About the newsletter

This newsletter is the official communication of the ACNN NSW Branch to its members, produced quarterly in March, June, September and December. It presents information on a range of professional issues and clinical topics of interest to neonatal nurses.

Articles should be submitted by email as Word documents. Any images should be in jpg format. Referencing style should follow the Vancouver style as adopted by the journal *Neonatal, Paediatric and Child Health Nursing*. All content will be edited to newsletter standard.

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From the chairperson

Welcome to the final ACNN NSW Branch newsletter for 2014. The past few months have been busy for the ACNN team. In September over 100 delegates were able to enjoy an inspiring national conference in Adelaide. The two-day congress was a fantastic collection of neonatal nursing innovation and research. From NSW, Angela Casey from Children’s Hospital Westmead won a presenter’s award and Rosemary Gainsford from Westmead Hospital was a finalist in the Neonate Nurse Excellence Award. Other NSW nominations for the NNE were Neela Pillay and Joyce Moerane from Westmead Hospital, Angela Casey from CHW, Nicole Chetcuti from John Hunter Children’s Hospital, Ann Marie Jones from RPA and Amy Podolski from Wollongong Hospital. Congratulations to all.

On 24 October the NSW Health Innovation Showcase was held at Sydney Showground. The day offered attendees an opportunity to ‘meet and greet’ with NSW greatest innovators. The symposium highlighted the great things being achieved by corporations through recycling programs, the effects of standardised blood culture kits in reducing the rates of contamination across a local health district and the positive organisational effects of a patient journey board offering a holistic approach to health for patients and overall hospital productivity. This symposium flows on from local area health quality and innovation awards held over the past few months. I would like to take this opportunity to congratulate several colleagues for their achievements at the SCHN Quality and Innovation Awards last month: Angela Casey, the Nurse Manager of the Grace Centre for Newborn Care in achieving employee of the year across the Sydney Children’s Hospital Network; Lynn Sinclair the Clinical Nurse Consultant Perinatal Services for a highly commended entry for her team’s work on creating emergency management packs for rural hospital services caring for newborns in crisis; and my team within the Grace Centre for Newborn Care for their efforts in achieving a highly commended entry for their work in implementing a weaning protocol with ventilation in the NICU.

Aside from events celebrating clinical achievements, 2014 has been a great year for learning. From February to October of this year I was lucky to take part in a relatively new NSW Health initiative People Management Skills Program which is a blended course to facilitate learning and practice change
For clinical leaders and managers. The program is a two-day face to face course offered at various centres across NSW combined with online learning and a clinical management improvement project. The program has equipped me with the knowledge to enter into situations as a clinical leader with a greater insight into the effects of my actions and those of my colleagues during clinical situations. Through the completion of the course I was able to facilitate the change within the NICU towards a combined multidisciplinary handover tool. I strongly recommend the course to upcoming and current clinical leaders who are looking to enhance the outcomes of the people management skills and interactions.

CNC Column

My Experience acting as a Neonatal Clinical Nurse Consultant

Joanne Blaekc CNS
Royal Hospital for Women

I asked myself, “Do I have what it takes to be a Clinical Nurse Consultant (CNC)?” Six weeks in a relief position (1 September – 10 October 2014) answered that question and opened my eyes to the finer complexities of the role. I saw a side of the CNC role and how the role impacts the workings of the unit. I gained a greater appreciation of the processes that it involved. This reflection will cover my experiences in stepping up and being in a leading role both as a clinician and resource person.

Having come from working on the floor for eight years and stepping into a completely different role had me feeling a cascade of emotions: fear, anxiety, excitement, interest and attraction. For those thinking of stepping up, know that these are very normal and appropriate feelings! Am I good enough? Can I work autonomously? Will I meet the expectations of my peers? Will I finish all my tasks allocated for the six weeks? How will I cope with five early mornings in a row?! (Yes, the early mornings got easier as the weeks went on!) It was great being here five days a week – being able to see things through early mornings got easier as the weeks went on! It was great being able to address problems as they surface.

I was very aware that I was sitting in someone else’s chair, on their computer, accessing their emails. My personal space actually belonged to someone else. I soon overcame this uncomfortable imposition and was quite touched that so much trust was invested in me. There were positive encouragements from medical and senior nursing staff throughout that period. The initials of K.B.L. (the Unit’s CNC) became J.B.L. on the office door – what a laugh! Finding things also took some time – files on the computer, medical company’s business cards, equipment and forms in the folders and shelves. On the up side the resources and information available to me was quite exciting! There was so much to learn and do in so little time. It was daunting but I soon relaxed and allowed the tasks given to me unfold as I became familiar with the process for each job.

My networks increased which was exciting. I was also impressed and touched by how friendly and supportive staff around the hospital was of me as the acting CNC of the NICU. Corridor conversations and enquiries as to how I was liking the role were frequently asked and it was heartwarming. On my orientation week with the Unit’s CNC, I was invited to attend the NSW CNC meeting. I was introduced to the NSW Neonatal CNCs which helped me to associate ‘faces to names’. The meeting opened up another dimension of the CNC role on work that is peripheral to the work in the hospital Unit.

Meeting sales representatives from medical companies was also a new experience. I got quite used to asking the very important question of “how much does it cost?!” I learned that there was a lot more in equipment trialling and found that ‘new toys’ do not suddenly appear in the unit. There were indemnity forms to complete – consultation and approvals to obtain from biomed, infection control and OH&S. This was also a new experience. I got quite used to asking the very important question of “how much does it cost?!” I learned that there was a lot more in equipment trialling and found that ‘new toys’ do not suddenly appear in the unit. There were indemnity forms to complete – consultation and approvals to obtain from biomed, infection control and OH&S. This was then followed by inservice education, putting the equipment in the clinical area to trial and collecting feedback from staff.

Attending the Clinical Leadership Program through the University of Wollongong this year has been an asset for me while I was in the acting role. A clinical improvement project was part of the second semester curriculum. As an acting CNC, it gave me more insight than I previously had as a clinical nurse specialist working on the clinical floor to identifying ongoing issues. I was in an optimal position to problem-solve and exercise my skills in managing the situations. It was also exciting that I was able to lead a new and exciting project in the NICU and gave me a platform to extend myself as a lead clinician.

Co-ordinating the Local Operations Procedure (LOP) meeting
and updating the Unit’s procedures, assessing and assisting in PICC insertions, audits, research, educating staff on new equipment, meetings, some more meetings and consulting with other wards kept me busy and therefore made the six weeks fly by! I could not believe when it was over! I kept saying at the end of each week “I can’t believe that the week went so fast!”

Would I do it again if another opportunity comes up? There were some stressful moments, but there were more moments that were enjoyable and work done I could certainly take pride in. I was thankful for all the support around and the internet was great when the CNC kept encouraging me from afar. I am proud that what I achieved helped the unit in some way, even if they were small wins. I had some laughs and did have fun. Multi-tasking was not in the job description but I learnt it fast and now that I understand the complexities of the CNC role and have a better insight, I think I would like another opportunity to relieve again and learn more. It has definitely unveiled my eyes and has planted a seed in me where my future in neonatal nursing is heading towards.

Education Column

The growth and education of a Clinical Nurse Educator

Jennifer Middleton CNE
RPA Newborn Care

When thinking about writing this article on education for the ACNN newsletter, many different ideas came and went, but in the end what I decided on was to talk about my transition from staff RN to Clinical Nurse Educator (CNE) over the past two years. Although it has often been difficult on both a professional and personal level, I have been well supported by everyone on the team at RPA Newborn Care and I have learned a lot about the everyday functions of both the unit and the New South Wales health system. What I have learned the most is that we need to find alternative, sustainable models to better support and value our new generation of nurses so that they continue to provide the kind of quality care that our patients deserve.

When looking at my transition to CNE, I think it is important that you have an understanding of my background in neonatal nursing. Ten years ago this past June I began my nursing career. Fresh out of nursing school, I was fortunate enough to start working at an inner city Los Angeles hospital that had a 26-bed, Level III Neonatal ICU. The hospital offered me an opportunity to join their team while being supported by a 12-week preceptorship program. The program included two days a week of classroom work (similar to the Introduction to Neonatal Intensive Care Nursing program offered at Westmead/Liverpool Hospitals) and two days a week supernumerary shifts with my assigned preceptor. We worked in the Special Care area for only a couple of weeks before moving straight into ICU. During the course of the 12 weeks, I learned how to take care of the sickest babies in the unit while being fully supported and encouraged to critically think about the case at hand by my assigned preceptor, a senior member of staff. In the beginning, I shared my assignment with my preceptor and as my practice developed, I took on more responsibilities eventually taking the entire assignment myself with my preceptor there for support.

During my second year in nursing I had the opportunity to attend training to work as a preceptor myself. The training allowed me to work with new members of staff as they went through the program I had completed the previous year. This was an enjoyable and insightful experience which helped me to realize the development of educational skills to support others improved my own clinical skills at the same time. As a means of further developing my clinical skills, I resigned after two years and began working as a contract RN taking 3- to 6-month contracts in large, diverse neonatal units all over the United States. The preceptorship and training I received with my original employer gave me the confidence I needed to walk into new environments and confidently work with the staff and patients, no matter the level of care required.

This training along with eight years of nursing experience served me well when I began my role as CNE but I was not prepared for all that was expected of me in this new role: from knowing and meeting mandatory training requirements to how best to support and encourage staff to take on further education, and roles such as CNS within the unit.

When I first took on the role of CNE, I was keen to focus on the clinical designation of the role however I quickly became aware that it is so much more than a clinical job. The CNE is not only responsible for supporting the more inexperienced to feel confident in their practice; rather the CNE is about being a person that staff can come to when they want to know about or know how to do something in particular like accessing their mandatory training or troubleshooting a piece of equipment that rarely gets used. I quickly realized I had gone from being a co-worker to being someone that people came to for answers. As I try to take on all of these roles, I often find myself conflicted between these demands. The area that I feel is often neglected the most is the capacity to support both new and current staff in the clinical setting, paradoxically the specific area I wanted to focus on when I started out in the role!

In an effort to find other ways to support staff, my CNE colleague Colette and I attended a Peer Mentorship training...
Education Column cont.

program supported by the Centre for Education and Workforce Development, Health Education & Training Institute, the University of Sydney, Sydney Interdisciplinary Clinical Training Network and the Mental Health Coordinating Council in September and October this year. The program offered us the opportunity to work in small groups using reflective practice to discuss particular staff issues we might be having or issues within our units. During our initial meeting, (which included educators from the clinical, dietetic and mental health communities) we were presented with three models of reflective practice: Guided Questions to encourage reflective practice¹, Gibbs model of reflective practice², and the Phase model³.

As a group we decided to use the Guided Questions model which gave us structured questions to describe, analyse and develop an action plan for each situation. Although I do sometimes take this approach on my own, it was much more productive to talk out situations with someone in a similar position that is not at all related to the situation at hand. Fresh ears makes you realize there are many ways to approach each situation and you often have to find the right answer depending on the person or situation in front of you.

As much as I enjoy pulling from my past clinical experiences, I look forward to using my newfound understanding of reflective practice with both my newly found peers and any colleague who wishes to join me in integrating this into their practice. The small group to which I was assigned in the peer group training program plans to remain in contact and get together should any of us need support with a particular situation. I would also like to look at including this style of practice as a standing item for the quarterly area health service CNE meetings. This will give me and my fellow CNEs an opportunity to work through current situations which arise in our own units. As for implementation within RPA, I plan to present staff education sessions about reflective practice and then provide the opportunity and time for clinicians to meet in groups to discuss ways to implement the tool into their own practice.

Transitioning from staff RN to CNE has been more about my own growth, education and practice development than I had expected. In realizing this I am better equipped to support the practice development and education of the NICU nurses in particular and the nursery healthcare team in general.

References