

**ADF NURSES INFORMATION**

**NEWSLETTER – Mar 2003**

*Well the first three months back at work have flown and the Directorate has been extremely busy. The "Way a Head" for ADF Nursing is progressing. We will be taking the revised HD 506 & 508, the Professional Portfolio, the Career Pathway and the new HD503 Scope of Practice for ADF Nursing officers (which will replace the old HD503) to the Steering Committee in April. As a result of the first SADF Nursing on the 13<sup>th</sup> of February 2003 this information should have been distributed to you.*

*The Annual ADF Nursing Officer Forum has been planned for the 6-7<sup>th</sup> November this year the theme title will be " The 21<sup>st</sup> Century has ADF Nursing Arrived?" This topic is broad and should allow for a lot of creativity for those who wish to deliver a presentation. You can start submitting abstracts to the SO1 NURS LTCOL Beverley Wright. Abstracts do not have to relate to the theme if you have some topic that you think might be interesting. While the overall cost is yet to be determined a small registration fee will be incurred to assist with costs of catering, printing, speakers and gifts. The venue is the Badcoe Theatre at the Royal Military College Duntroon. Currently venues are being sourced for the Thursday night dinner. Your attendance to the dinner is strongly encouraged.*

*Those who attended the previous ADF NO Forum dinner professed having a great time. The flier advertising the ADF NO Forum which should have been distributed to you through your respective Nursing Service Heads is attached.*

*We are also always calling for relevant articles, photos and professional papers to be included on your ADF Nursing Officer Bulletin Board. So if you have one please arrange to have it sent in. This is your Web-site so your input is needed to keep it functioning. The Web-site is a great way of disseminating information about what is happening in ADF Nursing. Again any suggestions about the content of the Web page or ways it can be improved are most appreciated. **The Joanna Briggs Institute Link is now on the bulletin board. To access the acute care manual a user name and password is required.** If you do not know the log in please contact the SO3 by e-mail and I will pass it on.*

*Last addition we talked about the Military Nurse Practitioner Model currently under development. One of the requirements of all state registration boards and certain professional nursing bodies to apply for recognition as a Nurse Practitioner or Advance Practice Nurse is to provide a Professional Portfolio. So in this edition I thought it appropriate to write about what we are really asking for from a Military perspective in a Professional Portfolio.*

*A Professional Portfolio is a comprehensive account of your current state of practice, background, skills, expertise and professional development plan. It consists of your CV, Professional or Reflective Journal and any other supporting information.*

*Your Journal should provide evidence that you are meeting your Competency Standards in your everyday practice. Our ADF Core Competencies are located on our Web page and our Advance Practice Nurse competencies are based on Australian Nursing Federation.*

*The General Military Nursing Officer would base their practice on the Core Competencies however if you are working at an Advanced Practice Military Nursing Officer level you would base your Professional Journal on The Advance Practice Nurse competencies. New Entry Military Nursing Officers will undergo a suite of courses to achieve the ADF core competencies including the Field Nursing Course which has been rewritten to align with the core competencies. However it is up to you to negotiate with your supervisor the maintenance of your competencies. HD822 supports you in your endeavours. We are also negotiating options to assist you with this process.*

*If you wish to practice as a Military Nurse Practitioner the application process varies for individual states. This Directorate has had discussions with The Nurses Board of SA whose Professional Standards for Nurse Practitioner Practice are achievable and suitable for Defence*

*capability and needs. The SA board supplies application packs, which are easy to follow and understand. You will need to determine which band/specialty you are practicing in.*

*Currently we are developing a template to assist you with developing your Professional Portfolio. One of the most difficult parts of the Professional Portfolio is the Reflective Journal. Examples of a Reflection Journal were provided with the Minutes of the SADF NO Meeting. The idea is to link your competencies to your reflection about clinical encounters or events you have experienced in your practice. It is up to you to determine how often you write an Abstract for your Journal. However you must supply enough examples to prove your achievement of the required competencies. A number of competencies may be identified in one example. You can virtually use any form of media to support your evidence, but the assessor must be able to identify that you have demonstrated the relevant competency requirements in order for you to be credentialled in your chosen area.*

*I have had a couple of queries about the assessment process. The registration body of your choice will assess your application and Portfolio against the competency standards for either Advanced Nurse or Nurse Practitioner (depending on your practice area). We are currently reviewing initiatives to assist this process from the Military perspective. The Nurse Board of SA convenes an assessor panel consisting of a board member, a Nurse educator and a Clinician in the area of practice chosen by the applicant applying for Nurse Practitioner.*

*This panel reviews your Portfolio and will interview you to determine if the prerequisites have been achieved for you to be accredited as a Nurse Practitioner. You also require mandatory evidence such as scope of practice, clinical protocols/guidelines and procedures, professional membership and employer endorsement. This is identified in the Application package.*

### *Education Opportunities*

*The Drug and Alcohol Nurses of Australasia in conjunction with the School of Nursing & Midwifery at Flinders University of South Australia and The International Network of Nurses interested in Alcohol, Tobacco & Drug Misuse will be conducting the 1<sup>st</sup> International Alcohol, Tobacco and Other Drugs Nursing & Midwifery Conference on "Making a World of Difference: An International Focus on Reducing Problems from Alcohol, Tobacco and Other Drug Use which will be held in Adelaide from 15-17 April 2003. Registrations close 27<sup>th</sup> February 2003*

*The 4<sup>th</sup> International Conference for Emergency Nurses 2003 is being presented on the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> of September 2003 by the Emergency Nursing Association. Topic guidelines include Advanced Emergency Practice, Aero-Medical Nursing and Retrieval Service, Rural & Remote Area Nursing and Large Scale Emergencies. All are relevant topics for ADF Nursing Officers. The venue is the Crown Plaza Cudjee Beach. CUDGEE NSW. Your contact is Diana Bechara or Kate Curtis on 02 97478195 - 0418427417.*

*A Nursing Leadership Conference including a Trade Exhibition is being held at the Rydges Capital Hill, Canberra on 4<sup>th</sup> - 6<sup>th</sup> of September 2003. Further details can be obtained through Absolute Conferences & Events Pty Ltd on 0262627337. DDFN has been invited to open the conference and to provide a keynote address.*

*Many more opportunities are available by viewing the Links provided on the ADF Nurses Bulletin Board.*

*Congratulations:*

*To DDFN CAPT Jenny Graham AM CSM RAN for being appointed as a member of the Order of Australia for leadership and exceptional service to the RAN and ADF in the field of Military Officer Training.*

*To WCDR Margaret Hines AM NSC for being awarded the Nursing Service Cross for outstanding achievement as CO of 6 RAAF Hospital and as Co of the UN Mil Hosp Dili, East Timor.*

*To LTCOL Beverley Wright in her new position as Head of Nursing Corp for Army.*

*To CAPT Connie Jongeneel SNO Hlth Coy 9 CSSB for receiving an Army Commendation for great commitment with medical training and redevelopment of various departments with the health company and constant enthusiasm and dedication combined with extensive operational experience and innovative Coy training.*

*Just a further reminder about the Army Nursing Corps 100<sup>th</sup> Birthday July 2003. The flier is attached. Many personnel are working hard to arrange this most important occasion. Any queries can be directed to either LTCOL Beverley Wright or as noted on the attached flier. As more information comes to hand it will be provided.*

*Navy very well supported our request for articles of interest for the Newsletter. However on this occasion Army did not come up with anything and Airforce supplied one article. I thank those who supported this month Newsletter and hope that we will keep getting input from all three services. Remember you can submit photos of Nursing Officers in action or points of interest it doesn't have to be an article. All articles submitted will be attached at the end. I would also like to take the opportunity to plug the RAANC Newsletter from SA edited by MAJ Karl Haas which has been commenced to keep RAANC members informed of nursing issues. I hope to attach this newsletter at the end of each edition of this Newsletter so everyone has a chance to read it.*

## **NURSING IN THE SUBMARINE AND UNDERWATER MEDICINE UNIT AT HMAS PENGUIN.**

### **A Short Background**

There are two RAN Submarine and Underwater Medicine Units (SUMU) in Australia, situated at HMAS Stirling in WA (SUMU-West), and at HMAS Penguin in Sydney (SUMU-East). SUMU-E consists of a small sick-bay with resuscitation facilities, research facilities and is situated beside a ten man recompression chamber. The SUMU-E is usually staffed by two military MO's (one being the OIC), one POMED or CPOMED, two LSMED, three ABMED (all Underwater rated), one MAO, one Scientific Officer and one Technical Officer. The Nursing Officer position is one currently formed out of necessity due to the SUMU-E being underbourne at present, and considering the tow-fold increase in business due to the doubling of Dive School Courses for this year. The SUMU-E is responsible for the administration of health-care and health education to all members at the Dive School, including those on course and members from other bases, ships and services utilising HMAS Penguin's dive facilities. The Recompression Chamber Facility (RCCF) is staffed by Underwater Medicine trained health personnel for members and civilians undergoing hyperbaric treatment.

### **The Nursing Officer**

The position I am in the process of defining includes the roles of Divisional Officer, OH & S Committee Representative, Defence Injury Prevention Program (DIPP) Coordinator, Quality Management Representative and assisting with the Coordination of the day-to-day running of the SUMU-E. This includes involvement with sick-parade and emergencies as required, and with hyperbaric treatments in the RCCF. I will also be required to do weekly on-call shifts for the RCCF. I will be taking the opportunity to go on various Dive School detachments as often as possible to areas around Sydney such as Pittwater, Marrangaroo and Shoalwater Bay. With the increased tempo of the Dive School this year, the Underwater Medics will frequently be on detachment, increasing the NO's clinical role in the SUMU-E sick-bay.

I am currently attending a five-day Hyperbaric Attendants Course through the Hyperbaric Medicine Unit at Prince of Wales Hospital (POWH) in Sydney. It is a comprehensive civilian course that focuses on the management and treatment of people receiving Hyperbaric Oxygen Therapy. The course covers the physics of diving, diving related illnesses and injuries, wound healing in the hyperbaric environment, ventilated patients in the hyperbaric environment and provides good practical exposure to the POWH hyperbaric chamber and the extensive array of knobs, connections and hoses. You'll know what I mean if you've been lucky to see a large hyperbaric chamber. After the initial five days, five supervised chamber dives are required before you are considered qualified. This course is a requirement, along with being medically fit to dive, before I can perform treatment within the RCCF.

A bonus of this position at the moment is that I remain shadow-posted to the PCRf for all requirements, including exercises at the discretion of the OIC, and will also be involved in submarine search and rescue exercises. Involvement in Diving and Hyperbaric Conferences is highly encouraged and supported, along with ADF Nursing Forums and Conferences.

At present, the NO's position has been defined in relation to an Administration role, though the full clinical role is yet to be discovered. The SUMU-E NO's role is evolving, and there are plans to create a permanent Nursing Officer billet at the SUMU-E. Over the next year, it remains a matter of sustainability for a NO in this role.

I will endeavour to keep everybody updated, and hopefully provide some interesting case studies along the way.

Nathan SAUNDERS  
SBLT, RAN  
21 Feb 03

When I completed my tour of duty in East Timor with the ARA I felt that the green machine and I were of a different breed. I guess I had too much salt in the blood with my years as a Medical Sailor and later as a RAN Nursing Officer. My ARA superiors and peers supported this assumption and would tell me “Jim, your too much Navy”. I decided with the help of hindsight that the RAN was the place for me and since re-joining the RAN in Oct 2001 I haven’t looked back. I believe that I gained a great insight into how the ARA Nursing Officers function especially at 2 HSB Heavy and Light FSTs elements. I made some great friends and shared good times together. On my posting to HMAS ALBATROSS I took over the reigns from LEUT Meg Roberts, SNO. Meg gave me a detailed hand over concerning the roles and responsibilities of the SNO at HMAS ALBATROSS. I realised that I had my work cut out for me as Meg, and her predecessors, had done great job not only in the clinical field but also in the areas of quality assurance, training, mentorship, management and leadership.

Medical Centre ALBATROSS (MC-A) is an ISO 9000 accredited facility through JHSA. As the SNO, I am the Quality Representative for MC-A, which keeps me busy with quality assurance requirements to ensure that MC-A passes its six monthly audits undertaken by QAS for JHSA. These six monthly audits are a way to measure the changes and improvements that have been introduced into the work places in the medical centre. MC-A has recently introduced quality measures that reflected a positive audit report by the QAS auditor. It was satisfying to know that MC-A is on the right track for accreditation to ISO 9000-2001 standards.

One of my other duties is to be the SMARM. What is a SMARM? A SMARM is a Senior Medical Airfield Response Member, which means I provide Phase Four coverage for the airfield during after hours flying for the Squadrons, and other military and civilian sorties. The SMARM closes up at 1600 and then waits around in the medical centre until all flying has ceased for the night, or sometimes in the early (yawn) morning. The SMARM responds to “MAYDAYS” and “PAN”, which are called by the tower. I have a Phase Three Medic, and a BMA, who will man up the ambulance with me with lights and sirens blazing away. MC-A has protocols that are used when one of these emergencies is called. MC-A recently ran a helo crash exercise, which involved NAS Fire Department, SERCO, Security, and other agencies and was watched very intently by our new CO. The exercise was a good way to blow away the cobwebs from the Christmas break and an introduction to new MC-A members on what can happen on a military airfield when things go bang! MC-A intends to have a number of exercises before the planned major incident exercise at the latter part of this year. This exercise will encompass local and state emergency services and will be a good test to how judge how it all comes together on the day.

As the SNO, during normal working hours, if there is an emergency called on the base I will man up the five-bed trauma centre, which is attached to the ward end of MC-A. I have civilian and military nursing staff who will prepared the centre to receive casualties that have been evacuated to us by MC-A ambulances. Some of the injuries attended to by MC-A have been fractured and dislocation lower limbs and fractured backs from Army trainees on the Army Basic Parachute Course. The Army Parachute School is located just outside HMAS ALBATROSS and the trainees will perform static line jumps both at night and day through out the year. These jump courses can make for interesting times for the medical staff. It’s a good way in keeping up the trauma skills learnt on the various military trauma/nursing courses.

There are other facets of the job that know doubt we all as Nursing Officers in the RAN share. I can say with hand on heart that this has been one of the more challenging and rewarding postings for me. As SNO, my position can sometimes be very demanding but MC-A has a bunch of hard working professionals who endeavour to give the best in medical and nursing care. If you ever get the chance to be posted here don't pass it up, as I believe you will thoroughly enjoy your time here. Well, I must fly now see you all around the Fleet sometime,

JAMES CROSBY  
LEUT, RAN  
SNO MC-A  
HMAS ALBATROSS

## RESEARCH ON THE NURSE'S ROLE IN AEROMEDICAL EVACUATION

By Wing Commander Maxine Dahl

Have you ever wondered how, when and why the current aeromedical evacuation (AME) system was set up? You may have also wondered when the change occurred from having only medical orderlies in the early Air Ambulances of World War II to having a dedicated medical team that includes nursing officers.

As a long serving Air Force nursing officer, I often thought about these issues and, at times, have had to research official files on which to base presentations on the history of the Air Force nursing services. While some information was available in note form, there was scant detailed information on the AME system or the role of the health professionals within that system.

A starting point for my interest in researching this topic was during a Masters Degree research project when I undertook a phenomenological study of *The Role of AME nurses in Korea 1950-1953*. This enabled documentation of the experiences of a small group of RAAF nursing officers who actually were stationed at a Casualty Staging Facility in Korea, albeit for a few months at a time (Figure 1 shows the facility). However, the research did not address the issue of how the system was established in conflict or war or whether the role of nursing officers changed over time.



**Figure 1: Casualty Staging Facility at Seoul – 1953**

Hence, I am now undertaking a much larger research project addressing these questions in a Doctoral Program through Queensland University of Technology (QUT). The study has been defined by looking at AME nurses in war. By accepting a definition of war as being conflict between two nation states, the scope of the research has been limited to WWII, Korea and possibly Vietnam. Inclusion of the Vietnam War depends on the volume of primary data that is found in official paper sources and interviews from the first two wars. I am also looking at the AME system and training that was in place in each war. This will enable me to understand the role of the nursing officer within that system.

At what stage is the research ?

An intensive search of published literature on air evacuation of casualties during war has been undertaken. While there is some documentation on the medical side of evacuating casualties, there is a dearth of information about the nurse's role. This is a common thread in all literature from Commonwealth nations whereas there is considerable literature from the American perspective. A thorough search of official files relating to WWII in the National Archives of Australia and the Australian War Memorial has also been completed. Interviews of ex- RAAF nursing officers will be undertaken once the search of files from the Korean War and ethics clearance from QUT Ethics Committee has been obtained.

If you would like to find out more about the research or offer any information, please contact me on (02) 6287 6256 or [maxine.dahl@defence.gov.au](mailto:maxine.dahl@defence.gov.au).

## **JOMC by LEUT Greg Davis, SNO, HMAS Creswell**

Well, just like many of my brethren, I have finally been roped into submitting a story for our esteemed Nursing News. Now given the amount of healthy debate that currently abounds in our world I looked to this task with some trepidation. I mean it can be a bit daunting placing ones ideas and opinions out there in the public forum. Especially when you know that those that will be reading them are nimble in mind and character and will not hesitate to offer advise on those areas where, in their opinion, you may not have got it quite right.....

Of course I say this with tongue in cheek for those of you who know me know that I value healthy debate and feel strongly that we should all put our ideas out there to be scrutinised and improved upon. However, even with this opinion, it makes submitting papers no less daunting.

Therefore, luckily for me I have just completed Junior Officer Management Course (JOMC) at the Royal Australian Naval College (RANC). And whilst this course is certainly embroiled in some current debate with reference to its importance for promotion it is not at the core of any nursing debate. Thus, my opinions are only likely to offend those outside of the nursing branch.

However, it must be noted that I am not a training specialist. So I must make it clear from the outset that this is not a paper designed to argue the merits of the course or the training continuum or the promotion requirements. It is however a brief and informal writing stating only my individual experience of the JOMC as it was conducted when I attended.

First a little background, the RANC currently consists of a four phase learning continuum for leadership and management. The four phases consist of:

- Phase 1 - the New Entry Officer's Course,
- Phase 2 – Junior Officer's Leadership Course (JOLC)
- Phase 3 – Junior Officer's Management Course (JOMC)
- Phase 4 – Junior Officer's Strategic Studies Course (JOSSC)

The JOMC, which lasted for 8.5 instructional days, covered the following topics:

### **Strategic Studies**

- Theories on International Relations
- Foreign Policy Formulation
- Regional Security Architecture
- Evolution of Strategic Thought
- Principals & Concepts Strategic History
- Strategy and security
- Contemporary Revolution in Military Affairs

### **Maritime Strategy**

- Maritime Strategic Concepts - Contemporary
- Australia's Maritime Strategy
- Navies and the National Interest
- Developments in Modern Warfare
- International Law of armed Conflict
- International Law, and Naval Ops/

Enforcement

### Systems Theory

Strategic, and Higher Defence Planning

Operational Planning

*Operational Planning - Logistics*

Project management

*Activity Based Management*

Risk Management

Environmental Management

Assessment for this course consisted of:

a one hour short answer exam on maritime strategy

a two hour multi guess / short answer and two essay questions on Strategic Studies

one three minute strategic brief oral presentation

one 15 minute oral presentation on leader ship

a 1500 word service paper on a RAN management topic of your choice

one 20 minute presentation on the topic of your service paper.

Now when I was tabled for this course I anticipated many long boring lectures on leadership and management. I expected to revisit such wonders as “Debono’s” Hats systems theories, organisational theories and such like. I was however pleasantly surprised to find that this was not the case.

This course, although labelled as a management course, it focussed more on strategic studies. I found it extremely interesting to listen to the lecturers from the University of Wollongong discussing our current strategies and political environment. This was perhaps made all that more interesting by the fact that one of the lecturers was Prof. Bob Howard..... Yes John Howard’s brother.

I found that all of the lectures were very interactive and debate, amongst the students, was encourage rather than stifled. This really allowed me to be exposed to the way many other Officer Streams and individuals interpreted and presented current RAN issues.

The presentations were of particular value to me as they incorporated a question and answer time and it allowed us to really get an insight into many of the current issues around in the RAN. The interactiveness of this session really allowed a multitude of solutions to be bandied about i.e. it really made you think! A great example of this was when I suddenly realised that the RAN has and does put Lieutenants in charge of Multi-million dollar projects with nothing more then a simple procurement course to back them. Now to me this made no sense at all.

So I guess I would like you all to know that I found this course extremely interesting, even fun. I took away a lot of general information and some interesting ideas from this course. Of most value though was the chance that I got to network with people that I may, under normal circumstances, ever even get the chance to meet.

Despite this, I don’t believe that this course will assist me in the work place as a manager. I do not believe it has that much bearing on me as an Officer and certainly even less as a Nursing Officer.

Well in summary and in spite of my criticisms, I think that the JOMC course is a very worthwhile diversion. Even if for no other reason it gives you a mental break from your work place, it is fun and it, if you let it, can really make you think about who and what you are in the bigger picture.

## **Mental Health Support to Op Slipper**

Lieutenant Commander David West is a Nursing Officer with the Royal Australian Naval Reserve. His civilian work is as a Community Mental Health Nurse with the Southern Fleurieu Health Service at Victor Harbor.

In November last year LCDR West joined HMAS Melbourne with a Navy Psychologist, LEUT Greg Currie, for ten days in support of Operation Slipper. HMAS Melbourne was returning from the Persian Gulf after six months on station, enforcing the blockade of Iraqi trade. This was the first time a multi-disciplinary Mental Health Team had been posted to provide operational debriefing to an HMA Ship.

The ship's company of about 230 officers and sailors had endured significant isolation and been exposed to a number of critical and potentially traumatic events during their six months in the Gulf. While on station a number of the crew had already been medivac'd due to psychological injuries. The remainder of the crew had varying responses to their experiences.

LCDR West and LEUT Currie conducted post deployment psychological debriefing and psychoeducation for the ship's company while it was in transit to its home port of Sydney. They met with small groups of officers and sailors that were selected by department or function during the deployment, and later followed up individual debriefs with those individuals who required further input. There was also the opportunity for intensive or ongoing support ashore as necessary.

Most of the crew were fatigued and pleased to be going home, some had residual emotional and physical symptoms as a result of their posting. Of particular note were the narratives of watchkeepers in the control room and on the bridge, and those involved in boarding parties. While ashore for brief periods of relaxation some sailors had been targeted with derision by the locals.

The return to Sydney was a proud moment for all aboard the Melbourne with the ship's company at Procedure Alpha, lining the railings dressed in ceremonial uniform, as it steamed from the Heads to Garden Island Naval Dockyard.

Soon after landing in Sydney the Navy Mental Health Team joined the training establishment HMAS Penguin at Middle Head for a Mental Health workshop. This was primarily aimed at Navy Psychologists but included a few Army Psychologists and two Navy Mental Health Nurses. This was the first time that Navy Mental Health had trained in a tri-service and multi-disciplinary environment. The eight-day workshop concluded with the introduction of ADF's new Critical Incident Mental Health Support (CMS) to replace each service's separate critical incident stress management process.

After returning to South Australia LCDR West qualified as a level four CMS Mental Health Practitioner and will continue to assist the ADF meet the goals of its Mental Health Strategy.

Hello everyone

My name is Tracy Holland, I have been privileged to join the elite ranks of the RAN's NO's. A long and at times difficult struggle to get here. I completed the NEOC at HMAS CRESWELL in Dec. and was posted to HMAS PENGUIN BNH 13.12.01 (Friday the 13th!) I thought I was doomed, but I have found the people here warm and friendly as a whole. After 10 years nursing on the outside, again I feel like a new grad. Like I have entered a whole new world, the language is foreign and I don't think I will ever get used to being called Ma'am.

I am now entering the heads down bottom up phase, with the commencement of rotary wing, field nursing, HUET and JOLM courses all between now and mid May. All sounds like so much fun!?? I must confess the HUET is a little worrying though.

Nursing is the career that you can make a difference, and overall it is a career move I would HIGHLY recommend to anyone.

LEUT HOLLAND  
RAN NO  
BNH



**RAANC Newsletter*****In This Issue***

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I have been appointed by the Director Army Personnel Agency (DAPA), COL Hanna, as the Corps Consultant for RAANC. The responsibilities of Corps Consultants are to:

- provide expert technical advise to DAPA, Career Managers and Selection Boards, when required; and
- bring to the attention of the Regional DAPA matters of concern relating to Corps issues.

**SO2 Nursing**

Welcome to the first RAANC Newsletter for South Australia. The aim of this newsletter is to keep all RAANC members informed of nursing issues. The newsletter will cover such areas as:

- Professional developments within nursing
- Movements of nursing personnel
- Achievements of nurses both military & civilian
- Up and coming events
- Nurse's involvement in Key events.

I am very much committed to keeping all RAANC members informed and further developing our interest and involvement as a Corps within Defence Health Services. If you feel that there are events or activities by your colleagues that enhance the professionalism of the Corps please keep me informed so that we can all share and be inspired by ours colleague's successes.

Karl Haas  
Major  
SO2 Nursing

**Bangka Day Memorial Service**

The Bangka Day Memorial Service was held at the South Australian Women's Memorial Playing Fields on Sunday 16<sup>th</sup> February to remember those Nursing Sisters massacred at Bangka Island on the 16<sup>th</sup> of February 1942 and those who lost their lives with the sinking of the Vyner Brooke on the 14<sup>th</sup> of February in the same year. The service was attended by Her Excellency Majorie Jackson-Nelson, AC.CVO.MBE Governor of South Australia.

Nursing Officers from 3 HSB and 9 CSSB Hlth Coy provided the catafalque party.



**From left LT Halls, CAPT Wirth, MAJ Haas (guard Comd) CAPT Harding and MAJ Miller.**

We also remember Jean Ashton who past away On the 7<sup>th</sup> of December 2002. In 1929, Jean began her nursing at Royal Adelaide Hospital and in 1941 enlisted in the Australian Nursing service (2/13 AGH). She was taken prisoner by the Japanese after the sinking of the Vyner Brooke.

### **Key personnel**

**LTCOL Lee Marin**, OC Holding Coy 3 HSB  
**CAPT Connie Jongeneel**, SNO Hlth Coy 9 CSSB  
**MAJ Karl Haas**, SO2 NURS Regional Reserve Health Personnel – SA  
**LTCOL Judy Aellio**, Triservice Consultant to DHS  
**MAJ Trish Rose**, Career Manager Hlth, APA

### **Promotions, Detachment & Attachments**

We congratulate the following on their promotion:

LTCOL Lee Martin, 3 HSB  
 MAJ Kathy Miller, 3 HSB  
 CAPT Jannine Fahy, Hlth Coy, 9 CSSB  
 CAPT Paul Wirth, 3 HSB  
 LT Dee Halls, Hlth Coy 9 CSSB

We also welcome LT John Francis who has joined RAANC on 1st February 03. He is posted to 3 HSB.

Best wishes to the following members who have moved on from South Australia:

LTCOL Paul Georgiou. Has gone overseas to further develop his nursing career for a 12 month position. He has been placed on the inactive list.

CAPT Kerin McCarthy. Has moved to QLD to study medicine at the University of QLD. He will continue his military career with a Return Of Service Obligation in RAAMC.

CAPT Jo Harding. In the near future will be moving interstate. She has been placed on the inactive list.

Three potential nursing officers will sit before the Selection Board within the next two weeks. We wish them all the best of luck.

### **Recognition of achievements**

The 2003 Australia Day Awards recognised WGCDR Margaret Hines AM with the Nursing Service Cross (NSC). For outstanding achievement as Commanding Officer of Number 6 RAAF Hospital, and as the Commanding Officer of the United Nations Military Hospital Dili, East Timor.

CAPT Connie Jongeneel, SNO Hlth Coy 9 CSSB was presented with the Army Commendation Badge issued by the Commander 2<sup>nd</sup> Division MAJGEN Wilson AM. RFD The citation read in part, for great commitment with medical training and redevelopment of various departments within the health company and constant enthusiasm and dedication combined with extensive operational experience and innovative Coy training. CAPT Jongeneel has previously received the RAANC Association Award in 2000. She has been deployed to OP BEL ISI on 3 occasions and in 2001 to OP TANAGER.



**CAPT Connie Jongeneel, Bougainville 1999.**

MAJ Steve Orr has been on 6 months full-time service as a member of a Board of Inquiry appointed by the Chief of Army. He has also recently been appointed as the Director of Care at Walkerville Residential Care Centre, which is a 164 bed facility that has just completed major capital works. He has been deployed to OP BEL ISI on 3 occasions and to OP TANAGER in 2001.

## Up and Coming Events

### Corps Birthday

On the 1<sup>st</sup> Jul 1903 it was written and promulgated that:

*“An Army Nursing Service Reserve will be organised from those trained nurses who are qualified and willing to serve as such with stationary Field Hospitals and Base Hospitals when required upon an National Emergency”*

RAAMC and RAANC birthdays will be celebrated by various events. RRHP-SA will be sending information to all past and present members of both Corps.

The RAANC *dinning in night* has been booked for 29 Aug at Keswick Barracks Officers Mess.

### Triservice seminar

Will be held 28<sup>th</sup> Jun at Keswick Barracks followed by a dinner that evening.

## General Information

Compulsory Retirement Age (CRA) has been extended to 60 years.

New categories of Reserve service has been introduced to enhance readiness and availability of Defence Reserves.

Current information is available from the Defence Health Service web site from your home computer which gives access to:

- Defence Health Service Newsletter
- ADF Nurses Newsletter
- JHSA, ADF Health Reserve News

The web site address is:

[www.defence.gov.au/dpe/dhs](http://www.defence.gov.au/dpe/dhs)

For nursing information click on *info centre* then click on *ADF Nurses*.

If you need information about wearing your uniform you can go to the army web site and access Army Standing Orders for Dress (ASOD) go to [www.army.gov.au](http://www.army.gov.au) Click on *traditions* Click under uniforms *current uniforms of the Australian Army*.

## Nursing News from other Services

Lieutenant Commander David West is a Nursing Officer with the Royal Australian Naval reserve. His civilian work is as a Community Mental Health Nurse with Southern Fleurieu Health Service at Victor Harbour. In November last year LCDR West joined HMAS Melbourne with a Navy psychologist for 10 days in support of Op SLIPPER. HMAS Melbourne was returning from the Persian Gulf after six months on station, enforcing the blockade of Iraqi trade.

This was the first time a multidisciplinary mental health had been posted to provide operational debriefing on an HMA Ship. After returning to South Australia LCDR West qualified as a level four Mental Health Practitioner and will continue to assist the ADF to meet the goals of its Mental Health Strategy



# 2<sup>nd</sup> AUSTRALIAN DEFENCE FORCE NURSING OFFICERS FORUM

*THE 21<sup>ST</sup> CENTURY - HAS ADF NURSING ARRIVED*

6-7 NOVEMBER 2003

ROYAL MILITARY COLLEGE DUNTROON  
BADCOE THEATRE



The Director of Defence Force Nursing is convening the 2<sup>nd</sup> Australian Defence Force Nursing Officers Forum on 6-7 November 2003. This is a preliminary notice and call for abstracts notice.

## INSTRUCTIONS FOR THE SUBMISSION OF ABSTRACTS

The deadline for the receipt of abstracts is 29<sup>th</sup> July 2003.

The Abstract should if possible have some affiliation to the Forum theme "The 21<sup>st</sup> Century – Has ADF Nursing Arrived", but all submitted abstracts will be considered. The text must be no more than 250 words, highlight the main points to be communicated, and include a presenter profile. You can either nominate yourself to present a paper, no more than 20 minutes in length, or a visual presentation for display as a poster.

Applicants will be notified if their abstract has been accepted by **30<sup>th</sup> August 2003**.

Abstracts and expression of interest to attend the forum can be submitted via e-mail to:

[beverley.wright@defence.gov.au](mailto:beverley.wright@defence.gov.au) OR

Surface mail, (please include a copy on disk)

LTCOL Beverley Wright

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