Australian College of Neonatal Nurses Inc.
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Newsletter

June 2017

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. All content will be edited to newsletter standard.

Editor: Shelley Reid. Proofeader: Jan Polverino.

Please send correspondence to the newsletter team at newsletter@acnn.org.au

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

Next deadline: 1 August 2017

ACNN National Committee 2016 – 2017

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President	Karen Walker
Vice president	Jennifer Dawson
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Treasurer	Karen New

Committee members

Jane Roxburgh
Samantha Lannan (Assistant Treasurer)
Vivienne Whitehead
Linda Ng

Professional Officer

Dr Linda Ng (acting)

President's Report

I think that some of the most exciting news that I have to share in this report, is that our membership has now grown to over 800. This is truly an amazing achievement, as this has occurred in only 18 months. I would like to welcome all our new members and thank all members who have encouraged their colleagues to join. Together, we are a strong voice for neonatal nurses. I would also like to welcome the new operating committee for the Victoria Branch, Lee Hopper as Chair, Erin Trathen as secretary, Theresa Arnold as treasurer and Samantha Jenkins and Melissah Burnett as ordinary general members. I would like to encourage all members to consider joining the operating committees of the branches, special interest groups and the national committee. They provide a great opportunity for the development of leadership skills, while promoting our college.

I was also delighted by the great increase in abstracts submitted for our conference on Fraser Island in October. With such a number of abstracts and of such good quality, it was a challenge for the selection panel to choose which presentations were orals or posters. This is a great problem to have, and testament to the increased interest in our conference. The program is on the website, and the feedback that I have had so far has been really positive. Fraser Island sounds like it is going to have great presentations, great company and a fabulous venue. I am so looking forward to it. However, I have to add that already we are thinking beyond this conference and on to locations and venues for the 2018 conference.

The number of people reached by our Facebook page continues to increase, and this has been a great source of communication. Thanks to Mel Burnett for all the work that she does on this. I would be interested to talk to anyone with Twitter skills, who would like to work with Mel and 'tweet' some of the fabulous information that she puts on Facebook. Getting our name and voice over social media is important, and sharing the workload is essential, as we are all such busy people.

Also consider writing for the newsletter. Shelley and the committee put this together, and it is a great opportunity to tell your colleagues what you are doing, have implemented or have achieved. It is also good for your CVs and a place to start

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President's report (cont.)

on the road to publications. I would also like to hear about personal achievements, such as awards and honours, Masters/PhDs, NNP endorsement, first publications etc., so that we can share and highlight them in the newsletter and on social media.

A couple of items to remember – membership renewal is now due and in the next few months Shelley will send out nomination forms for membership of the national committee. All positions on the national committee are vacated each year. We have been working very hard to ensure the sustainability of the ACNN national committee, and were delighted that three new members joined the committee last September. This year, it would be great to have some more new members, so please consider nominating.

To finish, we are currently in a strong position, both financially and with our increasing membership, but we need to keep working through our strategic plan objectives to ensure that ACNN continues to grow. I thank each and every one of our members for their commitment to ACNN.

Karen Walker

ACNN New South Wales Branch Report

On Tuesday 28 March, 38 people attended the NSW networking evening seminar in Parramatta. The food was great and it was a fantastic opportunity to catch up with old friends and meet new ones. We had a very special speaker, Dr Agnes van den Hoogen, all the way from Utrecht in the Netherlands. Agnes spoke to us on her experience of PICC and IV management and their complications. She also enlightened us on the barriers and facilitators of using webcams in the NICU over a 20-year period.

A big thank-you to Dr Adrienne Gordon, neonatologist at RPA Newborn Care. Adrienne presented us with some fascinating data from the SPRING (Sepsis Prevention in NICUs Group), entailing information on quality improvement activities to improve infection outcomes.

The membership of the NSW branch continues to steadily climb. In April of this year we had a total of 223 financial members, currently this has risen to around 240. I would like to express my warmest wishes to all new members and I hope to see you at one of our events and the national conference later this year.

Lastly I would like to highlight our Jessie Everson Education Scholarship. To date we have had several applications for the small and large grants; applications have been for funding to attend local and international conferences. Scholarship applications remain open and are available to all NSW members.

Kind regards,

Christine Jorgensen
ACNN NSW Branch chairperson

Wanted

Items of interest to ACNN members everywhere

Please consider contributing to this newsletter

Send contributions to newsletter@acnn.org.au

ACNN Queensland Branch Report

ACNN Queensland Branch Dinner Seminar, March 29, 2017

The Operating Committee for the ACNN Queensland Branch is committed to staging education events for members as an integral part of its strategic planning. We strive to support the activities of the National College and provide a platform for members to further their knowledge and skills in caring for this unique neonatal population, as well as supporting those interested in furthering their education and the development of neonatal care practises.

Each year, the Queensland Branch stages two dinner seminars, one metropolitan and one regional based. On 29 March was the first of these educational seminars in Brisbane. The second is scheduled to be held in Toowoomba, in late July.

We were extremely fortunate to entice Dr Agnes van den Hoogen, in Australia to speak at PSANZ, to detour to Brisbane and share her experiences and insights into the problems of peripheral and central intravenous access in neonates.

Agnes is a nurse scientist at the University Medical Centre of Utrecht (UMCU), Wilhelmina Children's Hospital, The Netherlands. She has been a neonatal intensive care nurse since 1985 and in 2009 Agnes received her PhD, for her thesis on 'Infections in Neonatal Intensive Care its Prevalence, Prevention and Antibiotic use'. At present her role is as a post-doctoral researcher in the neonatal unit at UMCU. Agnes is a current board member of the Council of International Neonatal Nurses (COINN); a member of the Advisory Board for the European Foundation for the Care of Newborn Infants (EFCNI) and vice-chair of Education and Training for Nurses and Midwives in EFCNI for Standards of Care for Newborn Health in Europe.

Agnes's topic of choice for her presentation was *Essential principles and 'tricks' in vascular access to manage infiltration and extravasation?*

The question was posed – What can I do. Neonatal nurses are aware that peripheral intravenous cannulas (PIVC) are simple and frequently used in all NICU/SCN facilities. However, they leak, clot, infiltrate and necrosis occurs. These

complication are unchanged in 30 years. Some important points of contemplation to come from this presentation were the simple measures that can be implemented. The 'TOUCH', 'LOOK', 'COMPARE' hourly activity will highlight if the limb is soft, warm, pain free, dry or *any* changes when comparison is made with the alternative limb. While developmental care is essential Agnes was quick to point out the necessity of being able to visualise not only the area where the access device is but also visibility of the actual insertion site. Securing products, of which there are many and how securing is carried out has as many variations on a theme depending on what unit you are working in. It is just as much a priority in the management of PIVs. Interestingly, armboards/splints at UMCU in this population are only used if the cannula is positioned in the cubital fossa region or similar 'bendy' sites. UMCU is fortunate to have a Vascular Access Team (VAT) which has significantly decreased the number of complications and number of attempts at PIVC access. The VAT undergo extensive training and education on technique and understanding IV issues. In addition, the VAT regularly maintain PIVC lines and choose elective replacement which has decreased PIVC complications and the devastating sequelae of necrosis and dermal damage from infiltration and extravasation. Monthly reports are required as a means of gauging incidents. Quality improvement activity as a result of this reporting directs unit policy.

The Netherlands uses a product, hyaluronidase, and its composition equals a family of enzymes which catalyse the degradation of hyaluronic acid naturally occurring in the human body. Hyaluronan is an extracellular mix and the action is to decrease viscosity and increase tissue permeability to speed up dispersion. If injected within an hour of incident around the entire area of extravasation subcutaneously, it will prevent excess skin and tissue loss and the need for plastic surgery. In concluding her presentation, Agnes stated the way to decrease complications included but is not limited to:

- IV Teams
- Setting of pressure alarm limits and heeding them
- Types of pumps and materials is used
- Flushing of lines
- Continual quality improvement activities

The second speaker for the evening was Dr Susan Kellett. Susan's doctoral thesis examined the image of the professional nurse in Australia between 1919 - 1951. Using commemorative stained glass located in the nation's religious spaces as her lens, her research shed new light on remembrance practices that accommodated not only nurses but others marginalised by the ascendant Anzac narrative of war memorialisation. Susan's findings also establish the first Australian archetype of the professional nurse: the *Martial Madonna*. Her research interests include representation of the professional nurse in Australian modernist art and the life and commemorative glass of M. Napier Waller.

Nursing the wounds of war: the windows of St Stephen's, Gardenvale was the title of Susan's presentation. She introduced to us Mervyn Napier Waller, CMG OBE (19 June 1893 – 30 March 1972) a noted Australian muralist, mosaicist and painter in stained glass and other media. He is perhaps best known for the mosaics and stained glass for the Hall of Memory at the Australian War Memorial, Canberra, completed in 1958. Waller, himself a soldier in WW1, was wounded in the right shoulder and required amputation of his right arm following sepsis which developed as a consequence of shrapnel damage. He was right-handed but retaught himself to draw using his left hand. He had a respect for women, especially nurses, who were virtually unappreciated and unrecognised for the contribution they made caring for the war wounded. Mostly all RSL commemorative works were male dominated, depicting heroic young men. The Hall of Memory, set above the Pool of Reflection, is the heart of the Australian War Memorial. It can only be reached by walking past the names of the 102,000 who have given their lives in the service of this country. Here you stand by the Tomb of the Unknown Australian Soldier, at the still point of all remembrance. There are stained-glass windows on three sides of the Hall of Memory, each window divided into five panels. Each of the fifteen panels features a figure in the uniform and equipment of the First World War, and typifies one of the quintessential qualities displayed by Australians in war. The figures in the south window represent personal qualities. DEVOTION is the title of the pane that depicts a nurse, with the Red Cross as the symbol of charity. In the panel above her is a shield bearing the badges of the six states in the Australian coat of arms, and a pelican feeding her young from her bleeding breast, the ancient symbol of devotion. Waller has placed her on a larger plinth so that she stands 'shoulder to shoulder' with her male counterparts.

Waller was twice married, and used the likenesses of his first wife Christian, also an artist, his lover and subsequent second wife Lorna Reyburn and himself in the stained glass works he created. He so frequently used like images of himself that "where's Waller" has emerged as catch phrase among the artistic community. St Stephen's Anglican Church, Gardenvale Victoria built a Warriors' Chapel as a memorial to the servicemen and women of the parish. Napier Waller prepared six window designs for windows that represented various aspects of the 1914-18 and 1939-45 wars. The windows were completed for the official unveiling on Remembrance Day, 1951. Each window was quoted at £100, which represented a high price in the early 1950s. At the time that the series of six windows were ordered from Mervyn Napier Waller, only four were promised payment. The congregation, through general offerings, was responsible for guaranteeing Women in War, one of the remaining two windows. The message to come

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Qld Branch Report (cont.)

from Waller's works was that he never forgot the legacy he owed the women who cared for him before, during and after the war. It will be interesting to see how the next generation of commemorative artistic works will reflect and honour women in the Australian Defence Forces.

The final presenter for the evening was Karen Hose, a Neonatal Nurse Practitioner working in Women's and Newborn Services, RBWH. Having completed her Nurse Practitioner Masters in 2014, Karen was endorsed in January 2015, and has played an integral role in establishing the NNP position within the service. She has had extensive experience in the neonatal setting, occupying roles such as NICU CNC, and the project position of setting up NeoRESQ – a combined RBWH/MMH neonatal retrieval service in South East Queensland. Karen has a particular interest in clinical standards and the quality of service delivery. Karen does volunteer work with the cleft lip and palate surgery team, Operation Smile.

Karen's topic for this presentation was *Current recommendations in the management of infants born to HSV positive mothers.* Karen began by saying that there is no clear guideline in Queensland for best practice. Despite an exhaustive search it would appear that this trend is not confined to this state. Herpes Simplex Virus (HSV) is neurovirulent and presents in two forms. Whether oral (HSV 1) or genital (HSV 2) both attack the mucosal surfaces, appearing as vesicular eruptions, are variable and remain for life. They can remain latent and reoccur over time however recurrence seems to decrease with time. Latency reactivation can affect the trigeminal and sacral nerves. Reactivation occurs most frequently with fatigue, emotional stress, sunlight, menstruation and fever. Shedding further complicates contamination. Alpha herpes viruses are seen in chicken pox (varicella), shingles, Epstein-Barr, roseolovirus and cytomegalovirus (CMV).

For a baby born IUGR, management may need to include TORCH screening for HSV to complete a comprehensive assessment. Signs and symptoms may include vesicular rash, skin vesicles, sepsis picture – especially with a negative blood culture and unresponsive to antibiotic therapy; seizures or coagulopathy. Testing would include viral culture of lesion, placental swab, CSF, urine, ETT aspirate in addition to hearing, ophthalmology, and possibly head ultrasound, MRI neuroimaging. The most accurate means of testing is using polymerase chain reaction (PCR) which produces an amplified section of DNA or RNA in a few hours making diagnosis and treatment timely. Acyclovir continues to be the drug of choice for treatment for 10 to 14 days and up to 21 days if CNS positive and continuation on oral for a possible 6 months. Karen's recommendations for management highlighted the need for a state-wide approach; for occurrence in the rural setting the health professional should consult with a tertiary facility. Maternal testing is required with sensitively addressed parent education. Mortality in the treated population is significantly decreased but numbers rise significantly in the non-treated population. Karen's presentation was extremely informative and comprehensive.

In closing, neonatal nursing is a unique and specialised area of nursing. We would like to encourage members who may have a particular area of expertise and would like to share their work or may have knowledge of a particular speaker whose work would be of interest to neonatal nurses to please contact the Qld Branch. The Operating Committee would like to meet the education and professional interests of members and by networking together a greater variety of topics can be addressed.

Special thanks and sincere appreciation to our three presenters. Linda Ng kindly donated raffle items for the night which was very much appreciated. Congratulations to the winners of the Easter raffle prizes. I do hope you enjoyed your prizes. Proceeds from the raffle goes to the LRC SIG to assist their continuing work in Papua New Guinea.

Karen Pearse
Secretary
ACNN Queensland Branch Operating Committee
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Member update

The Qld branch congratulates Linda Ng on being awarded her PhD for her research *Exploring registered nurses' attitudes towards postgraduate education for specialty practice in Australia*.

Well done Linda.

ACNN South Australia Branch Report

The SA ACNN members enjoyed a night of 'mindfulness and wellbeing' on May 24 at the Robinson Research Institute, with motivational and wellbeing speaker Annie Harvey leading our stress-free evening seminar, along with the Women's and Children's chaplain Carl Aitken. As neonatal nurses in busy nurseries, we welcomed ways in which to become more aware of relaxation techniques to assist in coping with stressful situations. In a technology-driven world, we focused on techniques which incorporate mindfulness practices in order to improve our mental health and improve our personal and professional lives.

On May 17 to 20 members Lee Hussey and sponsorship recipient Mel Barker attended the 7th Bali International Combined Clinical Meeting (BICCM) at Sangalah Hospital, assisting with education of neonatal nurses. We look forward to hearing more from their trip at our next meeting.

Gill Mibus recently held a successful evening with many ACNN volunteers making 300 birth kits for PNG with BKFA (Birthing Kit Foundation Australia). The success of this guarantees another similar evening in the future.

ACNN Victoria Branch Report

Introducing new committee members

Lee Hopper - the accidental neonatal nurse
My neonatal career was not planned. I was happy doing midwifery in 1993 when the Royal Women's Hospital here in Melbourne decided to close its nurse bank. I was given two options – be made redundant or go and work 'on the ninth floor' where they could give me a contract to work Friday and Saturday nights as I had two small boys just starting Kindergarten. Redundancy seemed frightening so I took the second option and have never looked back. The ninth floor was what we called our NICU and SCN.

The staff there were welcoming and knowledgeable and they were happy to pass on their knowledge to me. This is probably why I have now become a neonatal educator at Sunshine Hospital in Melbourne's west, being taught so well I really wanted to help others learning this demanding work which requires a huge amount of knowledge and a great deal of skill.

I was trained on the job into NICU and decided to do the NICU course through Latrobe University in 1998. After this I have also done a nurse immuniser course and a Master of Professional Education and Training through Deakin University.

Over the (now) 24 years in this specialty I have met some fantastic people through the ACNN (previously VANN) and kept on learning a great deal. I spent eight years as the treasurer of VANN and learnt the value of networking and meeting people with this common interest.

While I enjoy working at Western Health in what is possibly the largest level 5 nursery in Australia and is going to become the next NICU in Victoria (an amazing and difficult transformation) I often think back to the times I had at 'the Women's' and wonder where I might be today if they had not closed their nurse bank and sent me on a new path.

Hello everyone! My name is **Erin Trathen** and I am the new secretary for the Victorian branch of the ACNN. I have been nursing for about eight years in both neonatal and paediatric areas, I have been specialised only to neonates for about four years now. I have worked at Monash Children's, The Townsville Hospital and I am now currently a CNS at Wodonga Hospital SCN. In May this year I had an amazing time travelling over to Goroka with the ACNN LRC SIG. It was such an invaluable experience and has really inspired me to fundraise within the Victorian branch for these amazing people.

There are some new changes to the Victorian branch of the ACNN. The new 2017 committee is as follows. Chairperson: Lee Hopper, secretary: Erin Trathen, treasurer: Theresa Arnold and general members: Samantha Jenkins, Melissah Burnett. As you can see we have plenty of room to welcome more general committee members.

The Victorian branch plans to hold an online open forum on Monday 19 June 2017 to discuss with current members what they would like to see from the committee in the next twelve months. We would like to organise some events in both regional and metropolitan areas, including both educational and fundraising events. On behalf of the Victorian branch I encourage any interested members to contact us with ideas or interest in joining the committee.

NSW Neonatal CNC Column

Understanding soft skills in communication

Kwee Bee Lindrea CNC
Newborn Care Centre, Royal Hospital for Women

This article is an attempt to evoke an awareness and understanding about effective communication involving soft skills in all aspects of communication. Communication is a constant in the neonatal arena from social conversation and dialogue with parents and staff. When we speak to each other, we communicate in more than just exchanging information. We convey our message and hope that it is received and understood by another person in the manner we intended. It seems simple but often what we try to deliver gets lost in translation and causes misunderstandings, frustration and sometimes conflict and ill-feeling. Communication is a two-way street that also involves the other person hearing and understanding the message that is delivered. It is about recognising non-verbal cues of communication, managing the stress in the moment during the dialogue, being able to recognise and understand your own emotions and those of the other person.[1]

What exactly are soft skills in communication? Soft skills are about a group of personality traits, social graces, personal habits, friendliness and optimism that separate each individual from others.[2] Incorporated into communication, it can enhance good communication skills to be charged with compassion, connectedness with an individual (parent/s or staff) in understanding their needs, pain, joy, sorrow and achievement. It is also about having the ability to relate to others and themselves, understanding and managing emotions, autonomy, setting and achieving goals as well as being creative and constructive. The crux of soft skills can be perceptive because it can differ from context to context. For example, the skill of setting up a ventilator might be useful for a nurse manager but it is an absolute necessity for a neonatal nurse working in an intensive area of the neonatal intensive care unit. Some examples of soft skills are ethical respect and sociability, ability to apply critical and structured thinking and problem solve (being creative in communication and negotiation that has integrity and empathy), cultural awareness, etiquette and good manners. These components evolve around each individual's context and personal perception to form the individual's talent of communication skills.

Dialogue is a continuum involving positive feedback and engagement that sometimes has tough challenges and negotiations to achieve an effective outcome. In a dialogue, a focused ingredient grows which communicates with the brain. Often using soft skills, positive results happen. However, the dialogue can progress to a crucial conversation. A crucial conversation involves two parties or individuals that are needed to happen because of differing opinions, the stakes involved are high and emotions are running high progressing to a flow-on of becoming confrontational, with disagreement and emotionally uncomfortable.

There is a very sophisticated little part of the brain called the amygdala which is part of the limbic region. It is also sometimes referred to as the 'reptilian brain'.[3] This little brain sends out signals in stressful situations termed 'fight or flight'. It does not turn itself off therefore potentially kicks in and starts a chain of powerful reactions sending signals of either 'fight' (confronting the perceived threat) or 'flight' (retreat from the perceived threat). As a result, high adrenaline, high blood flow to limbs with low blood flow to the brain occurs – 'fight, flight, or freeze' – a reaction that occurs without warning and catching an individual by surprise. Work done by researchers illustrated this phenomenon well.[3] When faced with a predator, the primitive part of the brain that handles fight or flight becomes activated while the high brain function shuts down. In crucial conversation, it can lead to confusion causing an individual to improvise and self-defeating behaviour occurs, compounding the situation further with the individual verbalising the wrong thing. This is the crucial moment when the higher function part of the brain is needed to effectively carry out crucial conversation but unfortunately does not respond well. As difficulty increases in the conversation, an individual can shut down, withdraw, avoid or mask their behaviour becoming unhappy with the situation and themselves. Other observed behaviours include threats and name-calling in some situations, silent fuming, speaking frankly and ineffectively.

Emotions exhibited during crucial conversations are termed 'affect'. Facial expressions, language and behaviour even to the most subtle are observable. It is the response associated to events, situations, objects and people and the impact that it has on an individual.[4] These responses can also produce like or dislike, pay attention to or ignore, the evaluation of self or others including integration of social statuses or rejection. All this forms a threat causing the amygdala to act in defence in the individual. The frontal cortex of the brain that controls cognition, rational thoughts and logic, moves into action in an attempt to calm and regulate the limbic system by sending signals to make rational decisions rather than instinctual reactions – the fight or flight response.

Knowing the 'affect' allows for acknowledgement of the emotions experienced and being conscious of the reactive mind in that moment. Simple practices of mindfulness can provide the ability to become more present, relaxed and self-aware. What is mindfulness? It is a state of non-judgemental awareness of the present moment of thoughts and feelings

whether good or bad. Observing thoughts and feelings unfold creates a natural pause that provides a moment to choose an action rather than reacting. Learning to be more mindful, or present and relaxed, in our day-to-day life is not easy. When individuals are more present and relaxed, the fight-or-flight part of the brain becomes less reactive providing more opportunities to pause and respond to a challenging situation instead of reacting. It is easier to make healthy choices in life – reducing stress, supporting health and viability as well as enhancing relationships. This also provides the opportunity to manage the negativity and painful thoughts associated with crucial conversation. Mindfulness training involves being aware of an individual's surrounding and physical presentation (posture, focused attention and rhythmic breathing), another person's emotions and behaviours and most importantly an individual's own thoughts, emotions and behaviours. Another practice of mindfulness is simply taking a deep breath and focusing on the breath. Then expand the focus to include listening to the breath and be conscious of the chest inflating at the same time being aware of the body breathing.

This snapshot of one aspect of communication is by no means the complete picture. It is an important aspect to understand the trigger and emotive response that frequently occurs in crucial conversation. To understand and develop the ability to quieten the mind provides the opportunity for the brain to make choices with decisions, have an effective and productive conversation and free flow of relevant information. Inherent to communication, mutual respect develops which is a continuance of condition of dialogue and together with compassion, non-judgement and mindfulness crucial conversation can become a by-product in life.[5]

References

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The team in Goroka, May 2017

Neonatal Research SIG

Developing priorities for neonatal research

At the Perinatal Society of Australia and New Zealand conference this year in Canberra, the Research SIG committee had an opportunity to develop and hold a workshop with Professor Agnes Van den Hoogen. In 2014, Agnes published an article outlining neonatal intensive care nursing research topic priorities across Europe. The Research SIG Committee also conducted a survey to identify what Australian neonatal nurses perceived as a priority for future research. We developed a survey that encompassed the five top European and Australian research priorities identified in the surveys, and with advice from Deborah Harris, added two additional topics that encompass the New Zealand perspective.

At the PSANZ Workshop, the 21 nurses who attended the workshop chose their five top priorities from the 12 previously identified topics. The top four priorities identified were:

- Exploring components of developmental care and evaluating which improve neurodevelopmental outcomes.
- Identifying nursing workforce issues around: staff to patient ratios, skill-mix, models of care, unit design and staff retention on neonatal outcomes.
- Determining best practice for caring for the late-preterm neonate while also reducing separation of mother and baby.
- Identifying strategies to implement evidence into NICU/SCN nursing practice.

The Research SIG is interested to hear from nurses who are coordinating research projects investigating any of the above priorities. The research webpage is an excellent way publicise your study, and network with other nurses interested in research. We look forward to hearing from you, please send us an email researchsig@acnn.org.au

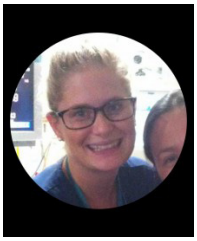
Low Resource Countries SIG

The Low Resource Countries Special Interest Group (LRC SIG) is planning to hold another gala dinner next year. This is a major fundraising event that enables the purchase of equipment and resources. It is thought that it will take place in Queensland and will be supported by an organising committee formed from the LRC SIG. Information about the event will be circulated when the details are available.

The 25th National Conference will be here before we know it and the LRC SIG meeting has been finalised for 19 October from 2.30 to 3.30pm. The meeting will feature Andy Emmanuel speaking on *The impact of training on newborn care and neonatal survival in sub Saharan Africa.* The meeting will also call for operating committee members for the next year. This year there is no fee for attendance at SIG meetings so come and meet the group if you are interested.

Anndrea Flint

Neonatal Nursing Leadership SIG



Profile: Jemma Binney works at Mercy Hospital for Women in Melbourne, in the Neonatal Intensive Care and Special Care Nursery as an Associate Nurse Unit Manager. She is the new secretary for the Neonatal Nursing Education SIG.

Attributes of a leader - born with or can they be developed?

"I believe there are certain attributes of a good leader that you are potentially born with, certain qualities in your personality that cannot be taught, for instance your nature and general demeanour that can have elements affected by environment but generally that you are born with. I believe these underlying attributes and qualities need to be fostered in an environment that will help facilitate you as a leader. As a female it can be very challenging to step up into a leadership role; for a very long time women have not been seen as great leaders, but I have been lucky to grow up in a society that allows me to be who I want to be. The environment I was raised in allowed me to develop my skills as a leader and foster the born-with attributes I have that allow me to a be a good leader. Therefore, I don't think you are either born with or not, I believe those attributes you are born with need to be fostered by the environment and society you are in to ensure you can be the best you can be, then you can be taught how to refine those skills."

Who do you identify as leader in neonatal nursing today?

"There is no specific answer to this, I identify many different people as leaders. To me, the leaders in neonatal nursing as those who are innovative and push the boundaries of the norms to excel in their environment. This can be someone who has just started in the neonatal setting, and is encouraging those around them to follow in their footsteps. Or it could be someone as senior as the head of department implementing changes to better improve our overall care of the patients and families."

Why do leaders burnout?

"There is no denying leaders bite off more than they can chew. They often like to be yes-people, who see great advancement in change and therefore want to get involved in everything for the greater good. However this impacts on their work life balance, I quite often find myself on a Sunday afternoon on my work emails getting prepared for the week ahead, and even day-dreaming about what I need to do next."

What are the challenges of neonatal nursing today?

"Neonatal nursing is facing a lot of challenges, population growth, staffing, acuity of patients in smaller hospitals, resources, KPIs. There are many. However one that I am feeling now is the pressure on staff to perform in a quickly changing environment. NICUs are there for the most vulnerable, and as more patients require specialty care, nursing staff are becoming burnt out from the demands of the community and the quickly changing environment."

What inspires you to be a neonatal nurse?

"When I first started my Grad year 7½ years ago I saw myself being a midwife, I had applied to the hospital I was at so I could do their midwifery course, no one was going to change my mind. Then I spent 6 months in the Special Care Nursery and that was it. The mixture of family-centred care and ICU was a great balance for me, I loved the unit I was in, the working environment had a great mixture of social and work aspects that I loved. All of these attributes is what inspired me at the time to be a neonatal nurse, as I've gained more knowledge and experience and I'm now an ANUM I get inspired by inspiring others to share the same passion with me. I love change too, implementing things that can help advance the care we provide to the families is a very rewarding thing."

A special thought or piece of leadership wisdom to share

"The one piece of advice I was given that has always stayed with me is, back yourself. No matter what you should believe in you, it doesn't matter what others may think of you on your journey, if it's what you want to do, do it, and back yourself doing it!"

Neonatal Nurse Practitioner SIG

The NNP SIG has been busy this year, holding regular meetings, completing necessary documentation for the National Committee and trying to keep members of the SIG updated. Currently we are negotiating speakers for the SIG meeting at the National Conference which will be held Friday 20 October at 3.30pm. Once speakers are confirmed a flyer will be circulated to all SIG members. This year there is no cost to attend the SIG meeting. The content will also assist NNPs to gain hours towards their professional development.

Further to this we are discussing the possibility of a workshop in the new year for NNPs. This concept is in its early stages; we hope to progress this and have details available at the National Conference.

A survey is also being developed by the NNP SIG to ascertain the depth and dimensions of the NNP role within Australia; this also is in its infancy.

If you wish to contact the NNP SIG or enquire about the role of the NNP please email nnpsig@acnn.org.au

Anndrea Flint