



# Monash Nursing and Midwifery

Celebrating 30 years of leading change 1990 – 2020



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#17
IN THE WORLD FOR NURSING

(2019 QS World University Rankings by subject) and consistently in the Top 20.



(above world standard)

RESEARCH DEGREE STUDENTS

(2019/2020)

GOTO-H
ACADEMICS
(2019/2020)

25+
PROFESSIONAL STAFF

(2019/2020)

IN THE WORLD FOR NURSING
2019 Academic Ranking of World Universities (ARWU)



100%

BACHELOR OF NURSING AND BACHELOR OF MIDWIFERY (HONS) EMPLOYMENT SINCE CREATION

**GRADUATED OVER** 

13,000

NURSES AND MIDWIVES OVER 30 YEARS Educating the next, and future, generations of nurses and midwives to be effective and proficient in evidence based best practice from undergraduate to graduate specialist degrees.

As we acknowledge the achievements of past alumni, our aim today is to do all we can to enable present and future students of Monash Nursing and Midwifery to excel in their chosen career.



30TH ANNIVERSARY

While we take this opportunity to celebrate the growth and development of Monash Nursing and Midwifery's three decades of educational successes we must also acknowledge that these achievements contribute to, and are built on for our future endeavours.

Monash Nursing and Midwifery (MNM) has facilitated nearly 13,000 students to achieve their dream of becoming a nurse or midwife over the last 30 years. We have also contributed to the development of countless others in pursuit of their graduate studies.

Over the years our students have influenced the profession, their communities and the wider world of health in more ways than we could have imagined at the inception of MNM. So, on our 30th anniversary we take the time to jointly celebrate each and every one of our students, past and present. We take pride in their achievements, attaining of goals and dreams and the part we have played in their success.

We have taken great care to ensure our programs and environment are of the best quality for our students. The recent redevelopment of our Clinical Learning Environments at both Clayton and Peninsula have been a world class addition, offering students a 'real world' perspective of practice. In addition, our learning environments support active learning to Prepare, Explore and Apply new knowledge which is reinforced in the numerous learning opportunities provided by our wonderful industry partners.

MNM strives to provide first class teaching and research in a supportive culture in order to ensure our graduates are prepared for the complexities and challenges of the diverse healthcare settings in which they will work.

#### **Professor Debra Griffiths**

Head, Monash Nursing and Midwifery (MNM)

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# Nursing and Midwifery Education at Monash University

We are built on the foundations of strong relationships with health services and the many developments that have occurred in the education of nurses and midwives before, and since, our establishment in 1990. These developments and changes have had a beneficial effect on Nursing and Midwifery at Monash University, the profession in Australia, and across the world.



Prior to the 1980s, nurses were primarily educated in hospitals to a certificate level. Nurses were employed full-time by public hospitals in an apprenticeship program and were required to complete a curriculum of 1,600 hours. Whilst there was a small selection of nursing courses outside of the hospital sector, most relied on the hospital-based teaching mode.

### Nursing education moves to universities

A pivotal step for nursing education in Victoria took place in 1986, where industrial action sparked by a longterm lack of career prospects added impetus to the movement of nursing education to the tertiary sector, with recommendations being made to include nursing as a university course. The main focus of the strike also led to recommendations being made around the career structure for nurses. These changes allowed experienced nurses to develop their careers whilst still being actively involved in patient care, rather than having to move into managerial or educational roles in order to seek career advancement.

In 1987 students enrolled in the first diploma at the Caroline Chisholm School of Nursing (Chisholm Institute of Technology), Peninsula campus.

Today's students would probably struggle to identify with the teaching materials and methods of the mid-1980s. Notepads, pencils, and slides hand annotated on transparencies for use on overhead projectors! And with no computers, lecturers also wrote out their course guides by hand before having them typed up and copied by the typing pool. Students were split into two large groups and rotated through four weeks of lectures and two weeks of clinical placement.

The students who started in 1987 moved into a new, purpose-built building on the Peninsula campus in 1988. Associate

Professor Susan Lee recalls, "Although the laboratories were big, and new and purpose built for nursing, I remember there being an awful lot of 'unnecessary' and out-dated medical and surgical equipment in them, which I and the other staff found guite bemusing at the time."

In 1989, the only group of students to ever graduate from the Caroline Chisholm School of Nursing, completed their diplomas, with many opting for a bridging course allowing them to complete a Bachelor degree over the summer of 1989/1990. The transition from hospital-based programs to those taught in universities was gathering pace, both in Victoria and nationally.

#### Monash University merger

In 1990 Chisholm Institute of Technology, Peninsula Campus, merged with Monash University, bringing along the Gippsland Institute of Technology too—although as with all large, complex educational amalgamations it took a while before both the campuses were delivering the same curriculum.

This was effectively the start of nursing education at Monash University, and the School of Nursing became one of 19 departments within the Faculty of Medicine—although with mixed feelings from some of the staff.

Senior Lecturer Dr Robyn Fairhall remembers, "There was a lot of angst in the nursing profession about a school of nursing being under the control of medicine. Nursing as a profession had been working very hard to become its own boss. We had started off as an apprenticeship program and medicine had told us what to do. And, in many cases, they also provided part of the education. We were very much the doctor's hand-maiden originally. Throughout the 1970s and 1980s, nursing had worked very hard to be seen as a profession in its own right, with its

own body of knowledge, and its own expertise. So, for a school of nursing to go back under the control of medicine was seen as a retrograde step by many in the profession!"

The result was that over the next few years, as the nursing-specific research output grew in line with the School's growth to over 1000 students, staff argued that Nursing should gain Faculty status in its own right.

It was around this time that the future beckoned, as the School invested in its first computer laboratory, consisting of six Apple computers, to be shared amongst all the staff!

The mid to late 1990s proved somewhat of a struggle, as the University sought to move the then School of Nursing around administratively. For a period, the School was part of the Faculty of Professional Studies, before finally finding a place in the newly renamed Faculty of Medicine, Nursing and Health Sciences, which acknowledged the size and importance of Nursing at Monash University.

#### A new century

The early 2000s marked a period of growth, with the development of a new campus at Berwick and an expansion of graduate areas for masters and research. Graduate diplomas for nurses in intensive care, emergency nursing and mental health also began to emerge at this time. The School of Nursing also officially added midwifery to its title in 2002, becoming the School of Nursing and Midwifery. Research took a leap forward in 2004 with the School's first doctoral professors and lecturers whilst in 2008 nursing was also offered for the first time on the Clayton campus.

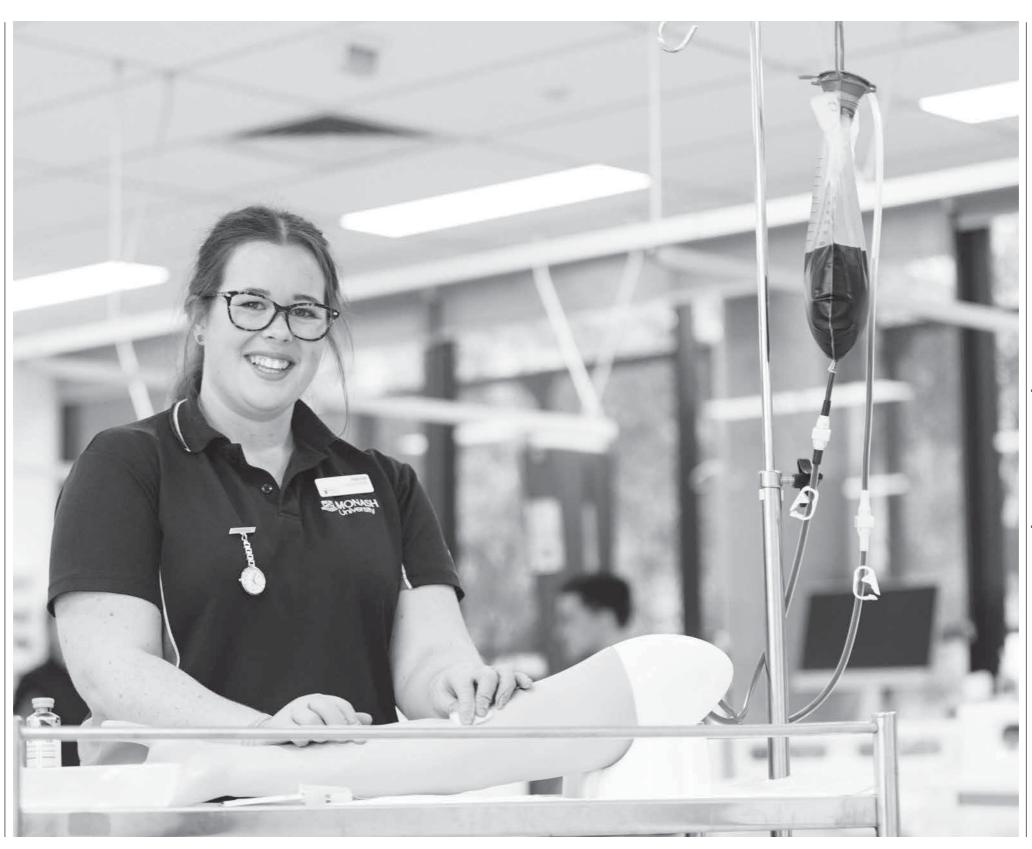
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#### The modern era

Courses being offered developed throughout, to ensure they continued to stay in line with industry needs and that all graduates were effective and able nurses and midwives. Monash University sold the Berwick Campus to Federation University in 2010, ending Monash's association with that location. This change allowed the School, now known as Monash Nursing and Midwifery, to focus more effectively on its two remaining campuses—Peninsula and Clayton.

In 2018, new laboratory spaces opened on both campuses, to allow better interaction between teachers and students. These Clinical Learning Environments are built to look like a hospital ward with Al-driven, interactive mannequins in their own bed spaces. The spaces include all of the cardiac monitors, oxygen and suction tubing, plus other equipment you'd expect to see! A far cry from Associate Professor Susan Lee's earlier experiences of 'make pretend' including making the suction noises herself.

"The simulation is much more real because the spaces are set up for real immersion. The simulation patients that we used to have in the beds were not interactive at all. You did things to them, but they didn't interact with you at all! The simulators that we have now-you can pipe a voice through them, they have a heart-beat, you can take blood pressure on them. They even blink and we can make some of them cough. You can set it up so you can make the heart rate change and you can program in a deterioration—something the students have to respond to. It's quite different now. It's cost an enormous amount of money, but the benefit is a state-ofthe-art education for our students."



Monash Nursing and Midwifery is currently in a great place and continues to move forward at pace. The School's strength of 750 students on each campus ensures both the Faculty and University continue their support, investing in staff, facilities and equipment.

Monash Nursing and Midwifery is still the only 'school' of nursing in Australia which is associated with a Faculty of Medicine. This has many advantages and benefits, with students having access to a larger range of clinical resources and the opportunity for interdisciplinary education which mimics the workplace. Styles of teaching have also changed out of all recognition with smaller, more interactive classes and most students now individually own more computing devices than the entire school did in the early 1990s.

As Dr Robyn Fairhall concludes, "We've gone through the transition from a very didactic teaching style where we stood in front of 200 students, to a much more active learning style which the entire university has gone through. That's been a revolution. That's certainly had an impact on the way we write our curriculum."

"Our nursing and midwifery students are encouraged to work with students from other disciplines such as physiotherapy, paramedicine and pharmacy. Staff who teach clinical programs are current practitioners. Ultimately, as healthcare changes, university-based education must keep up!

And, in fact, at Monash we don't just keep up. We lead change."

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# Living Heritage

Nurturing the enquiring mind

With all that has been achieved by previous Monash Nursing and Midwifery students, this serves to remind us how much we, recent graduates, current students and future students can still achieve. In looking back, we can look ahead and appreciate how future generations of Monash University Nurses and Midwives will impact the profession, and the world, tomorrow.

Christine Taplin

Kim Heriot

James Fowler

Ashlee Cartlidge











**30TH ANNIVERSARY** 

# Christine Taplin 1989: Diploma of Applied Science (Nursing Studies)

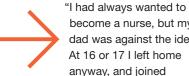


1992: Bachelor of Nursing

2008: Master of Nursing (Mental Health)

Most people dream of running away to join the circus, but Christine decided that being a nurse in the British Army would do instead, and whilst it wasn't to be in the long term, it did spark a passion in Christine for nursing in the armed forces.

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become a nurse, but my dad was against the idea. At 16 or 17 I left home anyway, and joined the Queen Alexander

Royal Army Nursing Corps in the UK to become a nurse in the Army. I went down to Aldershot, England, got half of my uniform issued and then went home and got married—the other thing my dad didn't want me to do!

As soon as my youngest child was two, all my nursing ambitions came flooding back. A loving mother-in-law enabled me to fulfil my ambition, and my nursing career started in New Zealand in 1982 at Dannevirke Hospital, where I completed a 12-month course to become an Enrolled Nurse (EN).

In 1987, I decided to study full time at Monash to qualify as a Registered Nurse (RN). I thought my chance of joining up was long gone, but whilst in my first year at Monash University, a poster went up about joining the Defence Force and how they would help pay for your education. This was very appealing to me, as I was working three shifts a week as an EN, and had four children, all whilst studying! I thought my age would be against me, but I went down to the recruitment office, where I was told that although I wasn't too old, I didn't have Year 12 English so I couldn't join! Apparently, being nearly half way through a University degree made no difference at all.

In the second year of my course, I became an Australian citizen and got a welcome letter and questionnaire asking if there was anything I wasn't happy with. As I was still slightly annoyed about being unable to join the Royal Australian Air Force (RAAF), I answered the questionnaire highlighting the fact I had been barred from joining up.

It was an election year, so the local minister took up my case and that's how

Although, they made it difficult for me with the medical exam being made particularly tough, I was ultimately accepted. Amusingly, it was only during my final year in the defence force that I learnt my file had been marked as 'potential trouble maker' as I had got in on what they call a 'ministerial wish'.

If only I'd known earlier, I would have had so much more fun being a bit naughtier, instead of being so well behaved.

I finally joined the RAAF in 1990, at 42 years of age, as one of the oldest junior nursing officers in Australia. I was with some other 'mature' recruits which made it a bit easier. Overall. I was so excited and thrilled to finally be getting this experience. It doesn't matter if you go in as a pilot, nurse or as anything else, as all recruits have to undertake basic training. I had to learn how to abseil, rock climb, fire a rifle and pistol, and escape being gassed. We were taught about leadership and how to work as a team. I found I could do the rock climbing and abseiling, even though it completely terrified me, because I didn't want to let my group down.

As we were all older, we took the whole basic training in our stride and made sure we had fun. One of my fellow recruits, a doctor called John who gained a particular reputation as a larrikin, got a wooden penguin which we called Claire. Claire became our unofficial mascot and completed all training with us. Our Directing Staff (DS) was not impressed about John, or Claire for that matter. As Claire was part of our group, and came complete with her own uniform, the DS decided she also had to sit the exams. This meant John had to do each exam twice, once for him and

once for the penguin and, probably most alarminaly on one occasion, the wooden penguin beat him. On graduating our basic training, we were given a plaque with the air force motto and everyone's names and, at the bottom, they had even included Claire's, complete with her picture.

After the initial training, I worked as a Nursing Officer for seven years at 6HOSP. RAAF Williams in Laverton. This was a 30-bed hospital with a predominantly fit, young population. Nursing is very different in the forces compared to in civilian life. Defence Force hospitals are not available to civilians, so the cases you see tend not to be as varied as you would normally have. In reality, the work you would do very much depended on the doctor in charge and their areas of interest.

There were no conflicts during my time and so, whilst I did nearly go to Rwanda, unfortunately my age and the fact I had a teenage daughter went against me, I ended up doing all of my seven years of service in Australia. After two to three years on the ward, I managed a Base Medical Flight (a bit like an out-patients department). Service personnel would report sick and after examining them, I could prescribe some medications, administer vaccinations and redirect the severe cases to a doctor.

I took the opportunity to invest time into my education and became very interested in infection control and moist wound management, focusing my efforts in this area. The Wound Foundation in Australia started in the 1990s and I was lucky enough to be at the forefront of this exciting focus, and as a result I was able to introduce principles of moist wound management to 6HOSP.

I also collaborated with Monash Medical Centre, re-writing and adapting their infection control manual for the RAAF, which was then distributed



around Air Force bases in Victoria and New South Wales. I even had a paper published: Taplin, C.A. (1995).

A commentary on changing wound management practiced in a defence force setting. Primary Intention: The Australian Journal of Wound Management 3(26).

By the time I left the RAAF, I was a Flight Lieutenant and was training the equivalent of DIV 2s. My leadership, wound management training and experience meant I had enough skills to take a management position and become the Central Sterile Services Department (CSSD) Manager at the Grace McKellar Centre, Geelong.

I thoroughly enjoyed my time in the RAAF. It was certainly worth the wait and one that really did enhance my skills, leadership, confidence and career. I think doing it later in life gave me a greater appreciation for the experience."





# Kim Heriot



1989: Diploma of Applied Science (Nursing Studies)

1992: Bachelor of Nursing

1996: Graduate Diploma of Nursing (Emergency)

2008: Master in Critical Care (Emergency)

The first cases of the Ebola virus in Liberia were reported in late March 2014. The outbreak was labelled as 'one of the largest in history' by the Centres for Disease Control and Prevention (CDC). Without adequate staff and facilities, it was difficult to manage the disease, and local communities were overwhelmed by the situation.





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Save the Children, and Sierra Leone less than a year later in 2015 with the World Health Organization for 16 weeks.

"I was passionate about going to Liberia and helping to control this disease. My son was grown up and my career was in a place where I could take some time off and do something different. I was not daunted or fearful of this trip—I was going to go regardless, that was unless I was stopped leaving Australia! The government of the time was not officially sending health workers, and was on record as saying they could not bring people home if they contracted the disease.

Although concerned about my safety, and any quarantine conditions on my return, my family were very supportive, and I left Australia within a very short time frame—around ten days from the first phone conversation to getting on the plane. I arrived in Liberia feeling full of optimism and hope that I would be able to make a difference and provide support and mentoring to the other healthcare workers.

Immediately I was struck by the large numbers of healthcare workers who had lost their lives when the Ebola outbreak commenced and the initial shortage of essential supplies, such as personal protective equipment (PPE). Many schools were closed, which also disproportionately impacted the ability of many female members of the workforce to maintain their incomes.

My initial trip to Liberia was focused on setting up community centres where patients could be treated and quarantined. The symptoms of Ebola can be very vague and that's one of the difficult things—they can mimic a lot of

other diseases, particularly malaria, so it was important to screen at the entrance of these centres and clinics.

On my second trip, to Sierra Leone, my mission was focused on prevention and infection control—the basic principles of hand hygiene, cleaning and screening of patient symptoms. Many of the nurses I met in Sierra Leone at the community clinics were living and working in the clinic with their children in one bedroom. They were obviously concerned about their children possibly getting sick, or coming into contact with the Ebola virus, by community members walking into the clinic. I think from a very personal level we were the same, in wanting to support our community and to provide the best care we could under the circumstances, however hard they were.

I met some amazing clinicians from all over the world, but probably what struck me most was my contact with the local community. The local healthcare workers were incredibly positive during a very difficult time, and many of them had lost work colleagues, or knew of people that had died during the outbreak, but continued on working helping their communities—supporting them was particularly rewarding. The drivers who took me around Sierra Leone also gave me an insight into the economic, non-healthcare related struggles of providing for your family when effectively an entire country has been paralysed by a disease outbreak. And working with survivors was a particular privilege. I remember meeting a grandfather that had survived but had lost many members of his family, and who was then faced with the stigma of returning to his community as a survivor—an important consideration in terms of education of the wider community. One of the most heart-breaking things to see were the conditions that many women gave birth in, and there were subsequently very high rates of mortality for both mothers and babies.

Throughout my time in Africa, I was never worried about my own safety as for some reason I felt that I was always going to be okay. I obviously took my World Health Organization training very seriously before going out into the field, and I became very aware of my surroundings and very soon developed an understanding of the situation and requirements of the role.

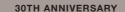
Luckily, by the time I was ready to come back, it had been agreed that I would be able to have home quarantine in Australia. The Department of Health checked on me via phone daily.

My main worry was that if I became unwell my dog might also need to have been quarantined!

There was even a case where a healthcare worker's dog was euthanised when she became unwell!

In late 2015 Sierra Leone was declared Ebola free after reaching the 42-day benchmark of no new outbreaks or infections of the disease. These experiences will never leave me and certainly reinforced to me that nursing is the right career to make a difference when it counts."





# James Fowler



2014: Bachelor Of Nursing/Bachelor Of Emergency Health

Rather than head to the third world to look for challenges and broaden his experience and knowledge, James Fowler relocated to Alice Springs to work in the Emergency Department at Alice Springs Hospital. This is a remote hospital for the central region covering a 1.6 million square kilometre catchment area, where 50% of the patient population is Aboriginal.







discoveries, ensure there's always something new to explore.

After graduating from Monash University, I completed my nursing graduate year in the Emergency Department at The Royal Children's Hospital, and spent the following year working in the paediatric intensive care unit. My time at the Children's was so informative, and a wonderful experience, but I knew I needed get some adult clinical experience and began to think how I could do this. I had always been interested in Indigenous Australian healthcare, especially after doing some volunteering as part of a paramedic unit of study at Monash.

I partnered with AIME to mentor local Aboriginal and Torres Strait Islander high school kids. Not only was this heaps of fun, but I learnt so much about communication, personal development, friendship, and our shared responsibility to make the world a little better.

I decided on Alice Springs as I thought it was small enough to give me the remote healthcare experience, but big enough to have other senior clinicians around. I didn't want to be on my own, and I wanted my experience to be about learning, rather than just survival!

I stepped off the plane at Alice Springs airport in January to a blast of 50-degree hot air. Walking down the plane's stairs I felt like I was in an oven, with the sun blasting from above and heat reflecting off the tarmac, roasting me from below. Everything, including me, was coated by dust! I will never forget this feeling.

The community of Alice Springs is rather transient so friendships and support networks are formed very quickly.



I stayed in the hospital nursing quarters, which are a homage to the 1960's and, although extremely small, they were comfortable and had everything I needed. Most importantly, they fostered a real community feel and it was a great place to debrief and relax after a shift.

Alice Springs could not be more removed from Melbourne, not only in terms of location but also in many other ways. Obviously, the weather is very different, although when I was there we had unprecedented rainfall that shut roads and limited access. The River Todd, which technically 'flows' through Alice Springs, usually has a zero-to-very-low flow during 95% of the year, with residents saying, "If you see it flow three times you are officially a local!" I saw it flow twice in my time there, so I got dangerously close to 'Local Resident Status".

At the hospital, the set-up, equipment and nursing practice are also all different. I could be more fully involved in the care of patients than might have been the case elsewhere. I really enjoyed the opportunity to manage people throughout the full medical journey of their care in the ED department, rather than 'patching them up' and transferring them to another department, as I would have done in Melbourne. While at Monash I learnt about the social determinants of health and how living conditions can shape our wellbeing, but it always seemed an abstract concept until I worked in Alice Springs. I saw firsthand the effects of a lack of running water and food; the impact of families sleeping 15 people in a two-bedroom house, sometimes ripping off the front door to burn for heat, due to lack of money. It is, therefore, unsurprising that making it to medical appointments on time is not always a priority for these people who are just trying to survive.

It really was an eye opener to see how very minor conditions 'snowball' into much bigger issues with serious consequences due to poor access to healthcare. I saw many children with easily treated scabies that, unfortunately, went on to develop horrendous skin conditions that needed more invasive treatment. I saw ear infections that went untreated leading to deafness, and small lumps becoming carbuncles, which only major surgery could resolve.

The quantity and severity of untreated illness, secondary to poor healthcare access and social conditions, was both shocking and, at times, overwhelming!

These experiences and insights really confirmed to me just how important the social determinants of health are. It wasn't until I had a first-hand experience that I realised how great the disparity of care is for people in remote areas, compared to those in our cities and suburbs. People say that you need to go to Africa to experience the health problems caused by living conditions akin to the developing world, but really, a trip to the Central or Northern areas of our supposedly 'developed' Australia offers a very similar experience. For healthcare providers like myself, it certainly presents nursing in its true, raw form.

My year in Alice Springs was an amazing experience that really helped give me a broader view of healthcare, beyond the curative picture, and showed me how the impact of social settings is as damaging to a person's health as the condition itself. I often think about my time there, and how lucky I am to have had this opportunity."



# **Ashlee Cartlidge**



In November 2018, Ashlee was part of an 18-member surgical team of Royal Children's Hospital specialists undertaking the long, two-staged process to separate 15-month old Bhutanese conjoined twins, Nema and Dawa Pelden.



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After completing her degree at Monash Ashlee completed her graduate year at the Royal Children's Hospital (RCH). She went

on to be a Circulating/Instrument Nurse in the Operating Theatres. Ashlee furthered her experiences as a Perioperative Nurse, completing rotations in many surgical specialties including general surgery, burns, urology, plastics, orthopaedics, neurosurgery, ENT, ophthalmology and emergency theatres.

"It was an honour to have been involved in this likely 'once in a career' surgical case. The incidence of conjoined twins is extremely low in Australia, and is certainly not something we see often on the theatre booking schedule at RCH.

The media attention was a novel experience, considering the usual patient confidentiality procedures we have in place for patients at RCH. Having the surgery filmed in the operating theatre from beginning to end meant that all involved staff were having their every move recorded. We're so often 'behind the scenes workers', having minimal contact with families and caring and advocating for patients while they're anaesthetised, so this highly publicised event was a new experience for most.

My role on the day of surgery was to be the circulating nurse for the 'red team', looking after Nima. I was required to open sterile instrument trays and consumables for the Instrument Nurse, complete documentation and paperwork on the electronic medical record and be available to run for anything in the department that might have been required throughout the duration of the surgery.

It became clear, teamwork and communication were the two main factors that would enable success. There was so much time and thought invested into pre-planning the logistics and potential complications surrounding Nima and Dawa's procedure, involving all teams—nursing, surgeons, anaesthetists, floor coordinators, anaesthesia technologists, theatre technicians and many more.

The success of the separation procedure was extremely rewarding.

Knowing that I was a part of a multidisciplinary team that had contributed positively to the lives of these little girls and their family,

never forget.

is an incredible feeling—one I will

As soon as it was safe post-procedure, the girls were nursed in the same bed as they were understandably more settled while in close proximity to one another. It is amazing to acknowledge that, although the girls were no longer physically connected, they still shared a special bond.

Being a part of an experience like this can really cement the feelings of fulfilment. Being part of the multidisciplinary team at The Royal Children's Hospital has long been a dream of mine. Experiences like this, as well as the day-to-day happenings around the hospital, instil feelings of gratitude and appreciation for my chosen career path. I'm so lucky to work in a hospital alongside so many intelligent, hardworking and compassionate healthcare professionals."



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### Research

Our large team of academics draws from a diverse range of specialties in nursing, midwifery, and allied health professions showing the strength of our commitment to the quality of teaching for our future generation.

#### Research excellence

Nursing and Midwifery at Monash University has: consistently been ranked the best in Victoria and falls within the top 20 worldwide\*; has a current Excellence in Research for Australia (ERA) ranking of 4 (above world standard), and, a 2019 ranking of 27 in the world for nursing in the Academic Ranking of World Universities (ARWU). Much of our world class research is supported by external competitive research grants from funding bodies including the National Health and Medical Research Council, Medical Research Futures Fund, the Australian Research Council and others.

Our research focus is on clinical, education and health services research that addresses healthcare across the lifespan. Our collaborative connections with multiple health services and professions allow for early implementation of healthcare innovations, and ensure evidence-based practice.

The conducted research is dedicated to advancing the practice of nursing and midwifery and is focused on patient care for all ages. It includes emergency, nursing and midwifery education, mental

health, midwifery practice, palliative care, medico-legal and forensic nursing, to name a few.

Research which develops practice is crucial for patient care. When nurses and midwives are better equipped to work in interdisciplinary teams they are key contributors and drivers of patient centred-care. Understanding patient needs enables nurses and midwives to provide high quality, evidence-based care.

Monash Nursing and Midwifery academics and researchers have contributed to a number of significant healthcare changes, including – an Objective Structured Clinical Exam for internationally qualified nurses, a number of key WorkSafe recommendations, the first nationwide study on the prevalence of healthcare associated infections in Australian hospitals in 34 years, an important study into patient-reported experience measures in outpatient oncology settings as well as the Victorian Assisted Dying Bill.

#### Development of an Objective Structured Clinical Exam (OSCE) for Internationally Qualified Nurses

In 2020 the Nursing and Midwifery
Board of Australia (NMBA) will move to a
new assessment model for internationally
qualified nurses and midwives. Following
a national competitive tender process,
the NMBA selected Monash Nursing
and Midwifery to develop an Objective
Structured Clinical Exam (OSCE)
which forms part of the regulatory
assessment process for internationally
trained nurses seeking Australian
registration. The OSCE is an outcome-



based assessment, testing clinical skills performance and Monash Nursing and Midwifery has led the development, piloting and evaluation of OSCEs for nurses for the NMBA over the last eighteen months.

# Evaluation of the guidance material provided by WorkSafe

WorkSafe Victoria is the agency legally responsible for managing workplace health and safety. Monash Nursing and Midwifery researchers led by Associate Professor Julia Morphet evaluated workplace violence and aggression guidance material provided by WorkSafe.

The findings of the research showed that guidance materials were based on previous research findings, but that many gaps existed. There was insufficient direction for employees and workers in terms of risks, education, violence prevention policies and management of violence incidents. Areas where more detail was required were identified and recommendations for the development of guidance materials were created, contributing significantly to improved workplace health and safety in Victoria. Findings from this study informed the 'It's never OK" campaign by WorkSafe Victoria: https://www.worksafe. vic.gov.au/itsneverok

#### Prevalence of healthcare associated infections in Australian hospitals

Healthcare associated infections are infections patients acquire as a result of their healthcare. However national data on how many patients develop these infections is lacking. We undertook a national point prevalent survey for healthcare associated infections in 19 large acute care public hospitals across Australia and found that one in 10 adult inpatients had a healthcare associated infection. The most common types were wound infections following surgery, urinary tract infections and pneumonia.

This is the first time this data has been collected across Australia for 34 years,

and findings will inform future national infection prevention initiatives. The study was conducted over a four-month period in 2018, and was fully funded by the Rosemary Norman Foundation.

#### Real time collection and use of patientreported outcome measures (PROMS) and patient-reported experience measures in an outpatient oncology setting

Promoting patient-centred care by empowering patients to be more involved in their clinical consultations is the focus of a large pilot study funded by the Monash Partners Comprehensive Cancer Consortium (MPCCC) by examining the feasibility of the realtime use of patient-reported outcome measures (PROMs) and patientreported experience measures (PREMs). MNM Post-doctoral Research Fellow Dr Olivia Cook is co-investigator on this important project. It involves patients attending outpatient oncology clinics and using iPads in the waiting room to report their main cancer-related concerns. An electronic report is generated and the oncologist and patient work together on the issues that the patient has identified as most important to them.

# Involvement in the Victorian Assisted Dying Bill

Emeritus Professor Margaret O'Connor, of Monash Nursing and Midwifery, was the Deputy Chair on the Ministerial Advisory Panel for the Victorian Assisted Dying Bill. Her expertise is in palliative care, where she has worked in various roles. The Victorian Assisted Dying Act was passed in 2017 and is based on a range of guiding principles including respecting people's autonomy

and informed decision making.
The framework established the regulatory components of assisted dying. These are: an eligibility criteria, a detailed request and assessment process, a permit process for participating practitioners, and a review board.

There are safeguards in place to protect patients and practitioners, and there will also be a review in five years based on accumulated evidence. Under the principles set out by the Act, health practitioners, which includes nurses and midwives, do not have to be involved with assisted dying, and they should also not initiate discussion about assisted dying with patients.

#### **Fulbright Scholar**

MNM has successfully attained a Fulbright Scholars grant in 2020. The program is a United States Cultural Exchange Program whose goal is to improve intercultural relations, cultural diplomacy, and intercultural competence between the people of the US and other countries through the exchange of persons, knowledge, and skills.

As a result, Professor Holly Powell Kennedy, from the Yale School of Nursing, will be visiting Monash Nursing and Midwifery as part of the grant. Professor Powell Kennedy is an internationally renowned educator. researcher and leader in the field of maternity care. She is driving a global agenda that challenges some deeply entrenched practices (such as routine monitoring in labour), which do not always benefit women and babies, and advocates for models that promote physiological and psychosocial health in pregnancy, childbirth, and the postnatal period.

\*2019 QS World Rankings by subject

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# Monash Nursing and Midwifery Education

Lead change is a bold statement that is underpinned, reinforced and enhanced by Monash Nursing and Midwifery when it comes to fostering excellence in educational practices.

In line with the University's Focus Monash guiding principles, Nursing and Midwifery adheres to three core education principles of: authentic learning experiences; translation to practice; and engagement.

In order to prepare our graduates to become future leaders in healthcare, our skilled team delivers education drawn from clinical expertise to address real world problems in the ever-changing healthcare environment. Our evidence-based teaching and practice is innovative, active, reflective and responsive to the dynamic landscape of higher education.

Effective translation to practice is achieved through an integrated and contextualised curriculum to produce contemporary nurses who will lead future healthcare policy and practice. Monash Nursing and Midwifery doesn't simply provide the highest quality education, but prepares our professional

graduates by fostering lifelong and reflective learners, who are fully aware of their social responsibilities.

Finally, quality education is not passive. It is a living curriculum that fosters excellence through reciprocal engagement. We partner with, and advocate for, healthcare consumers and students through cultivating collaborative relationships with other health disciplines, industry partners, professional organisations, and the wider community in our pursuit of educational excellence.





# Mask-Ed—A Teaching Tool

An alternative
3-dimensional framework
for fidelity along the axes
of the patient, clinical
scenario, and healthcare
facilities as a means
for more precise and
practical positioning
of current healthcare
simulation activities."\*

At Monash Nursing and Midwifery, it doesn't get 'more' 3-dimensional than Mask-Ed, an innovative and sometimes challenging simulation technique, which involves the use of silicone props, including masks, torsos, hands and feet. The props are worn by

academic staff, fully transforming them into the character/person who, most importantly, has a full medical history and 'back story' that is relevant to the learning experience.

It can be as hard work for the academic 'actors' as it is for the students as the characters are designed to be intelligent, articulate and creative storytellers who are also vulnerable, and have emotional cracks in their story. The characters are always student-focused and friendly, but are also fully equipped with their own opinions about what they consider 'good treatment' to be.

As in real life healthcare scenarios, it is easy for staff and students to get attached to the characters. And as many outside observers will attest, it's not always easy to tell where the participating academic ends, and the

Mask-Ed character begins, as highlighted by Samantha Dix, MNM Simulation Director, also known as 'Kenny Manson', "He [Kenny] really enjoys working with the Monash nursing students to help them develop as nurses. It is such a wonderful opportunity as a teacher to see them interacting with an older person, some with very little experience doing this. They really immerse themselves in the situation and are so engaged and caring with Kenny. Whilst it is challenging and quite nerve-racking to teach in this way, it is such an exciting and innovative way for our students to learn."

\*Tun, J., Alinier, G., Tang, J. & Kneebone, R. (2015) Redefining simulation fidelity for healthcare education. Simulation & Gaming, 46 doi: 10.1177/1046878115576103 MONASH NURSING AND MIDWIFERY 32 30TH ANNIVERSARY

# **Nurturing Future Minds**

The impact we have on our students' lives and careers when they come and study with us is what drives us. We aim to build upon their skills and passion for nursing and midwifery and to open their minds to the variety and diversity of a career in nursing and midwifery.

1

Keith Dwyer 2

Emily Hammond 3

Daniel Carlei 4

Mihirika Pincha Baduge .

Sharon Allsop











### **Keith Dwyer**

#### **a** Bachelor of Nursing

"There have been many experiences over my course and, whilst all help reaffirms why you chose nursing, there are some that stick in your mind. For example, during one of my clinical placements on an acute surgical/medical ward, I was working with a team of very skilled nurses taking care of very sick patients. Three times in three weeks, I identified patients that were deteriorating, and escalated treatment; first sepsis, followed by atrial fibrillation, and finally oxygen desaturation. I learnt a lot from these medically significant cases, and felt very well equipped to deal with them thanks to my education; it's experiences like these that let me know I will be a good nurse.

Throughout my time at Monash,
I have had a number of great experiences
and influences, including being
taught and mentored by our lecturers.
I have also learnt a lot from my fellow
students and have learnt even more from
watching people from my original cohort
graduate and work as nurses.

As I look towards the completion of my course and leaving Monash, I am open to anything for my graduate year. I have a keen interest in getting experience in emergency settings. I also plan on working in unique wards and locations; I grew up on the Peninsula, so working in a hospital by the beach would be thrilling.

I am unsure where I see my career heading in the short-term. There are so many options for Registered Nurses trained in Australia. However, further down my career I would like to pursue critical care as a specialisation, as I have a keen interest in this area and enjoy being challenged. I could also see myself working in rural and remote communities, and maybe one day I'll follow in my father's footsteps and work from the air. He was a RAAF man, and I have definitely considered pursuing a career with the RFDS."



I have also learnt a lot from my fellow students and have learnt even more from watching people from my original cohort graduate and work as nurses.



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# **Emily Hammond**

# Bachelor of Nursing and Bachelor of Midwifery (Hons)

"As I look back on my time at Monash Nursing and Midwifery, I am grateful for the encouragement and support I have received from academics and my peers. The clinical placements have been incredibly rewarding, and of course, educational in preparing me for practice. My midwifery educator at Frankston, in particular, inspired and encouraged me to have confidence in myself and become the best midwife I could be.

The very first birth I witnessed was the most career affirming experience; I remember driving home and crying because I was so grateful and aweinspired at what I had just been a part of—a midwife's life is definitely for me.

I have been offered a combined Nursing and Midwifery graduate year at Peninsula Health, primarily based on the Women's Health Unit at Frankston Hospital. Being offered this graduate position, at my first preference of hospital, has been a definite highlight of the four years for me.

As I start my career as a nurse and midwife, my main focus is on completing my graduate year and consolidating my skills, and building confidence. In the future, when I have much more experience, I would love to take on an educator role and help to prepare future nurses and midwives for practice."

The very first birth I witnessed was the most career affirming experience.



### **Daniel Carlei**

## Master of Nursing Practice

"It was always my intention to pursue my passion of psychology and complete further studies to become a registered psychologist. However, in the final semester of my Bachelor of Psychology and Criminology, we had a careers day where all different mental health professionals came in and spoke about the different possibilities in mental health. There was a male mental health nurse who spoke, and after listening to what his job involved, and what he had achieved in his career, I was instantly drawn to it. While I loved the idea of becoming a psychologist, a mental health nurse seemed to have more contact with the patient, and be focused on developing rapport with the patient, versus a psychologist who saw a patient for an hour and then didn't see them until the next session.

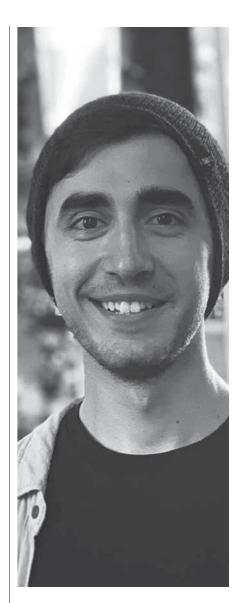
With a passion for mental health, it wouldn't surprise you that when we got to our mental health semester, I was lucky enough to get placement on an acute mental health ward—this completely confirmed my ambition to work as a mental health nurse! It's such a weird feeling to describe, when you get into a setting and you just instantly feel like "yep, this is where I'm meant to be". That happened for me a few days

into the placement, where a patient had a really positive outcome directly linked to my interaction with them. And from that point onward, it was all I had my heart set on.

So, whilst I'm nervous about starting my new career, I also can't wait! Getting into the mental health industry and really starting to consolidate my skills whilst, hopefully, becoming the practitioner I've always wanted to be, is a challenge that I am looking forward to.

In the longer term I feel I definitely have a passion for education as well, so maybe I will end up giving back somewhere in the nursing education space? But at the same time, I've also been lucky enough to have interactions with one of Victoria's only Mental Health Nurse Practitioners, and hearing what her career has turned into definitely sounds appealing, so only time will tell."

It's such a weird feeling to describe, when you get into a setting and you just instantly feel like "yep, this is where I'm meant to be.



MONASH NURSING AND MIDWIFERY 36 30TH ANNIVERSARY 37

## Mihirika Pincha Baduge

# Master of Advanced Clinical Nursing— Intensive Care

"My eldest sister is a nurse, and after every workday, she would share her stories with us, which were always so impressive. The way she described how she recognised if her patient was deteriorating and how the entire team reacted to the situation was fascinating. Her stories encouraged and inspired me to become a nurse and to be a part of such a rewarding career.

I completed my Bachelor of Science in Nursing in my home country of Sri Lanka and, in 2012, my husband and I moved to Australia. Initially this was very challenging for us with no family over here, trying to find jobs and getting a proper balance between work, study and life. But with determination and hard work, we have succeeded, and I have found a way to live my dreams, I am so happy with what I have achieved so far.

Moving to a new country, getting my registration and a job and then starting further study has enabled me to meet amazing people. One of the most positive experiences of all during this has been building my confidence. I was a very shy and timid person before, and

have had to overcome my fear of public speaking, and anxiety about starting a conversation with strangers. This new learned confidence has helped me to fight my fears and anxieties.

My future plans include further study and achieving a PhD, which I hope will help to bring innovative suggestions to improve patient care outcomes. I want to be a leader in the critical care nursing field, bringing innovation, and the best technology, to caring for the sick. Simultaneously, I would love to be able to contribute to improving nursing in disadvantaged, developing countries. I know, I have a long journey ahead, but I think with strong determination, passion and the support of my family and husband, Sajith, I can achieve this, and more."

I would love to be able to contribute to improving nursing in disadvantaged, developing countries.



## **Sharon Allsop**

#### Octor of Philosophy

"I was amongst the first group of nurses to commence studies at Chisolm Institute of Technology, now Monash University, completing the Diploma of Applied Science (Nursing) in 1989 and returning in 1993 to Monash University to complete the Bachelor of Nursing.

I have had many patient experiences that have shaped my career and given me the desire to continue and develop. Nursing really is a unique profession. Nurses have the ability to touch the lives of so many in such an extraordinary way. We as nurses are privileged, to welcome new lives into the world, to be there to comfort those at the end of life and to be instrumental in saving the lives of so many. So pinnacle to nursing is caring, which is underpinned by striving to provide the best evidence-based practice for our patients. Research enables nurses to continually seek to provide the best level

So I could continue to learn and develop my research skills, I completed my Honours in 2017. Completing this course was a challenge for me, as I also worked full-time during this period, but it gave me such great rewards with many

of care to our patients.

highlights such as seeing my work published—it's always great to see in print the cumulation of all that hard work!

I didn't expect to study a PhD when I started my career, but the Honours year taught me so much, and the support I received from Monash University really encouraged me to want to pursue further study, so in 2018 I started my PhD.

As I continue with my PhD, I am unsure of where it will take me, but I really enjoy project management/ program development and I believe my PhD studies will equip me with the skills to pursue this. I'm hoping to continue to work in a clinical setting and to use the skills gained from my PhD to address gaps identified in patient care through research, to collaboratively strive to improve the lives of patients in our care.

I have had many patient
experiences that have shaped
my career and given me the desire
to continue and develop. Nursing
really is a unique profession.



MONASH NURSING AND MIDWIFERY 38 30TH ANNIVERSARY 39

# **Nurturing Our Future**

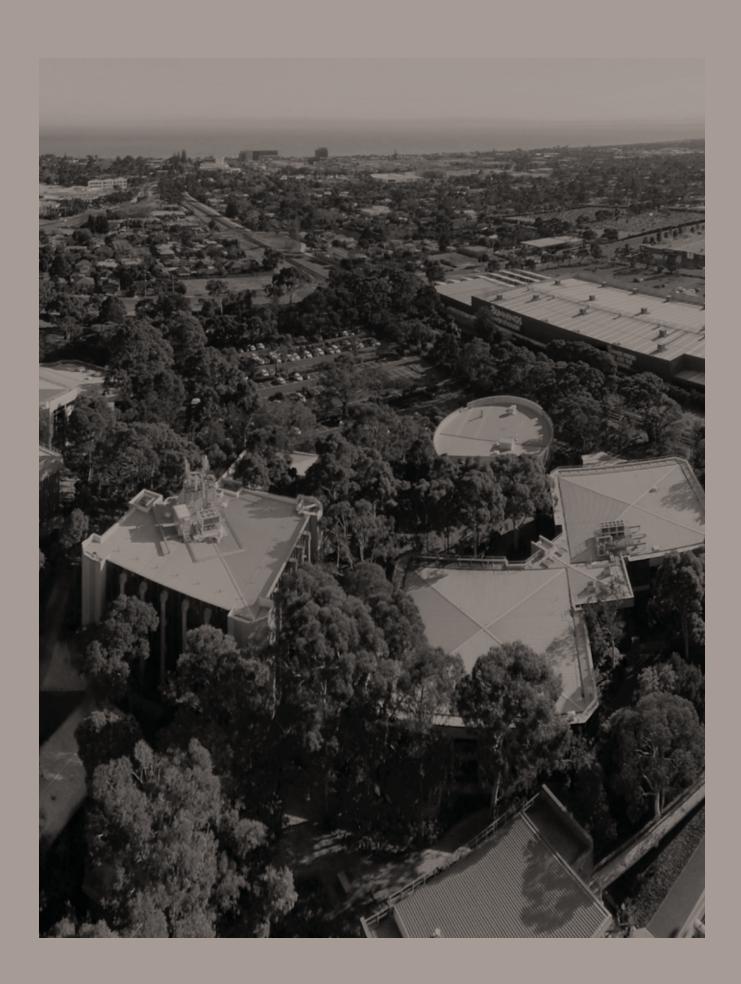
Looking back has allowed us to appreciate all that has been done and all that still needs to be done. We take great pride in our graduates and students and the nurses and midwives they have become.

Thank you for being part of our journey, and we look forward to the next 30 years of Nursing and Midwifery at Monash University.

#### **Professor Debra Griffiths**

Head, Monash Nursing and Midwifery (MNM)







#### **Monash Nursing and Midwifery**

Celebrating 30 years of leading change

1990 - 2020

monash.edu/nursing/30-years

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