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EMAIL LISTING

To ensure that all emailed ACCYPN correspondence reaches you please add info@accypn.org.au to your address book and/or safe senders list.

Chairperson's Letter

Dear Members,

Welcome to the August issue of *College Communiqué*.

Following up on the issue of unaccompanied minors being sent to Malaysia, I am saddened to say that the Australian Government did not respond to community pressure and has proceeded to make an agreement with Malaysia to transfer future asylum seekers to Malaysia. I continue to hope that the Government may change its policy direction in relation to unaccompanied minors at least.

ACCYPN is increasingly asked to provide feedback on documents. Since the last newsletter members of the College have contributed to feedback on the AWCH Charter on Rights of the Child. You can read the joint response of ACCYPN and RCNA at <http://www.accypn.org.au/about-us/advocacy/>. If you want to contribute or comment on policy documents you can. You need to indicate in your membership information that you are happy to receive documents for comment and have listed your area of interest then you will be invited to comment on appropriate documents. The current document out for comment is the *Productivity Commissions Early Childhood Development Workforce Study* which has been released for a second round of consultation.

The ACCYPN Conference is only three months away and I would encourage all of you to consider attending. The program is excellent and the networking opportunities are endless. I hope to see you there.

Regards,

Jan Pratt - Chairperson, Board of Directors, ACCYPN

RCNA Dual membership benefitsel Members Renewal...

If you are a member of both ACCYPN and RCNA, it is essential that you contact the RCNA Membership Officer to ensure you receive the Corporate Partnership *plus* discount prior to your RCNA membership renewal.

Their contact details: 1800 061 660

Members Area Login & Password

We have revamped the Members Area Login so you can reset and retrieve your username & password. Click on "Forgotten your Password" and it will prompt you to enter your email address. You will then receive your password via email.

The Neonatal Paediatric & Child Health Nursing Journal

The July Edition, Volume 14, Number 2 is available from the **Members Section** on the **ACCYPN website** (www.accypn.org.au). Please note, you can download the entire issue and print it off if you prefer.

Chapter Reports

Tasmania Chapter

The Tasmanian Chapter has held a **Professional Development Day on Saturday 13 August 2011** with the following topics: *Picky Eaters, Overview of Early Childhood Behavioural Interventions, Practice Development Initiatives in Paediatrics, Adolescent Sexual Health, Inpatient Care of Mental Health Patients*. A report from this event will be included in the October *College Communiqué*.

Western Australia Chapter

The Western Australia Chapter is holding a **Clinical Supper on Tuesday 23 August 2011** titled *Family Friendly Initiative* with guest speaker Dani Barnes from the Mental Health Unit, Joondalup Health Campus.

All attendees are required to register. ACCYPN members are FREE to attend, non-members are \$5.00. Registrations close Friday 19 August. Full details including registration details can be found on the enclosed flyer (page 8) and via the ACCYPN website www.accypn.org.au and follow the links to Chapters & Networks / Western Australia.

Queensland Chapter

The Queensland Chapter is holding a **Clinical Forum on Tuesday 6 September 2011** titled *Don't Be Caught Out! Health Professionals in the Courtroom* with guest presenter Dr Catherine Skellern, Forensic Paediatrician, Child Advocacy Service, Royal Children's Hospital, Brisbane.

This Forum will be held as Face-to-Face and as Video Conference options. All attendees at either option are required to register. Registrations close Thursday 1 September. Full details including registration details can be found on the enclosed flyer (page 9) and via the ACCYPN website www.accypn.org.au and follow the links to Chapters & Networks / Queensland.

How you can avoid nursing burn out

Submitted by: Allie Wilson, author of the book "*What I wish I knew about nursing*" (available from www.whatiwishiknew.com/nursing)

When I was young all I ever wanted to be was a nurse. I went straight from school into nursing and it always felt 'just right'. So it was a bit of a shock to me when I realised I was sitting at triage in a London Emergency Dept with an attitude of "I don't have enough to go round anymore, so prove to me you are worthy of my care". After 12 years the girl who'd only ever wanted to nurse had burnt out.

I left the profession, got married and had a family (I'm still working on that as my third child is due in September). But even though I wasn't in uniform I always pined for nursing like a long lost lover. I devoured any article I could find, always discussed the profession with my many friends who are nurses and I felt guilty that I "couldn't cut it" and jealous of them for still working.

So I was thrilled when the opportunity to write *What I Wish I Knew about Nursing* arrived. It's a book full of all the advice that would have made such a difference to me when I was a very innocent young nurse. I could have used the gentle stories of humanity, the harsh realities of life and death and the many practical tips for coping within our stressful challenging and often brutal profession. And I know I would have loved the stories that show the other side of nursing, the love of human kindness, the wonderful, amazing and sometimes bizarre nature of people, the extraordinary human body, and of course our fabulous colleagues and peers who help us day to day and inspire us to be better practitioners. It might have saved me if I'd known that focussing on this side is what saves us from burnout.

For example Neil Fletcher a Paediatric Emergency Practitioner in the Royal London Hospital spoke of how he uses the tube ride home to think things through and ensure he didn't bore his friends with stories blood and guts. Others offered specific advice as to how to do this. Maryjane Mitton said her advice to her younger self would be "Don't take things home: what happens at work stays at work. It's the only way to make sure you can wind down", She said it is absolutely vital to "fully hand over to the next team mentally and emotionally". Leigh Spokes offered great advice too from her time as a Sydney midwife. She said "Stay focused and understand that how you feel about what you do makes the most difference... Look after yourself too. A glass of wine at the end of the day helps, as does the occasional facial!"

While I'm thrilled I have the opportunity to pass on all this advice to nurses and know that this book will help those who are finding it tough like I was, I have to say the best thing about writing *What I Wish I Knew about Nursing* is that it has totally reignited my own passion for our wonderful profession. And it's also taught me a wonderful lesson too. My advice to my younger self would be "Take care of yourself first. Unless you care for yourself, you cannot care for others."

We Stand on Their Shoulders

College members who have retired in the last three years were invited to contribute to a feature article invited to contribute to a feature article in *College Communiqué*. We asked them to highlight what changes had occurred in Children and Young People's Nursing and to children and young people's health during their career. As we continue to grow as a speciality of practice we need to remember the contribution of those that have gone before us and this feature article is one way of recognising that contribution.

Maureen Clarkson and **Julie Donnan** responded to this invitation with the following articles.

Maureen Clarkson's letter (received 12 July 2011)

I retired in August 2006 for health reasons. I enjoyed clinical nursing greatly but found the rotating rosters were taking its toll on my sleep and therefore my health. During my career in Perth, Western Australia I became an active member of the APCHN (WA) Inc. as the Association was then called.

My desire to commence children's nursing started at the age of 12 years old when I became a patient in a children's ward in 1958 for 2 weeks. It was here I met and subsequently looked after for eighteen months, a toddler who was paralysed from a Neuroblastoma. This toddler had broken her femur and was being nursed in gallow's traction. I enjoyed and spent hours entertaining her.

I commenced my nursing training in July 1965 at Great Ormond Street Hospital. The training started with eight weeks of preliminary training study commonly called PTS. The course which took 3 years and eight months to complete, consisted of a combined paediatric and adult training leading to state registration as both an adult and paediatric nurse. This course was the only one of it's kind in the world at that time. This equipped the trainee with qualifications to travel almost anywhere in the world. My adult section commencing 15 months into my training was at the Royal Free Hospital. This hospital consisted of three hospitals one in Grays Inn Road near Kings Cross London and the second in Hampstead Heath. Both interesting locations for a trainee nurse. Included in our adult section were three months of obstetrics at a small maternity hospital in Islington. This hospital was third part of the Royal Free. Following my registrations I worked for two years as a Staff Nurse on an eighteen bed/cot general medical and isolation ward. I then decided a change was needed.

In 1971 I moved to Melbourne as a "10 pound tourist" and a registered paediatric nurse. The Royal Children's Hospital (RCH) had already offered me a job before I left England. My parents at this stage saw me off at the airport expecting me never to return. I paid ten pounds towards my airfare and my only commitment was to stay for two years. At this time in history it was considered very unusual for girls to travel so far from home but I had had a great start to my career and was very adventurous. An adventure I had. I worked for RCH for a year then travelled around Australia with an English friend who came out to Melbourne shortly after me. My friend was also as a "10 pound pomme" as we were then called. We stopped travelling to work for three months in Alice Springs children's ward. Another stint of work at RCH followed.

I then returned to England in late 1973 to commence an adult intensive care course at the Hammersmith Hospital in London. This was to be their first course. Courses at this stage were not accredited. I found it very difficult to settle back into life in London. I found the course not well constructed and most of all I found nursing adults far from rewarding. The adult patient was demanding and grumpy. I craved to return to the babies and children. After some casual work near my home town I moved to Cardiff in Wales to commence a neonatal course at the University of Cardiff Hospital. I spent some of the time in Cardiff at a small neonatal unit attached to a Maternity Hospital. Money for equipment was short and on occasions the neonatologist and myself modified the equipment we had available to make sure a neonate survived.

I returned to Melbourne to work again at RCH after having been offered a position at Great Ormond Street. The choice of lifestyle in Melbourne or London was easy for me to make so I declined the offer. I married in 1974 and have two children. When first married, I worked in Melbourne at the Royal Children's Hospital and a private adult general hospital. We then moved to Perth where I started working at Princess Margaret Hospital (PMH) in the Intensive Care Unit. When the children were very young, my husband and I spent one year in Papua New Guinea. I stayed at home with the children once back in Perth until they reached kindergarten age. From then on I worked part-time, some casual rosters and since 1991 had worked permanent part-time (32 hours a week) as a clinical nurse on the Infant's ward at PMH.

I suppose I have worked with children and young people for 35 years and I hope I haven't finished yet. Since retiring I have commenced a small business "Baby Massage". This business is not only about baby massage but aims to support young families through the first year of their baby's life. I am a certified Lactation Consultant and baby massage educator. I am trying new initiatives like "Walk in lactation clinic" (no appointments needed), email chat room, telephone advice and support and antenatal lactation and baby massage education. There is a huge need for parent education and support in the community.

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Parents use the internet and chat rooms and become confused never knowing whether or not to trust the information given. Focus groups held in Perth by journalist at Curtin University demonstrated this. Marketing has been an issue for me and I have needed to look at ways of contacting this generation of parents. This means social networking, website, Facebook and Google. A simple flyer advertising your business is no longer sufficient.

In my career there have been many significant changes in the health of children and young people.

- Research, increased knowledge, improved medical and nursing care and medical equipment inventions have all improved the outcomes of pre-term and sick neonates. When I trained endotracheal tubes had a tapered end and easily led to tracheal stenosis and a permanent tracheostomy. Ventilators were bigger than a small baby cot. Bubble continuous positive airway pressure did not exist the nursing staff made up and cleaned the equipment designed by an anaesthetist. Improved neonatal nutrition has reduced the incidence of necrotising enterocolitis.
- Dr Fiona Stanley's research into folic acid and pregnancy has reduced significantly the numbers of babies born with spina-bifida. When I started my training many children's wards were fifty percent children born with this defect who had not been given treatment for hydrocephalus and needed nursing care.
- The Guthrie test invented in 1960 was improved. A test for babies born with cystic fibrosis was included in the late 1990s has led to earlier diagnosis, treatment and improved health of these children. When I trained most children with the disease died before they were eight years old.
- The development of intensive care units and courses improved the medical and nursing care of very ill babies, children and young people. During my time at Great Ormond Street Hospital there was no such unit. Sick patients were nursed on the wards. A small oscilloscope was used as a cardiac monitor. The nurse performed observations every fifteen minutes. If the child was on a ventilator the endotracheal tube aspirated every fifteen minutes. Sometimes a trainee nurse would be responsible for two babies on ventilators so the nurse was kept extremely busy.
- Plastic surgery advancements especially for cleft lip and palate babies.
- Advancements in the medical and nursing care of burns patients using an artificial skin spray, patients own skin grown in a laboratory and pressure suits to reduce scarring. Research of wound care and pain relief
- Cardiac surgery and use of extracorporeal membrane oxygenator (ecmo) to rest heart and lungs to bide time whilst patient waiting for a heart and lung transplant. I was working in the cardiac ward as a trainee nurse when the first baby with Truncus Arteriosus had surgery. This operation was pioneered by the cardiac surgeons at GOSH.
- Immunisation has saved thousands of children all over the world. Smallpox has been eradicated and polio almost. There is now only a small area of the world that does not have the all children vaccinated for polio thanks to a Rotary initiative.
- Development of using Botox for the Cerebral Palsy children has led to some of these affected children being able to walk.
- Research into how chronically sick and acutely sick young people (aged twelve to nineteen) have been cared for has led to the development of Adolescent wards in most major children hospitals. This has improved the medical, nursing care and life in general for these young people. The young people are now transferred in a structured manner to the adult medical team and the hospital for ongoing treatment.
- Organ donation and transplants. It was during my time at the Royal Free Hospital that liver transplanting was being developed. Kidney transplant then followed. Now we have a transplant co-ordinator and team in most major centres. Bone marrow transplants are now the norm if all else fails for a cancer patient. Stem cell research is now under way.
- Children born with agammaglobulinaemia. When I was a staff nurse at GOSH in 1970, medical staff were experimenting transplanting an embryonic thymus on the thigh of babies born with this condition. This failed. These children if survived past three months were placed in a bubble and kept isolated. Rarely did these children go outside. Their life was very restricted. Now these children are treated with regular gamma globulins, bone marrow or stem cell transplant.
- The development of a world co-ordinated approach to organised cancer treatment and care has improved the outcome for children with cancer. Over my nursing career there seem to be more types of malignancies. Whether this is because of improved diagnosis, increased population or more environmental factors and use of chemicals I am not sure. Certainly cancer wards were not heard of when I trained.

On a negative note being able to save lives may not always be a good thing. Increased survival has meant an increase in medical cost throughout the world. This has led to much ethical debate. For whose benefit have these improved outcomes been? In some cases have parents been placed with a burden for the rest of their life. I have cared for many families who now nurse their chronically sick children at home (perhaps on a ventilator) under various government programs. Do these families get the support they need and at a time which suits them? Do their marriages survive? What happens to the other children in the family? All these issues need consideration and often do not get addressed adequately.

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New diseases are coming to light due to a change in our diet, environmental conditions, use of chemicals, genetic engineering, wealth and social pressures.

- Increase in mental health conditions like personality disorders, anorexia and bipolar disorder
- Obesity due to poor eating habits and lack of exercise. Sometime poor role modelling by parents.
- Increased suicide especially in young males
- Hyperactivity disorders
- Increased allergies in children

Again many significant changes in children and young peoples nursing as a professional group. Firstly, we are now classed as a profession. This has happened since the introduction of university degree courses in the late 1970s. When I started as a trainee in 1965, all hospitals except private ones were staffed mainly by unqualified young people aged 18 years and above. Staff nurses and a sister (usually single older women), organised the management and nursing care of each ward. Everyone wore a uniform and a hat. Everyone knew their position and responsibility. Sisters were known as the “Big Dragon”. The trainee needed to know all the history of the patients she had charge of for the shift and was regularly tested on this by the sister in charge. Neatness and organisation was drilled into us. Most trainees lived in a nurse’s home so the trainee had plenty of people to debrief with if the day had not gone well. Unlike today when all hospitals are staffed by professionals who go back home to a partner or family who mostly see your day as just another day at the office. I have listed other significant changes that have occurred during my career and wonder what the future has in store for a children and young people's nurse:

- Occupational health and safety
- Health cost
- Computers and technological support
- Ethics committee both for research and patient issues
- Changes in nursing care
- Parents living in
- Hospital in the home
- Nurse practitioner
- Development of ACCYPN and a larger voice for children's nurses
- Accreditation of hospitals
- Acknowledgement through research

I leave you with several comments. Will the Health Department allow for as many changes as have occurred in the last forty years? Health costs are soaring. How many more cuts can be made? Do we pioneer more expensive surgical procedures or spend the health dollar on primary health care?

Julie Donnan's letter (received 22 July 2011)

I have been asked to outline my nursing experience and address the most significant change (1) in the health of children and young people and (2) in children and young people’s nursing as a professional group over the 35 years of nursing children and young people.

1973-1975: Midwifery training at the British Hospital for Mothers and Babies, Woolwich, London and Special Care Nursery, Royal Women’s Hospital, Brisbane.

1975: Four year period Maternal & Child Health Course, St. Paul’s Terrace, Brisbane, Ipswich Babies Home and Charleville Clinic in conjunction with the Royal Flying Doctor Service

1976: Two year period at Royal Children’s Hospital, Melbourne for post basic Paediatric and post-basic Paediatric Intensive Courses.

1977: Two years Gold Coast Hospital, Southport, Children’s Ward

1982-2008: 26 year period at Royal Children’s Hospital & Health District Service, Brisbane in Babies Ward until ward closure in 2001.

2001-2004: Six months at Riverton Early Parenting Centre, Clayfield; three years Community Child Health Primary Care Program, Northern Suburbs.

2004 until retirement in 2008: Outpatients Department and Day Procedure Unit.

Significant changes in the health of children and young people have impacted on the changes in children and young people’s nursing and vice versa. For example, as a Maternal and Child Health Nurse attached to the Royal Flying Doctor Service in the 1970s, I immunized babies and children with their Triple Antigen and oral Sabin and Combined Diphtheria and Tetanus. Readers would be aware of the numerous vaccinations available and their much earlier introduction today. Nurse Immunisers are trained and credentialed clinicians, a far cry from my experience. Children are better protected from highly infectious diseases.

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The change and advancement of education for children and young people's nurses continues to be an amazing journey. In the 1970's undertaking hospital based midwifery and doing the Maternal and Child Health course as a third nursing certificate was considered a benchmark.

Undertaking a six month hospital based post-basic Paediatric course was going the extra mile. University courses provide and encourage nurses to undertake qualifications and research that has seen nurses acquire PhDs and demonstrate visionary leadership. It has been a quantum leap from task orientation to holistic patient care and ultimately the autonomy of Nurse Practitioners, Child Health and Youth Health nurses. Rewarding and fulfilling career changes have benefited the recipients of nursing expertise.

Technological changes

Computer training and access for nursing staff have progressed to a paper-less Paediatric Intensive Care environment and significant data collection. Advances in technology have provided information for health professionals and parents alike. Telemedicine has been most beneficial for rural patients and their families, minimizing lengthy travel to see specialists in Brisbane and hospital admissions.

Children and young people have benefited from research-based practice, a more inclusive culture of nurses being part of the multidisciplinary teams and case management of children with chronic illness under multiple specialists. Nurses have advocated for parents' involvement in case conferences, getting second opinions and participation in 'hands on care' of their children.

Reduced length of stay

Emotionally, mentally and physically children benefit from having parents and siblings visiting and staying close by. The facilitation of flexible and longer visiting hours for families and their overnight stays either at the bedside or in nearby Ronald McDonald House has enhanced the healing and wellness continuum. Parents are to be commended for participating in the responsibility of their child's care "Parental Participation", astute observations and aptitude towards clinical teaching from skilled clinicians eg home management of a child's central line. "Hospital procedures" carried out by a parent in their home have shortened hospital length of stays and provided best practice outcomes for families. Surgical procedures, once needing admission for two or three days, are managed as Day Surgery cases. Similarly medical patients can be managed as outpatients.

Despite the shorter hospital stays, increasingly nurses are caring for more acutely ill patients with expert clinical skills and knowledge.

Finances

A monumental change for nurse managers was the introduction of Cost Centre Management. It heralded more accountability, less waste and attention to real needs ultimately benefiting patients and families.

Child Health and Youth Health Nurses

In the 1970s Maternal and Child Health clinic visits were primarily from mothers with thriving babies needing their baby weighed and needing age appropriate advice from the Clinic Sister. Most notably has been the change to parent groups for health education sessions, Triple P and specific age related topics e.g sleep and solids. There is a proactive move from advising families to using a solution-oriented approach. Comprehensive family assessment, case coordination and timely consultation and referral to the Department of Child Safety detect children at risk in families with high and complex needs. Youth Health nurses are high school student advocates, educating them about risky behaviours and working within the school team of Guidance Officers, Teachers and Child Care Workers.

Prevention and early intervention strategies for the clients of Child Health and Youth health nurses have improved the health and well-being of children and young people.

Professional Associations

It has been an immense privilege to observe and be part of the formation and progression of a professional organisation for Queensland nurses caring for children and young people. In the mid 1980's Paediatric nurses from the Mater Children's and Royal Children's Hospitals in Brisbane formed the Queensland Paediatric Nurses Association, a much-needed professional body. By 1996 Child Health Nurses were included in the newly formed Paediatric, Child & Youth Health Nurses (Qld) Inc.

Subsequently we became the Australian Confederation of Paediatric & Child Health Nurses Qld. Inc. before a significant change when in 2008, the Australian College of Children & Young People's Nurses was formed.

From small beginnings much has been accomplished for this professional group of nurses.

Compassion, commitment and nursing expertise will continue to ensure extraordinary change for the health and well-being of children and young people and their families in the future.



INAUGURAL CONFERENCE Sydney 19-21 October 2011

Navigating New Directions In children and young people's health care

The ACCYPN 2011 Inaugural Conference being held 19-21 October at Novotel Sydney Brighton Beach, NSW is drawing closer and is promising to be THE Conference of the year.

The program for the two-day Conference is shaping up to provide delegates with the opportunity to hear about the fabulous work being undertaken in paediatrics and child health. The program now includes some interactive workshops / symposiums that will provide participants with thought provoking information on leading and learning in: clinical practice, education and global issues.

There have been a few changes to the Inaugural ACCYPN Conference program and these changes have provided the Committee with an opportunity to include Professor Margaret Sims into the program. Margaret is a Professor of Early

Childhood at the University of New England. She will provide delegates with thought provoking information on quality community based services for young children.

Pre-Conference Master Classes on Wednesday 19 October are included for delegates who have paid a full Conference registration and will be facilitated by our exceptional keynote speakers Professor Phillip Darbyshire, Dame Elizabeth Fradd and Ms Molly Carlile. The Master Classes are shaping up to provide participants with expert knowledge to go back into the work place with renewed energy and enthusiasm and will provide an impetus for practice changes.

The networking opportunities that will be provided at the Conference include a fabulous Welcome Reception within the industry exhibition at Novotel, a Conference Dinner at The Grand Roxy, a

breakfast debate on 'childhood obesity' on the final day plus much more. Why not take the opportunity to get more involved with the ACCYPN through the breakfast Annual General Meeting planned for Thursday 20 October included in the registration fee for College members. We encourage you to visit the ACCYPN website if you are interested in becoming a member of the College.

Register now for this exciting Conference by visiting the ACCYPN website (www.accypn.org.au) and click on the Conference picture on the home page (you may need to scroll down the screen).

We look forward to welcoming you to Sydney in October!

For any questions regarding the ACCYPN 2011 Conference, please do not hesitate to contact the Conference managers via email: accypn11@eventplanners.com.au or phone: +61 7 3858 5529.

Other Upcoming Events

Women's Hospitals Australasia & Children's Hospitals Australasia 2011 Annual Conference

"Challenging Frontiers In Women's and Children's Health"

21-23 November 2011 – Stamford Grand Adelaide – South Australia – <http://www.wcha.asn.au/>

The ACCYPN website has a list of upcoming events members may be interested in.

Please visit www.accypn.org.au/pd/events/2011-events/



WA Chapter

CLINICAL SUPPER

“Family Friendly Initiative”

Joondalup Health Campus has received the 2010 APHA/Baxter Award for Quality and Excellence for their innovative Family Friendly Initiative in the mental health unit.

Staff from the mental health unit have taken a leading role in ensuring the unit is set up to support and enable parents to continue their parenting role while receiving treatment as an inpatient.

Dani Barnes

Mental Health Unit, Joondalup Health Campus

5.00pm, Tuesday 23 August 2011
Megazone Lecture Theatre at PMH

Pizza and refreshment will be served
All welcome

ACCYPN Members Free

Non-Members \$5.00

Could **all** participants please register **online** via www.accypn.org.au
(follow the links to Chapters & Networks / Western Australia)

Registrations close Friday 19 August 2011 (with accompanying payment if applicable)

For further information, contact Ailsa Munns
A.Munns@curtin.edu.au or 0417 173231

Queensland CHAPTER EVENT



Date: *Tuesday 6 September 2011*

Time: *2.15pm – 4.15pm finish (1.5 CPD Hours)*

Seminar: *Clinical Forum – Don't Be Caught Out! Health Professionals in the Courtroom*

Presenter: *Dr Catherine Skellern, Forensic Paediatrician, Child Advocacy Service, Royal Children's Hospital, Brisbane*

Venues: *Face to Face or Video Conference Options (details below)*

REGISTRATION DETAILS / VENUES

How to Register:

ACCYPN Members: *Members will be emailed a personalised registration link or can use the fax back form*

Non Members: *Register online (www.accypn.org.au/chapters/chapters/queensland) or use the fax back form*

Face to Face Venue:

Venue: *Royal Children's Hospital, Auditorium 5th Floor Woolworths Building, Herston Road, Herston (Parking at RCH Car Park at own expense – Check the Chapter Event website for more detail)*

Cost: *ACCYPN members \$25 / Non members \$40*

RSVP: *Thursday 1 September 2011 (including accompanying payment)*

Catering: *Afternoon tea provided*

Video Conference:

Dial In: *Dial in details will be provided via email by Friday 2 September 2011 (following receipt of registration and accompanying payment)*

Cost: *ACCYPN members \$15 / Non members \$20 (Each attendee at the Video conference must register & pay)*

RSVP: *Thursday 1 September 2011 (Video conference to be registered and paid for by this date to ensure bridge available)*

Note: *There are only 20 Queensland Health sites and 10 Non-Queensland Health sites available Every participant at each site must register & pay to ensure they receive a Certificate of Attendance (CPD points).*

Non-Queensland Health sites will incur Video Dial-in costs which you are responsible for. Check with your facility manager for any other detail.

MORE PRESENTATION OVERVIEW DETAILS AVAILABLE: www.accypn.org.au/chapters/chapters/queensland

Interesting Links

The Alcohol Education and Rehabilitation Foundation (AER)

Source: ARACY Newsletter 24 June 2011

The Alcohol Education and Rehabilitation Foundation is stepping up its efforts to tackle fetal alcohol disorder. The foundation says sufferers are often over-represented in the courts and it is now funding studies to better diagnose and treat them. The foundation's Michael Thorn says while it is a well-known fact that drinking alcohol while pregnant can be harmful to a developing fetus, the impact it has later in life is more problematic. While there is a general understanding about the disorder, the dangers of drinking very early in pregnancy is less known. For more information, please visit AER Foundation website – www.aerf.com.au

The Commissioner for Children and Young People (Western Australia), Michelle Scott writes:

I am pleased to release during NAIDOC Week two new policy briefs resulting from my research on children and young people's views on wellbeing: Speaking out about wellbeing: Aboriginal children and young people speak out about culture and identity and Speaking out about wellbeing: Aboriginal children and young people speak out about education.

In my role as Commissioner for Children and Young People, I have special regard for Aboriginal children and young people in Western Australia and the issues that affect them.

These policy briefs clearly demonstrate that Aboriginal children and young people value their culture and feel a strong connection to the land and to their community. Their sense of identity is very important to them.

They also value schooling and understand the connection between a good education and a good quality of life. However, a good education is not always available to them.

A key message in both these policy briefs is that Aboriginal children and young people need to be included in the planning and development of strategies that aim to improve their educational outcomes and maintain their connection to traditional culture.

I encourage you to use these policy briefs, which are available on my website (www.ccyp.wa.gov.au), to assist your organisation in the development of appropriate policy and programs for Aboriginal children and young people.

Questions or other feedback can be directed to Leah Bonson on 08 6213 2217 or leah.bonson@ccyp.wa.gov.au.

New Register to help women after gestational diabetes

Over 17,000 pregnant women in Australia each year develop gestational diabetes. One in two of them may go on later in life to develop type 2 diabetes, a condition with serious and life-changing impacts. Their babies also have increased health risk. Maintaining a healthy, active lifestyle and regular screening for diabetes are vital to their future health.

A new national register for women who have had gestational diabetes during pregnancy will help health professionals give their patients a good start to motherhood. The National Gestational Diabetes Register, operating from 1 July, was established within the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government administered by Diabetes Australia.

Health professionals should register their patients on diagnosis, or as soon as possible after diagnosis, so women receive important health information to minimise the risk of type 2 diabetes and regular reminders for screening tests. They can also access subsidised NDSS products for 12 months after the date of registration.

Phone 1300 136 588 or visit www.ndss.com.au to learn more or to download a registration form.

Join the Australian Physical Activity Network

Source: Letter from AusPANet

Launched in 2006, the Australian Physical Activity network (AusPANet) is Australia's first national physical activity network. AusPANet is for anyone who sees physical activity as part of their role, or interest and who would like to access accurate and timely information about physical activity, from developments in the area, to events and conferences.

As partners in the promotion of physical activity we would like to invite you to join AusPANet. The network is a joint initiative between the National Heart Foundation of Australia and the Centre for Physical Activity and Health, University of Sydney.

To become a member, register your details at:

http://www.heartfoundation.org.au/Professional_Information/Lifestyle_Risk/Physical_Activity/AusPANet.htm