

President's Message



Welcome to our final issue of *NMC: Need to Know* for 2016, which we hope you enjoy. In this issue, our case studies look at how to ensure patient safety when introducing new services and questioning patient medication regimes. Professional standards and relevant workplace policies are paramount in guiding patient-centred care.

Our NMC Update takes a closer look at our complaints processes, providing important information about what to expect if a complaint is made about you.

In our Spotlight on Practice Issues, we continue to explore the theme of cultures of safety and highlight the detrimental effects of negative working environments and workplace bullying on patients. We also look at the importance of self-care and how to build resilience.

We hope you enjoy the festivities over the Christmas period and wish you all the best in 2017.

Adj Prof John G Kelly AM
Council President

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News and Events

- **NEW Council resources** – Fact sheets have been developed to help you understand our processes. **View them [here](#).**
- **The Council's annual report** has been published, which provides information on the number of type of complaints the Council managed. Click here to access.
- **Access legal updates** discussing Tribunal and Professional Standards Committee nursing and midwifery cases [here](#).
- The Australian College of Nursing releases its 'Nurses are Essential in Health and Aged Care Reform White Paper' on Tuesday 11 October. **View it [here](#).**
- The Nursing and Midwifery Board of Australia has responded to a number of complaints about **anti-vaccination material** promoted by Registered Nurses, Enrolled Nurses and Registered Midwives to patients. **View the NMBA's position statement [here](#).**

Case Study: When medication administration goes against professional standards



The NSW Civil and Administrative Tribunal ('Tribunal') found Mr Brian McLean (EN) guilty of [unsatisfactory professional conduct](#) and [professional misconduct](#) for inappropriate administration of a Schedule 4D drug to nursing home patients.

The Tribunal ordered that the EN be publicly reprimanded. The EN had been registered as an enrolled nurse but was no longer registered at the time of the Tribunal hearing. The Tribunal noted that had the EN still been registered, the Tribunal would also have cancelled his registration.

During the hearing, the EN admitted to serious breaches of his duties in administering medication to three patients over a lengthy period of time.

Specifically, the EN removed Risperidone tablets from a resident's Webster pack (Patient A) and administered them to three other residents (Patients B, C and D) over a 6-month period.

During the hearing, the EN accepted that he:

- was aware that Patient B had not been prescribed Risperidone but thought such medication may help the patient
- made no assessment of Patients B, C and D
- did not check the relevant medication charts and took it on himself to dispense medication against policy and good clinical and medical practice
- made no record of the medication administration
- did not seek approval from the medical officer.
- was not acting in accordance with workplace protocols

The EN also agreed that his conduct was dangerous, particularly in situations where patients could not communicate.

Unsatisfactory professional conduct

is conduct that demonstrates the knowledge, skill or judgement possessed; or care exercised, by the practitioner in the practice of the practitioner's profession is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

Professional misconduct is

- (a) unsatisfactory professional conduct of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration; or
- (b) more than one instance of unsatisfactory professional conduct that, when the instances are considered together, amount to conduct of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration.

Practice point

If you disagree with a patient's medication regime or believe it needs to be revised:

- *discuss any concerns with the medical officer*
- *follow workplace protocols to obtain written orders before any change in administration*
- *document the administration accurately.*

CASE STUDY 1 : REFLECTIVE PRACTICE ACTIVITY

The following professional standards could have guided the EN on good clinical practice:

Enrolled Nurse standards for practice

- **Professional and collaborative practice:** reflects the responsibilities of the EN to maintain currency and to demonstrate best practice, including the provision of nursing care according to the agreed plan of care.
- **Provision of care:** encompasses all aspects of care from assessment to engaging in care, including health education and evaluation of outcomes. This covers collecting data, reviewing and documenting the health and functional status of the person receiving care accurately and clearly.
- **Reflective and analytical practice:** relates to the ability of the EN to reflect on evidence-based practice and ensure currency of essential knowledge and skills to care for the personal, physical and psychological need of themselves and others. This includes practising safely within legislative requirements, safety policies, protocols and guidelines.

Code of Ethics for Nurses in Australia:

- Nurses value informed decision-making
- Nurses value a culture of safety in nursing and health care.
- Nurses value ethical management of information.

Code of Professional Conduct for Nurses in Australia:

- Nurses practise in a safe and competent manner
- Nurses practise in accordance with the standards of the profession and broader health system
- Nurses practise reflectively and ethically

Professional boundaries

- Therapeutic and care relationships: the community trusts that nurses will act in the best interest of those in their care and that the nurse will base that care on an assessment of the individual's specific needs.

To read more about the professional standards for nurses and midwives in Australia and to access the Code of Conduct, Code of Ethics and Competency Standards, visit the [NMBA website](#).

MEDICATION ADMINISTRATION REFERENCES

- [Guide to Handling Medication in Nursing Homes in NSW](#), NSW Health; (File No 03/6937)
- [Policy Directive: Medication Handling in NSW Public Health Facilities](#), NSW Health (PD2013_043)



Case Study: Introducing new services

The nursing and midwifery professions have seen many advances in treatment recently. To ensure patients are receiving the best available care, this case study reflects on how new services can be introduced to the workplace safely.

Introducing new services

When introducing new practices (such as ultra sound or acupuncture) it is necessary to:

- 1. Consider the **NMBA's Decision-making Framework** (click [here](#) for a summary)*
- 2. Ensure you are appropriately trained in an accredited course and working within your scope of practice*
- 3. Understand the limitations of any training (including any risks to patients) and keep your knowledge up-to-date*
- 4. Know when and how to escalate patients/clients*
- 5. Ensure your employer has agreed to you providing these services*
- 6. Check whether your workplace has clear policies around when it is appropriate to provide these services. If not, you need to discuss developing policies with your employer*
- 7. If not covered by your workplace, ensure your professional indemnity insurance covers you for undertaking the new services.*

The Nursing and Midwifery Council of NSW (Council) received a complaint about a Senior Clinical Midwife Consultant (Midwife), who had not performed foetal screening in line with workplace policies. During a routine examination in the antenatal clinic, the Midwife performed an ultrasound scan, instead of using a Doppler, to assess the foetal heart rate and feel for presentation of the foetus.

The Midwife had reportedly been working outside her scope of practice, had not obtained employer consent for this practice and had breached Local Health District policies around consent, guideline development and approval to practise safely.

The Midwife was invited to a performance interview with the Council, where she confirmed that she had attended an ultrasound course and been accredited by the course providers. However, she noted that she had not consulted with the workplace before conducting an ultrasound.

Outcome

No practice restrictions were placed on the Midwife's registration but the performance interview panel did counsel her on the following:

- While she had undertaken training in ultrasound and received an accreditation, it was important to acknowledge that her training was limited to a specific area
- Foetal heart rate (FHR) auscultation and checking the presentation of the foetus were important checks to be used in conjunction with, rather than in place of, other checks/methods
- To ensure public safety, it is important that new practices are firstly agreed by the workplace and that policies are developed to highlight when it is safe to use these services

Where to access more information

For Managers

Practical guidance for managers and practitioners responsible for managing a health practitioner's scope of clinical practice is available from the Australian Commission on Safety and Quality in Healthcare. To download a copy of *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners*, click [here](#).

For Midwives

There are a number of organisations* that offer training and/or credentialing for midwives for limited scope of practice in ultrasound, including:

- [ASUM course for midwives](#)
- [Australian Institute of Ultrasound](#)
- [Ultrasound Training Solutions](#)
- [Sonophys elearning](#)

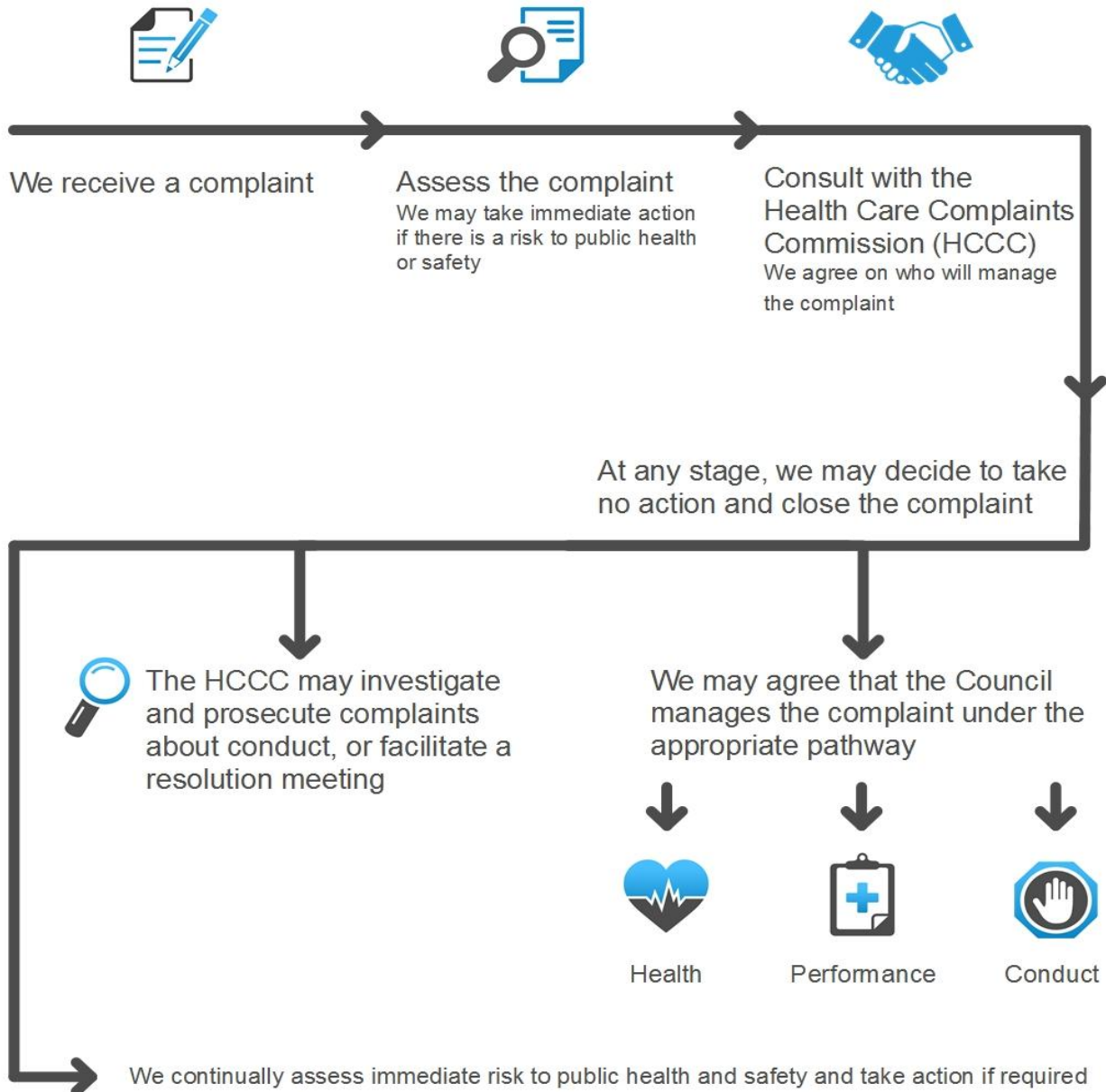
*By providing information, the Council is not endorsing course providers or their courses.

NMC UPDATE: What happens if a complaint is made against you?

SUMMARY

This update gives you information about the assessment process we follow when assessing a complaint about you, including possible outcomes. Our powers come from the *Health Practitioner Regulation National Law (NSW)*, which we refer to as the *National Law (NSW)*.

THE ASSESSMENT PROCESS





We receive a complaint

You will be told about the complaint by either the Health Care Complaints Commission (HCCC) or us, and asked to respond.

Our primary purpose is to minimise any risk of harm in order to protect public health and safety. Our role is not to punish you for any wrongdoing, but to ensure that you are able to practise safely and competently.

Assessing a complaint and reaching an outcome usually takes months, and sometimes, years.



We assess the risk to public safety

We assess the seriousness of the alleged conduct or behaviour and any information received, along with the risk of recurrence. At any stage we may hold an urgent hearing. We can act to protect the public and consider suspending or imposing restrictions on your registration if there is an immediate risk to safety, or if it is otherwise in the public interest.



We consult with the HCCC and agree on who will manage the complaint

We jointly decide which agency will manage the complaint. Each agency has different legal powers and the decision will reflect which agency is most suitable. You will be told about this decision.



When the HCCC manages the complaint

The HCCC may investigate and prosecute complaints about conduct, or facilitate a resolution meeting. More information about the HCCC's process can be found at:

<http://www.hccc.nsw.gov.au/Complaints/Complaint-Process>



When we manage the complaint

We manage complaints under three pathways health, performance or conduct.

We may:

- collect information from relevant parties, in writing or via an interview
- require you to attend a health and/or performance assessment
- hold a panel or committee meeting to decide whether or not we need to restrict your practice to protect the safety of the public
- direct you to attend counselling about professional standards
- advise AHPRA of our decisions so it can update the national register of health practitioners
- monitor your compliance with any orders or conditions on your registration.



How we assess the complaint

We consider:

- your individual circumstances, the complaint, your response to the complaint, and any other relevant information (including information requested from other parties and previous complaints)
- if the incident was serious, or likely to occur again
- if you have reflected and can demonstrate an understanding of why your practice or behaviour may have fallen short of acceptable standards. Or how you manage any health issue including how it affects your practice
- if you have taken any action to ensure that a similar complaint does not occur again.



At any stage, we may close the complaint

On some occasions, we might agree not to take any action on a complaint, without seeking your response. If this occurs, you will be given a copy of the complaint and told that the complaint is closed.



Outcome of the complaint

We will tell you the outcome of the complaint and any next steps. We will only impose restrictions or requirements on your registration if it is appropriate to do so.

Further details

Your professional obligations

As a registered health professional, you must:

- be timely with your responses and meet our deadlines
- tell us and AHPRA if you change address, contact details or principal place of practice
- follow directions to comply with orders, or undertakings.

Our legal powers and obligations

We can ask you to:

- provide us with certain information under s164G of the *National Law (NSW)*. This may include employment details and/or a log of your Continuing Professional Development activities
- attend assessments, counselling and hearings, and provide us with information or evidence of your compliance with conditions or restrictions on your registration.

We may share information

We make certain information publicly available in circumstances such as when you have a condition or suspension imposed on your registration (except health information)

We must share information, such as when we:

- inform the complainant about the outcome of their complaint
- provide information to Council-appointed assessors
- provide information to AHPRA (including other states and territories), the HCCC, NSW Health, and overseas regulatory authorities.

We must tell your employer/s if the complaint results in your registration status changing, including:

- if conditions are imposed on, amended or removed from your registration
- your registration is cancelled or suspended.

Your rights

You have the right to:

Be kept informed

We will tell you about actions taken which affect your registration or require you to change your practice. Until then, you can practise as usual.

Respond to the complaint

- you should respond to the specific issues raised by the complaint. You can send us any information you think is appropriate.
- if we decide to hold a hearing, we may invite you to attend
- if we impose restrictions on your registration, we will tell you soon after taking that action.

Confidentiality

The complaints process is confidential. We will not routinely provide copies of your correspondence to the complainant or other parties. We may provide such information if:

- you consent to us doing so, or
- we must release the information under the *Government Information (Public Access) Act 2009*.

Initially, if a complaint has been made about you, you do not need to tell your patients, colleagues or employer(s).

However, we encourage you to discuss the matter with your employer, as they can offer you support.

If we impose conditions or restrictions on your registration, this will be published on AHPRA's national register (except for information about your health). At this time, you may be required to provide your employer with certain information. We will also write to your employer.

Seek a review and/or appeal

You have formal review and appeal rights under the *National Law (NSW)*.



SPOTLIGHT ON PRACTICE ISSUES: ADDRESSING BULLYING IN THE WORKPLACE

The Nursing and Midwifery Council of New South Wales (Council) promotes cultures of safety, including safe workplaces for nurses and midwives. Cultures of discrimination, bullying and sexual

harassment (DBSH) not only affect individuals subjected to those behaviours but also those witnessing DBSH and the organisation. If left unchecked, DBSH can lead to inadequate peer support, dysfunctional teamwork, miscommunication and ultimately poor outcomes for patients.

“Bullying must be prevented to help ensure the best possible outcomes for nurses, patients, care recipients and the community.”

Adjunct Professor Kylie Ward, CEO of the Australian College of Nursing

On 8 March 2015, media reported on Dr Gabrielle McMullin’s announcement that sexual harassment is rife in health care professions. Between February and May 2016, the Council engaged an independent research and policy agency to survey external stakeholders about the Council’s purpose, role and functions within regulatory system in New South Wales. Feedback from the survey indicated that incidents of bullying are one of the most prominent concerns in nurse/midwife workplaces.

Notably, DBSH committed by a few can affect an entire organisation, particularly:

- **nurses and midwives** subjected to these behaviours, leading to poor work performance, stress, depression, mistrust and loss of confidence
- **healthcare teams** who witness, or are a part of these behaviours, which can normalise unacceptable behaviours
- **patient safety**, which becomes a risk due to poor performance, absenteeism, poor communication and dysfunctional work relationships.

What is bullying?

Bullying is behaviour which is offensive, intimidating, humiliating or threatening and is usually:

- repeated and systematic (although a serious single incident can also constitute bullying)
- unwelcome and unsolicited
- considered by the recipient as offensive and intimidating behaviour, is intended to humiliate or threaten
- considered by a reasonable person as offensive and intimidating behaviour, is intended to humiliate or threatening.

(Adapted from PD2011_018 Bullying-Prevention and Management of Workplace Bullying in NSW Health)

The Nursing and Midwifery Board of Australia’s [Code of Ethics for Nurses in Australia and Code of Ethics for Midwives in Australia](#) promotes respect, support and collaboration for colleagues and condemns “dismissiveness, indifference, manipulateness and bullying” as intrinsically disrespectful and ethically unacceptable.

“The standard you walk by is the standard you accept.”

Message on unacceptable behaviour from the Chief of Army, Lieutenant General David Morrison, Chief of Army, 13 June 2013

We all play a role in improving culture. Silence about bullying maintains the abuse of power, increases the victim’s feelings of helplessness and perpetuates cultures of bullying. It is important people:

- recognise that silent bystanders are perpetuating poor behaviours
- speak up
- feel supported when they disclose what they have seen.

Employers play a key role in setting clear expectations around reporting inappropriate behaviour and facilitating that process.

What can be done to improve cultures of safety?

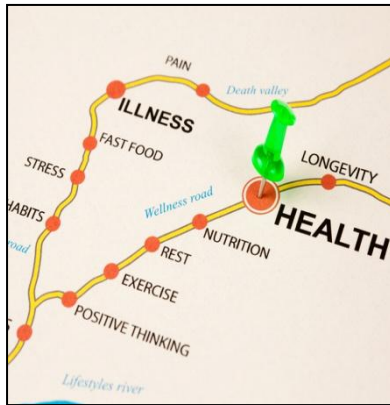
A number of healthcare workplaces have recognised the impact of culture on patient safety and are taking steps to improve cultures based on the Vanderbilt University Model (set out in Appendix 2 of the [Royal Australasian College of Surgeons’ Action Plan](#)). Steps include:

- **Improving accountability and transparency:**
 - Monitoring staff feedback on DBSH through regular surveys and publishing the results.
- **Breaking down hierarchies:**
 - Introducing disciplinary processes for those who perpetrate unacceptable behaviour without exception. No one is immune.
 - Establishing training programmes for all staff so that anyone can call out safety issues and establish an appropriate language to do this. Some workplaces have introduced graded assertiveness communication, based on increasing alert language to highlight risks.
 - Supporting managers and supervisors to adopt appropriate teaching styles around principles of respect.
- **Encouraging speaking up and reporting by improving the complaints system:**
 - Establishing clear complaint processes and considers whether matters should be reported to the Nursing and Midwifery Council of New South Wales.
 - Introducing easy to use electronic reporting systems to facilitate the complaints process and enable feedback and tracking of the complaints progress.
 - Ensuring the entire workplace is aware that complaints will be looked at promptly and responded to fairly.
 - Establishing education and training for managers to help them respond to complaints.
- **Intervening early to stop inappropriate behaviours becoming more serious:**
 - Supporting nurse leaders to address poor behaviours early and expeditiously.

- Introducing progressive graduated interventions (such as the Vanderbilt graduated process set out in Appendix 2 of the [RACS Action Plan](#)) including informal 'chat process' to highlight problems early on.

Further resources

- **NSW Health Anti-Bullying Advice Line (ABAL): 1300 416 088.**
Free statewide telephone advice line available to all of NSW Health staff and provides advice to those:
 - concerned about themselves or someone in their workplace that may be being bullied and don't know what to do
 - who want more information on how bullying is handled in NSW Health
- **NSW Health Policies:**
 - PD2005 626 Code of Conduct NSW Health
 - PD2011_018 Bullying - Prevention and Management of Workplace Bullying in NSW Health
- **Australian College of Nursing:** [Position Statement 'Bullying in the workplace'](#), 15 April 2016
- **Safe Work Australia:** [Guide for preventing and responding to workplace bullying](#), May 2016
- **Royal Australasian College of Surgeons resources:**
 - [Expert Advisory Group Report on discrimination, bullying and sexual harassment](#), the Royal Australasian College of Surgeons, September 2015
 - Building Respect, Improving Patient Safety, Royal Australasian College of Surgeons [Action Plan](#)
- **Speaking up for Safety training:** Cognitive Institute runs graded assertiveness communication skills training. Find out more [here](#).
- **Change Champions:** <http://www.changechampions.com.au/>
- **Article:** Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. Acad Med. 2007;82(11):1040–8.



BUILDING RESILIENCE: FROM SURVIVING TO THRIVING

Nurses and midwives encounter multiple workplace challenges, including seeing the pain and suffering of patients and their relatives, excessive workloads, staff shortages, an ageing workforce, increased use of casual staff, bullying, violence and frequent restructuring (Jackson et al., 2007, Cline et al., 2003, Strachota et al., 2003, Tusaie & Dyer, 2004).

But who cares for the carer?

Bright (1997) noted that although nurses spend a great deal of their time and effort caring for others, they show little evidence of self-care. Failure to look after ourselves means we may not be 'fit to practise' and putting patients at risk.

It is now recognised that resilience is not an innate skill people are born with. Self-care practices can help nurses and midwives build resilience and equip practitioners to thrive in the face of everyday workplace adversity.

How to build resilience?

- Develop emotional insight to help you stay positive (even in adverse situations) and regulate negative emotions
- Network and build positive and supportive professional relationships
- Promote life balance
- Become more reflective
- Support others

(Adapted from Jackson et al., 2007)

What is resilience?

Resilience can be described as “an individual’s ability to adjust to adversity, maintain balance, retain some sense of control over their environment, and continue to move on in a positive manner” (Jackson et al., 2007).

Common traits of resilience include

- a sense of purpose at work
- strong emotional awareness (of self and others) and understanding what is important to you
- a positive perspective, maintained by reframing setbacks and staying solution-focused
- staying fit and healthy
- an ability to learn and grow from both positive and negative life experiences

(Adapted from Kathryn Mc Ewen)

Strategies to build resilience

Goal	Strategy
Develop emotional insight	<p>Look at incorporating resilience education through continuing professional development (CPD) courses.</p> <p>HETI online courses:</p> <ul style="list-style-type: none"> • Emotional Intelligence- Course code 93450040 • Team work – Personalities and Flexible Team – Course code 39966579
Become more reflective	<p>Develop reflective journaling techniques and post-clinical discussions to provide opportunities for growth and sharing. Reflection provides a way of ascribing meaning to events, developing insights and knowledge that can be used in subsequent situations (Jackson 2000). Acknowledging patterns, such as negative attitudes towards a person, place or thing, can help you adopt more positive responses (Jackson et al., 2007).</p>
Promote life balance	<p>Regardless of spiritual beliefs, it is important to participate in a range of healthy activities outside professional life, which are physically, emotionally and spiritually nurturing.</p>
Support	<p>Acknowledging and praising success in others' achievements to promote feelings of pride and purpose in others. Support is a reciprocal act and can help maintain team resilience.</p>
Network and build positive relationships	<p>Build positive professional relationships through networking and mentors outside the immediate work area for guidance and support. For example, professional support through mentoring programs outside nurses' immediate working environments.</p>

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