You couldn’t be in better hands

ALSO IN THIS ISSUE:
- Our positive nursing campaign
- HESTA Student Award winners
- Congratulations Cert III Graduates
**POSITIVE NEWS**

**DURING THIS MONTH YOU WILL SEE A NEW NATIONAL CAMPAIGN SUPPORTED BY THE ANF TASMANIAN BRANCH TO PROMOTE THE WONDERFUL WORK THE NURSING TEAM UNDERTAKES.**

The theme is *Australia’s nurses and midwives. You couldn’t be in better hands.* In Tasmania, you will notice advertisements featuring the wonderful work the nursing team undertake daily, at the cinema, on radio and television for the next two months during stage one of the campaign.

There is reason to celebrate this month. The Tasmanian Health Organisation (THO) - North (formerly NAHS) management has acknowledged the need to address the contracted level of services in the recently signed Service Level Agreement, coupled with additional Commonwealth funding, and will be recruiting more nurses to meet this requirement. This requires Category 1 and 2 electives to have their elective operations performed within benchmarked timeframes. Benchmarking under the NHPPD model has also been completed for AMU and DEM reflecting increasing acuity.

This also marks the beginning of the flow on from the federal funding to increase the elective surgery throughput but also in response from the ANF community campaign to ensure safe access to quality care. ANF will be discussing the capacity of the other THOs to meet their contracted level of services which will potentially require additional nursing positions in all regions.

The public sector new career structure is listed to be registered in the Commission in late August. This will be the beginning of the process to review and upgrade many positions and many positions from Grade 4-9 will now have an opportunity for review to ensure work value is respected. It is also agreed that back pay to May 2012 will be available for all those nurses who are successful at review and all grade 7–9 nurses who are translated.

The ANF Annual Delegates Conference is scheduled this month and we look forward to recognising and celebrating all the wonderful work our ANF Reps do every day to make a difference in their workplace.

Another positive initiative is the announcement that 103 Health Scholarships have been funded as part of the Federal Package for any nurse/midwife employed in a Tasmanian public or private health facility. This includes support for CPD, post graduate study and undergraduate study. Please see the ANF website for direct links to these scholarships.

**In Tasmania, you will notice advertisements featuring the wonderful work the nursing team undertake daily, at the cinema, on radio and television for the next two months during stage one of the campaign.**
Celebrating Long-term Membership

ANF BRANCH COUNCIL RECENTLY CONGRATULATED BEE-EAN SINGH ON BEING ONE OF OUR LONG-TERM MEMBERS.

Bee-Ean joined ANF in 1978 and we thank her for her loyalty.

Have your say in Infusion

If you have a suggestion for something you’d like to see included in Infusion, contact the ANF marketing team by emailing marketing@anftas.org or calling Justine on 6223 6777. Letters and articles from members are also welcome. Contributors should note that their articles may be edited and will be published at the discretion of the ANF.

Meeting new members at RCNA Expo

THE ROYAL COLLEGE OF NURSING AUSTRALIA (RCNA) EXPO IN HOBART ON 15 JULY SAW OUR ANF STAND ATTRACT PLENTY OF INTEREST.

Organiser Erin Smallbon says ANF always looks forward to the Expo as a means of meeting large numbers of nursing students, registered nurses and enrolled nurses.

“The expo gives us the opportunity to speak to up-and-coming nurses of the future,” Erin says.

“This year in particular, students were very excited to learn about our new free ANF membership and we recruited plenty of new members.

“ANF looks forward to assisting our new members in their future careers.”

The RCNA Expos are held around Australia and are specifically designed to enhance the profile of nursing as a profession.
Success in Smithton for ANF

Sue Robertson, North West Organiser

ANF WAS PLEASED TO VISIT SMITHTON RECENTLY TO MEET WITH MEMBERS AT VARIOUS WORKSITES.

At Emmerton Park ANF has been negotiating the Nurses’ Enterprise Agreement and is very close to the ballot process. Improved penalty payments for nurses have been achieved for Sundays with a 200 percent payment bringing nurses into line with general staff.

Sunday is an important family day, so recognition for this impost on family life is an important achievement. The Care Staff Agreement is over the half way mark, so that will be the next future project at this site.

Members at Smithton Hospital and CHC were updated on EBA progression and an education session was provided on CPD requirements.

A short visit to Smithton Medical Centre identified a great working environment with satisfied nursing staff.

Meanwhile, over at Smithton Polytechnic ANF presented to a small group of Cert III students. Polytechnic runs the course at this campus only every 2-3 years dependent on demand. The students asked many relevant questions and Emmerton Park has some excellent employment prospects for this group!

Top Marks for Aged Care Initiative

Louise Phillips, Northern Organiser

THE ‘TEACHING AGED CARE FACILITIES INITIATIVE’ IS AT THE FOREFRONT OF AGED CARE, ENCOMPASSING CLINICAL PLACEMENTS IN AGED CARE FOR MEDICAL STUDENTS, PARAMEDICAL STUDENTS AND NURSING STUDENTS.

This evidence-based Initiative is attempting to change the students’ sometimes negative view of aged care placements.

A motivating factor is that the nursing workforce is an ageing profession which causes concern for future workforce planning.

The Initiative incorporates a committed group of mentors who ensure opportunities for learning, a positive workplace culture and a leader to facilitate the process.

The commitment extends to external partners including the Hospital Aged Care Liaison Team, Dementia Management Behaviour Advisory Service and numerous other allied health professionals.

The ‘Teaching Aged Care Facilities Initiative’ was launched by the Minister for Mental Health and Ageing at Peace Haven (Masonic Homes of Northern Tasmania) in October 2011, and is funded by the Department of Health and Ageing, the University of Tasmania, Masonic Homes of Northern Tasmania and the Queen Victoria Home in Hobart.

To facilitate the learning experience, Peace Haven has developed a learning centre accommodating up to sixteen students at one time and incorporating the latest teaching technology available. This has been funded by Health Workforce Australia.

A structured 12-month Graduate Nurse Program is also being developed in consultation with the University of Tasmania and is expected to commence in 2013.

Personal contributions or salary sacrifice – which one is for you?

To find out more information or book a personal appointment, call the RBF Enquiry Line today on 1800 622 631.

The Retirement Benefits Fund Board (ABN 97 724 593 931) is the trustee of the Retirement Benefits Fund (ABN 51 737 334 954). Before deciding to acquire or to continue to hold an RBF product, please consider the ‘Welcome to RBF’ brochure at www.rbf.com.au
Overcoming our CHAPS Challenges

Erin Smallbon, Southern Organiser

FOLLOWING THE CUTS TO THE TASMANIAN HEALTH BUDGET IN 2011, ALL AREAS WITHIN THE DHHS WERE REQUIRED TO FIND SAVINGS TO MEET TARGETS SET BY THE GOVERNMENT.

In Children and Youth Services, one of the concerning outcomes from this was the reduction in the use of casual staff members to replace periods of leave, including periods of annual, sick and maternity leave.

This created huge, unsustainable workload concerns for the Child Health and Parenting Service (CHAPS) nurses who were forced to cancel many clients, with many clinics in the state not running for periods at a time. ANF calculated it was possible that 30-40 clients per day were not being seen due to cancelled appointments. Members advised that they felt that staffing was at ‘crisis level’ and that they were watching the professionalism of their service ‘crumble around them’.

ANF members came to us to discuss their unsustainable workloads and ANF lodged a workload grievance under the Nursing Hours per Patient Day (NHpPD) model on behalf of the members.

This grievance process involved going to a specialist panel to review data and develop recommendations to provide resolution to the concerns. ANF met with the CYS group twice and, at the time of writing, was near to finalising the recommendations.

The proposed recommendations include:

• a commitment to fill all unpaid leave
• additional FTE for the south of the state to be recruited to enable back fill of unplanned leave
• interim workload planning to be undertaken whilst a new tool is being developed through the new Model of Care
• a commitment to review IT services within CHAPS
• analysis of all cancelled appointments to occur against leave type to collect data on the effect these changes have on the community.

The acknowledgement and recruitment of additional resources in the south of the state to fill unplanned leave is a real win for CHAPS nurses. Additional resources are also to be employed into the state to undertake the prep screening, and these positions will be ongoing into the future.

ANF thanks members for their assistance and patience with this process. We appreciate that these processes take time, but we hope that this will provide assistance into the future with the workload concerns.

ANF Congratulates Vanuatu Nurse Graduates

ANF WAS PLEASED TO DONATE NURSING STARTER KITS AS PRIZES FOR GRADUATES OF THE VANUATU COLLEGE OF NURSING EDUCATION (VCNE).

The VCNE trains registered nurses, nurse practitioners and midwives. The training takes three years and graduates are awarded a diploma which is valid only in Vanuatu.

ANF provided the nursing kits in lieu of a gift to speakers at our June Professional Conferences. ANF also provided a donation to Care Africa following the conferences.

Congratulations to the new VCNE graduates.
A NATIONWIDE POSITIVE NURSING CAMPAIGN IS PROVIDING A REAL MORALE BOOST FOR TASMANIA’S NURSING AND MIDWIFERY COMMUNITY AND ANF IS LOOKING FORWARD TO A SURGE IN NEW MEMBERSHIPS AS A RESULT.

Cinema, television and radio advertisements showing a day in the life of nurses have been playing across Tasmania to the familiar tune of ‘She’s got the whole world in her hands’.

If you haven’t already signed up to the campaign, visit www.anftas.org and register your support.

ANF (Tas Branch) Secretary Neroli Ellis says the ANF Positive Nursing campaign is all about driving public support and membership.

“The aim is to gain support from the public by highlighting all the positive contributions that the nursing community does and to engender pride in nurses,” Neroli says.

“We are doing this by promoting the positive aspects of nursing and midwifery and celebrating the nursing community.

“Everyone can pledge their support to the campaign by visiting our website at www.anftas.org and registering their details.

“We also want to encourage those that are not already members to join our nursing family and support the campaign.

“Ultimately we want to inspire others to become nurses.”

Support the ANF Nursing Family!
IN 1990 I GRADUATED AS A HOSPITAL TRAINED REGISTERED NURSE AND SOON RECEIVED MY MUCH SOUGHT AFTER PLACEMENT ON THE LAUNCESTON GENERAL HOSPITAL CHILDRENS’ WARD (LATER 4K).

My paediatric experience outside of my prac was a bigger brother to one but an uncle to none. I say that because I hadn’t grown up around younger people – no nieces or nephews to play with, no nappies to observe being changed, no bottle feeds to try.

I was just an enthusiastic first year nurse who thought making children laugh was half way to making them better. And I could ride a mean scooter!

I was lucky in that I had a straight talking Charge Nurse called Robyn Humphries who told me right of the bat that she had fought to get me onto the ward after my third year placement so I was NOT to let her down.

Not long afterwards, Robyn was replaced by Judy Leeson, another worldly and kind hearted nurse who knew how to get the best from me.

Several months into my nursing practice, Judy set me a dozen clinical scenarios that I had to either research or describe after being involved in an “actual case”.

I remember 11 of them being relatively easy whereas the Scenario 12 stumped me: “You are asked to care for an irritable, mottled lethargic baby – how do you plan your care and what are your concerns?”

No answers came simply until I presented to work for an afternoon shift to be directed to an observation room to view such a case. Sadly, that was my first meningitis case and to an observation room to view such a case.

I started to read and ask questions. I took more interest in what the registrars did and secured. I enquired more about disease pathways and expected outcomes. Importantly, I watched and listened.

Work opportunities took me to Emergency for a short stint where my passion was ignited for escalating my paediatric emergency care.

Upon my return to pediatrics I enrolled in a paediatric trauma course and began studying formulas and drug calculations.

In 1996 I completed the internationally accredited Advanced Paediatric Life Support (APLS) Course in Geelong, Victoria as an observer, extending my observation, assessment and intervention skill set. I reaccredited in 2000 and was lucky enough to be offered an opportunity to try out as a faculty member.

The resultant success of my attendance and performance on the instructors’ course means that I have now enjoyed seven years as an APLS instructor. In this time I have taught and mentored GPs, RNS, Paramedics, Interns, RMOs, Registrars and – at times – consultants from across Australia on Advanced Paediatric Assessment and Management Skills.

Now don’t get me wrong, I don’t intubate. But I have. And I do teach the practicalities of intubation. I wield a mean intraosseous needle or EZ-ID drill, and I can steady my nerves and thread a CVC line over a guide wire. I can recall standard dose per kilogram of a variety of ALS drugs, discuss and nominate pathways or algorithms.

BUT most importantly, I can now guide – with a quietly spoken encouraging word – another practitioner to achieve what they thought they might not be able to. I believe that I can encourage a team to get the best out of itself and to support a family or a significant other in grave situations, and yet still have room to celebrate the success that comes with achieving difficult tasks in difficult situations.

There is no greater gift than that of a child. Whether you are a parent, a favourite uncle, aunt or neighbour, children enrich our lives and our job as nurses and care givers is to ensure that our skill set enriches them in the good times and in the bad.

So where paediatrics made me nervous they don’t make me nervous, because of the encouragement I received and the lessons I’ve learnt that I can now provide for others.

Special thanks to Tegan, Brayden, Jack and families for the inspiration to be better.

Shaun Probert – Clinical Nurse Consultant, LGH DEM

The ANF Education Centre thanks Shaun for conducting the Caring for Children: Paediatric assessment and management skills including a review of Basic and Advanced Life support Protocols course in August.
HESTA/ANF Student Award winners announced

THIS YEAR'S HESTA/ANF STUDENT AWARDS ATTRACTED 32 ENTRIES FROM NURSING STUDENTS FROM ACROSS TASMANIA.

Students were asked to tell us what nursing meant to them and how they planned to achieve their career goals. ANF thanks all students for their entries and congratulates our three winners: Jia You, Marcus Dixon and Kelliann Jones.

First place

JIA YOU, UTAS LAUNCESTON

“Before I started my nursing degree, I spent nearly three years working in a laboratory with microorganisms. Unlike nursing, I got bored and lost. There was an inner voice calling out: ‘This is not what I want to do! What I want is to interact with people, use my strengths to help people and make my life worth living!’

So here I am, a third year nurse student, who resigned the well-paid previous job, travelled more than 10,000 km away from my hometown, and hanged tightly here with nursing along with the high drop-off rate from the course after being through two and half year courses, and extensive work placement practices including oncology, renal, paediatrics, community, and mental health wards.

From the eldest to the youngest, I see people at their worst and best times. I see life end and begin. Those tears, laughs, sorrows and joys reflect back to me all the time. I have learnt a lot from my patients, mentors, peers, and other professional staff. I would say that nursing is the one of the most rewarding occupations in the world. I made the most meaningful change for my career and my life, one that I will never regret!

In my future professional life, I can see there will be endless challenges lying ahead of me. To become a competent nurse, I will keep upgrading my knowledge and skills base, even there are still no cures for some diseases; taking up responsibility, even when sometimes we are discredited; keeping my passion, my hard work, and staying strong, even it is a long and tough fight.”

Second place

MARCUS DIXON, CENTRAL QUEENSLAND UNIVERSITY (DISTANCE EDUCATION)

“I have always considered nursing chose me, rather than the other way around. I have always harboured a lifelong desire to help people, particularly when they are most in need or vulnerable. This led me to become a volunteer ambulance officer with my local unit in Circular Head three years ago. This experience only strengthened my resolve to become a nurse and in 2010 I began my Bachelor of Nursing degree via distance education through Central Queensland University.

The past three years have been the most professionally rewarding of my life. I have learnt so much, not just about the practical and theory aspects of what it is to be a nurse in today’s healthcare environment but perhaps, more importantly, about myself. Nursing will not merely be a career choice for me, but a way of life, and I firmly believe it is a profession where you never stop learning.

I am eagerly looking forward to being able to use my skills in a hospital setting after I graduate and am already considering further study options. Among these is looking to specialise in emergency nursing or cardiac nursing, and perhaps one day even taking on a formal education and training role so I can pass on my skills to others.

In my future professional life, I intend to always continue my education. This will avoid potential complacency and ensure I remain a critical thinker. I intend to question the status quo and ask ‘why’ so I can advocate for my patient and thinker. I intend to question the status quo and ask ‘why’ so I can advocate for my patient and

Third place

KELLIANN JONES, UTAS HOBART

“The first placement I did, I realised how vulnerable people really are when they’re sick in hospital. Patients rely on nurses to carry out intimate and potentially embarrassing tasks – something people usually do for themselves. Patients also rely on nurses to competently perform clinical skills to either help them recover or to ease their passage into death.

Perhaps the most important task, I think, is to support our patients and their families in times that are difficult and frightening. Prior to placement I hadn’t realised that nurses are so thoroughly connected to the lives of their patients and families. How we act/perform is directly related to the well-being of the patient – emotionally and physically. I feel that the responsibility is large.

To ensure that I will provide this care throughout my career, I intend to always continue my education. This will avoid potential complacency and ensure I remain a critical thinker. I intend to question the status quo and ask ‘why’ so I can advocate for my patient and provide them with the best care I can.

I think that nursing at times will be a difficult and demanding career. However, the payoff will be knowing that I contributed in an important way to someone else’s life, even if it’s for a short while.”
On the Heartbeat for September, what can nurses do to improve the health and wellbeing of children and young people in Tasmania?

"Nurses can be involved in all sorts of programmes to improve the wellbeing of children. I teach a suicide prevention program to senior school children and interested community members."
– Annette Beechey, Central Coast CHC

"Nurses can help by encouraging exercise, getting the family to go to the park and everyone playing healthily together. Education about diet is also vital."
– Jan Ponting, DEM NWRH

"Mental health is a big issue. Kids need to be socially involved and physically active. We have to get them away from PlayStations to the outdoors to engage imagination. The social skills they learn are really important. The less time they spend on the internet, the better. Cyberbullying is rife, and they just can’t get away from it. Being involved in outdoor activity and sports really helps young people relate to each other in more positive ways, and it prevents obesity."
– Sarah Wallace, RN/RM, RHH

"We have a lot of adolescent mothers in our care. They have a lot of challenges to face - social, financial, and sometimes drugs and abusive partners are part of the picture. We have a really good program at the RHH to support young mums. They really enjoy the parenting education group and get a lot out of it - the social support and understanding they reach about nutrition and breastfeeding is positive. But more sex education, contraception and school education would go a long way in managing teen pregnancy."
– Annalies Bayles, RN/SM, RHH

"We can help by continuing the paediatric training course for nurses at UTAS."
– Sue Fox, 4K Rep, LGH

"Nurses can encourage and support immunisation, and improve parenting education through greater access to community and inpatient services to children. We can strengthen families through greater support in the community sector, CHAPS and promotion of healthy diet, exercise and living."
– Jim Griffin, 4K Rep, LGH

**TasIVF takes out Telstra Business Award**

**CONGRATULATIONS GO OUT TO TASIVF ON BEING NAMED THE TELSTRA TASMANIAN BUSINESS OF THE YEAR.**

Telstra judges commented that TasIVF stood out from the 19 finalists this year, citing that they were particularly impressed with how TasIVF always puts its patients first – mentally, emotionally and physically.

TasIVF puts its success down to being patient-focused, with excellence in staff performance achieved through a commitment to high quality training.

Of course everyone involved in the business is vital to its success, but it is the nursing staff who the patient has the most contact with during their treatment at the clinic.

The nurses enjoy their work and the role they have in the care and successful outcomes for their patients. Their professionalism, empathy and compassion are very apparent, making them worthy winners of this highly sought after award.

**Newly Elected Reps**

Lisa Urbanc  
Mental Health Services, Older Persons  
Mental Health Service (South)

Mark Bowers  
NWRH Burnie, ICU

Miranda Wynwood  
Eliza Purton Home (North-West)
ANNUAL DELEGATES’ CONFERENCE 2012

Friday 28 September, 9:00am – 4:30pm
Rydges Hotel, North Hobart

ANF invites all Workplace Reps to attend this year’s one day ADC. The day will feature topics such as ‘Speaking Out on Rep Achievements’, ‘How to increase member enrolment via an easy six step process’, as well as updates from the ANF Tasmanian and Federal offices.

The day gives ANF Reps a chance to debate and influence policies and direction over the coming 12 months. You will participate in the process that determines the claims for wages and conditions and provides input into ANF’s policies.

It also provides new Reps a great opportunity to meet their peers, find out more about how ANF works and how to become involved in professional issues.

REGISTRATIONS
Register: www.anftas.org
– complete an online form or download a printable version
Mail: ANF, Reply Paid 70389, Hobart TAS 7000
(no stamp required)
Fax: 6224 0229
Email: anf@anftas.org

RESOLUTIONS
Thank you to all Reps who submitted Resolutions.

FAYE HOPPITT REP OF THE YEAR AWARD
The Faye Hoppitt Rep of the Year Award will be presented at the ADC.
Congratulations to our Cert III Graduates

ANF CONGRATULATES OUR RECENT EDUCATION CENTRE GRADUATES ON ACHIEVING THEIR CERTIFICATE III IN HOME AND COMMUNITY CARE.

Nurse Education Manager Dr Lisa Dalton said pride in achievement was evident in the graduates at the certificate presentation.

“Well done to everyone who completed the course,” Lisa said.

“A special mention goes out to Cynthia Chapman who won the ANF Award for Excellence in recognition of her consistently high academic achievement during the course.

“I’m optimistic that their certifications give our graduates tremendous potential for success in contributing to the Home and Community Care workforce.

“This is the fourth group to successfully complete the Certificate III in Home and Community Care, giving us a total 54 out of 60 successful student completions.

“This is a great achievement for a relatively new training centre.”

The ANF (Tas Branch) VET courses are developed in consultation with industry, therefore many of the students who have undergone the training have secured employment in the aged care industry.

These positions have predominantly been with a community organisation, or with an aged care facility. These are the key areas that industry has identified as experiencing a shortage of workers.

Training is funded by the Australian Government’s Productivity Places Program – Certificates III in Aged Care and Home and Community Care as part of the Government’s to advance qualifications in priority areas.

Students undertake 13 weeks of classroom based theory and four weeks of professional experience in community-based health care facilities.

To register your interest in the next student intake for the Certificate III courses or other training opportunities in nurse education, please contact educationassist@anftas.org

New Education Manager for ANF

ANF WELCOMES OUR NEW EDUCATION MANAGER DR LISA DALTON.

Lisa has a strong background in nursing education, having spent the past four years as the Director of Undergraduate Studies at the School of Nursing and Midwifery, University of Tasmania.

In this role, Lisa oversaw the Bachelor of Nursing Course and undertook research focusing on innovations in nurse education such as simulated learning and inter-professional education.

Before this, Lisa enjoyed an academic career that primarily involved coordinating Teaching and Learning and Continuing Professional Development programs at the University’s Department of Rural Health while completing doctoral studies in rural health education.

These academic roles have allowed Lisa to engage in research and education activities concerning undergraduate rural health education, inter-professional education, and support for rural health practitioners who contribute to the supervision of undergraduate students.

Lisa says she looks forward to establishing ANF as a Centre of Excellence for education by developing and providing quality courses to offer diverse educational opportunities in nursing.

“I also see us enhancing Continuing Professional Development for nurses and midwives in Tasmania, and providing a safe, effective, evidence based and empowering learning environment for our students to thrive,” she says.

Honour Roll

ANF CONGRATULATES OUR LATEST CERTIFICATE III IN HOME AND COMMUNITY CARE GRADUATES

- Cynthia Chapman (Award for Excellence)
- Martin Cole
- Sharon Coventry
- Tania Kennedy
- Heather Le Rossignol
- Athena Maher
- Than Myint
- Shani Oates
- Helen Pitt
- Helen Quinn
- Janaki Sivaraman
- Leigh Swinbourne
- Todd Hawkes (Statement of Attainment)

“Incredible Instructors”
– Martin Cole

“Engaging across the class”
– Helen Pitt

“They kept us enthusiastic”
– Heather Le Rossignol
New Education Centre Taking Shape

OUR NEW ANF EDUCATION CENTRE IS REALLY TAKING SHAPE, WITH 80 PER CENT OF THE EXTERNAL STRUCTURE NOW COMPLETE.

Site Supervisor Brendan Baynes says the building is on track for completion in late November/early December, which is great news for our Education team and our members.

“The slab for the top floor of the building – level five – is being poured this month and we’ll have a roof on by the end of September,” Brendan says.

“This month will also see us starting on the internal walls and fit-out.”

ANF is looking forward to the opening of the Education Centre and the learning opportunities that this top-class facility will provide for our members.

Consider a Certificate III Course

OUR CERT III IN HOME AND COMMUNITY CARE WILL PROVIDE YOU WITH THE QUALIFICATION FOR BECOMING A COMMUNITY SUPPORT WORKER, NURSING CARE ASSISTANT OR A CARE WORKER TO SUPPORT PEOPLE IN HOME AND COMMUNITY CARE SETTINGS.

Cert III in Home and Community Care will provide you with the knowledge and skills for support people to maintain their independence, health and dignity. You’ll learn about the various aspects caring for people as unique individuals and how to best address their care needs while they are living at home. You will also learn how to work with older people to meet their specific care needs, and become skilled in delivering care services that meet people’s specific health and emotional well-being needs.

Our course is developed, taught and assessed by Registered Nurses who are experienced in nursing practice and education. The ANF (Tas Branch) education and administration team is committed to providing you with high quality training and support while you complete your studies. We offer a range of Nationally Accredited training courses that are specifically designed to meet the needs of the nursing workforce as well as government, industry and community needs. We are very excited about the upcoming completion of our new Education Centre that will provide you with a state-of-the-art learning environment in which to undertake your studies.

The Cert III in Home and Community Care is comprised of nine core units and five electives. It is a nationally recognised and accredited qualification. You will have opportunities to participate in collegial, informative and interactive workshops with educators and fellow students, complete between 80-240 hours workplace-based experience in an actual Home Care facility to learn from home and community care experiences, and undertake assessments.

You do not need any formal experience or qualifications to apply for this course. It is recommended that students are 18 years of age or older and are literate in English and maths. A First Aid Certificate is recommended. All students must undergo a police check for a criminal background.

For more information, contact Nathan on 6223 6777 or email educationassist@anftas.org.
What is workplace bullying?

Caroline Dean, Challenge Bullying

WORKPLACE BULLYING IS UNDER THE MEDIA SPOTLIGHT AT THE MOMENT WHILE THE FEDERAL GOVERNMENT CONDUCTS A NATIONAL INQUIRY INTO WORKPLACE BULLYING.

If any of us have worked in a bullying environment we know it affects everyone, not just the people directly experiencing the bullying. Australian statistics tell us that one in four of us may experience it first-hand.

Unfortunately, an unintended consequence of media attention is that conflict can be mistaken for bullying. Conflict is a disagreement or difference of opinion between two parties. It often happens quickly and is likely to be upsetting for both parties. Both parties are equally involved and both have the power to change or resolve the situation. There is no power imbalance between the parties. If resolved then the conflict probably dissipates. However, if it isn’t resolved then we may see it escalate into something more serious like bullying.

The key to understanding bullying is to recognise that it is a relationship based on the abuse of power. Bullying is patterned repeated unreasonable behaviour and is more likely to occur over weeks and months, not days (although it can be a one-off incident). Behaviours cause harm through humiliation, insult, victimisation, intimidation, frightening, punishing or undermining the individual or group.

There are serious health implications for people experiencing bullying. People can experience reduced self-confidence and symptoms such as nausea, stomach aches or headaches. They might feel emotionally exhausted, experience memory impairment or find they cannot sleep well. More severe symptoms include: post-traumatic stress syndrome, panic attacks, depression, and fear, obsessive or suicidal thoughts.

In workplaces where unequal power relations are the norm, it would be common to find workers who seem passive and accepting of the bullying culture. New employees will be recruited into the dominant culture assuming there will be no deviation or challenge to this culture. Workers who challenge or deviate from the culture may feel experience bullying.

It is a misconception to say that only weak people experience bullying. Often people harmed by bullying are just the opposite – popular, competent and assertive. People who are different to the prevailing culture may also be bullied. But so too people who do not feel comfortable with conflict or aren’t naturally assertive. The link between these examples is emotional vulnerability.

Sometimes management practices are called bullying when they are not. Understanding the difference can be helpful. For example:

- reasonable action taken in a reasonable manner by an employer/manager to transfer, demote, discipline, counsel, retrench or dismiss an employee
- a decision by an employer, based on reasonable grounds, not to award or provide a promotion, transfer, or benefit in connection with an employee’s employment
- reasonable administrative action taken in a reasonable manner by an employer in connection with an employee’s employment
- reasonable action taken in a reasonable manner under an Act affecting an employee
- the process of performance management conducted in a reasonable and fair way

However, while these practices are not bullying it will depend on how they are performed. If the manner in which it is carried out or conducted uses bullying or coercive behaviour then it becomes unreasonable and inappropriate.

Bullying is a cultural issue and workplaces have a duty of care to provide all workers with a safe workplace but we all of us have a responsibility to behave in a respectful and a workplace-appropriate manner.

A respectful workplace is a healthy workplace.

Caroline Dean is a sociologist with specialist expertise in workplace conflict. She is a consultant, trainer and conflict coach. Caroline assists organisations to take a whole of organisation approach to workplace bullying through developing organisational competence around bullying and conflict. She is the founder of community organisation Challenge Bullying and can be contacted at info@carolinedean.com.au or on twitter @nobullyingtas
Consent to Health Care

Lisa Grosser, Industrial Officer

THERE HAS BEEN A MOVE AWAY FROM A PATERNALISTIC APPROACH TO SELF DETERMINATION IN RELATION TO CONSENT TO HEALTH CARE AS EVIDENCED IN MARION’S CASE (1992) AND THE LEGAL REVIEW IPP REPORT (2002).

That means there is no legal duty to provide care to a competent person who refuses care or treatment.

There are three key aspects of consent:

1. **Understanding**: that is, the individual must be able to understand ‘the nature of the treatment’ and weigh up the associated benefits and risks
2. ‘Broad nature and effects’: this includes a description of the intervention and the impact this will have upon the individual, including positive and negative outcomes
3. ‘Material risks’: that is, whether the individual, given the circumstances would place significance on knowing the risks.

Valid consent may be implied. It does not need to be in writing and entering into a hospital does not necessarily equate to consent.

CONSENT TO HEALTH CARE MUST BE:

1. **Voluntary**: must be freely given with no threats, duress or misrepresentation (deliberate or not) in terms of the need for treatment; consent may be invalid when an individual is under the effects of certain medications like for example a pre-med
2. **Specific**: the consent will generally only be valid for the surgery or procedure listed and nothing else; it is possible to list the surgeon undertaking the surgery
3. **By a legally competent person**: the presumption is that all people are legally competent unless there is evidence to the contrary; a legally competent person can understand the nature of the treatment, consequences and risks associated with the procedure.

CONSENT OF A LEGALLY INCOMPETENT (BY AGE) PERSON

At common law a person will be considered a child until the age of 18 (unless that child marries) whilst under statute a person under the age of 18 does not have full capacity (s3(1) Age of Majority Act (Tas) 1973).

There are various ways consent may be provided for on behalf of a legally incompetent person:

- A parent or person with parenting order (under Family Law Act (Cth))
- A person whom the parent has given authority to, for example, a grandparent or friend
- A legally appointed guardian such as a foster parent or welfare officer
- The court in the role of best interests of the child
- A ‘person responsible’ under Guardianship and Administration Act (Tas) 1995

MINORS AND CONSENT

A mature minor can provide valid consent providing they have sufficient intelligence and understanding of the nature of the treatment. If this is the case, then the parent’s consent will end at this point. This is known as the Gillick principle after the UK case of the same name. A mature minor can refuse treatment although this may be overridden by a parent or court order.

CONSENT IS NOT REQUIRED IN AN EMERGENCY SITUATION – THIS APPLIES TO BOTH COMPETENT AND INCOMPETENT PERSONS

The defence of necessity will be available where there is an emergency situation. That means an individual will be justified in undertaking the act in question if they had a reasonable and honest belief they needed to undertake the act in order to avoid harm. The harm which they were trying to avoid must be more severe than the act which was undertaken.

Where there is an issue in relation to a minor, a person in charge may act in ‘loco parentis’ (in place of parent) for the good welfare of a child where it is not feasible to contact the parent and seek their consent.
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SEPTEMBER

DEMENTIA
2 CPD hours
Ulverstone
Monday 3 September, 6:00pm - 8:00pm
Presenter: Jim Cancilla, Dementia Behaviour Management Advisory Services, NW

CARDIOVASCULAR DISEASE AND HEART FAILURE
2 CPD hours
Hobart
Monday 3 September, 6:00pm - 8:00pm
Presenter: Sue Sanderson, Coordinator Cardiac Rehabilitation Service, RHH

PALLIATIVE CARE
2 CPD hours
Launceston
Tuesday 25 September, 6:00pm – 8:00pm
Presenter: Sheryl Neasey, Social Worker, Palliative Care Service, Launceston

OCTOBER

DEMENTIA
2 CPD hours
Launceston
Tuesday 2 October, 6:00pm – 8:00pm
Presenter: Julie Crack, Clinical Nurse Consultant, Neurological Support, LHG

ASTHMA MANAGEMENT AND TREATMENT
2.5 CPD hours
Launceston
Tuesday 9 October, 1:00pm – 3:30pm
Presenter: Asthma Foundation Tasmania

UNDERSTANDING HUNTINGTON’S DISEASE
2 CPD hours
Hobart
Tuesday 9 October, 6:00pm – 8:00pm

GUARDIANSHIP AND ADMINISTRATION
2 CPD hours
Launceston
Thursday 25 October, 6:00pm – 8:00pm

REFUGEE HEALTH AND WELLBEING
2 CPD hours
Hobart
Thursday 18 October, 6:00pm – 8:00pm
Presenter: Lou Leol, Clinical Nurse Consultant Refugee Health & Jenny Forward, Migrant/Refugee Liaison Officer

MANUTENTION METHOD OF MANUAL HANDLING
2 CPD hours
Hobart
Monday 22 October, 6:00pm – 8:00pm
Presenter: Lyndall Hannford, Registered Physiotherapist

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