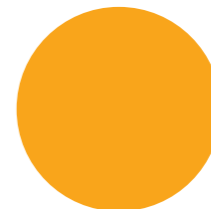
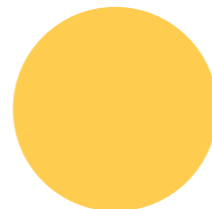
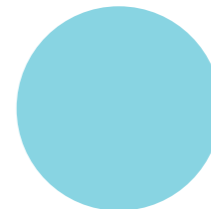
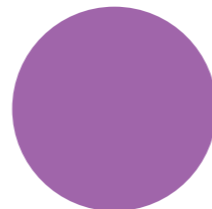
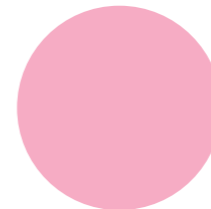
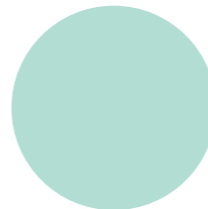
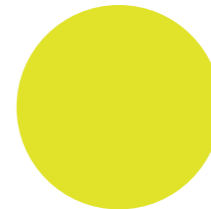
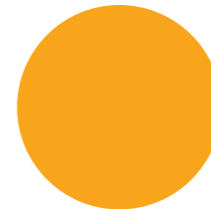




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**A proud member of the Australian
 General Practice Network.**



Stories from the frontline

PRACTICE NURSING IN QUEENSLAND





Welcome to

Stories from the frontline Practice Nursing in Queensland

“Stories from the frontline” came about as a way to promote Practice Nursing in Queensland.

General Practice Queensland is the state based organisation that administers the Nursing in General Practice (NiGP) Program which is funded by the Australian Government Department of Health and Ageing.

Practice Nurses in Queensland were offered funding to attend the Australian Practice Nurse Association (APNA) Practice Nurse Clinical Education Conference (PNCE) in March 2007. It was asked that in return for the funding to attend the PNCE conference, each Practice Nurse write an article about NiGP which would be included in a booklet to promote Practice Nursing in Queensland.

There was no particular format for the articles to follow and as such these articles include personal accounts of being a Practice Nurse, ‘stories from the frontline’, reasons for becoming a Practice Nurse; what their role encompasses and the many challenges they have met along the way.

As you will see the articles are very inspiring and show the variety of roles nurses in general practice play.

Thank you to all who submitted articles and the Queensland Divisions that support the Practice Nurses in their busy roles. Due to limited space we have had to edit some of the articles. For the full articles please contact General Practice Queensland on 07 3105 8300.

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Nursing isn't just a job, it's a calling

ALISON GIRGENTI

Far North Queensland Rural Division of General Practice

25 years ago a seed was planted that unbeknown to me would develop into a never ending flourishing vine. Sister Olwyn Sommerville, Charge Sister of Private Surgical at Cairns Base Hospital said that I would be back not as a patient but as a nurse. This seemed so far from the possible it wasn't funny, I was heading into accountancy, or so I thought. As I sat in the waiting room of my specialist I often pondered about the medical receptionist's position. It seemed like a good balance of nursing and paperwork whilst seeing a patient from start to finish.

After 2 weeks work experience in Grade 12 I knew for a fact that the pompous career of accountancy was certainly not for me. I did not agree with people being treated differently just because of a bank balance, colour or creed. I applied for nursing not really knowing why but it seemed like a good idea at the time. My parents were not all that enthused as they hoped I'd go to university and do early childhood teaching.

July 14, 1986 I commence my training at Cairns Base Hospital and as the weeks rolled by, turning into months and then years I realised that nursing wasn't a job it was a calling. There is not one day that I regret my decision to be a nurse. In July 1989 I graduated as one of 20 in my group.

After marriage and children I only did the part-time night shift here and there and some weekend work with Blue Care. During this time I grew to realise that I loved caring for a patient holistically. Working in wards such as the Intensive Care Unit (ICU), Community Care Unit (CCU) and Private Surgical I enjoyed the contact with patient's families, getting to know them and assessing what would be required for them when discharged.

Whilst immunising my last child at the local clinic the Practice Nurse, Sandy, asked if I would be interested in relief work. My heart pounded as I was unsure as to whether or not I would be adequate for the job. Were my skills sharp enough, my knowledge base still there and would I be any good at it...were all the questions that rushed through my mind. I said that I would be when my baby was older.

Practice Nursing is more than one could ever imagine or hope for in a role.



In May 2004 I went to Mareeba Medical Clinic for an orientation trial. Wow, nursing is nearly like riding a bike, once done never forgotten. From that moment the passion that had laid dormant in me was ignited and I craved to do more. Fortunately for me accreditation came along so extra hours were sent my way and from that I now share the position of Practice Nurse at the clinic.

I love my role as Practice Nurse and thoroughly enjoy every minute I spend at the clinic. Practice Nursing is more than one could ever imagine or hope for in a role. The diversity in all aspects is outstanding, from the client base, the staff you work with, the requirements and skills necessary to provide efficient competent care and the scope to develop professionally and increase your skill and knowledge base.

The clinic has provided the soil which is watered by the three GP's whom I work for by providing continual encouragement, education and skilling opportunities. Along with my growing vine I have found an extended family that I care for in numerous ways. I am their nurse, their friend, their support in troubled times and a provider of care, education and resources. From baby checks, to medicals, immunisations, ECGs, spirometry, audiometry, plasters both on and off, minor operations, wound care, dietary advice, glucometer checks, blood pressures, professional development courses or just that reassuring voice to comfort; there is never one day the same, one moment boring or anytime I would like to pass up.

Working as a Practice Nurse in general practice is phenomenal; working as a Practice Nurse in general practice in a rural area is life changing. The sky is the limit to the skills you can acquire and the experience unique. Practice Nursing isn't a position it is an honour, and one I am proud to have.

They don't bare their problems or their backsides to just anyone you know!



Right place at the right time

BRENDA CHATE

Townsville General Practice Network

My introduction to general practice Nursing came many years after I had been working as a Registered Nurse in the Hospital setting. I had established myself as a wife, parent and general 'all round' school volunteer. However, time and the bank manager waits for no (wo)man and I was accelerated into Post-Hospital Nursing employment.

My first foray was into school based nursing which gave me school holidays free, completely! However, no work no income! During the long Christmas holiday period I received a phone call seeking help from a busy general practice, could I help? With my knees trembling but courage to the fore, off I went to see what it was all about. Bedlam...Pure Bedlam! Look up busy in the dictionary and you will find a picture of this practice! But – I had the privilege of meeting two of the most capable, competent, compassionate, patient, forgiving, teaching nurses I have ever met. And they were fantastic with the patients too!

I learned to enjoy the "gaining of wisdom", the renewal of old skills, update on new skills and becoming a member of the team. I was often able to 'holiday relieve' for them, gaining experience that led me to securing my own position in general practice. Our picture is not in the dictionary under busy, but it is, under 'banging your head up against a brick wall'! Why? The challenge of Accreditation and all its inherent trials and tribulations. Our practice has been through the process twice now – the latest according to the Third Updates. As a nurse I have found it to be an empowering process, enabling me to understand and participate in the workings of our Practice from the front door (Reception) to the back door (recycle bin, cyberspace...and beyond!) All members of our practice were 100%

involved with the implementation of Accredited standards and despite grumblings of "we've always done it this way", we have emerged as a practice that is able to do PDSA (Plan, Do, Study, Act) breakdowns in our systems effectively and achieve a working environment of security, support not censure, back-up not isolation and 'same page' starting points for change.

I enjoy my work immensely. I have the privilege of being part of patient's lives at times when critical things are happening, leaving them emotionally exposed and vulnerable. At other times great joy abounds. Then there is the trust they learn to have in me as I move with them through chronic disease and daily living challenges. They don't bare their problems or their backsides to just anyone you know!

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The many different roles of a practice nurse

CHERYLYN PATERSON

Southern Queensland Rural Division of General Practice

My Practice Nurse career began accidentally 14 years ago when I took my youngest child to our local GP on a Friday for his 12 month immunisations. In general conversation, Dr Marshall enquired about our social activities for the weekend. I replied that I was on my way to Brisbane to attend a blood collection and ECG course, just in case I needed it one day, down the track, when the children have grown. By Sunday Dr Marshall had phoned my husband offering me a job for 6 months to cover Maternity leave. Disappointed the timing was wrong due to the age of my children, I declined her offer. By Wednesday Dr Marshall had found another 'retired' nurse and offered us the position of time share. I accepted, firmly stating it would only be for the 6 months. Because of the wonderful working relationship with the practice team and fellow Practice Nurse and the fulfilling role the Practice Nurse delivered to the patients it did not take me long to realise I would be staying.

Almost 4 years ago Dr Marshall left her practice venturing into solo general practice, renting rooms and a reception area from Qld Health. The St George Family Practice was the pilot general practice to operate within a public hospital in our health district and possibly the state. Dr Marshall invited me to come along as her Practice Nurse/receptionist. Naturally there were some initial teething problems: setting up computers, phones, stationery, medical equipment, immunisations, stock, room colours, chair colours, shirt colours, sheet colours etc. A nightmare really, but between the two of us and with a few tears and lots of giggles we opened on schedule. All of the St George Hospital Staff welcomed us, along with our patients with open arms. This has contributed to a wonderful working relationship and the one-on-one each day with the hospital staff has ensured extra conveniences.

My position as a private Practice Nurse in a public hospital allows me to have a more 'continued' role in our patients care, sometimes helping with their hospital admissions, arranging x-rays, attending to blood collection and dressings while being an inpatient. Knowing where Dr Marshall is at

all times is also a plus for working within a hospital. If I have lost her, one of the ward nurses will always give her whereabouts away, making the daily flow of the practice a little easier for me.

As a Practice Nurse there are many different roles. I feel my most important role is to look after Dr Marshall's patients, from the newborn to the elderly, endeavouring to cater as best I can for their individual needs, making them feel their GP is accessible without overlapping her and of course trying to keep the dreaded waiting time down to a minimum while still catering for urgent patients. This is the most rewarding part of my job, which I love.

With a population of 3000 people and 4 hours drive to the nearest major medical facility being involved in rural general practice is very fulfilling. You find yourself playing a key role in all areas of family members health issues, which will involve anything from making a specialist appointment, juggling 3 or 4 over a 2 day period, helping with travel and accommodation, referrals, results etc, to supporting a tired Mum when Johnny has a high temp and is at risk of missing the local swimming carnival.

The only down side of rural practice is its impossible to go grocery shopping after another long and challenging day without the dreaded questions over the cheese selection.

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As always with a sweet smile I say 'please phone after 8.30 in the morning' thinking, thank goodness for the glass of chardonnay waiting for me at home.

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A day in the life of a Practice Nurse

DEBBIE NICOL

Wide Bay Division of General Practice

I live in the small rural country town of Childers in Queensland. We have a hospital; a low care aged facility and two doctors' surgeries. I work in the Isis Medical Centre where we have three permanent doctors and two practice nurses. Carole is our Registered Nurse/midwife, and I am the Endorsed Enrolled Nurse.

Carole and I have directed our time according to our interests and clinical experiences. While Carole focuses on women's health, childhood immunisations, pap smears and antenatal consultations, I mainly deal with the wound care clinic, diabetes management, health assessments and stores management. Then throw in triage, electrocardiogram's (ECGs), spirometry, vaccinations, minor operations and home visits and we are like any other practice – very busy!

Since working here my scope of practice has increased dramatically. My employer is very agreeable to further education and training and we are encouraged to take time to do this. One example of this has been my role in diabetes management. This has been a major initiative in the past 12 months for us. I received the necessary training and education, then working closely with the local Diabetes Educator; we have managed to introduce our diabetic patients to the Annual Cycle of Care. It took an enormous effort to start with over 250 patients being recognised. It was basically a matter of starting from A and working my way through, updating recalls and working with the Doctors to ensure patients are receiving the best possible ongoing care. The majority of patients responded well to this initiative and have taken real responsibility for their diabetes management

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We believe that the role of the Practice Nurse is invaluable especially with providing information and support for ongoing as well as preventative health care. By having a holistic view of patient care and utilising other health services we have a proven and positive approach for optimal outcomes.

We are fortunate enough to have great management and reception staff and we all work together, managing to have a bit of fun along the way. This is extremely important for the day to day running of the practice. It is very much a 'team' effort with patients often commenting about the relaxed atmosphere.

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Nursing in General Practice

DOT IRELAND

Sunshine Coast Division of General Practice

After completing four years of general training at a large rural hospital in NSW, I then gained experience as a Registered Nurse working at a large private hospital in another rural city, also in NSW, working in the surgical, medical, paediatric, geriatric and theatre units.

While raising four children I worked part-time as a Community Nurse, caring for older people in their own homes. I found this very rewarding as my visit meant that the person was able to remain "independent" in their own home, with or without a carer. At that time I believe I made a conscious decision to return to aged care in the future.

After my youngest child commenced school I completed my midwifery hospital training and then enjoyed that nursing experience for a few years. I had achieved another of my career goals!

My next challenge was again in the aged care sector, gaining employment in residential facilities, where I worked full-time in management and leadership roles, and later part-time as a carer. I continued this work for twenty years, during which time I completed my BA of Health Science (Gerontology) as a distance education student, in April 2000. There were many times when I almost withdrew from the course, but the promise to graduate, that I had made to my dad before he died, enabled me to succeed.

We then moved to Queensland in view of a quieter lifestyle. However I discovered I wasn't ready to 'let go' my career, and continued working in the area of residential aged care. When my body started hinting that it wasn't as young as it used to be (in other words to consider acting my age) I finally came to the conclusion that to continue in the career I loved, I had to ease the physical burden. My body was broke but my brain was still active.

I then read an advertisement in the local press for an RN with aged care experience, to work in a busy medical clinic. At that time the decision to apply for the position was both daunting and yet easy – it seemed a natural progression after working in most other nursing disciplines I was interested

in, and would hopefully keep me active and occupied until I am able to RETIRE!!! Having eight GP's as bosses was going to be interesting, but I decided to give it my best. I had previously worked in challenging situations before, and had only become a stronger person as a result. The position involved annually assessing patients' over 75 years of age, who were still living in the community alone or with their spouse or carer.

Prior to my employment, the Commonwealth Government initiative to encourage GP's to take a holistic ongoing approach in managing the health and well being of their older patients', had only been casually utilised for a few years. The GP's completed health assessments at the clinic when an urgent need arose and time permitted, and Practice Nurses were occasionally asked to visit a patient in their home if the need was urgent. The doctors' eventually felt they wanted to offer patients' a reliable ongoing service, and that the financial gain in return would be valuable asset.

Approaching the patients' and inviting them to participate in the program was challenging at first. Some of them believed they were being assessed in view of being "sent to a nursing home", and before they started to relax I spent many hours answering their enquiries either at the clinic or on the phone. During the past three years I have assessed between 250 to 300 per year, and declined the offer of many hundred cups of tea. I have established firm friendships, and sadly seen the decline of many of our oldies. I have become friends with family, and spent many hours counselling and supporting them through difficult times, whether it is during the relocation of an elderly loved one to a residential care facility, or through the final stages of an illness.

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Reflections on the Future of Nursing in General Practice

JANE TRAPPES

South East Alliance of General Practice

Nurses have been part of the general practice team for many years, but over the last five years this role has been increasing along with the demand for healthcare within the general practice setting. But to answer the needs of the community, nurses need to be active in the development of this area of nursing. Practice Nurses are at the start of defining the model of care that is suitable for general practice as it is in Australia today.

The healthcare consumer in 2007 has conflicting needs and wants from their health service. They have an expectation that universal healthcare will be provided to them with state of the art investigations, treatments and health options delivered by well educated health professionals and all within a time frame that suits their busy life. There is awareness in the community that there is a shortage of doctors, yet when people are sick they need and expect care on demand. Of course, as health professionals we want to be able to attend the health needs of our patients in a way that supports their health and wellbeing in both a short and long term way.

The health care system that we work in informs our practice. The Commonwealth Government has identified that Practice Nurses can relieve workforce shortage in general practice, improve the prevention and management of chronic disease and improve access to quality and integration of, patient care (National Practice Nurse Workforce Survey Report, April 2006). The government is addressing these aims with initiatives such as the addition of Medicare item numbers for nurse provided services on behalf of GPs and the Chronic Disease Management items.

Each service provided is an interaction with a patient that may offer an opportunity for addressing other health issues which can be lost if there

We are integral to the evolution of healthcare provision.

is only one task associated with the interaction. To realistically account for the financial cost of nursing care provided in general practice there will need to be a shift from task based reimbursement for a service to a more holistic interpretation of nursing care given during a general practice consultation. This would definitely be an advancement for nursing in general practice and progress for health care provision, while addressing the demands on doctors in general practice.

With the emerging role of Nurse Practitioners in specialist nursing fields, it is appropriate to consider the implication for nursing in general practice. A Master's degree is required as part of the accreditation process to become a Nurse Practitioner, but with the financial rewards of Practice Nursing being so low in relation to other nursing jobs, and certainly other professions with commensurate tertiary education, it would be unlikely that many individuals would pursue this course. Perhaps, as in the United States, there may be "Family Nurse Practitioners" working in community health centres, thereby addressing the demands on health care.

The future is certainly bright for nursing in general practice. It is really the beginning of a specialist field that will offer nurses a satisfying career and will benefit the community. Nurses must remain mindful of the valuable contribution they make to primary health care and the opportunities to expand that role. It is complex to balance the needs of the community, individual aspirations and professional development within the context of general practice which is often small business, supported by government funding, but we are integral to the evolution of healthcare provision.

Nursing in General Practice

DOT IRELAND

Sunshine Coast Division of General Practice

After completing four years of general training at a large rural hospital in NSW, I then gained experience as a Registered Nurse working at a large private hospital in another rural city, also in NSW, working in the surgical, medical, paediatric, geriatric and theatre units.

While raising four children I worked part-time as a Community Nurse, caring for older people in their own homes. I found this very rewarding as my visit meant that the person was able to remain "independent" in their own home, with or without a carer. At that time I believe I made a conscious decision to return to aged care in the future.

After my youngest child commenced school I completed my midwifery hospital training and then enjoyed that nursing experience for a few years. I had achieved another of my career goals!

My next challenge was again in the aged care sector, gaining employment in residential facilities, where I worked full-time in management and leadership roles, and later part-time as a carer. I continued this work for twenty years, during which time I completed my BA of Health Science (Gerontology) as a distance education student, in April 2000. There were many times when I almost withdrew from the course, but the promise to graduate, that I had made to my dad before he died, enabled me to succeed.

We then moved to Queensland in view of a quieter lifestyle. However I discovered I wasn't ready to 'let go' my career, and continued working in the area of residential aged care. When my body started hinting that it wasn't as young as it used to be (in other words to consider acting my age) I finally came to the conclusion that to continue in the career I loved, I had to ease the physical burden. My body was broke but my brain was still active.

I then read an advertisement in the local press for an RN with aged care experience, to work in a busy medical clinic. At that time the decision to apply for the position was both daunting and yet easy – it seemed a natural progression after working in most other nursing disciplines I was interested

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Finally! A job which suited everyone!

JENNI CARSELDINE

Redcliffe Bribie Caboolture Division of General Practice

I started nursing at The Princess Alexandra Hospital in 1986, where I gained my primary qualifications as a Registered Nurse. Over the next 4 years I gained experience in a variety of ward settings: Medical, Surgical, Emergency, Theatre, Psychiatric, Oncology and Spinal Injuries Units. We eventually made the move from the city to the country, where work was very difficult to find. There was a hospital in our town, but in those days you needed to have “a Double Certificate in Nursing” to work in a country hospital. The only alternative available at the time was to work in Aged Care Nursing. This did offer me employment, but I soon discovered that I was not suited to this type of nursing.

Towards the end of the 1990's, the regulations about working in a country hospital had changed and I was given the opportunity to work in Rural Nursing. I found Rural Nursing very challenging, especially as there was a Low Risk Birthing Unit attached to the hospital and I was expected to care for birthing and postnatal women and their babies. By the time the new millennium came around my sights were firmly fixed on becoming a Midwife. After 18 months of university study, working in a regional Maternity ward and many thousands of kilometres spent traveling to work and university, I completed a Post Graduate Diploma in Midwifery from the Australian Catholic University (ACU) National in 2003. I loved being a Midwife and I finally felt that I had found the specialty area where I could work forever. I also enjoyed the postnatal area, where parent craft and education is essential.

After 5 years of working in a Regional Maternity Unit, I found the 2 hours a day driving and the shift work a struggle. By this time I knew that I had some serious decisions to make. Did I stay in a job that I loved, knowing I could not maintain the pace or look for another job? I had to do something, so I decided on casual employment in Maternity and came back to general nursing in the rural hospital. However, again I struggled with the shift work, and was now expected to work on an on-call basis as well. This was not conducive to a happy home life. Husbands don't like to be woken to a ringing telephone in the middle of the night, and a wife called away at all hours. We also had the problem of what to do with the children when I was still not home when my husband left for work himself at 5.00 am every morning. This was a very trying time for all of us.

Early in 2005 I realised that changes had to be made for the interests of all. There was a new Medical Centre under construction in a town about 30kms away, and I felt they may need a Practice Nurse to work for them on completion of the centre. This was the opportunity I had been waiting for. I made some telephone calls and submitted a resume and next thing I knew I was gainfully employed as their new Practice Nurse. No more shift work and good working hours! Finally a job which suited everyone! Practice Nursing was certainly different from anything I had done before. Primary Health Care enabled me to become part of a community and practice total patient care.

During these early months in general practice, I identified a further need for more education and so, in 2005, I completed a Nurse Immuniser Program at ACU National. I am now highly aware of the cold chain, vaccine storage and effective vaccine management. Immunisation is one of the vital elements in Primary Health care, as immunisation is a simple and effective way of protecting people against disease. In fact, my role of a Nurse Immuniser has expanded and I now am a Clinical

Nurse Assessor for the Nurse Immuniser Program for ACU National and am employed by various companies to participate in Corporate Vaccine Programs. In addition to immunisations, a large part of my daily job as a Practice Nurse involves taking Pap smears. I completed a Pap smear Provider course from Family Planning Queensland (FPQ) in August 2005. I had developed a growing interest in Women's Health, so I commenced my Women's Sexual and Reproductive Health Course also. In my nearly 2 years as a Nurse in general practice, my job has evolved dramatically since inception. My job has grown from assisting the Doctors now to include taking my own appointments to see my own clients. My job as a Practice Nurse encompasses many areas and because of my rural nursing, I am also trained to insert cannulas and administer Intravenous therapy (IV therapy). This skill comes in very handy during the winter months where vomiting and diarrhea is common and also during emergency situations.

Over the years I have worked in many settings including hospitals (metropolitan, rural and regional), the Community and Aged Care, but it is my role as a Practice Nurse, that I have found the most extensive. I provide services that are essential to and helpful in the promotion, maintenance and restoration of health and well being. Nursing in general practice requires me to use my many clinical skills and enables me to utilise much of my training and experience. Nursing in general practice allows me to monitor women throughout their pregnancies, ensuring they are in optimal health (checking that all Pap smears are up to date, investigating their immunisation status and checking that pathology results are within normal limits), give scheduled clinical care and provide antenatal education. Occasionally I am even lucky and privileged enough to be the Midwife on duty (in the Birthing Suite at the Regional Hospital where I also work) when their precious baby arrives.

Nursing in general practice allows for holistic patient care involving individuals and their families

Nursing in general practice allows for holistic patient care involving individuals and their families. It is a job with many challenges and many rewards, providing the opportunity to work with a range of people in a Primary Health Care setting. Nursing in general practice has enabled me to promote a Wellness Model of Care, where I practice preventative health and provide Evidence Based Care, whilst maintaining my clinical skills and developing new skills.



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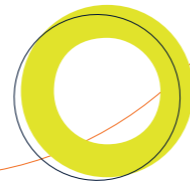
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Why not?

JULIE BULST

Nurses are widely accepted as excellent advocates for their clients



Far North Queensland Rural Division of General Practice

Nursing training for me was a busy city hospital. I knew patients only for the little time they were in my care and very little about their real life. I took it for granted that most of the equipment I used was disposable and gave no thought to recycling or reusing. Imagine the culture shock on my first year as a Registered Nurse (RN) in a small country hospital! Everyone multitasked and knew many of their patients' health history by memory as they may have known them from birth. In this setting disposable items were not an option and I quickly learnt to be more conservative and innovative in my use of resources. My newfound confidence was shattered, I had to adapt and learn new ways of delivering health care.

Many years later I reminisced with a colleague from my country hospital experience about the culture shock I experienced. I learnt that I had been a challenge to them also. I laughingly remarked on my biggest challenge which had been to adapt to the recycling & reusing of so many items and that I was frequently being caught & told off for throwing items out. I commented "I finally discovered that even the earpieces (for the otoscope) were disposable!" I received a hard look as she dryly commented "So that's where they all went." Apparently much had been said about the disappearing earpieces & the resultant drain on the stores budget at the time.

This experience took me outside my comfort zone as I had thought the boundaries of nursing to be very defined. The challenges alerted me to the broader potential in the field of nursing.

Years later I commenced work as a Remote Area Nurse (RAN) and this role strengthened that awareness of the broader potential in nursing. A RAN at that time worked in an environment where the Doctor (Dr) was off site available by 2 way radio/phone or on callback. As RAN's we worked in collaboration with Health Workers to provide acute & chronic care for all in the community.

The work required of RAN's included acute assessment across the age range for minor to major conditions. We were on call at all times for emergency care including presentations of premature deliveries, snake bites, head injuries and other life threatening conditions. Working in collaboration with Health Workers the RAN monitored & provided education on a range of chronic conditions such as diabetes, rheumatic heart disease and other cardiac conditions. We also multitasked across a broad range of activities to provide, for example, all antenatal care, child health and community health.

It is these experiences that developed my awareness of the potential for an effective collaborative relationship between GPs & RNs in providing genuine primary health care through general practices.

It is clear that the skills developed by RAN's working in Primary Health Centre's should be broadly recognised and applied across rural & urban health service settings. The general practice setting could look at diversifying the role of the RN beyond duties that are task orientated on wound care, pathology, electrocardiogram (ECG) and injections. A multidisciplinary approach utilising nursing skills in assessment, diagnosis, treatment planning, education and counselling could improve client confidence & subsequent health outcomes.

This is not an academic paper to present a model of care rather a presentation of what I consider a commonsense discussion point. I believe it is possible to develop the Practice Nurse role within the current health system so that a professionally acknowledged relationship collaborates to improve health outcomes. Nurses are widely accepted as excellent advocates for their clients — we need to advocate just as well for our profession. Nursing has also been consistently rated in the top three most trustworthy professions and we need to ensure our role is evolving and recognised both professionally & within the community to maintain this trust.

The future for nurses in general practice is bright



Jack-of-all-trades – master of none

LARA MAIDMENT

South East Alliance of General Practice

Frequently I am asked 'Do you work and what do you do?' 'I am a Practice Nurse at a local general practice' I reply, and with that I am then normally quizzed as to what I do there.

Well what do I do?

As nurses on a ward we have clearly understood and defined roles. We are normally specialists, knowing our area of work inside out. We work closely in a team of other nurses at varying levels with a supportive network around us. Normally we have a routine and know what to expect on a daily basis, allowing of course for the occasional emergency. We become experts in the particular speciality within which we nurse. Most of us will have some knowledge of other areas of nursing too, but to a very limited degree.

Practice Nursing is very different, as I have found out over the last 3 years. We often work alone as the only nurse in the practice. Many of us try to put full time work into part time hours. It can be a lonely job with little support, though a good working relationship with the doctors and receptionists can help.

From day to day we have the basics as we say in the trade, i.e. dressings, immunisations, ear syringing and doing electrocardiograms (ECGs). However we never know what will come through the door next. We have an ever-developing role with a very broad depth of knowledge from first aid to child health, to mental health.

It is expected that we can run asthma, diabetic and coronary heart disease (CHD) clinics but we have little training provided to us to do this. We are nurses surely that's enough. I would challenge this belief. We need to have extra support and training to run disease specific clinics.

The role of the Practice Nurse is expanding with the Medicare billing items. I now run a Pap smear clinic offering women the choice of a female in a male dominated GP practice. I can walk from that room and have to do a medical and audiology test, followed by arranging palliative care for a patient. What a range of areas to cover in a short time frame.

Now are we jacks-of-all-trades, learning only a little and touching the surface of many areas of nursing, but because of this are we masters of none? Well I believe it depends on the nurse and we, as nurses, must unite together in the area of general practice. We must insist that we receive the appropriate training in new areas and attend the appropriate courses. Our employers must start to realise the contribution we make to the practice and the positive effect a nurse has on the patients.

Sometimes we are viewed only as a tool to help make the practice money, which of course we do, but I believe we do a lot more than that.

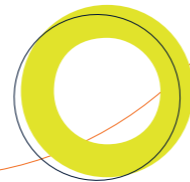
The future for nurses in general practice is bright, and we are slowly gaining more respect for our skills from doctors, practice staff and other nurses.

This area of nursing is becoming a speciality in its own right and I hope to be a master not a jack of our trade...how about you?

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Now are we jacks-of-all-trades, learning only a little and touching the surface of many areas of nursing, but because of this are we masters of none? Well I believe it depends on the nurse and we, as nurses, must unite together in the area of general practice. We must insist that we receive the appropriate training in new areas and attend the appropriate courses. Our employers must start to realise the contribution we make to the practice and the positive effect a nurse has on the patients.

Sometimes we are viewed only as a tool to help make the practice money, which of course we do, but I believe we do a lot more than that.

The future for nurses in general practice is bright, and we are slowly gaining more respect for our skills from doctors, practice staff and other nurses.

This area of nursing is becoming a speciality in its own right and I hope to be a master not a jack of our trade...how about you?

A day in the life of a Practice Nurse in 'Flippin North Queensland'

LIZ MARLAND

Far North Queensland Rural Division of General Practice

When I first told fellow hospital nursing colleagues that I was going to work as a Practice Nurse they said I'd last 6 months – 'boring' they said – 'you'll be longing to be back with us'. Well, it's been just over a year since I started at Mission Beach and Tully Medical Centres in Flippin' North Queensland, and, I have to say it's one of the best moves I've made in my nursing career...

I thought I'd give a snippet of a day in my life working across two sites as well as tell you some of the reasons why I enjoy this work so much...

Why Practice Nursing? Autonomy!

When I first took on the position my Practice Manager said the words that many nurses long to hear "if you can see room for improvement, go for it" (within reason of course) – well, talk about music to my ears – I was off.

One of the first things we organised was closed container systems for the vaccine fridges (which I have a love-hate relationship with). Then, there was the re-organising of the sample drug cupboards – even moving an un-used locked cupboard from Mission Beach to Tully – thank goodness I've got a Station Wagon! What else? Oh yeah, validation of the steriliser – that's always fun, but, Ian from SESS was invaluable and made the process simple, and it all went through with flying colours. Then there was the costing out of dressings so we could sell them to patients. This made for an interesting time when, as a mathematician I'd make a good butcher!

...Well, I could continue, as I've certainly had fun and some challenges doing a lot of quality activities - always character building! But I won't bore you with the details.

Working under direct Supervision of Physicians – this would have to be one of the most major benefits to me – talk about a great learning experience and I have certainly improved on my assessment and diagnosis skills since working in this area. I'm also fortunate in that, all of the Physicians within our practice are willing to share knowledge and are happy for me to query.

MANIC MONDAYS

- Arrive at Tully & organise sterilising of instruments left unsterilised from Tully and those brought over from Mission Beach (yep, I'm also a courier service).
- Receptionist asks me to ring a patient to determine if they need to be 'squeezed' in today (we're fully booked and it's only just past 8.00 am!).
- Patient in for desensitisation regime – give injection and set timer.
- Check temp on vaccine fridge & record.
- Open computer and check out today's appointments.
- There's an appointment booked for cryotherapy, so fill the 'gun'.
- Timer goes off – check the patient who's had the desensitisation and discharge if OK.
- First dressing of the day arrives (attached to a human of course). Take it down and discuss management with Physician and apply new dressing.
- Remove items from the steriliser and check chemical indicator/colour change etc and record batch number and place on cooling rack.
- Walk-in cane knife injury. Wrapped in a grotty old shirt of course! Take it down (definitely wearing personal protective equipment (PPE) for this one). Set up for suturing & give ADT medication as required.
- Walking past vaccine fridge and do a quick check of temp. Still within 2 – 8 degrees C. Yay!
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What is a Practice Nurse?

LYN MELROSE

Would I think of going back to hospital work? Not likely!

Mackay Division of General Practice

Many of my patients ask me what is a ‘Practice Nurse’? Are you a ‘Sister’? I explain that I am a Registered Nurse who works in general practice. I have had many, especially elderly patients who have thought I was practicing to be a nurse. Prior to becoming a Practice Nurse I also knew little about what was involved, honestly thinking that it would be a pretty cushy job. Little did I know what hit me when I fronted up for my first shift as a Practice Nurse in a bulk billing medical centre, situated in a busy coastal town on Queensland’s Sunshine Coast.

Very quickly I discovered that Practice Nurses had to be required to handle several situations simultaneously while remaining bright, cheerful and polite. Not only are there your patients who have been booked into the appointment book for immunisations, surgical procedures etc... there are those patients who walk-in with an eye injury, burns, chest pain or any number of conditions requiring immediate attention. A container full of urine appears on the work bench, not labelled of course, to be tested, but for what? Several men think it quite funny when told they are not pregnant. And just to keep you on your toes the doctor will seat a patient in the treatment room following a consult, requesting anything from an ear syringe to an injection, or an electrocardiogram (ECG) and possible admission to the local hospital, requiring the arrangement of an ambulance etc... So much for that cushy job I was expecting!

I am hospital trained, having worked in many areas from nursing homes to theatre, with the last 18 years in the area of Paediatrics. I had raised my two children while working permanent nights full time for 5 years, followed by 10 years of shift work. I was looking for a change, so why not something a little more lay back, less stressful! How wrong could I have been? Since that baptism of fire into the life of a Practice Nurse in 2001, I have had the wonderful experience of having worked in several medical centres. Would I think of going back to hospital work? Not likely!

I have discovered there is a huge world out there that whilst working within a hospital you don't even realise exists. I am so pleased that student nurses

are now encouraged to do clinical hours within general practice. This allows them to experience another very important side of nursing and medicine, so often not thought about when looking at a future in nursing. I have been a preceptor to nursing students both within the hospital setting and general practice. If it were possible I feel it would be a huge advantage to all, for hospital nurses and Practice Nurses to exchange roles for a period of time on an annual/bi-annual rotation, so as to acknowledge the work load they each experience. This would benefit the patients a great deal also, as nurses would then understand the difficulties experienced by their patients when either admitted/discharged from a hospital.

As a Practice Nurse I have found you work as a member of a close team of general practitioners, allied health professionals, reception staff and patients/families. Depending on the size of the medical practice, you may be the only nurse. This requires you to work both autonomously and as a team member. I have worked in both situations, both having advantages and disadvantages for the Practice Nurse. Yes it can get a little lonely when you are the only nurse in a rural practice, but I found great support offered through many avenues. The local Division of General Practice is always supportive with finding out ‘who, when, where and why’ to solving a problem, providing education and assistance with accreditation and a large number of issues presented daily in general practice. I have found there are many peer groups such as the Australian Practice Nurse Association who also offer support and education.

Each medical centre has encouraged me to participate in and attend as many courses, conferences, workshops and training sessions as possible. As a Practice Nurse I have had some great opportunities, such as being involved in the National Primary Care Collaborative Phase 1. This allowed me to see first hand the different directions health care within Australia is going. I found the networking and exchanging of practices to improve general practice invaluable. Education in new skills/managements and the continual upgrading of skills are very important for all practice nurses. I have now successfully completed a Post Graduate in Practice Nursing through Griffith University.

From the emergency department to nursing in general practice

MAREA MEAD

Far North Queensland Rural Division of General Practice

My lifelong ambition was realised; I was a Registered Nurse! Receiving my registration was surely one of the most rewarding moments of my life. Working amongst my friends and helping to treat and care for the elderly, the young and the in-between! It can't get much better than this I thought.

The years flew by and my commitment never wavered, working the graveyard and back to back shifts, helping out colleagues, furthering my studies, rushing home to get dinner, bath children and take five minutes out to say hi to my husband! The early years were a bit of a whirlwind. *Wherever did I get the energy?*

Children grow; mortgages were cut and life settled. Work in the Oncology, Surgical and Emergency Departments at the local hospital was interesting, unique and rewarding. I was happy! A phone call was to change all of this.

My good friend and fellow colleague rang with an interesting proposition. “Would I like to go and work in general practice”? Receiving the phone call while on holiday in Victoria, where I was attending the Melbourne Cup, my mind on the flamboyant fashions, festive atmosphere, food, wine and what horse was running, I was not prepared to give it much thought! However, later on, I did.

Me, working in general practice, what could I possibly do? It would no doubt be very boring with not much happening.

Returning home, I decided to take up the offer and still remain working at least three shifts at the local hospital. The team at Alice St Medical Centre welcomed me aboard with open arms!

Working in the very busy procedural practice, alien words like Medicare, Medical Director Templates, Health Assessments and Care plans were whispered every second. I was performing electrocardiogram's (ECGs), spirometry tests and medicals, along with the usual amount of dressings, immunisations and general caring, and I had to suddenly re-evaluate my thinking! I couldn't possibly work 4 days per week at the practice and still

do three or four shifts at the hospital per fortnight. I was exhausted! Reluctantly I gave notice at the hospital, and gave my time solely to the practice.

My duties vary considerably from day to day, and I find myself fitting in designated tasks particular to the practice around the demands of four very busy doctors. As soon as I began work, a doctor formerly from the United Kingdom (UK) quickly made use of my skills having utilised Practice Nurses previously. It was customary for UK nurses to perform health assessments, wound dressing and immunisations, long before the implementation of nurses into Australian practices. It was not long before the other three Aussie doctors caught on, and I now find myself running along our treatment verandah faster than Cathy Freeman!

Teamwork is an essential ingredient at the Alice St Medical Centre, and giving part of myself, going above and beyond and thinking outside normal nursing procedures soon allowed me to become a confident and important part of the team. Small in number, we all work together and are committed to a common purpose and the rapport we have cannot be measured.

I have faced many different challenges at Alice Street. The computer system and what really is a “server”. Finding the templates in the clinical program and wondering “what is a recall system?”; “where is the print button?” and “how do I get back to that other screen?”

As the practice is located in an old renovated Queenslander, space is limited, and finding a place to put the steriliser, store the supplies and “put patients” has sometimes had us all laughing — not to mention the very small office I work in! Along the way, I have been supported and encouraged. I enjoy the initial contact with the patients and make my decisions confidently knowing a doctor is never far away to back me up. I am encouraged to attend regular workshops and training days and look forward to the once a year teambuilding weekend our practice holds. Our success is contagious and we all have a sense of “we did it!” on completion of another year.

Working in general practice, I am happy, and I really did back a winner at the Melbourne Cup all those years ago!

A Registered Nurse in General Practice – communication is the key.

PATRICIA COLBRAN

GP Connections (Toowoomba)

Just to fill you in with a little of my background, I am a hospital-trained nurse who worked in the operating theatres of Princess Alexandra Hospital during the 70's and early 80's. I left nursing to raise a family, and we moved from Brisbane to the rural area of the Lockyer Valley. This was a complete lifestyle change. I applied for a position as a medical receptionist at one of the nearby general practices (I had let my registration lapse). At that time I was unsuccessful, but my application was kept on file, and I was approached two years later to take up a casual position. I then took the challenge of completing the re-entry course, and regained my General Nurse Registration with the support of my employers, and a scholarship from the Royal College of Nursing Australia.

General practice has gone through a time of metamorphosis in recent years, during which, the role of the "Practice Nurse" has become increasingly more important. With the advent of accreditation, no longer is it acceptable for a surgery to have non-trained staff to change dressings, pack and sterilise instruments, and be responsible for the vaccine storage. Enter the "Practice Nurse". The General Practitioners have come to realise the value of these hardworking team members, who can enhance the practice, and take some of the workload while attracting Medicare incentive payments in the rural setting.

I am part of a great team, working Monday to Friday with three full time doctors, and visiting specialists. My duties include the usual triage, assisting in the treatment of traumas, wound care, patient education, immunisations, diagnostic procedures, and the usual paperwork. I thoroughly enjoy the interaction with the clients and have built up a rapport with many of them now.

Nurses in general practice are an integral part of the care of the many varied clients seen each day. They are the communication link between the client and the Allied Health Professionals, and the hospitals as well as the Pathologists and Radiologists. Part of my role includes making the initial contact with Allied Health Professionals when Care Plans are prepared to enhance the ongoing

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care of clients with chronic conditions requiring the services of professionals such as Dietitians, Diabetic Educators, Optometrists and Podiatrists. At our surgery we have a "starter kit" for newly diagnosed diabetics. This is a control program designed for them to be involved in the management of their condition. In the kit we have a Blood Sugar Level (BSL) diary, information leaflets on their condition, foot care and good food choices, along with a list of the local contacts of support groups and pharmacies and websites for further information. There is also an application form to join the National Diabetes Services Scheme (NDSS) and Diabetes Australia.

Another manner in which communication is important in my work is with childhood immunisations. In our area there is a percentage of the population which is transient. Therefore I need to be familiar with the correct channels to contact to get information on past history and which immunisations are required and if there is a catch-up program required. This can be quite a task sometimes, especially if there has been a change of name. Generally speaking, the notices regarding availability of vaccines, the changes of brands and new regulations regarding age groups for certain vaccines chiefly come to the nurse with the delivery of vaccines. It is my duty to make sure the doctors receive this information and make it clearly visible in our immunisation room. Sending reminder notices to parents of children who are overdue for immunisations is part of the communications performed on a regular basis.

There are the usual elderly people with their leg ulcers who look to us for support and words of encouragement, along with those who are called in for their Annual Health Assessments. Many of these clients do not have social contacts due to the distance into town and the lack of transport, so for some of them this is a time for them to bare their souls and it is often difficult to keep the appointment within the allocated time frame, but their mental health is just as important as their physical needs.

I view my position as an important support system for both the clients and the doctors. To give the doctors assistance in all facets of the services we provide, and to offer a communication link between the clients and the service provider needed to enhance the best possible outcomes of their health care.

Practice Nursing in the Mulungu Aboriginal Medical Service

RACHEL BERNAYS

Far North Queensland Rural Division of General Practice

I am Practice Nurse in Mulungu Aboriginal Medical Service and amongst the routine Practice Nurse roles in immunisation, asthma, diabetes and accreditation; I facilitate Health Worker (HW) education and a "Mums and Bubs Program". Another aspect that is pivotal to my nursing role is that of preceptor (providing support and guidance to students (preceptees) during clinical placement).

There are many challenges working in Indigenous* health and the Practice Nurse scope of general practice is much broader than in non-Indigenous settings. Mentoring and modelling are crucial elements of my role as well as program development. To improve Indigenous health, a culturally appropriate and empowering model is the way forward and Mulungu is forging forward.

Mulungu is a community controlled Aboriginal Medical Service that provides a culturally appropriate and accessible health service to indigenous people in a rural township of 15,000 people. Mareeba is situated 75kms inland from Cairns and has a farming community and large Indigenous population.

Staff shortage

Like most rural communities, the health workforce shortage has impacted upon Mulungu in the past. Recently programs and models have been set in place to address the Health Worker workforce shortage. Mulungu clinicians have chosen mentoring as the framework to support trainees in the transition from novice to trained Health Worker and this is reliant upon experienced teachers, be they Doctors, Nurses or Health Workers. Not unusually though, as the nurse in the medical centre, a greater portion of my workload involves precepting Health Worker staff by building a supportive teaching and learning environment.

Indigenous family life can be very complicated and education often takes last place to family commitments, housing, financial and health priorities.

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Health Workers often interrupt study to care for family or to accommodate other family members. Study access is often remote to their town and the short term relocation is fraught with many logistical problems – transport, care of family, unfamiliar surroundings, culture shock. Health Workers need support and encouragement to step up the education ladder and to minimise the obstacles. Written language and expression can be a problem and completion of forms, liaising with the education facility and negotiating with management can be overpowering. The model that Mulungu has adopted allows for the transition from clinic to classroom to be fluid. Health Worker experience in a supportive and skilled setting creates competent and confident Health Workers, strengthening their socialisation in the wider education arena. In the past nurses have been seen as supervisors and part of the instructional/assessment model.

The model that works best for Mulungu embraces role modelling and guidance through organisational, social, and political systems. It is very rewarding to see a student, newly graduated from high school blossom and develop as a Health Worker; to see them conduct workshops and programs confidently (eventually) and to use evaluation as a cornerstone in their work reflection. Equally rewarding is observing an older Health Worker, with many years of experience but no qualifications, complete with ease, their HW certificates.

* Indigenous refers to Aboriginal and Torres Strait Islander

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Mulungu is a community controlled Aboriginal Medical Service that provides a culturally appropriate and accessible health service to indigenous people in a rural township of 15,000 people. Mareeba is situated 75kms inland from Cairns and has a farming community and large Indigenous population.

Staff shortage

Like most rural communities, the health workforce shortage has impacted upon Mulungu in the past. Recently programs and models have been set in place to address the Health Worker workforce shortage. Mulungu clinicians have chosen mentoring as the framework to support trainees in the transition from novice to trained Health Worker and this is reliant upon experienced teachers, be they Doctors, Nurses or Health Workers. Not unusually though, as the nurse in the medical centre, a greater portion of my workload involves precepting Health Worker staff by building a supportive teaching and learning environment.

Indigenous family life can be very complicated and education often takes last place to family commitments, housing, financial and health priorities.

To improve Indigenous health, a culturally appropriate and empowering model is the way forward and Mulungu is forging forward.

Health Workers often interrupt study to care for family or to accommodate other family members. Study access is often remote to their town and the short term relocation is fraught with many logistical problems – transport, care of family, unfamiliar surroundings, culture shock. Health Workers need support and encouragement to step up the education ladder and to minimise the obstacles. Written language and expression can be a problem and completion of forms, liaising with the education facility and negotiating with management can be overpowering. The model that Mulungu has adopted allows for the transition from clinic to classroom to be fluid. Health Worker experience in a supportive and skilled setting creates competent and confident Health Workers, strengthening their socialisation in the wider education arena. In the past nurses have been seen as supervisors and part of the instructional/assessment model.

The model that works best for Mulungu embraces role modelling and guidance through organisational, social, and political systems. It is very rewarding to see a student, newly graduated from high school blossom and develop as a Health Worker; to see them conduct workshops and programs confidently (eventually) and to use evaluation as a cornerstone in their work reflection. Equally rewarding is observing an older Health Worker, with many years of experience but no qualifications, complete with ease, their HW certificates.

* Indigenous refers to Aboriginal and Torres Strait Islander



Nursing in General Practice – a change of pace?

RACHEL MORRELL

General Practice Cairns

I have been a Practice Nurse for nearly one year now. Previously, I had always worked in the hospital setting. Eventually I felt like I needed a change from this, preferably a change from having to work night shifts. I started scanning the newspapers to see what other nursing jobs were out there. I saw an advertisement looking for a Practice Nurse and thought “why not?” No night shifts or weekend work was a major draw-card! The rest as they say is history. I now work 4 days a week at the medical clinic, as well as remaining on the casual pool at the hospital. I really enjoy being able to work in both health care settings. In both settings there are similarities, but at the same time they are like two completely different jobs, which has broadened my knowledge and skills base immensely.

When I told some other nurses that I was going to work as a Practice Nurse, a common response from them was “won’t you be bored?”, and “aren’t you worried about de-skilling?”

To be honest, I didn’t quite know what to expect, but I had never really considered that the move to general practice would involve me de-skilling, in fact I saw it as an opportunity for me to learn some new skills, which indeed I have done. Sure, I am not administering as many medications and using as much ‘hi-tech’ equipment as I was in the hospital setting, but my skills are more vast now, and by still doing the odd shift at the hospital I feel like I have the best of both worlds! There is also a good range of educational seminars and conferences available that ensure my knowledge and skills are kept up to date and based on “best practice” principles. Being able to network with other Practice Nurses at these education sessions is also very important, as many of us don’t get to work with other nurses on a day to day basis.

As for getting bored, well there’s not enough time in the day for that to happen! Dressings, immunisations, diabetes assessments, ante-natal checks, and assisting the GPs with excisions and minor procedures keep

me occupied for a large part of the day. When I am not involved in these “hands on” things, there is still the stock checking and ordering, sterilising instruments, updating patient recall lists, and phoning patients to arrange follow up appointments in regards to their test results to get through as well! Oh, and there is never a shortage of patient’s or people in the shopping centre where the clinic is situated injuring themselves or becoming unwell that require urgent assessment and treatment! Yes, there are obviously GP’s nearby, but essentially it is the Practice Nurse who gets to triage and assess these people initially. Let’s just say there is rarely a dull moment!

One of the things I like about working in the general practice setting is that I get to see and educate patients from all age groups. From weighing, measuring and immunising babies and small children, to providing wound care to the elderly, I really enjoy the diversity of the general practice setting. As with all things, this job will not suit everybody, but I am so glad that I gave it a go! It has provided so many more opportunities for me, and I feel it has contributed greatly to my overall nursing knowledge and skills.

I really enjoy the diversity of the General Practice setting.



The history of my role as a Practice Nurse

SHARYN FLUGGE

Brisbane South Division of General Practice

I started working at Fiveways Medical Centre Graceville five years ago as a receptionist after working for four years in a non medical environment. I was very keen to get back into nursing and working hours that would suit my family commitments were a priority. At that time, there were still very few nursing jobs that were flexible, so when the receptionist position came available, I applied. The Practice Manager was also a Registered Nurse and so I commenced the nursing responsibilities she was previously doing and also balanced this with a reception role. During the first few months of my employment, the need for a dedicated Practice Nurse became very evident.

Twelve months later, I was offered the sole position of Practice Nurse and with the introduction of nurse item numbers my clinical role escalated. My special interest area is in aged care and I have been able to develop this part of my role by conducting within practice and home health assessments on patients over 75 years of age. With these assessments came care plans and the co-ordination of patient services by networking with allied health providers.

Over time, my role within the practice was expanding, and it was very much “learn as I go” as it evolved. I was very grateful to have had the assistance of the Brisbane South Division of General Practice (BSDGP) through forums, networking opportunities, practice support and their dedicated resources. Historically I went to as many educational opportunities that I could to assist me in developing further skills and to help update my current skills and further my knowledge.

General practice was taking a turn for the better and it is recognised that general practice was the frontline in the management of our nations already rapidly increasing chronic diseases, e.g. Diabetes and Coronary Heart Disease (CHD). Practice Nurses are becoming more recognised as a valuable asset in patient education and chronic disease management.

In 2005, the practice became involved in National Primary Care Collaboratives (NPCC) through the BSDGP. Over 3 workshops we learnt how to manage our databases and develop registers of patients with diabetes and CHD and how to improve our management of their conditions.

Practice Nurses are becoming more recognised as a valuable asset in patient education and chronic disease management.



Armed with this information and with the assistance of other staff in the practice, after several months of hard work, I have advanced our chronic disease systems at the practice level to better streamline diabetic reviews, GP Management Plan’s (GPMP) and TCA’s and allied health referrals.

Being the only Practice Nurse it was becoming very difficult to manage the workload that was increasing on a daily basis. I felt I was not managing my role well as I could not concentrate on one task and complete it. I was becoming frustrated and beginning to burn out.

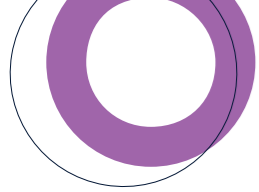
A second Practice Nurse was employed in July 2006 and we shared the role. We worked together to cover the practice clinically and also dedicated 16 hours a week to EPC work which encompassed health assessments, diabetes reviews, asthma reviews, and HMMRS.

We are now in the process of setting up dedicated nurse led clinics to cover asthma and diabetes and at present the practice is looking to employ a third nurse to provide the clinical support to the practice to enable us to run these clinics.

I am also participating in an aged care collaborative being run by our division working closely with one GP and with a local Residential Aged Care Facility (RACF). The overall aim is to foster ways of improving communication between staff at these facilities, the GP’s and the staff at the practice and ultimately to improve the care and wellbeing of our patients. Collaboratives will continue to prove to be the way to address issues in systems and to improve the outcomes of these systems.

When I reflect back over the past 5 years, I am amazed at the changes that have taken place within general practice and the management of chronic diseases. The patients have been very receptive of our role and are supportive of the work we have done to date.

I can only conclude by saying that the role of the Practice Nurse in general practice is an endless one. It will continue to grow and develop as more nurses are employed and more government initiatives are introduced to encourage practices to employ more nurses.



Nursing is nursing isn't it?

VIKKI WATKIN

Far North Queensland Division of General Practice

Working as an Endorsed Enrolled Nurse (EEN) in an aged care facility and casual/on-call at the local public hospital, I was flattered when offered a position as Practice Nurse in a private medical centre. My acceptance however was not without considerable angst since I knew nothing about being a Practice Nurse... But surely that was only a minor detail... nursing is nursing isn't it?

Two years on and I still don't feel qualified to answer that question confidently other than to suggest that it lies in rhetoric.

I feel that my Diploma of Nursing and Bachelor Degree, which I'm on track to complete next year, have prepared and groomed me beautifully [okay, teeny exaggeration] for a life of nursing in a hospital or nursing home. Through text books, journals, lectures, the internet, experienced nursing staff and some practical experience, I have learnt to apply the "nursing process" appropriately and in accordance of course with each individual's needs. These "patients" for the most part, lie in a hospital bed, under 24 hour observation, doing [mostly] what is asked of them by various members of the medical fraternity. Should a problem arise of the work load become too heavy [good heavens... surely not] I make use of the "team nursing" organisational strategy in place, sharing experiences, workloads, grievances and laughs. We deliver our hand-over report at the end of our shift and leave work knowing that other capable nurses will continue caring for the patients with whom we have just spent 8 hours.

When I first made the transition to private practice I wondered if I would retain the privilege of being a "nurse" and caring for people or did the term "Practice Nurse" lend itself to some obscure Latin translation meaning "doctor's assistant"?

As each day unfolded however, so did my understanding.

Caring for people who walk into the practice and walk out again 30 minutes later, obviously requires a very different approach to that of general nursing in a hospital ward. Over the past two years I have had to learn new skills and modify some old ones. I decided from the outset not to define problems, as such, but instead embrace challenges and welcome them as learning tools.

I have had the opportunity to explore specialised areas of nursing such as asthma, diabetes and other chronic diseases and look at how we can better educate individuals and the community in prevention and effective management.

I have enjoyed the luxury of working in a small community, getting to know many of our regular patients and consequently being able to provide continuity of care.

In summary, I would like to confirm that as a Practice Nurse, I no longer hold grave fears of becoming a professional Doctor's assistant, but instead I feel privileged to be welcomed into a team where receptionists, nurses and doctors work together in a close and friendly environment, caring for people who seek our specialised attention.

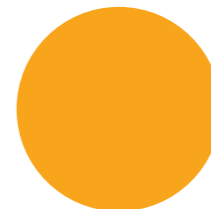
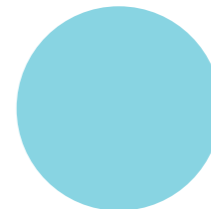
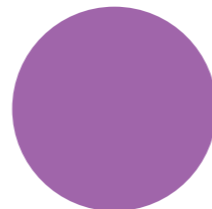
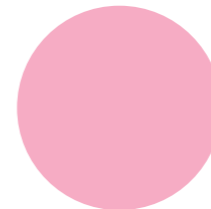
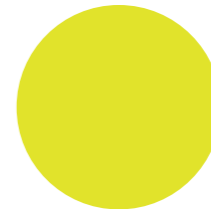
As a Practice Nurse, I no longer hold grave fears of becoming a professional Doctor's Assistant.





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Stories from the frontline

PRACTICE NURSING IN QUEENSLAND

