

## ADF NURSES INFORMATION

### NEWSLETTER - December 2004

The Directorate continues to be busy over the last 3 months.

The Nursing Officer's Career Structure concept paper was presented to the PSG (Personnel Steering group) 16 November 2004. The overall response from the PSG was to support the clinical stream of the proposal. The Command and Administration stream generated considerable debate as it raises questions in relation to the management of Health Services in the ADF.

The Credentialling Database is near completion but needs your assistance. Please forward completed Form PM522-1 to Leut Barrett, SO3 Nursing Projects as soon as possible if you have not already done so.

The Third ADF Nursing Officers Forum was a resounding success and the participant feedback has been very positive so far. Preparation for the 4th ADF Nursing Officer Conference November 09, 10 & 11 November 2005 has commenced and the theme will be "Go There with Resolve, Competence, Confidence and Ethics".

The Military Nurse Practitioner project continues to gain momentum and remains on a par with State Registration Authorities.

With the increased ADF operational tempo, many of our ADF nursing colleagues continue to serve overseas and some have sent newsletters, one of which has been included below.

## THE ADF NURSING OFFICER'S CONFERENCE



The Third ADF Nursing Officer Forum held Wed 10 to Fri 12 November at R1 Theatre at Russell Offices was a resounding success. The Governor of NSW opened the Forum and was gracious enough to stay and meet as many ADF Nursing Officers as time allowed. The Dinner at the

ADFA Officers Mess was also enjoyed by all.

Planning has already commenced for the 2005 ADF Nursing Officer Conference for Wed 09 to Fri 11 November. The venues will be the same where possible with a few minor adjustments as requested in your feedback questionnaires. There will be more updates as they come to hand and I will be notifying Heads of Corps regularly between Newsletter updates.

The Registration Form for the next conference has been enclosed below.



DEPARTMENT OF DEFENCE

THE 4th ADF NURSING OFFICER CONFERENCE

*“Go There with Resolve, Competence, Confidence and Ethics.”*

**REGISTRATION FORM**

**Theatrette 1, Russell Offices. CANBERRA  
09, 10, & 11 November 2005**

Address registration with payment enclosed to the:

Directorate of Defence Force Nursing  
CP2-7- 011  
Campbell Park Offices  
Canberra ACT 2600  
Telephone: (02) 6266 4001 Fax: (02) 6266 3784  
Email: [robin.barrett@defence.gov.au](mailto:robin.barrett@defence.gov.au) or david.collins3@defence.gov.au

---

---  
*REGISTRATION & TAX INVOICE when payment is made. ABN: 68 706 814 312*

**Title/Rank:** ..... **PM Keys** .....

**Surname:** ..... **First Name:** .....

**Mailing Address:** .....

**Suburb/City:** ..... **State:** ..... **Postcode:** .....

**Telephone:** ..... **Fax:** ..... **Mobile:** .....

**E-Mail:**.....

Dress for the Conference is uniform of the day (military) or neat civilian clothing for others.

Dress for the Dinner will be Mess Kit/Undress, Cocktail length dress and Dinner Suit.

**COST:**

Registration Fee \$110 (GST Inc) Dinner Cost \$ 70 (GST Inc) Total Cost \$180 (GST Inc)

**FORUM DINNER:**

I will be attending the Forum Dinner;      YES         NO         WITH PARTNER  

**CREDIT CARD PAYMENT:**

Please debit my:

Bankcard,         MasterCard,         Visa Card  

Number: ---

Card holder's Name

Card Expiry Date:                      Total Authorized Amount: \$ \_

Signature

**CHEQUE PAYMENT:**

Please return your registration form and cheque payable to DDFN ADF Nursing Officer Forum.

**UNIT PAYMENTS:**

Units must pay by Roman into DDFN Costing Code 147200 & Account Code 21926.

## DDFN MOVEMENTS

Another year has passed and if you are like me you are wondering where it has gone. I am fortunate to work with great staff who work constantly to ensure that you are all provided with a positive professional future. They are also the greatest support I could possibly have ever wished for. For example they were very helpful in getting me organised to visit overseas from 28 August to 17 October 2004 where I attended The International Congress of Military Medicine (12-17 September 2004) and the Operational Medical Conference (23-31 September 2004).

### Background

The International Conference of Military Medicine and the Centenary of the Canadian Health Services were being held during the month of September 2004. As the Director of Defence Force Nursing I was invited to attend and to present at the Operational Medical Conference (OPMED) in Canada and, as the International Conference of Military Medicine (ICMM) which was being held close to this date in Washington. I also used this opportunity to visit senior nursing colleagues in the United Kingdom, United States of America and Canada to engage and discuss issues relevant to the professional progression for ADF nursing. The purpose of the visit was to attend and present at the ICMM and the OPMED conference and to meet overseas health colleagues. At both conferences I was the senior delegate for Australia. The papers presented were:

- The Evolution of Military Nursing in Australia (OPMED, Canada).
- The Management of Pain in an Operational Environment (ICMM, Washington).
- ADF Nursing Officer Career Path, Current ADF Operations, AMEDD, Texas).
- ADF Nursing Officer Career Path, Current ADF Operations, (Hawaii).
- ADF Nursing Officer Career Path (UK).

A copy of these presentations was made available for each facility I visited.

Discussions were held with the following:

- Maj Gen Gail Pollock, the Commander of Tripler Army Medical Centre and Command Surgeon of the United States Army Pacific Region;
- COL Bruno, Deputy Chief, US Army Nurse Corps, AMEDD, San Antonio
- Colonel Kathy George, Director Army Nursing Services and Matron in Chief the Queen Alexander Royal Army Nursing Corps, (QARNC) in the United Kingdom;
- COL Stephanie Marshall the deputy Commander for Nursing for the US Army based at Tripler Army Medical Centre in Hawaii;
- Rear Admiral Kathleen Martin a senior Nursing Officer who is the Deputy Surgeon and Vice Chief BUMED for the US Navy;
- COL Blake Folden the Chief of Medical Operations Division and Command Nurse for the US Air Force based at Hickam Air Force Base in Hawaii, and many others.
- LTCOL Patrician, Chief, Department of Nursing Science, Academy of Health Sciences, Fort Sam Houston, Texas.
- LTCOL Cote, Chief Nurse Canadian Health Service.
- Associate Professor Smith, Director, Service Integration Studies Unit, University of Alberta

## ICMM

The ICMM has been in existence for thirty-five years and is held annually. This year it was hosted by the USA and was held in Washington 12-17 September 2004. The theme of the conference was 'Humanitarian Assistance for Natural and Man Made Disasters'. Topics included Humanitarian Assistance, Infectious Diseases, Public Health and Preventative Medicine and the new concepts in Military Medicine. The aim was to help focus on the goals, to maintain and strengthen the bonds between all medical services of member states and to promote medico-military settings of humanitarian operations.

## OPMED

This conference is conducted every two years and coincided with the centenary of the Canadian Health Service. It was held in Edmonton Canada 26-30 September 2004. The theme for the OPMED 2004 was, 'New Directions in Military Health Care - The Next 100 Years'. The Canadian DGHS stated that "OPMED 2004 provided an opportunity to acknowledge their past successes and to set the tone for their future". The topics included:

- Leadership and Management in Nursing
- History of Nursing in the CFMS
- Collaborative Practice
- Solidarity
- Mentoring
- SARS
- Report from Roto 'O' Op Athena
- Update from all Specialist Advisers
- Concept of Operations
- Reality Differences between military operations
- MHN Issues
- Operating Room
- Report from Nurse Practitioner

## Issues

Every opportunity was taken to engage with all health service personnel whilst at each venue. Discussion was necessarily broad owing to the nature of the conference themes both at ICMM and OPMED. However, discussions with nursing colleagues focussed on career structures for Military Nursing Officers, access to professional development and the development of the Military Nurse Practitioner role. Military nursing in the countries visited all have similar issues to those of the military Nursing Officer in Australia.

## Outcomes of Visits

DDFN/DSHPO was well received and discussions were frank and collegial. The trip was extremely rewarding from a professional perspective. Ongoing dialogue continues with military nurses from the UK, USA and Canada as ADF nursing progresses the Military Nurse Practitioner model.

May I take this opportunity to encourage you all to write, speak and get published.

## MILITARY NURSE PRACTITIONER

Previously the Defence Health Service Steering Committee (DHSSC) had endorsed the Military Nurse Practitioner (MNP) concept as part of the enhanced Health Capability Project (JP2060). On 10 December an information brief on the way ahead for the MNP was given to the DHSSC and was once again endorsed. Once the ADF Nursing Officer Career Structure has been accepted by the single Services, the MNP will be further developed. There are issues with Force Structure and SED numbers. Positions have to be identified in each Service for MNP postings. As new developments occur, DDFN will inform you.

## ADF NURSING OFFICER CAREER STRUCTURE

The Nursing Officer's Career Structure concept paper was presented to the PSG (Personnel Steering group) 16 November 04. The overall response from the PSG was to support the clinical stream of the proposal however, the Command and Administration stream generated considerable debate as it raises questions in relation to the management of Health Services in the ADF. This has flagged a wider review on how and where Health Professionals accomplish a management role. The PSG also opened the door for the inclusion of a broader agenda for reserve Nursing Officers and a number of new initiatives are being developed.

The PSG has also requested more information on current spending on professional development for ADF Nursing Officers. Since the 16 November presentation the project team has met with DOCM-A to discuss Army support for the proposed career structure. The RAN and the RAAF have been scheduled for similar discussions in early 2005.

## THE ADF NURSING CONSULTATIVE GROUP

Ten members of the NCG attended the ADF Nursing Officer Forum and the opportunity to have a short meeting between breaks presented itself at the conference. The NCG continues to grow however, the new membership surge in the middle of the year has now tapered off. I urge any Nursing Officer who has an interest in policy and decision making to join. The group has over fifty active members both regular and reserve who have the opportunity to comment on policy development.

## OPERATIONAL DEPLOYMENTS

Nursing Officers continue to be Operationally active in Timor and the MEAO and DDFN has sent Christmas parcels to them on behalf of all DHS personnel. Please find the latest newsletter from the MEAO enclosed below.

### Nursing Officer Newsletter from Iraq

Well, we have all finally settled safely into our new home in Iraq. Well, what is our temporary home like you might be interested to inquire. We are housed within a large base with heavily guarded gates and large reinforced cement structures and barbed wire. Very similar to the high school I went to.

There is a lot of dirt and dust around and if you look across the horizon just outside the fence line you can see the only bit of green foliage which looks a lot like palm trees and some crude mud type houses of some of the near by villages. We live in trailer accommodation close to our work area, which is quite convenient. We have been privileged to have deployed with a great bunch who are very supportive of each other. We all have managed to overcome the cultural differences and many complicated and conflicting issues that arise when caring for patients in this type of environment. The challenges have been many and the overall



experience very valuable for future deployments. Many have described the experience to that of the series MASH or China Beach. Much of the trauma has eventuated because of IED's, GSW and blasts or those who in an attempt to harm our troops have been

harmed themselves. Many are purely the innocent victims of a tragic war. We hope our efforts and integration with the US Air Force have, and will help alleviate the extent of some of these tragedies.

## A MESSAGE FROM OUR OIC

It is a great privilege to lead the ADF Medical team here at Balad. The nurses, specialists and medical assistants have been hard at work as an integrated element of the Expeditionary Medical Group. Our 'office' is a Level 3 trauma-receiving unit in central Iraq and we work side by side with our US colleagues in the Emergency Department, Operating theatres and ICUs. We are fully integrated, or 'smashed' into their roster is probably the best way of putting it. The clinical and general deployment experience here is extensive and from the injuries we see and treat, there is no doubt that we are in a combat environment.

The Aussies here, as our ADF Health colleagues have done on many deployments before, have responded well to the challenge, demonstrating expertise, determination, leadership and that unique Aussie humor under, very difficult conditions. We are all Triservice, reserve and regulars in one team giving it a red-hot go.

We are also mindful of our colleagues who continue to work very hard back home and I'm sure we left some holes in rosters back home that have had to be filled from existing staffing. For those 'holding the fort', thank you.

As for my role, I pretty much stay in the background and support the fantastic work of my colleagues. As well as administering the MED Detachment and acting as the ADF/USAF interface, I have responsibility for all ADF Medical personnel either permanent or visiting, for force protection and administrative control. I am the day nursing supervisor for the hospital, and even get to do some nursing occasionally, mainly in the ER when multiple casualties come in. Life is busy and that's a good thing as time is passing and the separation from our families and friends is, at least in part, compensated by the work we do in this place.

## A MESSAGE FROM THE CHIEF NURSE FOR AIRFORCE THEATRE HOSPITAL

It is a pleasure to work beside the Australian Nurses. The Australian Nurses have all come to us with a great deal of excellent clinical and



operational experience and it has greatly assisted in the care of US, Coalition and Iraqi forces. Because they have augmented us they have assisted us with improving care, as without their support shortages would have been experienced. Their can do attitude is very infectious. Everyone has an up beat nature

and we have been inundated with Kangaroos, Aussie Flags and Aussie Stickers and have all integrated into one big family.

## COMMENTS FROM US HEALTH PERSONNEL WITHIN THE THEATRE HOSPITAL

Being deployed with the Aussie Nurses and Medics has been a great experience we weren't sure what to expect. None of us had ever met an Aussie let alone worked with one. We were all pleasantly surprised. The Aussie team excelled our expectations on every level. Their training is top notch and they lead the way with their can do attitude. On a personal level I have enjoyed learning about the Australian Culture. We spent the first couple of weeks nodding our heads politely and pretending to understand what each other was saying. After about six weeks of constant exposure I now understand 90% of what is being said. I would jump at the chance to deploy with Aussies again.

I have actually enjoyed working with the Aussies. They are a pleasant and cohesive group. I am impressed with their knowledge, team work and effort.

I am very impressed with the professionalism of the Australian Nurses.

The most amazing nurses I've ever worked with.

I'm just pissed I don't have an Aussie in the lab!

## THOUGHTS AND EXPERIENCES FROM US!

One of the difficulties experienced was, understanding the drugs as the US utilize trade names rather than the generic name. Working with a great bunch of people both Aussie and US. The work here is demanding and challenging. To this we have risen to the challenge and hope we will continue to do so. Work is about the people you work with. Having good people to work with makes things flow smoothly.

I am impressed with my colleagues' professionalism, knowledge and their ability to instantly blend in with other cultures (both US and Iraqi) but also cope with the threat of mortars and treat all patients with compassion including enemy prisoners of war and detainees

Clinically challenging and excellent experience, one unfortunate thing is you don't get to see the end result of the patient you are caring for, as once they are stable they are flown out.

The experience of the Australian Nursing staff and myself provides a platform for the management of multiple casualty incidents similar to the Bali event and will allow us to provide education to our colleagues from our experience in Iraq.

This has been my most challenging deployments and I enjoy working with the US Medical Team. The different drug names and prescribing practice has made me extra cautious and I have to double-check everything. I am also enjoying the social side; the US holiday at Halloween is in full celebration. You make your own fun for each ground hog day. It is great to work in ICU again and see how the Critical Care Air Transport Team operates. I wish we had the same in Australia. I find the Drs caring, compassionate and respectful to nurses.

Hi to everyone in Sunny Oz. Well, it's been 7 weeks since we arrived and it feels like only yesterday that we left home. Lots of Americans keep asking us to talk as they love hearing our accents. Have been really busy working in the ICU treating both Americans and Iraqis. So much trauma and so much sadness. It's great to see the rest of the Aussies arrive here as our numbers are tiny in comparison to the American's on base. Plenty of dust and dirt and very little grass and flowers, what are they again? My quote for this newsletter is, "Life does not put things in front of you that you are unable to handle". Hope everyone is keeping well and we hope you aren't working too hard, for those who have had to pick up the slack whilst we are here. Cheers.

From the Author

We hope that we have provided you with some insight into the happenings of the Nursing Officers embedded in the Airforce Theatre Hospital in Iraq.