Website and this College Magazine Te Puawai. Please contact the College office for details (06) 358 6000 or admin@nurse.org.nz

College News

An Update from the College of Nurses administration team.

We have in the past 6 months experienced a surge of new members to the College of Nurses and we extend a warm welcome to you if you have joined us recently.

With the increase in membership over the past 18 months we are also increasing services to our members. You may have noted a new Online News Bulletin we have trialled, Linda Stopforth is well known throughout the health industry for her daily Snippets newsletter, packed with relevant up to the minute news for the health sector in New Zealand. The Board have been so impressed with this newsletter delivering health news without the need to search newspapers and websites to keep up to date that we wanted to trial a service in partnership with Snippets with a weekly News Bulletin specifically tailored to cater to our membership. We do hope that you have been enjoying receiving these News Bulletins. Please remember that you can opt in and out of email news and discussion group emails at any time by contacting the College office.

Registrations are again open for Professional Portfolio workshops being rolled out around the country see page 24 for details.

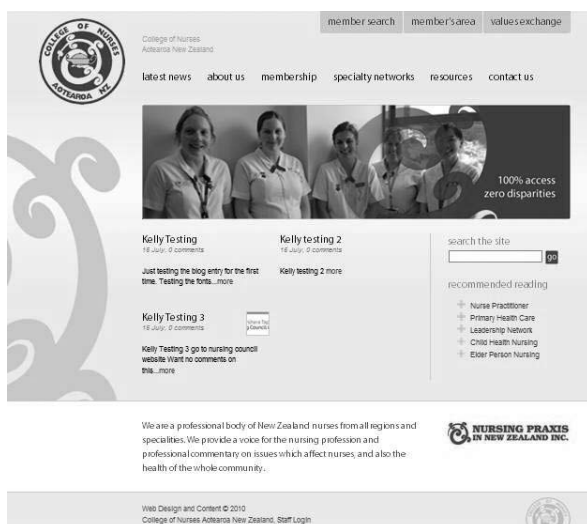


In the last few months we have also been working on developing the new College of Nurses website. The new website www.nurse.org.nz should be live by September, complete with an easy to use Forum replacing the existing email discussion groups. You get to choose to follow only the discussions that interest you and contributing to the discussion is also very quick and easy.

Together with the launch of the new website we will be posting out new membership cards to all members. You will be able to use your membership cards to confirm your college membership and indemnity insurance cover.

Also, last month we were busy packing up and moving to a sunny new administration office at 88 Grey St, Palmerston North. The College office phone (06) 358 6000 and postal address remain the same.

We enjoy hearing from College members, feel free to contact us at any time with queries or feedback.
admin@nurse.org.nz



Disclaimer

The College of Nurses Aotearoa (NZ) provides *Te Puawai* as a forum for its members to express professional viewpoints, offer ideas and stimulate new ways of looking at professional practice and issues. However, the viewpoints offered are those of the contributors and the College of Nurses does not take responsibility for the viewpoints and ideas offered. Readers are encouraged to be both critical and discerning with regard to what is presented.