



# Australian College of Neonatal Nurses Inc.

PO Box 32 Camperdown NSW 1450  
www.acnn.org.au ABN 62 075 234 048

## Newsletter

December 2015

### About the newsletter

This newsletter is the official communication of the Australian College of Neonatal Nurses 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. Any member of ACNN may contribute.

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.

Editor: Shelley Reid. The newsletter team for this issue comprised Jan Polverino, Nadine Griffiths, Amy Barker and Rachel Jones.

Please send correspondence to the newsletter team at [newsletter@acnn.org.au](mailto:newsletter@acnn.org.au)

Views expressed in this newsletter are not necessarily those held by the Australian College of Neonatal Nurses Inc.

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**Next deadline: 1 February 2016**

### ACNN National Committee 2015 – 2016

#### Office-bearers

President	Karen Walker
Vice president	Karen New
Secretary	Shelley Reid
Treasurer	Neil Pulbrook

#### Committee members

Jennifer Dawson  
Jane Roxburgh

#### Professional Officer

Karen New

#### NPCHN Associate Editor

Jann Foster

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### President's message

This year seems to have flown past and I can't quite believe that it is December already, with only a few weeks until Christmas. Much has happened since the conference in September, with lots of ongoing planning and discussion. Karen New and Neil Pulbrook met recently and Neil has now officially taken over the national treasurer role for ACNN. He brings much experience having been the treasurer of the NSW Branch for many years.

As mentioned at the conference, we have a new conference organiser and planning is now underway for Melbourne next year. With feedback from the last conference, we are now discussing restructuring the program with perhaps concurrent sessions and two keynote speakers and a breakfast session or two, among other suggestions. We are also considering holding the conference prior to a perinatal mental health conference, which may allow us to share some speakers. Watch the website for information once the program and venue are finalised, and start thinking about what abstracts to submit.

Work also continues on our strategic plan; it is planned to finalise this when we have a face-to-face executive meeting in January. The face-to-face meetings are very productive and make it much easier to finalise documents than via email. We aim to have at least two a year, with one prior to the conference.

The national committee had a teleconference in November, and these meetings will now occur on the second Monday of every month. This was the first meeting to include all the branches and SIG representatives, as well as our two observers. It is hoped that this will provide wider input into the national committee from ACNN members, allowing others to see the working of the committee.

There is quite a lot of work involved being on ACNN committees and I thank all the members for the amount of time they give to ACNN. This is a great organisation with dedicated committee members and it is a privilege to work with you all.

**Karen Walker**

President, ACNN

## Neonatal Nurse Education Special Interest Group

This is the first time the ACNN NNE SIG has contributed to the newsletter (what fun!). So I shall just give a little recap of the NNE SIG and what we have achieved so far.

The ACNN NNE SIG was established in May 2010 to provide a leadership group to consult and advise on neonatal nursing matters in Australia, and to serve as a conduit for national and international neonatal nursing education research. At the time of writing we have 187 members. It is the largest SIG within the ACNN and is a demonstration of how important education issues are to the members of the ACNN.

The NNE SIG supports this outcome by monitoring, informing and making recommendations to the ACNN Executive on aspects of neonatal nursing education, and by supporting SIG members as they undertake educational roles or projects in neonatal nursing. The NNE SIG is committed to supporting and facilitating education that contributes to quality outcomes for neonates, rewarding experiences for neonatal nurses and the advancement of our profession.

Activities for 2014-2015 included the finalised *Position Statement on the Provision of Neonatal Nursing Education in Australia* (2014) and *Graduate Attributes for Postgraduate Certificate Neonatal Intensive Care Nursing in Australia*. Both these documents have been added to the ACNN website.

At the last face-to-face meeting in 2014 members identified the most pressing priority as online educational resources. This has been slow to get off the ground but we are at last

starting to develop some online 'Educational Resources' for members. As an ACNN member you can access these on the the Education Special Interest Group page of the website.

Early in 2015 we undertook a survey of the SIG members to determine educational research priorities for the next 12 months. The top five priority areas identified were 1) application of theory to practice, 2) teaching strategies / approaches, 3) mentorship / preceptorship models, 4) effects of education on recruitment and, 5) student assessment strategies. We hope to move forward with this in the 2016 by exploring research questions and methods.

There has been a change in office bearers over the past 12 months. Patricia Bromley remains the chairperson. Leanne Sheppard resigned as co-chair and we thank Leanne for all her hard work. Julie Furlan also recently resigned as Treasurer; again we thank Julie for keeping the books in order. We are very fortunate to have Elizabeth Henderson who has recently taken up the treasurer's position. The position of secretary has been vacant for some time, however Tonya Gibbs has just recently accepted the offer of secretary.

We welcome new members and if you have any ideas or resources that you feel may enhance the NNE SIG web page please contact [educationsig@acnn.org.au](mailto:educationsig@acnn.org.au)

Cheers,  
**Patricia Bromley**  
Chair ACNN NNE SIG

## Neonatal Research Special Interest Group

In September at the Research Special Interest Group (SIG) AGM a new group of ACNN members joined the committee. Our committee currently includes representatives from NSW, QLD and the ACT with a wide range of research interests. We would like to invite all ACNN members to join the Research SIG.

As the new Research SIG Chair I would firstly like to introduce myself; I am the research nurse in the NICU/SCN at the Centenary Hospital for Women and Children in Canberra. My main research interests include NICU design, CPAP management in preterm infants and family centred care. My passion is building research from clinical issues to improve outcomes for neonates, families and staff.

Deanne August is a Clinical Nurse and part-time Nurse Research Nurse at the Townsville Neonatal Hospital. Her key interests are in skin care, infection and care of extremely low birth weight infant. She is a great communicator and loves to help other nurses with their research.

Dr Jann Foster is a senior lecturer at Western Sydney University

located at Parramatta. She has a passion for research, education and neonatal nursing. Her primary research areas of interest are infant pain management, infant feeding and respiratory management. Research methodologies include randomised controlled trials, surveys, qualitative studies, and systematic reviews and meta-analysis. She enjoys mentoring neonatal nurse researchers! Her motto is "Research should be fun!"

Kaye Spence AM is a clinical nurse consultant in the Grace Centre for Newborn Care at the Children's Hospital at Westmead. She is an active clinical researcher with an interest in newborn pain, developmental care, family support, neonatal surgical challenges and outcomes of nursing practice. She is available to support novice neonatal nurse researchers.

Dr Kim Psaila is a nursing academic at Western Sydney University. Her research interests include the parent-infant relationship, implementation of supportive care in the NICU and SCN, collaboration and transition of care (TOC), particularly in relation to supporting families through TOC. Kim's main methodological expertise lies in qualitative and

mixed methods design, and systematic reviews. She is available to support neonatal nurse researchers.

In Victoria we have Dr Jennifer Dawson, Deputy Director Newborn Research/ Nurse Researcher, Newborn Research and Research Fellow, Murdoch Children's Research Institute.

If you are considering undertaking a Masters in Research or PhD, members of the Research SIG are more than happy to talk to you about their experience and answer any questions.

Do you have a great idea that should be researched? Over the next year we would like to get to know all our SIG members. We are in the process of designing a survey to find out what

research everyone is involved in and how the Research SIG can support members who are interested in research. This information will help us develop a plan for the future, topics for next year's workshop and develop what members would like to see on the ACNN website. We hope to create new exciting opportunities for neonatal nurses to learn, participate and lead research in the future!

Looking forward to hearing about your ideas and hopefully meeting you all!

**Margaret Broom**

Chair ACNN NNR SIG

## NSW Clinical Nurse Consultant Column

### Continuing Professional Development

**Denise Kinross**

CNC Newborn Services

John Hunter Children's Hospital, NSW

Recently a staff member mentioned to me they were being audited by the Nursing and Midwifery Board of Australia and were asked to show evidence of their continuing professional development (CPD). This highlighted to me the importance of all nurses and midwives maintaining current written documentation of CPD undertaken, one way this can be achieved is by keeping a professional portfolio. Once a nurse or midwife completes the education and training required for national registration, this is only the beginning of their professional education and for the remainder of their career they will need to continue to participate in learning activities.<sup>1</sup> The requirement for CPD applies to all registered and enrolled nurses, registered nurses endorsed as nurse practitioners, registered midwives, and registered midwives endorsed as midwife practitioners with each requiring varying amounts of CPD hours.

Mandatory CPD for nurses and midwives is not a new idea, with several states and territories introducing minimum hours of CPD prior to the commencement of national registration in 2010. In NSW mandatory CPD was a new requirement for nurses and midwives to maintain their registration. Participating in CPD was not new, however what was new was the requirement to formalise the process by keeping written documentation that demonstrated completion of CPD.

#### *What is Continuing Professional Development?*

The Nursing and Midwifery Board of Australia (NMBA) defined CPD as "the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives".<sup>2</sup> CPD is a professional commitment for nurses and midwives to keep up to date and to continuously seek to improve their practice.

The aim of CPD is to encourage the continuing development of nurses and midwives so they reflect on their practice and its quality, and are able to adopt and assess new practices and develop better ways of working.<sup>3</sup> The "the CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities and reflecting on the value of those activities".<sup>4</sup> The NMBA standard for continuing professional development requires nurses and midwives to have a structured approach to their participation in CPD and to assess their practice against the national competency standards for a registered nurse or registered midwife or other accepted professional standards. For neonatal nurses the Australian Standards for Neonatal Nurses<sup>5</sup> can be used to identify learning needs.

#### *What learning activities can be included in CPD?*

There are no compulsory or prescribed learning activities that need to be undertaken for nursing or midwifery CPD. However, the NMBA does expect the activities to be relevant to the individual's context of practice and that the activities undertaken meet their identified learning needs.<sup>2</sup> The context of practice for a nurse or midwife is defined by the type of practice setting, location of practice, characteristics of patients, focus of nursing or midwifery activity, the degree to which practice is autonomous, and the resources that are available. The nurse or midwife needs to identify their individual learning needs and then find activities that address those needs and is relevant to their practice.

There are many possible activities that count towards CPD, some examples include:

- Reflection, and keeping a practice journal
- Developing policy, protocols or guidelines
- Acting as a preceptor/mentor/tutor
- Participating in accreditation, audit or quality improvement committees
- Undertaking supervised practice for skills development
- Participating in clinical audits, critical incident monitoring, case reviews and clinical meetings

*Cont. on page 4*

## NSW CNC Column (cont.)

- Participation in journal clubs
- Active membership of professional organisations, such as ACNN
- Reading profession journals
- Writing for publication
- Working with a mentor to improve practice
- Undertaking tertiary studies
- Presenting at or attending conferences, lectures, seminars or professional meetings
- Mandatory in-service that is directly related to context of practice (NSWNMA, 2014).<sup>3</sup>

### *How do I keep records of my CPD?*

There is no prescribed format to record your CPD learning activities. You can develop your own template for recording CPD activities or use any of the many templates available developed by employers, educational institutions or the example provided by the Nursing and Midwifery Board of Australia.<sup>2</sup> A professional portfolio can be used to organise information which supports professional practice and includes evidence of CPD activities, though a portfolio is not a requirement of the NMBA for CPD evidence.<sup>3</sup>

It is not necessary to submit your CPD activities each year when you renew your registration, though you will be asked to confirm that you meet the CPD requirements for your registration. A random sample of nurses and midwives will be selected for audit by the NMBA. The NMBA recommends that evidence of your CPD activities is kept for three (3) years.<sup>4</sup>

### *If audited what documentation will I require?*

Though only a small number of nurses and midwives will be audited each year it is better to be prepared, and document your CPD activities as they occur. Sometime in your

professional career it is likely that you may be audited and asked for your evidence of CPD. Documentation provided as evidence of CPD activities should be structured and include the identified learning needs, a learning plan, participation in a learning activity and the outcome achieved.

When selected for an audit you will be required to complete an audit checklist that outlines the documents you will need to produce as evidence of completing CPD.

You can find further information on CPD on the NMBA website.

### **References**

1. Summers A (2015). Continuing Professional development in Australia: Barriers and Supports. *The Journal of Continuing Education in Nursing* 46:8, 337-339.
2. Nursing and Midwifery Board of Australia (2015). *Fact Sheet: Continuing professional development*. Downloaded 16/11/2015 from <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx>
3. NSW Nurses and Midwives' Association (2014). *Guide to continuing professional development*. Downloaded 16/11/2015 from <http://www.nswnma.asn.au/wp-content/uploads/2013/07/Continuing-Professional-Development-resource-guide-2014.pdf>
4. Nursing and Midwives Board of Australia (2010). *Continuing professional development registration standard*. Downloaded 16/11/2015 from <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>
5. Australian College of Neonatal Nurses Inc. (2012). *Australian Standards for Neonatal Nurses 3rd Edition*. [www.acnn.org.au](http://www.acnn.org.au)

# Wanted

Items of interest to ACNN members everywhere.

Please consider contributing to this newsletter.

Send contributions to [newsletter@acnn.org.au](mailto:newsletter@acnn.org.au)



## NSW Breastfeeding column

### Neo Baby Friendly Health Initiative 2015

In May this year the second Neo BFHI conference took place in Uppsala in Sweden. It was attended by delegates from 34 countries and a range of presentations and posters were available for all to see.

The venue was magnificent, being the oldest university in Sweden, and the content was inspiring. The conference was not only an opportunity for showcasing and learning but brought together experts from around the world with an interest in neonatal intensive care, breastmilk and breastmilk feeding. Australia was well represented with both oral and poster presentations.

The conference also allowed discussion about the implementation of BFHI in the NICU environment. I learnt that we are not alone with the issues of staff education, parent participation and acceptance of new concepts into the NICU, it is worldwide. One presentation from South America described the barriers to breastfeeding in the NICU; the survey could have been done in Sydney as the issues were the same as we have here.

The group has provided educational resources on the ILCA website that can be downloaded for free to assist hospitals to work towards Neo BFHI accreditation.

I would like to encourage all health professionals working in NICU to look at the educational materials on the ILCA Website, and start preparing for a new and exciting time in neonatal intensive care as Neo BFHI is introduced.

For more information visit <http://www.ilca.org/i4a/pages/index.cfm?pageid=4214>

**Annette Wright** CNS IBCLC, Liverpool Hospital NSW



Donna Geddes from Western Australia presenting in the auditorium

Let's Swing into action!

# Jazz it up For PNG!

**Gala Dinner Event!**  
**Friday 4 March 2016**  
 Queensland Cricketer's Club  
 The Gabba

This fabulous event includes

- Guest Speaker **Sporting Legend Mal Meninga**
- Guest compère **Nova's Ange Anderson** with MC Evan Bancroft
- Pre-dinner drinks, dinner drinks PLUS
- Three-course meal** including Cheese Platter Dessert
- Silent Auctions** throughout the Evening
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For more information contact **Karen New**  
 Mobile: **0435 748 660** or email: [qldbranch@acnn.org.au](mailto:qldbranch@acnn.org.au)  
 Please support us to help improve the standard of healthcare for newborn babies in PNG

## QLD Branch Round up

### October dinner meeting

The theme for the dinner meeting was Emerging themes in Extra-Uterine Growth Restriction though as you will see the benefits of 'early' breast milk and a case study on 'Hypophosphatasia' were also presented. The seminar was held at the Springwood Hotel and included a buffet style meal.

Dr Tim Donovan, a Neonatal Paediatrician (RBWH) and an Associate Professor (UQ) was a germane speaker, as his research interests include improving outcomes for preterm infants particularly in the area of nutrition. He identified the struggle that most NICU/SCN Units face in that approximately 50 per cent of preterm, growth restricted and small for gestational age babies are often discharged home weighing less than the tenth percentile. Extra-uterine growth restriction results when protein and energy deficits occur during the first weeks of life when sufficient energy is not provided. His nutrition goals were reinforced by strong evidence supporting early parenteral nutrition administration with 3 to 4 g/kg/day of protein; lipids within the first 24 hours of life; and use of human milk and human milk fortification. Tim reflected on staff fear of parenteral nutrition intolerance, early fortifier and necrotising enterocolitis (NEC), restating that an exclusive human milk diet started early actually prevents NEC and decreases the risk of late onset sepsis.

Dr Yassmin Musthaffa, a Senior Paediatric Registrar (Logan Hospital) presented a case study of the second baby in Australia to ever receive treatment for neonatal hypophosphatasia, a rare inborn error of metabolism. The incidence has been estimated at 1 case per 100,000 live births. The types include perinatal (lethal), infantile, childhood, and adult.

Yassmin presented the most severe form which is universally lethal. This baby was born at a regional centre and then treated at the LCCH (Brisbane) for respiratory complications due to hypoplastic lungs and rachitic deformities of the chest. She presented skeletal X-rays of before and after treatment from a near absence of skeletal mineralization to a remarkable transformation in bone mineralisation. This treatment was a targeted enzyme replacement (recombinant human TNALP) therapy which is currently being tested in humans.

Ms Katie James, a midwife, IBCLC, and education manager (Medela) presented on the value of breast milk including the emerging research on stem cells. Katie re-capped on the existing knowledge that breast milk contains bioactive molecules that provide a multitude of immunologic, developmental and nutritional benefits to the infant. Medela has been working with the Hartmann Human Lactation Research Group since the mid-1990s resulting in numerous scientific breakthroughs including a unique insight into the sucking, swallowing and breathing mechanism that babies must master to feed properly. Advances in single cell analysis has resulted in the breakthrough discovery of stem cells in breast milk. It is becoming clear that breast milk can serve as an ethical, non-invasive and plentiful source of human stem cells—but a lot of questions still remain unanswered, especially about the function of these cells in the breastfed baby.

The night ended with a general meeting plus the drawing of a raffle, the prizes consisting of some lovely goodies from Papua New Guinea.

#### **Debby Collins**

Neonatal Clinical Facilitator, Logan Hospital

The Qld branch Committee will be advising of the planned activities for 2016 in the next edition of the newsletter. All activities and dates will also be placed on the website under branch events <http://www.acnn.org.au/news-and-events/branch-events>

# Australian College of Neonatal Nurses Conference Sydney, 10 to 12 September 2015

Joy Sanan from the Special Care Nursery at the Eastern Highlands Provincial Hospital was supported by the ACNN to attend the conference; Agnes Kissipnga was supported to attend by funds raised at University of Goroka with extra support from ACNN

## Joy

It was my first visit abroad to a very big and busy city. I learnt a lot of new things during my travel, with Alison (Moore) at the conference, with Joanne (Sheils) and Margie (Evans) at their nursery and birthing unit.

Firstly I learnt that things such as perfume, hair gel, lotion etc. are not allowed to be taken in the hand luggage. It must be packed in the suitcase, so all my stuff was discarded at Port Moresby International Terminal. Instructions are very vital, so listening attentively and following instructions will get you to your destination or to accomplish your task accurately.

I learnt from Alison about the lifts, escalators, to press the button and wait for the green man before crossing the road, purchasing a ticket for the public transport and getting on the bus, ferry and the train using the same ticket when getting on and leaving.

Alison took us to UTS (University of Technology, Sydney), where we met some of her workmates. She showed us around and the most interesting thing was their clinical lab, it was set up like a real place of work and also sitting in a research lecture with first year midwifery students. She also took us to see the Harbour Bridge, the Opera House and finally to Darling Harbour.

At the conference I learnt that the visiting nurses from Australia have a heart for us, the people of Papua New Guinea – that is why they are trying to help us decrease the high neonatal morbidity and mortality rate. They do a lot of fund raising to purchase the items that are needed for training and also for us to use at the workplace. I also learnt that research is the key to everything. Any activity or task that is being done is all through research, evidence-based.

With Joanne and Margie at their hospital I saw a couple of fathers inside the nursery giving kangaroo care to their babies and time is not a concern to them. They allow the parents to be with their babies as long as they need to. They also have different birthing suites where the mothers choose to deliver their babies. Interestingly there were three hospitals – the Royal Women's, the Children's and a private hospital all located together and all share the same helipad.

Generally I learnt a lot during the trip. There were a lot of people rushing back and forth, doing and minding their own business. There is no littering; everyone takes care of their own rubbish everywhere, including the restaurants. We can walk around in the night without fear.

## Agnes

On day 1 we left Goroka in the early hours to Jackson Airport where the customer services assisted us. We touched down at Brisbane then were assisted to domestic terminal and got on the plane to Sydney. Alison got us and we went to her house (travelled through the underground tunnel), where we met her mother and her dog and they accommodated us for a night. The next day we visited University of Technology Sydney and met some new people there, and sat in for first year midwifery class for an hour or so. We were booked in the Travelodge for tomorrow's conference. We walked down to the Circular Quay, got on the ferry, went to Darling Harbour and had dinner with Alison, later back to the hotel to prepare for tomorrow and had a good night sleep.

On the third day we went to Amora Hotel for the conference. We were welcomed by Karen and other colleagues and attended Special Interest Group meetings and workshops. After lunch we attended Research SIG program (how to work in research without starting a PhD). We went for the welcome dinner, then Gill and the Adelaide neonatal nurses took us on a tour in the night and they bought us some food we ate in restaurant. We then went back to the hotel and did a little bit of rehearsal to get ready for tomorrow, and slept. Next morning was the actual ACNN conference day which started with the presentation of Neonatal Nurses Excellence Awards and Parker Healthcare Scholarships. The first speaker was Professor Donna Waters on *Harnessing the power of change*. Next was *Nursing Neonates in Papua New Guinea* – it was us, we did it. Then *Improving neonatal resuscitation knowledge and skills in PNG* by Donna Hovey, *Challenges of infants care in resource-poor settings* by Dr Ma Belen Caminoa, and *Wasted time – wasted resources* by Clawdia Dsouza. After lunch there were more sessions then we went for dinner at the Opera House with Donna and the Brisbane nurses.

On the second day of the actual ACNN conference the topic was Neonatal Skin Health and Skin Care Symposium. Some international speakers came and we heard a lot of presentations, then tea breaks in between and lunch. After the closing address, Karito, a Goroka Hospital nursing officer studying at UTS came and visited us. Later we caught up with Donna and the nurses, had our dinner at the Chinese restaurant, and visited the Harbour Bridge.

The next day we checked out of the hotel and Margie and Julie took us to the Royal Women's Hospital where we met Jo and she showed us around in the NICN, SCN and birthing place. Margie then took us to the Eastgardens Shopping Centre (similar to Vision City but much bigger). From there we went

*Cont. on page 8*



straight to Margie's apartment and Mary, a Goroka nursing officer studying a management course at UTS, came and visited us. We stayed overnight with Margie.

The next morning we packed and had breakfast with Margie. She then dropped us at the International Terminal where we went and checked in, and went through security screening. We then went looking for gate 28 and at last we got there, sitting, chatting about the adventures we had. We hopped on the plane at Jackson Terminal and got to Goroka terminal and home with my babies.

Travelling overseas was my first time and an unforgettable experience ... Sydney, Circular Quay, Opera House, Harbour Bridge, places and people ... it was a joyful moment of my life. I met new friends, some old friends who came to PNG. The most important things that I learnt was doing research and presenting, taking evidence-based best practice home ... teaching someone to make the difference. And a lot of other

experiences that I had – it was a wonderful moment for me.

Thanks to Jane Connell, Alison Moores, ACNN, Karen New, Donna Hovey, Gill Mibus, Margie Evans, Jo Sheils and UOG midwifery fundraising committee.



L to R: Denise Kinross, outgoing ACNN President, Karen New, ACNN Professional Officer, Joy Sanan and Agnes Kissipnga

COUNCIL OF INTERNATIONAL NEONATAL NURSES CONFERENCE 

 **ONE** 

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VANCOUVER, BC – CANADA  
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## CALL FOR ABSTRACTS

The COINN 2016 Conference Planning Committee invites submissions of abstracts for oral and poster presentation at the 9<sup>th</sup> Council of International Neonatal Nurses Conference – August 14 to 17, 2016.

Abstracts will be selected based on relevance to the Conference theme, and those that address the following objectives or key content areas:

### OBJECTIVES

- To showcase the integral role neonatal nurses have in improving the health outcomes for neonates and their families
- To identify best practices in neonatal care
- To discuss evidence-based strategies, inter-professional approaches and innovative practices
- To provide opportunities for educational exchange within the global neonatal community
- To support knowledge-to-action by providing a forum for researchers, clinicians and educators to dialogue and exchange strategies to enhance care delivery

### KEY CONTENT AREAS

- Clinical research (ongoing or completed)
- Education and/or knowledge translation initiatives
- Innovative program initiatives
- Clinical practice initiatives or practice updates
- Guidelines for evidence-based practice
- Case study or mystery case
- Millennium Development Goals and post 2015 Development Goal initiatives

**Submission deadline: February 15, 2016**

Abstracts must be submitted on-line via the abstract submission system

For information on how to submit an abstract, visit the COINN 2016 Conference website at [COINN2016.neonatalcann.ca](http://COINN2016.neonatalcann.ca)



COINN 2016 Contact: Canadian Association of Neonatal Nurses Secretariat  
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