



From the President

Amy Curran

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Well, what a start to 2023: from floods to fires, torrential rain to cyclones and the devastating earthquake that has recently occurred in Istanbul, Turkey that has claimed so many lives. It makes you realise you just don't know what is going to happen tomorrow. Bringing this closer to home, ACNN needs to grow and maintain its philosophy to neonatal nursing and ensure ACNN continues its work.

We believe neonatal nurses have a responsibility to carry out a high standard of individualised care for preterm, sick, and recovering newborn infants within a family centred philosophy.

We believe neonatal nursing should have a national focus with standards for clinical practice, research, and education.

We believe there should be active collaboration and representation between Australian College of Neonatal Nurses (ACNN) members, other professional associations, particularly those involved with perinatal care, and clinical and academic institutions.

The Australian College of Neonatal Nurses provides direction and leadership for neonatal nurses thereby enhancing their professional development within the speciality.

After attending the last Forum it was great to see so many new young faces not only joining branches and special interest groups but also taking on committee positions and attending the meetings. Many new committee members commented on the support and guidance they had received to learn and understand the role. The SIGs and Branches are all in the planning stages for virtual presentations, local meetings as well as hosting rural workshops such as Rockhampton (QLD) and Broken Hill (NSW) to provide important resources and education. There are so many great ideas and concepts being put forward and I would like to hear your suggestions for the Executive to assist growth and sustainability of ACNN.

The Executive is due to meet face to face at the end of March to review many documents, with a specific focus on sustainability. I would be happy to put forward any ideas or suggestions and would like to thank you for all your hard work and commitment to the ACNN, 2023 is already shaping up to be an amazing year.

Queensland Branch

Wendy Carlish (chair)

The last event on the Qld branch calendar for 2022 was a virtual education session. This is the first time that we have used this format to reach out to members and we were encouraged by a healthy amount of participation. Four neonatal nurses who had presented either orally or via poster at the ACNN National Conference were invited to give a short (7-min) version of their topics – a challenge that they all rose to.

Speakers and topics

Renee Muirhead: Does the implementation of a reading library improve family experience in the neonatal unit?

Katelyn Effenev: The impact of restricted visiting on family-centred care during the COVID-19 pandemic.

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Stephanie Hall: Hospitalised neonates requiring reinsertion of peripheral intravenous catheters – a case series.
 Amanda Bates: Reducing EBM errors in a tertiary NICU through the implementation of barcoded patient matching.

We thank the presenters for taking part in this session, as we value the information sharing and opportunity for social interaction. Included within the session the general meeting for election of the operating committee was held. All previous committee members were re-elected and were joined by three new ordinary members. We are looking forward to this new injection of ideas and enthusiasm to continue to keep the branch active, innovative and relevant.

Planning has commenced for a regional seminar in Rockhampton to be held mid-year, so Qld members should look out for the announcement of the date.

The yearly Qld membership drive is in progress. If you are a Qld member and support the nomination of a new member you will be entered into a draw to receive \$700 to be used at either the 2023 or 2024 ACNN National Conference. The new Qld member will be entered into a draw to win a year's membership. Reach out to neonatal nurses you know and/or work with and encourage them to be part of our professional organisation!



Sign up a new member to win!!!



For each new member you sign up*, you will receive an entry into the draw to win one of two \$700 prizes towards attending ACNN Conference in 2022 or 2023

The more you recruit the more chances you have to WIN

AND the new member* goes into a draw to win reimbursement of their membership fee

Applies to member sign ups from 16 January to 30 June 2023

Australian College of Neonatal Nurses

*resides in qld, joining fee is paid for 12 months, application approved, not previously a member of ACNN

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NSW Neonatal Clinical Nurse Consultants Group

Reflections of a new Neonatal Clinical Nurse Consultant in a non-tertiary facility

Emma Littlejohns

Blacktown Hospital employed a neonatal Clinical Nurse Consultant (CNC) in October 2021. This marked the first neonatal CNC to be employed in a level 4 [low to high dependency] nursery in NSW. It acts as a starting point in enhancing nursing leadership and practice development in this space and for the tiered perinatal networked service in the Western Sydney Local Health District. I am privileged to share with you my professional journey in commencing this new role.

I started my career working at Westmead Hospital in 2008. Following my new graduate rotation, I found my niche in neonatal nursing, spending 10 years in Westmead Neonatal Intensive Care Unit (NICU). I enhanced my knowledge and skill acquisition by completing a Graduate Certificate in Neonatal Intensive Care Nursing, Certificate IV in Education and Training, and Master of Nursing (Clinical Practice).

The development of a Neonatal CNC role at Blacktown Hospital provided an exciting opportunity to further my career and focus on enhancing the experience of infants and families in non-tertiary centres. Blacktown Newborn Care (NBC) provides exceptional healthcare to infants born from 32 weeks gestation who require additional support in the transition to ex utero life. Some mainstays of treatment provision include supporting infants with respiratory distress, hypoglycaemia, hypothermia, jaundice, and establishing feeds. NBC makes integral contributions in consultation and transfer of infants up and down the tiered perinatal network.

Having come from a level 5 NICU, I was aware of the gap in services, however I didn't fully understand the impact on infants and families. Bridging this gap through enhanced patient centred clinical consultancy is what I'm passionate about. Some of my broad goals for this role are a smooth transition for families of infants who are transferred between facilities, and greater support for individualised care for infants and families involving the multidisciplinary healthcare team.

Since commencing employment at Blacktown Newborn Care, I have co-ordinated:

- Implementation of a weekly multidisciplinary complex care ward round, focusing on the individual care of infants with complex needs
- Implementation of twice-weekly developmental care rounds to better support preterm infants with a focus of optimising growth and neurodevelopment
- Development of a facility training course on 'Introduction to Newborn Care' to support new staff and new graduate nurses (My Health Learning registered)
- Establishment of working groups for policy and procedure, incident management, and equipment
- Initiation of quality improvement projects for 'The Positive Influence of Developmental care strategies on Preterm Infants and families during their Newborn Care Journey' and Improving X-ray Quality in Neonates'

Moving forward and thinking about ways to bridge the gap and enhance level 4 neonatal services to meet service capability requirements, support preterm birth rates and the after-effects of the pandemic, I believe increasing nursing leadership roles in non-tertiary centres will be one of the foundations to successfully support the tiered perinatal network structure. It is well recognised that collaborative and multifaceted clinical leadership improves teamwork, creates a productive work environment, a sense of enquiry and supports advances in clinical practice. With more clinical nursing leaders in our level 4 neonatal units (Clinical Nurse Consultants, Clinical Nurse Unit Managers and Nurse Practitioners) there is potential to grow the treatment capacity to offer better support to level 5 NICUs with back transfer capacity and capabilities. An example of this is short term central venous access

for total parental nutrition, long-term antibiotic courses or high glucose concentrations, thus eliminating the need for transfer to a tertiary centre.

It is not enough to simply place these roles in level 4 facilities. These new nursing leadership positions require support and capacity to enable them to flourish. Mentoring has been a key influence for my professional development and success in this role. This continued support will be essential in expanding nursing leadership roles in level 4 nurseries across the state.

Leadership SIG

Meet the committee

Alicia Blake

Co-chair

Alicia is the Acting Special Care Coordinator of a level 4 nursery at Caboolture Hospital. She has been an ACCN member for 4 years and has a strong interest in neurodevelopmental care. Alicia would like to support the incoming neonatal workforce and continue her own professional development and experience as a leader.

Sarah Morris

Co-chair

Sarah is the Nurse Manager of the Grace Centre for Newborn Intensive Care at The Children's Hospital at Westmead and has been an ACCN member for the last 2 years. Sarah has a passion for raising the profile of neonatal nursing and would like to work together to develop a safe and sustainable workforce for the future.

Melissah Burnett

Secretary

The Leadership SIG is very fortunate to have Melissah as part of the committee. She has 28 years' experience as a neonatal nurse and is currently the senior project officer for *Safer Care Victoria*. Melissah has been a member of ACNN since 2006 and has contributed to many aspects of the college. Melissah continues to support neonatal nurses across the country and is a strong advocate for leadership in the profession.

Stephanie Webster

Treasurer Liaison

Stephanie is the Acting Maternity Unit Manager in Maternity Services at Caboolture Hospital. She has been an ACNN member on and off for 25 years and was the previous vice president for the ACNN Qld Branch. Stephanie would like to be involved in improving staff ratios for neonatal nurses and to be supportive of training new neonatal nurses within our workforce.

Kristy Chesworth

Ordinary Member

Kristy is the Nurse Unit Manager in the NICU at John Hunter Children's Hospital where she has been working for over 15 years. Kristy is passionate about neonatal nursing and enjoys supporting new staff as they learn to care for vulnerable neonates, as well as supporting existing staff as they continue to share their knowledge and expertise with colleagues and families.

Natalie Butchard

Ordinary Member

Natalie is the Nurse Manager for Newborn Services at John Hunter Children's Hospital, Newcastle. She has been a neonatal nurse for 24 years, and an ACNN member on and off throughout that time. Natalie has a passion for

excellent nursing care, staff wellbeing, and family focussed care. Natalie’s vision for the future would be to have safe, recognised patient ratios to optimise patient care and staff satisfaction.

Jemma Binney

Ordinary Member

Jemma is the Neonatal Services Nurse Unit Manager at Mercy Hospital for Women in Melbourne and has 13 years’ experience as a neonatal nurse. Jemma has previously been a member of the ACNN Education SIG and joined the Leadership SIG this year.

Low Resource Countries SIG

The LRC SIG sponsored 3 staff from the Mother and Child Health Service of the Galambila AMS in Coffs Harbour to attend the ACNN Annual Conference in 2022. The objective of this sponsorship was to foster discussion and strengthen connections between First Nation peoples and ACNN. Elina Maguire, Kate Skinner and Symone Lindsay attended the 3-day conference. Feedback was positive from all delegates. Elina commented: “It was so good to listen to all the speakers and to know that we are actually doing everything that they talked about – breastfeeding, skin to skin, kangaroo care for mums and bubs.” According to Kate, “It was a great opportunity to participate fully in discussions with clinicians, researchers and to share findings and views during poster sections and coffee breaks. It provided me with a beneficial learning experience”. Symone thanked ACNN LRC for funding the expense of attending the conference. “This conference broadens my knowledge and experience”.

This conference acted as a first platform for ACNN LRC to build and enhance a constructive dialogue with our First Nation health workers. The LRC will take the feedback from this sponsorship and develop a plan for future sponsorships.

Tele-education with Taking Paediatrics Abroad

We have been asked to continue with the monthly tele-education presentations (via Zoom) to our colleagues across the South Pacific, in collaboration with Taking Paediatrics Abroad (TPA). These have been very successful with nurses from Honiara, Fiji, Vanuatu, Tonga and other sites dialling in. Below are the dates for this year and the topics requested.

Dates for TPA Tele-education

All sessions are scheduled for Thursdays at 1pm AEST/AEDT

Month / date	Topics
February 2	Abdominal wall defects
March 2	Apnoea
April 13	ABG/blood values
May 4	CPAP
June 1	Common syndromes
July 6	IPAC
August 3	Congenital malformations (cleft lip/palette, imperforate anus)
September 14	Debriefing
October 5	Jaundice Observations
November 2	Pain
December 7	Prematurity
	Resuscitation Sepsis
	Skin rashes
	Tracheomalacia
	Wellbeing

If anyone is interested in becoming part of our 2023 teaching team and would be available to present any of these topics, please contact us at lrcsig@acnn.org.au. If you would like to be involved but are unsure of what is expected send us your details and we'll give you a call.

Training Trips

South Pacific

We have been invited to do in-country training at some of the South Pacific sites. Investigation is currently underway on the feasibility of this including cost, safety, local engagement. We are hopeful to undertake at least one trip in the second half of this year.

Papua New Guinea

With our original 5-year plan complete we are now in discussions with our partners Goroka Provincial Hospital and Touching the Untouchables to see what opportunities for training still remain in the region. We also have some exciting news: our good friend, mentor, colleague and training partner Sister Lucy Mahabi is the current Acting Director of Nursing for the Goroka Provincial Hospital.

Poster

The poster highlights the LRC SIGs 5-year project - Helping Babies Breathe Training in PNG. We were very proud to display it in 2022 at our own ACNN Annual Conference in Coffs Harbour as well as at the Alliance of Global Neonatal Nursing Convention in Hawaii.

Neonatal Nurse Practitioner SIG

Jane Jones and Mariann Hennessy

Last year was a busy year for the NNP group. Finally, after several lockdowns there was an excellent attendance by the NNP group at the Coffs Harbour ACNN Annual Conference. After what had been 2 long years of Covid restrictions and endless Zoom meetings we were excited to see each other face-to-face.

The conference was well represented by neonatal nurses from all around Australia and New Zealand. The NNP SIG had an information table that was well attended by conference participants, and it was great to see such a lot of interest in the NNP role in Australia. Thanks to the conference committee, the NNP stream presentations were of an excellent standard and once again well attended. The ACNN Annual Conference provides a great forum for neonatal nurses to see what other NICU and SCNs are doing regarding research and improving practice and outcomes.

After a lot of hard work behind the scenes an MOU was established between the ACNN and Australian College of Nurse Practitioners (ACNP). This affiliation led to an invitation for our NNP SIG chairperson Jane Langford to present at the ACNP Annual Conference in Sydney in October 2022. Jane presented on the evolution of the NNP role in Australia and NZ, discussing the number of NNPs in each state; how the role was initially filled by nurses trained overseas (UK, USA and NZ); the diversity of the role and responsibility and the strengths and limitations of the NNP role. We felt that after this presentation, nurse practitioners from other fields were impressed with the diversity of the role and varying scopes of practice NNPs can have. The presentations received great feedback and we are hoping that more neonatal content will be included in future ACNP conferences.

Neo-Skin SIG

Scholarship Report

Judy Macey

In 2022 I was fortunate to be awarded an ACNN Neonatal Skin SIG Scholarship. These funds assisted me in undertaking my Master of Advanced Practice Nursing at Queensland University of Technology (QUT) with registration fees and supplies needed to conduct my project. For my Master I undertook a research project investigating the prevalence of newborn skin injuries at birth. A skin injury is any alteration in the integrity and structure of the skin.¹ While the research results will hopefully be revealed at the next ACNN conference in Adelaide, one particular finding I can share now is a lack of documentation in regard to skin injuries on neonates being examined. Of those neonates that had an injury, only 12 per cent had some form of documentation about the injury. So, watch this space for publication related to this outcome.

So, what do we, as clinicians, need to document after finding a skin injury? We need to critically evaluate and describe the injury, including the type of injury, and ascertain possible causes. Other things to document include:

- Where the injury is anatomically located
- What are the dimensions (length by width in centimetres or millimetres)
- Description of colour of both the wound bed and the surrounding area
- What are the characteristics of the injury border
- What is the perfusion
- Presence or absence of moisture
- What is the classification/stage of the injury according to a validated assessment instrument.²

To optimise management and treatment of skin injuries it is vital to identify them accurately from first presentation, in order to trigger the appropriate care pathways. Continue to monitor the injury for improvement or for changes, especially signs of infection. If there is no improvement, (for example, after four assessments) or the injury deteriorates, refer to appropriate specialist as per local protocol.

In conclusion, I would like to thank the Neonatal Skin SIG and the ACNN Executive for their support. I'd like to encourage anyone considering a quality improvement or quality assurance project or research regarding skin, to discuss it with your local leadership team. If you are requiring some funds, consider applying for the Neonatal Skin SIG scholarship. Good luck!

References

1. August D, New K, Ray R, Kandasamy Y (2018). Frequency, location and risk factors of neonatal skin injuries from mechanical forces of pressure, friction, shear and stripping: A systematic literature review. *Journal of Neonatal Nursing*, 24:4, 173-180. <https://doi.org/https://doi.org/10.1016/j.jnn.2017.08.003>
2. Carville K (2017). *Wound Care Manual* (7th Ed). National Pressure Ulcer Advisory Panel (NPIAP), and Pan-Pacific Pressure Injury Alliance (PPPIA) (2019). Prevention and Treatment of Pressure Ulcers/Injuries. Accessed from <https://npiap.com/page/Guidelines>

Research SIG Report

Trish Lowe

Hi ACNN members. Welcome to 2023! We hope you are all well and enjoyed some downtime over the festive season with your friends and loved ones.

The Neonatal Research SIG committee and ordinary members are Margaret Broom, Annie Chang, Denise Harrison, Jann Foster, Jeewan Jyoti, Patricia Lowe, Renee Muirhead, Linda Ng, Amanda Sieboth, Kaye Spence, Suza Trajkovski and Edith van Loon. All financial members of the NNR-SIG are welcome to attend our meetings.

We have planned a productive year to continue facilitating excellence in neonatal research. We meet monthly and have two presentation meetings scheduled for Thursday 30 March and Thursday 26 October. We encourage all neonatal nurses (members and non-members) to attend our presentation meetings. More details about these presentations will be forthcoming.

In the meantime, our members have been busy with their research projects and publications. Here is a summary of our recent research outputs.

Margaret Broom

Ahmadizadeh L, Valizadeh L, Farshi M, **Broom M**, Jafarabadi MA, Saeidi F, Neshat H (2022). Skin injuries in neonates admitted to three Iranian neonatal intensive care units, *Journal of Neonatal Nursing* 28:3, 159-163. <https://doi.org/10.1016/j.jnn.2022.01.014>

Broom M, Cochrane T, Cruickshank D, Carlisle H (2022). Parental perceptions on the impact of visiting restrictions during COVID-19 in a tertiary neonatal intensive care unit. *Journal of Paediatric & Child Health* 58:10, 1747-1752. <https://doi.org/10.1111/jpc.16079>

Dunk AM, **Broom M**, Fourie A, Beckman D (2022). Clinical signs and symptoms of diaper dermatitis in newborns, infants, and young children: A scoping review. *Journal of Tissue Viability* 31:3, 404-415. <https://doi.org/10.1016/j.jtv.2022.03.003>.

Jann Foster

The research team has investigated if probiotics effectively prevent and treat infant regurgitation. The review and meta-analysis concluded that probiotic therapy appears promising for infant regurgitation with some evidence of benefit, but most studies were small, and there was relatively high heterogeneity. The use of probiotics could potentially be a non-invasive, safe, cost-effective, and preventative positive health strategy for both women and their babies. Further robust, well-controlled RCTs examining probiotics for infant regurgitation are warranted.

Foster JP, Dahlen HG, Fijan S, Badawi N, Schmied V, Thornton C, Smith C, Psaila K (2022). Probiotics for preventing and treating infant regurgitation: A systematic review and meta-analysis. *Maternal and Child Nutrition*, 18:1, e13290. <https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.13290>

Denise Harrison

Reducing newborn pain during painful procedures

This research project is still open. This is a brief online, anonymous survey that asks about nurses', midwives' and lab techs' knowledge and use of pain management strategies when performing heel lances. The survey includes a link to a 4-minute video, which is being evaluated as part of this study. This 'ergonomics' video shows best positioning for midwives and nurses during blood tests, while the babies are breastfeeding or held skin-to-skin. Survey questions following this video ask about your perception of the video and your experiences with facilitating use of the demonstrated pain management strategies when performing heel lance procedures on the newborn. If you have not already completed this survey, you are invited to do so. The survey should take no longer than 10-15 minutes to complete. To access the survey, [CLICK HERE](#).

Completion of this survey will help determine current newborn pain management practices and evaluate the potential usefulness of the educational video for Australian neonatal and maternity care nurses, midwives, and pathology collection staff.

Related videos

Reducing pain in infants during vaccination:

<https://www.youtube.com/watch?v=FrKmAth4ZGc&feature=youtu.be>

Reducing pain in newborns:

<https://www.youtube.com/watch?v=L43y0H6XEH4&feature=youtu.be>

Ergonomics video:

<https://www.youtube.com/watch?v=lpZNwP7bnkg&feature=youtu.be>

The parent survey has also been published:

Bujalka H, Cruz M, Ingate V, Cheong J, Duffy N, Eeles A, Spence K, Spittle A, Sweet L, Saracino A, **Harrison D** (2023). Be Sweet to Babies: Consumer evaluation of a parent-targeted video aimed at improving pain-management strategies in newborn infants undergoing painful procedures. *Advances in Neonatal Care*, 23:1, E2-13. <https://doi.org/10.1097/ANC.0000000000001031>

Jeewan Jyoti

Jyoti J, Spence K, Laing S, Griffiths N, Popat H (2023). Parents' awareness and use of nonpharmacological methods to manage their baby's procedural pain in a surgical neonatal intensive care unit. *Journal of Neonatal Nursing*, 29:1, 60-67. <https://doi.org/10.1016/j.jnn.2022.02.005>

Popat H, Angiti R, **Jyoti J**, Webb A, Barnes E, Halliday R, ... & Shun A (2022). Continuous local anaesthetic wound infusion of bupivacaine for postoperative analgesia in neonates: a randomised control trial (CANWIN Study). *BMJ Paediatrics Open*, 6:1, e001586. <http://dx.doi.org/10.1136/bmjpo-2022-001586>

Trish Lowe

My PhD study on neonatal nurses' professional quality of life continues. If you are from TAS, SA, WA, or the NT and would be willing to be interviewed (60- minutes) via MS TEAMS, please don't hesitate to contact me via email: Patricia.L.Lowe@student.uts.edu.au

Lowe PL, Jakimowicz S, Levett-Jones T (2023). Using a mixed-methods grounded theory methodology to explain neonatal nurses' professional quality of life. *Nurse Researcher*. <https://doi.org/10.7748/nr.2023.e1855>

Linda Ng

Best O, Cox L, Ward A, Graham C, Bayliss L, Black B, Burton L, Carey M, Davis T, Derington K, Elliott J, Jayasinghe T, Luyke T, Maher D, Macgregor R, **Ng L**, O'Malley L, Roderick G, Sheridan G, Stanbury L, Taylor M (2022). Educating the educators: Implementing cultural safety in the nursing and midwifery curriculum. *Nurse Education Today*, 117, 105473. <https://doi.org/10.1016/j.nedt.2022.105473>

Cao Y, Liu C, Lin J, **Ng L**, Needleman I, Walsh T, Li C (2022). Oral care measures for preventing nursing home-acquired pneumonia. *Cochrane Database of Systematic Reviews*, Issue 11. Art. No.: CD012416. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012416.pub3/full>

Stolic S, **Ng L**, Sheridan G (2022). Medication errors by nursing students on clinical practice: An integrative review. *Nurse Education Today*. <https://doi.org/10.1016/j.nedt.2022.105325>

Stolic S, **Ng L**, Sheridan G (2022). Medication administration records and nursing administration of medications: an integrative review [In Press]. *Collegian*. <https://doi.org/10.1016/j.colegn.2022.06.005>

Linda has also secured a \$15,000 Grant from the Toowoomba Hospital Foundation to explore factors affecting occlusions in Port-a-caths.

Overall

So, as you can see, the NNR SIG members are actively seeking funding, researching, and publishing. The Neonatal Nurse Outcomes Measure (NNOM) project also continues. Please don't hesitate to contact us if you want help

with activities such as abstract writing, implementation science, or establishing a journal club or writing group. We have the expertise to advise and assist you. Please share your tips, tricks, and photos if you already do these things. In the meantime – happy researching!

Education SIG

Forty-two years of nursing: such a privilege

Patricia Bromley

It is so difficult to summarise 42 years of nursing into a few words. I can say nursing has been such a wonderful career, it has stretched me, enlightened me, opened my mind, and opened the world to me.

I never wanted to be a nurse. When I left school in 1979 I wanted to become a chef. After being dismissed from apprenticeships because I was a girl or too old, I started looking in the paper for other positions. I went for an interview at Bankstown Hospital in Sydney with the Deputy Matron for a radiology technician, apparently that position had been filled, but there were spaces in nursing and would I be interested. I went back for a second interview, and she said I had been accepted. Her exact words were, “you have the job, but for goodness’s sake, do something with your hair”. At the time I had long blonde curly hair.

I started nursing in February 1980. It was team nursing in those days. While task-oriented care is not perfect, working in these teams meant no one would leave the ward until all the work was done, we looked after the patients, and we looked after one another.

In 1984 – 85 I undertook the 12-month midwifery training and after graduating I worked in Baxter Ward (NICU) at the Royal Alexandra Hospital for Children in Camperdown. I applied and was accepted into the neonatal course in February 1986. In Baxter our clinical nurse educator was Kaye Spence, what more need I say.

From 1986 to 1988 I worked as a Nurse Educator in the Maternity Unit at Liverpool Hospital in Sydney. This was a very exciting time to be a clinical educator, it was the early days of the degree nursing courses offered at the Colleges and we were responsible for the clinical education component.

Toward the end of 1988, I began thinking that it would be great to gain experience overseas and in January 1989, I embarked on a working holiday to the United Kingdom and United States. In 1994, I took a 12-month contract to work in the NICU at the National Guard, King Fahad Hospital, Riyadh. This was such an experience and gave me insight into the culture which has enriched me as a neonatal nurse caring for families from culturally diverse backgrounds.

In September 1995, I did some voluntary work at The Institute for Indian Mother and Child, which was situated in a village outside of Kolkata, upon completion of Tropical Nursing Course at the Hospital for Tropical Diseases, UK. See their website for more information <https://www.iimcuk.org.uk/>

I returned to Australia and settled in Tasmania in 2005 as the NICU Clinical Nurse Educator at Royal Hobart Hospital. In 2007, I started at the University of Tasmania as Lecturer and developed the NICU course into a fully online course, opening it up to all Australian Registered Nurses working in neonatal care. I completed my Doctor of Education exploring the concept of capability in nursing education and neonatal nurses in 2018.

Since my return in 2005 I have been a member of the ACNN, initially involved in the Tasmanian branch as an ordinary member, then President of ACNN Tasmania Branch, then Treasurer for ACNN. For the past few years, I have been Chair of the Education SIG, which has been such a pleasure. I have loved being involved with ACNN, not only have I reconnected with many neonatal colleagues from early in my career in Baxter Ward, but I have

also made some fabulous new friends and colleagues in neonatal care. I am eternally grateful to ACNN which provided me with so much support during my Doctoral research, without which I don't think I would have been able to achieve completion so seamlessly.

It is time to say a big thank you to all my friends, colleagues, and families. It has been a pleasure and a privilege.



ANNUAL CONFERENCE 2023

Save the date!

Registration now open

[ACNN - National Conference](#)

Notice

Do you have clinical, professional, or lived experience supporting people with congenital or childhood acquired heart disease?

As part of the National Strategic Action Plan for Childhood Heart Disease (CHD) HeartKids is developing a national, publicly accessible directory of qualified health care professionals and local and national support groups.

We are seeking entries for our CHD Directory, a publicly accessible directory of qualified health care professionals, organisations and national support groups.

If this sounds like you, head to <https://chddirectory.heartkids.org.au/page/69/register-your-service> to register, or if you have any questions, please call us: 1800 432 785, Monday to Friday, 9am to 5pm AEST

This newsletter is published quarterly, in March, June, September, and December

Please submit items in the month preceding each issue.

All items will be edited to newsletter standard.

Any photos of people must have permission to be included in the newsletter.

Editor Shelley Reid

Proof-reader Jan Polverino

All enquiries and submissions to be sent to newsletter@acnn.org.au