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President's Message

Welcome to the May 2017 issue of the Nursing and Midwifery Council of New South Wales newsletter.

In this issue, case studies will explore the importance of communicating and responding appropriately to patient deterioration and the vital nature of observation and assessment for maintaining patient safety. We will also explore the challenges faced by our new graduates when entering the workforce for the first time and how and why we need to support and mentor them.

During this month we celebrated both International Midwives Day (5 May) and International Nurses Day (12 May). The Council proudly acknowledges and supports the delivery of safe quality care that nurses and midwives provide in varied and challenging situations to promote the health of individuals and communities within towns, states and countries.

Over time, practitioners have informed the Council about the learning they achieved from hearing about the cases which come before the Council and how we deal with them. We would also like to bring you news and information about the projects that are occurring in private and public facilities, as well as the community, which aim to improve safety for patients, residents, clients and staff. If you are participating in such a project small or large we would like to hear from you and share what you have learnt.

Adj Prof John G Kelly AM
Council President

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News and Events

- **Registration renewals are due tomorrow - 31 May!** You must remain on the national register in accordance with the National Registration and Accreditation Scheme. Find out how to [here](#)
- **FREE Nurse & Midwife Support is now available!** Check out the NEW confidential health support service offering advice for nurses and midwives. Visit the [website](#) or call 1800 667 877, available 24/7
- **Excellence in Nursing and Midwifery Awards 2017** - make your nomination [here](#) by 9 June
- **International Nurses Day** was celebrated on 12 May around the world to mark the anniversary of Florence Nightingale's birth. [Check out](#) the media release published by the Nursing and Midwifery Board of Australia (NMBA)
- In celebration of **International Nurses Day**, The International Council of Nurses (ICN) has launched a new campaign! Resources can be accessed [here](#)
- [Check out](#) this **Interview about the future of Midwifery**. This was published by the Australian College of Midwives to celebrate International Day of the Midwife on 5 May



In May 2016, the Professional Standards Committee (PSC) held an inquiry into the conduct of two Registered Nurses (RNs).

A six-month old baby was taken to the Emergency Department of a rural hospital and was under the care of both the nurses. On arrival at the hospital, an initial diagnosis of gastroenteritis was made. It was later determined by medical staff that the baby had been suffering from a bowel obstruction, at which point a decision was made to transfer the baby by ambulance to a tertiary hospital where sadly the infant later died.

The complaint alleged that the nurses failed to appropriately manage or communicate with the Paediatrician changes and responses to the patients' condition or maintain appropriate clinical records of observation

Case Study: Importance in responding and communicating appropriately to patient deterioration

made, in response to allegations arising from the circumstances surrounding the death of the infant. A Paediatrician was also charged with unsatisfactory professional conduct during a separate PSC hearing.

The hearing found that the practitioners' conduct did not demonstrate the knowledge, skill, judgement or care expected in the practice of nursing. This was significantly below the standard reasonably expected of practitioners' of an equivalent level of training or experience and it also raised serious questions regarding clinical reasoning ability.

Specific findings included;

- Observations around urinary output were poorly made and inadequately documented; there was a failure to maintain appropriate clinical records.
- Poor understanding of the importance of nursing care for this particular patient or assessing the adequacy of urinary outputs in infant
- Failure to adequately recognise and assess the patient's hydration status with little importance placed on fluid balance data
- Poor situational awareness and a lack of understanding of the potential consequences of dehydration
- Inappropriate oral feeds not approved or known by the

A finding of unsatisfactory professional conduct against both practitioners was deterioration in the patient's condition

- Lack of clarification around the urgency of patient's departure from hospital or when the patient had left the hospital
- Inadequate communications to the ambulance service

Paediatrician

- Failure to communicate with the Paediatrician

The inquiry and a subsequent hearing found that a reprimand should be issued to both nurses. Conditions were imposed on both registrations however, as one of the nurses did not hold valid registration at the time, these would be applied should she seek registration in future.

Practice points

To ensure the safety of patients it is essential to;

- Identify a deteriorating patient, escalating and responding appropriately
- Communicate changes and urgency in patient condition to relevant parties
- Make observations and accurately document these
- Ensure continued professional learning or ask questions if there is an area of practice you are unsure about

Useful definitions

The definition of **unsatisfactory professional conduct** can be found by clicking [here](#).

Professional misconduct is:

- unsatisfactory professional conduct of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration; or
- 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

A reprimand is:

- issued by a Professional Standards Committee or Tribunal
- a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme are published on the [Registers of Practitioners](#).

A caution is a:

- formal caution which may be issued by a Professional Standards Committee (PSC) or Tribunal. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct.
- caution is not usually recorded on the national register. However, a National Board can require a caution to be recorded on the register of practitioners.

Conditions:

- can be imposed on registration by a Performance Review Panel, Professional Standards Committee or Tribunal can impose conditions on registration.

- the Council can impose:
 - interim conditions under immediate action
 - conditions when a practitioner agrees to them following a performance assessment
 - conditions on the recommendation of an Impaired Registrants Panel, with agreement of the practitioner.

A condition aims to restrict a practitioner's practice in some way, to protect the public.

Conditions can be placed on a practitioner's registration for disciplinary reasons, such as when a PSC or Tribunal has found that a practitioner has departed from accepted professional standards.

Conditions can also be placed on a practitioner's registration for reasons that are not disciplinary. For example, the National Board can place conditions on the registration of a practitioner who is returning to practice after a break.

Current conditions which restrict a practitioner's practice of the profession are published on the register of practitioners. When an adjudication body decides they are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring the practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons



Case Study: Observations are critical in patient safety

A Professional Standards Committee (PSC) held in May 2016, upheld the allegations and their findings determined that the RN did not undertake care level observations demonstrating the knowledge, skills, care and judgements expected of a nurse to his level, training and experience under s139B(1)(a) of the National Law.

A complaint alleging unsatisfactory professional conduct was made against a Registered Nurse (RN) who it was claimed failed in his obligations during a night shift when he was in charge of an Acute Mental Health Ward at a public hospital.

During the night shift, one patient sharing a room with another, killed the other patient residing in the room. A

A finding of unsatisfactory professional conduct was concluded (and was admitted by the RN), The RN was reprimanded and conditions were placed on his registration, including 12 months of mentoring.

Specifically the Committee found;

- Frequency of care level observations were altered from those instructed by the medical practitioner.
- Two observations were logged onto the patient's record and proved false due to the patients time of death being before the recorded observations.

complaint made about the nurses' observations of the patient's on the night.

It was alleged that the practitioner;

- failed to conduct or ensure the required observations
- altered the frequency of observations to less than instructed by the medical practitioner
- falsely entered records of observations, including not completing them in the manner required

• It was noted that the nurse had become complacent around administrating and documenting observations, a pattern of behaviour which had developed over time.

• The nurse believed there were practical issues around waking the patients in the night, which may have contributed to the nurses' admission of complacency. He had not previously been raised with his supervisor or hospital management.

• The Committee noted the nurse to have a high level of insight into his failing of responsibility and to be deeply affected by the death of the patient.

• He was found to be a capable and competent particularly in the field of mental health.

Practice points

- Nurses and Midwives have a duty to complete observations according to the risk and clinical need of the patient.
- Under s139B(1)(e) of the National Law, there is a requirement to document these accurately.
- If an observation is missed a note should be made of the reasons.
- Do not sign an observation as having been conducted if it has not occurred. If an observation is delayed, record the correct time at which the assessment was carried out.
- Observations and their accurate record-keeping are vital to patient safety and it is important not to become complacent around these.
- If you have any concerns around the practical difficulties in implementing required observations, please raise with you manager and discuss it with colleagues to identify strategies for management and improvement. This information may assist identifying when systems or culture may need improvement.



SPOTLIGHT ON PRACTICE ISSUES: Challenges and support available to newly graduated nurses and midwives

In this issue, we discuss the challenges and support available for newly graduated nurses and midwives transitioning from graduation to their first clinical role.

'Transition to practice programs' have been widely adopted as an approach for integrating new graduates and enhancing traditional orientation programs, often combining formal and informal education, preceptorship, mentorship and unit specific elements.

Each year, the largest employer of new graduates in New South Wales is Sydney Local Health District (SLHD) who have adopted the following approach in providing programs to support new graduates starting out their careers in nursing and midwifery.

The Royal Prince Alfred Hospital's transition to practice scheme which currently runs for 12-months and includes a General Registered Nurse Program, a Metro/Rural Exchange (Bourke, Lightning

Ridge & Parkes Hospitals, Western LHD), a General/Mental Health Exchange, a Peri-operative Program, a Transition to Practice Midwifery Program and a Midwifery Metro/Rural Exchange (Mudgee & Parkes Hospitals, Western LHD) and a Graduate Research Honours Scholarship Program. You can find out more about other SLHD transition to practice schemes [here](#)

Findings show these programs are great in improving retention rates, reducing costs and effectively facilitating the transition journey to a Registered Nurse or Midwife, however, the transition still remains a challenge for new graduates.

To explore the topic further, we spoke with Belinda Timson, Nurse Educator at the Centre for Education and Workforce Development and currently based at the RPA Hospital. Within her role, Belinda is responsible for providing orientation and ongoing support for the hospital's new graduates during their transition to practice program.

What are the challenges faced by newly graduated nurses and midwives entering the workforce for the first time?

There are a number of particular challenges faced by nurses and midwives transitioning to the workforce and it is widely recognised that new graduates may go through periods of stress, role adjustment and reality shock.

It is challenging moving from theory to practice. Time is needed to consolidate and build knowledge and it can be difficult without experience to learn how to manage time effectively, develop situational awareness, balance priorities or effectively communicate information.

New practitioners must learn how to work independently but also continue relying on the expertise of others. They must learn to work in multi-disciplinary teams, as well as navigate their own roles. As a new graduate you must learn to be professional and accountable. Many will struggle personally getting to grips with the various aspects of the job; rotating rosters, making critical decisions, providing care and comfort for patients or managing their own stress.

Fitting in to the new workforce environment can also be difficult without the confidence in skill performance and/or deficits in critical thinking and clinical knowledge. Demands are high and practitioners are expected to hit the ground running which can be hard particularly if there is a lack of clarity for beginners around expectations or policies and processes.

Not all sections in nursing and midwifery have new graduate programs and not all practitioners are able to complete work within a new graduate program. It is important for employers to be aware of the capabilities of the practitioners they are employing to provide them with an appropriate level of support, training and supervision to enable them to practise safely and develop the skills.

How do 'transition to practice' schemes seek to overcome the challenges faced by new graduates and how are they supported to day-to-day?

Transition to practice programs and well mapped orientation programs which actually address the specific challenges facing new graduates may be seen as extremely successful in tackling challenges. The new graduate nurse or midwife develops confidence in their ability and skills at various rates. It takes at least three months for them to start to feel as though they are settling in to the ward.

It is extremely important that a culture of safety is nurtured where new graduates are able to build honest and trusting relationships with their co-workers. They should be given time to debrief and encouraged to seek feedback and guidance or share stories about common experiences. It is essential to encourage question asking and for value to be placed on fears or apprehensions.

Buddy programs which provide preceptors or mentors are particularly useful and an open door policy should always be encouraged so the new graduates can feel supported. As Registered Nurses and Midwives, it is our professional responsibility not only to contribute to our own professional

development but also to the development of other Registered Nurses and Midwives.

What are the challenges for Registered Nurse and Midwife' in supporting the new graduates and how can they best support them?

Like in any job after a while, you may forget what it is like to be a beginner. Trying to remain objective and retain sensitivity to the development needs of the new graduates can sometimes be tricky, especially with so many other considerations such as a busy ward, a high workload or an understaffed environment.

It is important for Registered Nurses and Midwives to remain objective and sensitive, recognising that actually in providing support, they can enhance their own skills in leadership or clinical knowledge as well as recognising that by providing support early, confidence and learning is enhanced.

In supporting the new staff members, it is good to provide constant performance feedback regularly, identifying strengths rather than weaknesses and building the practitioner's ability to reflect and to maintain a supportive, trusting and honest relationships.

A lot of research has been conducted into the challenges and best solutions for supporting newly graduated nurses and midwives. [Click here for recommended further reading](#)



NMC UPDATE:

Why, when and how to complain?

Want to know more about;

- What happens when you make a complaint
- The role of the Council and how complaints are defined and managed

Find out more on our fact sheets [here](#)