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Editorial

During a 2 week stint at the Yale School of Nursing I met a most interesting man; Dr Mark Lazenby an oncology nurse practitioner and part time faculty member at Yale. Like many of their graduate entry students he came to nursing from a completely different background. In Mark's case in a previous life he was a Professor (means tenured lecturer in the United States) in philosophy at a Liberal Arts College. He had authored a book, The Early Wittgenstein on Religion" in 2006 which secured tenure for him. As a philosopher he had always been especially interested in compassion and this interest was crystallised when he watched his father die of a neuro-generative disease and noticed the lack of available palliative care.

From this he applied to Yale's graduate entry program. This is a fast track Bachelor of Nursing for graduates only who also meet high entry standards (the course is about 15 months duration) followed by a 2 year Masters of Nursing towards NP authorization. This has brought him to his present position where he practices in oncology and furthers his academic interests in pain and palliation as a Yale faculty member. He comments, interestingly, that theologians and philosophers do not approach palliation and end of life with an understanding of the clinical issues involved. But he also notes that the medical perspective does not always usefully accommodate the philosophical and religious issues involved. He believes that within nursing it is most possible to have a rich and interesting engagement with compassion.

When I met with Mark we talked about his views on compassion in relation to nursing theory and practice. He explained that he builds his work from a starting point of Virginia Henderson's theory of nursing. I no longer remember exactly how that is worded but essentially it stated that in nursing we do for others what they would do for themselves if they only could.

Mark suggested that more often now we do for others what we think they need done and that it is often more for ourselves (or the needs of the organization) than for the patient. He noted that the nursing "presence" is to be attentively present in a non ego bound way. Again like all of my sabbatical experiences this has caused long reflection. Some of that reflection has included not surprisingly, thinking about the oft-repeated concern that nurses have lost the art of caring in the current highly pressured and highly technical environments. I am always simultaneously worried and irritated by such comments. Worried because these comments paint a picture of nurses under too much pressure and time constraint to reflect their care and compassion and irritated because I think they unconsciously suggest that nursing cannot be both an art and science as it most certainly is.

Mark Lazenby especially focuses on palliative care in his clinical practice, which he says should begin at the point of diagnosis. I of course asked him how this can be aligned with the contemporary focus on survivorship. His explanation was that a relationship must be built between patient and practitioner at the point of diagnosis and continuity of care is essential. Because he constructs compassionate care as asking what do *they need* rather than what *should they* have then it is essential to know the person very well and to be able to be anticipatory about those needs when they are at the end of their life if that is the outcome. This can equally be applied of course to any long- term care and especially to residential care of the frail elderly. I need to think further about the applicability to short term and acute care.

Dr Mark Lazenby - photo courtesy of Michael Marsland / Yale University

In general Mark suggests that we reframe compassion not as the province of the young emotive nurse but as a nurse who can set her ego aside and truly hear what the patient needs. Caring is therefore pragmatic and not emotive and the doing is the caring.

I read something that Mark had written in the Yale Nursing Matters magazine and it had great resonance for me. He said, 'the health care system must become "one that really is shaped by a model of care and not a model of systems and the science of medicine." This of course closely aligns with my own world-view and is therefore of immense interest to me and I hope to many of you as well. I would love to see some discussion on this arising within the College and of course some connections made to the current work on advanced care planning.

On page 14 I have also written a short piece about the experience of shadowing an acute Nurse Practitioner in a large ICU in the U.S. It is salutary to compare the views of Dr Mark Lazenby with the experience of patients and staff in that setting. So what to do, I wonder, to make the practice Mark envisages a reliable reality? These are debates which nursing should be leading and it remains my hope that perhaps our Values Exchange may become a useful forum for making that possible.

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

NOTICE OF ANNUAL GENERAL MEETING

The Annual General Meeting of the College of Nurses Aotearoa (NZ) Inc will be held in Auckland on

Wednesday 24th November 2010 at 5.00pm

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

Remits: Members voting form for remits will be posted out or you can vote online via the College website www.nurse.org.nz.

New College Board Member

The College of Nurses is pleased to welcome Ngaira Harker-Wilcox as a member of the Board (Maori Caucus). Ngaira tells us a litte about herself below.

Tena Koutou Katoa,

My name is Ngaira Harker-Wilcox and I am very proud to be included as a board member in the College of Nurses Aotearoa. I have been a nursing lecturer at Waiariki Institute of Technology within the Bachelor of Nursing Programme for 10 years. Recently I have taken up a leadership role within the Institute and am currently the Academic Leader for the School of Nursing and Health Studies within the Institute. We have a wonderful team within the School and we are well lead by Helen Manoharan. I am grateful for their support and encouragement in taking this role.

My whanau, both my mothers and my fathers side, hail from Wairoa, so have strong links to this area and I regularly visit family in Wairoa. My husband Phillip Wilcox is of Rongomaiwahine descent from Mahia so we are pretty closely connected. We have one daughter Rawinia who keeps us busy and is currently at High School. I have 4 sisters one of whom is a midwife Tungane Kani. I am really proud of her achievements within the midwifery area. I love living in Rotorua, we have a great mix of people and a pretty relaxed lifestyle. Apart from my job and family, I do try to get out and play a bit of tennis.

Nursing Education particularly undergraduate education is an area that inspires me and motivates me as a nurse. Supporting students through their journey is challenging and I believe takes special skills to be able to inspire and motivate students to succeed. I still recall my own journey through education and the commitment required to remain motivated and focussed to reach your goals.

I have a commitment to supporting Maori nursing students within their journey. I am a current member of Wharangi Ruamano (Maori Nurse Educators) and also on the Advisory Committee for Nga Manukura O Apopo, both these groups have a focus on supporting Maori nurses to reach their full potential and ultimately make a difference in improving health outcomes. My study at Masters level focused on a project to identify and support Maori undergraduate students to succeed within the tertiary environment.

Again it is an honour to be part of this board and I look forward to the role.

No reira
Tena koutou
Tena koutou
Tena Koutou katoa

More hurdles for nurse prescribing

Reprinted with permission from New Zealand Doctor

Dr Jill Wilkinson, RN

The drive to create a flexible and responsive health workforce is an area of pressing concern to all who work in health. Many will be aware of the recent proposal by Health Workforce New Zealand (HWNZ) to initiate nurse prescribing in diabetes services. Under this proposal nurses working as diabetes nurse specialists (DNS) will be approved by the Nursing Council as designated prescribers in three trial demonstration sites yet to be set up. The plan will be evaluated in September 2011.[1]

There are now several thousand registered nurses who already have the post graduate education and practice experience to prescribe, but have not applied to the Nursing Council to be registered as a nurse practitioner. Legally, nurse practitioners are designated prescribers and able to prescribe independently within their defined area of practice. The post graduate clinical master's degree completed by these nurses and nurse practitioners includes (among other things) pathophysiology, advanced health assessment, clinical pharmacology and a prescribing practicum supervised by an existing prescriber such as a general or nurse practitioner or medical consultant in the relevant specialty.

There are a range of reasons why these expert nurses who have a clinical master's degree have not applied to the Nursing Council; there is a dearth of employment opportunities despite the clear need for a NP service, as well as the rigour of the Council application process. The opportunity arising from the HWNZ proposal for diabetes nurse specialists therefore, has its attractions.

Few would argue about the inconvenience of the countersigning requirements in the Standing Orders Regulations 2002[2] by which nurses and the issuer of the order must abide. Indeed, it is the constraints of the Standing Orders that led to the HWNZ proposal for diabetes nurse specialists. There is also unequivocal evidence that safe and timely access to medicines in general improves health outcomes and reduces hospital admissions.[3,4]

The most impressive gains have been made in the United Kingdom since 2005 with a clear government policy to support the extension of prescribing responsibilities to non-medical professionals. There are now over 16,000 registered nurses who can independently prescribe any medicine for any medical condition within their competence on the same basis as doctors.5 These nurses complete a degree level course comprising 26 theory days and 12 days of supervised prescribing practice.[6]

On the basis of these gains in the UK – remembering that New Zealand education significantly exceeds that of the UK – it is hard to understand why there would be such poor use of the investment made by our government in post graduate nursing education (via clinical training agency funds – now HWNZ). There is potential to enhance the practice of this growing group of under-utilised masters prepared nurses as well as meet the health goals of all sectors of New Zealand's population now, not only those with diabetes. Where the HWNZ proposal for diabetes nurse specialists loses its appeal is the underlying suggestion that if the DNS trial is not successful, demonstration sites will not be rolled out for other groups. Success would bring the promise of an incremental roll-out, but could take many years with each new phase likely to be dependent on the success of the previous one. I am not sure we can afford to take this long.

Referred to as a workforce innovation in the discussion document, the current HWNZ proposal could be considered a retrograde step in the journey towards improving access to medicines. It has remarkable similarities with the New Prescribers Advisory Committee (NPAC) established over ten years ago following the Medicines Amendment Act 1999[7] for new groups of health professionals seeking prescribing rights. Under the regulations associated with the amendment, nurses practicing in aged care and child family health could prescribe from a limited schedule of medicines.[8] Only one nurse ever prescribed under these regulations and in her experience, the schedule rapidly became out of date and impeded best practice. The latest HWNZ proposal, however, would introduce additional hurdles for new groups of specialist nurses seeking prescribing rights that were not required by NPAC, by demanding demonstration sites be set up, as well as an evaluation, then consultation with stakeholders.

In the interests of pressing consumer need for timely and appropriate access to medicines, a more sensible solution to unlocking the potential of such a well-educated workforce is to simply amend the regulations to make provision for nurses with the appropriate clinical master's degree to be regulated by the Nursing Council as designated prescribers in their named area of specialty. Stipulating a specific area of expertise imposes a limitation on practice so that a nurse who nominates the specialty area of, for example, 'wound care' may prescribe only in relation to wound care, and clearly not, for example, a cardiac-related condition. The very nature of long term conditions and the inevitable presence of co-morbidities clearly demands a more comprehensive service.

The government has wisely invested in post graduate nursing education and could readily realise the investment by properly matching the regulatory environment to the skill-set of an existing workforce. It seems however that we must assent to the current proposal if nurse prescribing is to progress at all. Lessons from the past and from the UK experience could be drawn upon to better utilise the existing well educated nursing workforce. Far from straightforward, the process for getting nurse practitioner prescribing into law has been a frustrating journey. The journey ahead towards autonomous positioning of registered nurse prescribing without oppressive restrictions is set to be similar.

1. Health Workforce New Zealand & Ministry of Health. Nurse prescribing in diabetes services: A discussion document. Wellington: Author; 2010, July.
2. Medicines (Standing orders) Regulations. New Zealand Government: Wellington. 2002.
3. Bradley E, Hynam B, Nolan P. Nurse prescribing: Reflections on safety in practice. Soc Sci Med2007;65(3):599-609.
4. Bradley E, Nolan P. Impact of nurse prescribing: A qualitative study. J Adv Nurs2007;59(2):120-8.
5. Department of Health. Non-medical prescribing programme. 2010 [cited 2010 August 19]; Available from: http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/index.htm.
6. Chaston D, Seccombe J. Mental health nurse prescribing in New Zealand and the United Kingdom: Comparing the pathways. Perspect Psychiatr Care2009;45(1):17-23.
7. Medicines Amendment Act. New Zealand Government: Wellington. 1999.
8. Medicines (Designated Prescriber: Nurses Practising in Aged Care and Child Family Health) Regulations. New Zealand Government: Wellington. 2001.

Moving House or Changing Job?

Remember to update your details with the college office ASAP.

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

Chief Nurse steps into her role

The College of Nurses is especially delighted to see Dr Jane O'Malley appointed to the critically important role of Chief Nurse. We see her as bringing exactly the level of experience and calibre of performance which the position requires. We very much look forward to welcoming and working with her.

Dr Jane O'Malley, Chief Nurse

The following comments were made by Deputy Director General of Health, Ms Margie Apa.

"The role of Chief Nurse is an important role in the clinical leadership team of the Ministry and in New Zealand's health and disability sector. Nursing makes up a significant proportion of our workforce. Every day nurses are playing their part in delivering quality care and look to their collective leadership across District Health Boards, primary and community providers and education to support and encourage them in the workplace".

"For the Ministry of Health, successfully delivering on the Government's priorities requires us to have a clinical leader who understands how provider environments work, has a proven record in change in both primary and secondary care settings and is well respected among their peers to get the best out of our nursing leadership".

"I am delighted that we have been able to recruit someone as skilled and experienced as Jane to this key position for the Ministry," Ms Apa said. "I'm delighted that we found that person here in New Zealand. Jane's academic experience and commitment to developing the nursing profession provides a sound platform for her to provide leadership to nurses throughout New Zealand.

"Most of Jane's career has been in medical, surgical and mental health nursing in tertiary centres in New Zealand. Since November 2005 she has been the Director of Nursing and Midwifery for the West Coast District Health Board where there's a strong focus on primary and community service delivery. She has the benefit of first-hand experience of the challenges of nursing in both large city hospital settings as well as provincial hospital and rural primary/community settings," Margie Apa said.

Dr Jane O'Malley holds a Masters Degree in Delivery of Nursing Services from New York University. Her PhD from Victoria University of Wellington considered the impact of context on the delivery of acute inpatient mental health nursing care utilising action research and critical social theory. In 2007 she was recipient of an NZNO Award of Honour for services to nursing.

Dr O'Malley said the key priority for her coming into the role will be building effective working relationships with the Ministers office, and with Ministry and heath sector colleagues. She said she was looking forward to gaining a greater appreciation of how the new look MOH will operate, and developing a shared understanding of how the chief nurse, the MOH nursing innovations team and sector-wide nurse leaders will work together, and with others, to provide clinical leadership into planning, implementing and evaluating national health services.

Some of the highlights of Dr Jane O'Malley's nursing career include:

- Senior Lecturer in the Department of Psychological Medicine, Christchurch School of Medicine 1997 – 2005
- President of the New Zealand Nurses Organisation (NZNO) 2001 – 2005
- DHB/NZNO Committee of Inquiry into Safe Staffing and Healthy Workplace member 2006
- DHB/NZNO Safe Staffing and Healthy Workplace Unit governance group co-chair
- Rural Innovation Fund 2007/8 co-recipient
- DHBNZ Safe Staffing Healthy Workplaces Unit demonstration site leader at West Coast DHB August 2009
- Ministry of Health and West Coast DHB Sustainability Project clinical advisor and steering group member 2008-2010
- Better, sooner, more convenient' primary health care initiative team member 2010
- Co-manager of secondary services (working successfully alongside the Medical Director and the General Manager 2009 - 2010
- Canterbury Initiative for clinical pathway referrals from primary to secondary and tertiary care Clinical Leader (alongside the PHO Medical Director).

College of Nurses, Aotearoa

Regional Co-ordinator Vacancies

Northland, Manawatu, Tarawhiti

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

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.

It is our pleasure to announce the
17TH INTERNATIONAL CONFERENCE OF THE
NURSING NETWORK ON VIOLENCE AGAINST WOMEN (NNVAWI)
Stopping Violence: Innovations & Partnerships for Sustainable Change

16th - 18th February 2011
Heritage Hotel, Auckland
New Zealand

Delegates from across health disciplines and other community and service organisations welcome.

Abstract submissions close 20th July.

FOR MORE INFORMATION VISIT:
www.confer.co.nz/nnvawi
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Nurses' perspective on end of life care: 'Health priorities debate' survey report

by Judy Yarwood

In September the College of Nurses initiated the first in a series of professional debates exploring health related issues impacting on all New Zealanders. The first debate, exploring end of life issues, was undertaken through a survey completed online using the College web site, Values Exchange. This report provides an overview of the findings of the survey 'Health priorities debate'. A full report is available on the Values exchange, at www.nurse.values-exchange.org.nz

First of all the purpose of these professional debates. They aim to:

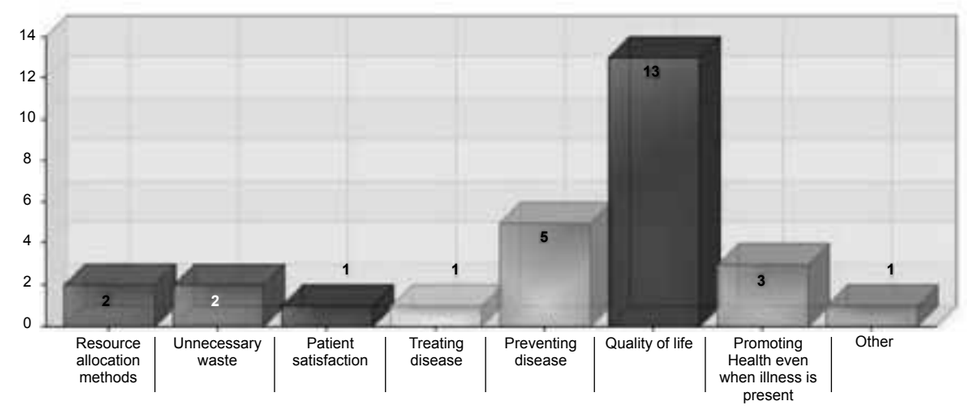
- Provide a challenging environment for professional debate
- Engage as many members as possible in constructive conversation
- Reveal our value-judgments so we can better learn from and about each other

The relevance of this first debate was made salient to me at a recent Christchurch seminar given by amongst other things, an economist and philanthropist, Gareth Morgan. Among the topics addressed was how we can go about improving health care delivery in New Zealand. Morgan emphasised there is a certain urgency needed to have a transparent public debate about what we as a country can and cannot afford to provide for public health. As a country we seem to have difficulty with rationing health services, despite our inability to provide all the services people demand. And yet with a burgeoning demographic of older people this debate is essential. Mind you that does presuppose that as one ages one will increasingly require health services. As baby boomers head towards the sage 70s, 80s and beyond they will quite rightly challenge our thinking about aging and end of life care. Because registered nurses (RNs) are the health professional most likely to provide end of life care they need to lead or at the very least be involved in this critical debate.

So what do RNs think is fundamental for people as their life draws to a close? Before we look at what respondents thought we reiterate the real life story that was used in the survey to stimulate thinking and responses. This excerpt is taken from an article by Infometrics economist Geoff Simmons, published in the Dominion Post, July 31 2010.

Initially things went well. The diagnosis probably took longer than it should have, but Nana responded well to the treatment. She was still strong, and the operation and chemotherapy seemed to take care of the problem. We returned to normality, albeit slightly more aware of her mortality than previously. And then, in late 2000, the cancer returned. We all knew from the outset that the chances weren't good, Nana was still weakened from the first bout, and the survival rates from relapses were not high. And so began the long, steady slide. This time around the operation and chemo really took their toll. This once proud, fiery, red-headed woman took to wearing scarves to maintain some dignity in the face of her hair loss. One complication followed another as the battle raging between chemo and cancer affected the rest of her body. Each operation seemed to blur into the next. Nana was lucky in that she had so much family around her to help during her last days. I shudder to think how someone with a small family (or even none) would handle such a situation. It is usually in these times that a family will make emotional pleas for everything to be done. This is an understandable reaction borne out of fear of losing their loved one, perhaps tinged with a little guilt that maybe they could have done something differently in the past. The medical system, too, is geared up to offer treatments and solutions. This was particularly the case for Nana, probably because the specialist recognised that they had lost crucial time dithering over the initial diagnosis. Unfortunately this imperative, the "rule of rescue", ultimately drives most of the spending within our health system. It means we don't spend money keeping people healthy when they are young, which is far more effective. Did Nana want to live? Of course she did, more than anything. She wanted to see the next grandchild's wedding, or birth of a great-grandchild, or Christmas. But if someone had had a frank conversation with her and the family about what lay ahead when her relapse occurred and offered her the choice between better care and chemo, she might have chosen differently. These conversations are of course incredibly difficult, riddled as they are with emotion, especially when you are trying to keep a patient in a positive mindset. We have to normalise death in our culture before we will ever be able to overcome this issue. But instead of making a conscious choice, Nana's last year was a series of never-ending procedures, each of which made sense at the time, but together they took a brutal toll on her body.

This story will have a familiar ring to so many, either professionally or personally, as it did for the 29 respondents to the survey. 20 respondents have worked in health care for over 20years, 8 have worked between 10 and 20years and 1 less than a year. Length of time in nursing practice appears to have influenced some responses as will be seen throughout the report. All respondents words are italicised. To set the scene, the first survey question asked was **If you could name just one thing, what would you choose as THE most important factor is modern health care?**



As can be seen above Quality of life was the choice of nearly 50% of respondents.

Quality of life, a concept difficult to define, and context dependant, relates though to a general sense of wellbeing. Responses in the survey encompassed many factors including a real sense of caring for the whole person, health being much more than treatment, and resources.

Focusing on quality of life will force us to put people at the centre of care, engage them as drivers of their own health and well being.

Health care needs to take account of much more than disease nowadays - we need to treat the whole person, if we can.

Interestingly, for respondents who had been working for more than twenty years 'quality of life' was identified as the most important factor in modern health care, followed by disease prevention. Whereas for those working between 10 and 20 years importance was allocated across several factors including 'resource allocation', preventing disease' and 'quality of life', with 'preventing disease' identified as crucial.

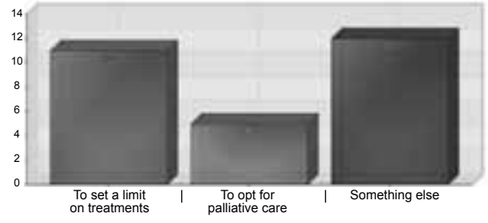
Although disease prevention was identified as important in modern health care, when asked **'If you were Nana's nurse, how would you have advised her?'** quality of life was considered imperative. Out of four options, 'to fight the disease fully', 'set a limit on treatment', 'opt for palliative care' and ' something else' no respondent chose the first option 'to fight the disease fully'

Because there is a fine balance between fighting disease and choosing quality of limited remaining life. Because quality of life is as important as length of life

Life at any price is often a poor decision but choosing to let go is incredibly difficult and requires huge support for some.

It comes to what is her choice, I think I believe in quality, not quantity, effective use of resources but in case there is a chance of success the family sets limits on active treatment

'Something else' was the preferred of the other three options



Nurses' perspective on end of life care... cont.

I would have provided a full explanation of her options and then supported what ever decision she made.

I would fully explain to nana the ongoing treatments the consequences and that they were unlikely to cure her. I would explain all options including Palliative care and assist her to make an informed decision by providing all the information possible.

When asked **'As a nurse, do you feel able to support people to opt out of medical care in relevant circumstances?'** 50% of respondents felt they could do so, with only one answering never.

The question **'Do you think rationing of health care services is necessary, or are there other solutions?'** found by far the majority answering in the affirmative.

There needs to be careful rationing and ongoing investment in prevention

Resources have to be rationed to a certain extent - demand will always impact supply and vice versa. The most sensible, cost effective, efficient and logical solution is to release the tight grip of medicals on the dictation of clinical roles/ responsibility - and realise the full potential of quality nursing care. Research has shown this time and time again - and it is a foolish govt that ignores the evidence.

It is necessary as there is not an unlimited pool of money. Money should be spent on prevention first, and providing populations with the means to care for themselves. Money should be diverted away from technology that keeps people alive without quality of life.

However there were some who sought other solutions

I don't think it [rationing] is as necessary as we are led to believe. Our first focus should be on limiting wastage such as poor co-ordination of care, duplication of service, using medical practitioners where nurses are more than able to provide the service, excessive medicalisation, non evidence based procedures, screening etc

Overall then the RNs who responded to this survey believe quality of life is fundamental to people, especially as their life ends. The emphasis on the 'whole person' rather than the disease is apparent, an approach that appears to become stronger with age and practice experience. Extending this conversation out to include people themselves as their life draws to a close, and/or their family/ whanau would be worth considering as well. I wanted to finish with a salient quote from Morgan's recent work, which is highly relevant to these findings, as well as to our profession as a whole. This quote is taken from a list of reasons Morgan identifies as to why nurses are central to achieving changes in the health system.

"Nurses can see things from a broader perspective. Because of the specialised nature of most doctor training, it can be difficult for them to think about how the health system works together as a whole, and how resources should be prioritised. A good example of this is with end of life treatment and care. Too often the system tries to cure old age, instead of stepping back and considering how to manage the whole end of life experience. Sometimes it might be better to treat less and care more; managing this process requires working closely with patients and investing more in caring rather than curing. Again, nurses are in a position to see the value of this investment" (Simmons, 2010).

I encourage you to view the full report via the College Values Exchange and participate in new surveys. You can easily find the Values Exchange link at the top of the College Website.
www.nurse.org.nz

Reference: Simmons, G. (2010). Archive: Nurses crucial to administer prescription for change. Retrieved from http://www.garethmorgan.com/Pages/news/archive.aspx?=456

College of Nurses Values Exchange

This online case and survey tool is available for use by college members as well as non college members and organisations for a nominal set up fee and can be used to promote discussion on any subject with any group you wish to involve.
If you would like to discuss how you could use Values Exchange for your studies or surveys, please contact the College office admin@nurse.org.nz or phone (06)358 6000

Please remove or copy and post on your noticeboard.

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 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.

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A brief sabbatical experience at Yale University; School of Nursing

Reflections on critical care in the USA

by Prof Jenny Carryer

This has been a year for sabbatical time and I have recently spent 2 weeks as a Visiting Professor at Yale University in New Haven Connecticut. My visit was hosted and organized by Professor Donna Diers who was extraordinarily gracious and generous in making my visit so rewarding. I was in New York on the ninth anniversary of September 11th and visited ground Zero where ceremonies were occurring and demonstrations had concluded in support and protest at the planned building of a Mosque. After an amazing weekend in New York staying in a hotel on Times Square I moved to Yale for the 2-week experience.

Yale University - photo courtesy of Michael Marsland/Yale University

Giving two papers, while at Yale seemed a very small price to pay for the many rich experiences, which were offered and accepted. I spent time in Primary Health Care settings of great interest to me but mostly I want to focus on the 6 hours I spent shadowing an acute care Nurse Practitioner in a large hospital with a 24 bed ICU for all but trauma patients who go to another hospital. The NP covered this unit along with being a key member of a rapid response team, which attended any crisis throughout the hospital.

Two major impressions remain with me. Firstly I was immensely impressed by the knowledge and skill of the NP, Dr Laura Andrews. She shouldered a major level of responsibility and demonstrated a vast level of knowledge and skill. In addition of course I observed the RNs who were providing the very "high tech" care to the patients.

But it is the high tech care on which I now reflect. Recently the College has conducted a Values Exchange based survey/discussion on the complex issue of giving or withholding care when patients reach end stages in a disease or treatment trajectory. This is a challenging issue for all countries and New Zealand is no exception. But I think I can safely say that a great majority of the patients I saw in

Laura Andrews NP (USA)- photo courtesy of Michael Marsland / Yale University

the ICU would probably not be in an ICU in New Zealand. Clearly the point of withdrawal of care is set differently in the States.

I have no wish at all to criticize the exemplary care I saw being given by all involved but I felt I stood in mute recognition of a high level of suffering; by the patients mostly but also by the nurses. I was reminded of the long ago PhD thesis written by Irena Madjar exploring the experience for nurses of inflicting pain and the conflict that provides with the ethos of nursing. In this instance I refer to pain as a multi dimensional concept including all forms of suffering.

When disease is no longer reversible (often cancer in this case or end stage alcohol abuse), what is the place of ventilators, CPAP, parenteral nutrition, repeat surgical interventions? I am sure that given the skill being applied some of the people in such predicament live to enjoy some more days but many don't and the cost is high.

I cannot begin to imagine the fiscal cost of such intervention but as a nurse I looked into the eyes of some of those patients and shuddered at the level of suffering present. I watched people struggling to breathe with pale sweaty skin and frightened eyes. I listened to the constant beeping of monitor alarms and wondered at spending ones last days perhaps in such a restless environment where family no matter how welcomed feel intimidated and unable to be natural or at ease.

One patient in particular will always haunt me. In her forties she had had bariatric surgery several weeks before and was still ventilated. Her wound had completely broken down leaving an immense area of open wound, intestines and oozing fistulae. Her utter misery was horribly apparent and caring for her was very stressful. In the US, bariatric surgery is available under Medicaid and is relatively commonplace. This raises so many questions for me.

Early in the afternoon I waited to meet the NP in a room of one ward where I sat in front of the ward telemetry screen. I was very concerned for the owner of one strip, which showed constant runs of ventricular tachycardia and other serious arrythmias (which I could not so confidently diagnose!!). I was quite surprised to learn in a round about way that the patient behind the ECG reading was 93. Similarly "my" NP was attending a rapid response to an 87 old woman admitted acutely from a residential care facility following an apparent seizure.

All in all, much food for thought and endless reflection here. Because they can [intervene] they do; as we frequently do in NZ. Would a man of

Professor Jenny Carryer with Professor Donna Diers admiring the intricate wod carving in the Yale Library - photo courtesy of Michael Marsland / Yale University

93 choose to be on telemetry in a busy, noisy ward environment and what exactly is the purpose of such monitoring? Is this not high tech monitoring of the inevitable? And how does this situation arise? So many questions and whilst I think our environment in NZ is qualitatively different and we are indeed less aggressive in our management, there are still lessons to be learnt and debates to be had.

On a happier note it was so interesting to become aware of the very philanthropic environment in the US where wealthy benefactors gift literally millions of dollars for scholarships and research. Nursing is so well endowed at Yale with numerous benefits bestowed on the School itself and many sources of money available to faculty and students alike. So different from our rather resource starved environments and it was instructive to see the creativity, the outputs and the sheer excellence that flows when people are fully supported in their endeavours.

Consumer Alliances

Rural Women New Zealand (RWNZ) Consumer alliance Update from Judy Yarwood RN MA (Hons) FCNA(NZ)

Through our consumer alliance, NP Anne Fitzwater presented the work of NPs at the National Rural Women's conference 'Resilient rural communities'. South Island rural communities certainly have had to call on all their resilience over the last month with the massive Canterbury earthquake disrupting many families and communities. This was closely followed by an horrific winter storm in Southland with similar consequences. Reciprocal messages of support and best wishes were exchanged by the College of Nurses and RWNZ, demonstrating the ongoing benefits for both organisations.

We also received feedback from rural communities about the consequences of cost cutting by ACC, which has resulted in loss of community expertise and services.

Conferences & Events

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 4 for details)

24-25 November 2010 Auckland
Heath 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
6 December 2010 - Napier
www.nurse.org.nz (see page 18 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 9 for details)

If you know of an event that you would like to see in this section of our next issue in November 2010, please send details to admin@nurse.org.nz

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	17th November 2010	Massey University	$ 175.00	$ 155.00
Christchurch	18th November 2010	CPIT- Christchurch Polytechnic	$ 175.00	$ 155.00
New Plymouth	26th November 2010	The Devon Hotel & Conference Centre	$ 175.00	$ 155.00
Napier	6th December 2010	Anchorage Motor Lodge	$ 175.00	$ 155.00

Register your interest for

Nelson / Marlborough	TBA – Early 2010
Dunedin / Otago	TBA – Early 2010

* 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.

Sponsored by

Massey University WELLINGTON

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 a 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 or 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!"

New Regional Coordinators for Waikato

/ntroducing new Regional Coordinators for the Waikato Region Carey Cambell and Kathy Shaw

Carey Cambell is the Chief Nurse Advisor for the Southern Cross Hospitals network - a position she has held since October 2008. She is based in Hamilton. Prior to this she held a variety of clinical, education and nursing leadership roles at Waikato District Health Board.

Carey completed her initial nursing training at Waikato Technical Institute (currently Wintec), gained her BN through Massey University and more latterly a Post-Graduate Diploma in Health Leadership and Management and a Master in Health Practice at Auckland University of Technology. Her final practice project involved an evidence-based practice approach to the topic of "Early Warning Scoring Systems: Do they improve care?".

Carey has a keen interest in quality systems and processes as well a passion for promoting and advancing nursing practice and the nursing profession. She was a member of a winning team at the 2007 New Zealand Health Innovation Awards for implementation of nurse-led preadmission processes.

She was appointed as Chair of the New Zealand Private Surgical Hospitals Association (NZPSHA) Directors of Nursing group in September 2009 and voted onto the NZPSHA executive in September 2010. She is a member of Nurse Executives of New Zealand (NENZ) and also acts as a Nursing Council of New Zealand (NCNZ) assessor and panel member for Nurse Practitioner assessment panels. Carey is married with 2 school aged children.

Kathy Shaw is an academic advisor with University of Auckland and is based in Hamilton. She trained at Waiariki Polytechnic where she also gained her BN. She completed her Masters in Health Practice through AUT.

She has held a number of nursing positions in Auckland, National Womens and Rotorua Hospitals mainly in the clinical areas of NICU, ICU and CCU. She also held the role of New Graduate/ CTA co-ordinator at Lakes DHB prior to moving to Hamilton where she was employed at the Waikato DHB in an Acting Professional Nurse Advisor role. This is where Carey and Kathy met in 2003 whilst sharing an office and acting in similar nursing leadership roles. They soon learned they had very different, but luckily very complementary styles of working. Kathy has since had a variety of roles including contract work with NZIRH (professional leadership and nursing education).

In addition to her current role with UoA, she also undertakes audits for NCNZ in education standards and is a company director in her family business – Minibus express airport shuttle, daily to Auckland and Hamilton airports, 0800 minibus (646428).

Kathy's specific areas of interest in nursing include nursing education – specifically post-graduate and NETP and the development of advanced practice roles.

Kathy is married and has 3 school aged kids which means she is also busy running around after them as a taxi service to soccer, rowing, netball, singing and drama.

Carey and Kathy both belong to the same book group – where they sometimes talk about books!! So we thought it only fitting to get to know them a bit better…and maybe learn about a few good reads at the same time…….

What are you reading at the moment?
Kathy: Ladies detective agency (had to for book group)
Carey: Lunch with a Soldier (though I should be reading Sarah's Key for book group)

What was the last book you read?
Kathy: Helen Brown – Cleo the cat who mended a family
Carey: The Immortal Life of Henrietta Lacks (a thought-provoking true story about ethics and the use of human tissue)

What book would you recommend?
Kathy: We need to talk about Kevin by Lionel Shriver – a book that will disturb you
Carey: Loads, and loads….but if I have to choose one it would be The Art of Racing in the Rain by Garth Stein – a story told through the eyes of a family dog! One of the few books our WHOLE book group enjoyed!!!

What's your favourite movie(s)?
Kathy: Juno; The Notebook
Carey: Boy (it is so very clever…and funny… and sad….and NZ); The Hedgehog (French subtitled)

Your favourite wine?
Kathy: Sauvignon Blanc – Astrolabe
Carey: ditto – which is probably another reason we're friends! (am also quite partial to Jules Taylor sav)

Favourite food?
Kathy: anything not cooked by myself
Carey: risotto (which I've pretty much mastered) and crème brûlée (which I haven't quite mastered to restaurant standard….yet….. It's fun trying though!)

Any big plans for the regional co-ordinator role?
Both: We really hope to increase the awareness and profile of the College within the Waikato region and will try to hold some interesting discussion/ networking evenings with guest speakers…watch this space!!

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)

$40 for members, $50 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.

Portfolio Workshops are available around the country,

check page 18 for details

Alcohol law reform alive and kicking

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

1. The new alcohol reform Bill
The new alcohol reform Bill is due to have its 1st Reading in Parliament towards the end of this month or early next month, so we have been informed - in other words, any day now.

Following this 1st Reading, a Select Committee will call for submissions on the new Bill from the public - us - and we will probably have about six weeks to get our submissions into the Select Committee from that point, so we have also been informed.

We are therefore getting ready. This is the final opportunity using the formal political processes this year to send a signal to the Government that their response to the Law Commission's review is weak, timid and unacceptable.

Cabinet has already signalled what will be in the new Bill. However, as we pointed out in the last Progress Note, it's what ISN'T in the Bill that is the issue.

Unless a miracle occurs, the new alcohol Bill is going to be the tinkerings (see below) that we've already heard in Hon Simon Power's announcement several months ago; with a focus on youth, and two things that would actually make a significant difference being put off in order for "more research" to be conducted.

These are the highlights of what Hon Simon Power announced:

- Split purchase age: on-license 18, off-license 20 (put to conscience vote)
- RTDs: maximum of 5% alcohol and 1.5 sds
- Strengthening parental provision of alcohol to minors
- Maintaining industry self-regulation of marketing/ advertising but strengthening advertising restriction to under 18 year olds
- Default licensing hours: on-license 8am - 4am, off-license 7am - 11pm
- Voluntary local alcohol plans
- Cut down on excessive alcohol promotions at point of sale
- Clarification on what is a supermarket
- "more research" in terms of minimum price
- "more research" on blood alcohol levels

2. We need more than JUST TINKERING with the problem
See the latest Alcohol Action pamphlet on our website. Download it, copy, and distribute it as widely as you can.

3. Submission postcards
We have taken the decision, following consultation with the Select Committee office in Parliament, to use postcards as a way of increasing the numbers of submissions to the upcoming Select Committee. We've been impressed by the communication we've had with Parliamentary staff who have made it clear they want to help facilitate ordinary people - us - who want to have a say, to have it.

We became convinced that there are thousands of New Zealanders who feel strongly about the alcohol situation, but who for various reasons just wouldn't get around to making a personal submission. Even the word "submission" throws many people. So we're going to make it easy for them with submission postcards.

The submission postcard features the four key alcohol actions: Put an end to:

1. Ultra cheap alcohol, beginning with a minimum price for a standard drink
2. Highly normalised and accessible alcohol, by restoring supermarkets to being alcohol free
3. All alcohol advertising and sponsorship, except objective printed product information
4. Legal drunk driving, by reducing the adult blood alcohol level to at least 0.05.

Place your order now for FREE submission postcards by emailing: "mailto:coordinator@alcoholaction.co.nz" coordinator@alcoholaction.co.nz
Remember to give your mailing address and tell us how many postcards you want for friends, family, colleagues, etc.
How many? Go through your work and home address books, double the number and add a bit.

4. Personal submissions
If you're reading this progress note, it is assumed that you will NOT be putting in a submission postcard, but will be putting in a personal submission, either as an expert, a front-line worker or giving a personal story about alcohol (or combination of these). Personal submissions will definitely have more influence than a submission postcard.

To help you with your personal submission we are putting together a model skeletal submission that you will be able to use to easily create your own unique submission.

We are also putting together a formal Alcohol Action NZ submission based on this skeletal outline so you'll be able to see how the skeletal version can be fleshed out.
Both of these documents will be posted on our Home Page: "http://www.alcoholaction.co.nz" www.alcoholaction.co.nz as soon as the new alcohol Bill is read in Parliament, along with other materials and links that will make putting in a submission really easy.

5. Like tobacco, there is no safe use of alcohol
Did you see Backbenchers on TV7 last week? It included discussion about alcohol and featured some excellent comments by our colleague Dr Paul Quigley, including the direct relationship between alcohol use and breast cancer.

However, during the discussion Mr Chester Burrows MP said that alcohol is different to tobacco because with tobacco there is no safe consumption, a view held by many - including the Prime Minister and possibly Hon Simon Power from what I've heard them say.

This represents a fundamental misunderstanding in the National caucus that could be further impeding appropriate alcohol law reform.

Evidence has shown that drinking two standard drinks per day carries the same risk as smoking five cigarettes a day in terms of mortality. Both carry a one in a hundred chance of dying over the lifetime. Of course with alcohol, there is the additional enormous burden of collateral damage to innocents compared with tobacco, of particular note physical and sexual assault, and motor vehicle injury.

Once it is more widely known that like tobacco, there is no safe use of alcohol, the need for urgent de-commercialisation of alcohol in line with the same measures that have been appropriately instituted for tobacco (raising prices, decreasing accessibility, and dismantling advertising/sponsorship) will inevitably follow; and of course with alcohol there is the fourth effective measure in drink driving countermeasures.

I have written these comments to Mr Burrows (who incidently is likely to be the Chair of the Select Committee hearing submissions on the new alcohol Bill), the PM and Hon Simon Power. If you have the time, pass this information onto your local MPs, especially National MPs.

Remember, MPs can't be experts on everything. Don't take it for granted that they know basic information about alcohol and alcohol policy that you're very familiar with.

6. Dr Albert Makary
If you missed TV1's Sunday programme featuring alcohol crusader and colleague, Timaru O&G Specialist, Dr Albert Makary. He is utilising a lot of Alcohol Action information. I recommend you watch it and pass it on to friends, family and other colleagues:
"http://tvnz.co.nz/sunday-news/prescription-change-3834265/video" http://tvnz.co.nz/sunday-news/prescription-change-3834265/video
There will be another progress note very soon after the new alcohol reform Bill is first read in Parliament.

Website: http://www.addiction.org.nz

New College Website - www.nurse.org.nz

We have had some great feedback from members on the new College website and encourage all members to log on and have a good look around the site.

Most pages are laid out as above with ***Quicklinks*** on the left side to frequently used information, access or helpful sites, click on these to go directly to the site.

On the top right you will find the **Members search** - easy confirmation of your Indemnity insurance, **Members Area** sign in - this area will build up over time with our Sponsors and special deals for members as well as access to member only areas. **Values Exchange** - a direct link to the college values exchange for surveys and cases.

The tabs across the top will drop down many pages of information,
Latest news will show you the 10 latest news posts, to access more in any area, click on the link on the right side.
Networks will lead you to the College forum for discussions, NPNZ and other network pages.
Documents & Resources contain a wealth of information including College submissions, publications and online copies of Te Puawai.

We encourage all members to spend a little time getting to know your way around the website and forum, Drop us a note on the Forum welcome thread! Feel free to contact us at any time with queries or feedback. **admin@nurse.org.nz or (06)358 6000**