

I would like to contribute to your review by making some suggestions for education and training based on my personal experience both as a Registered Nurse of 45 years, Hospital and University educated, and as a patient in the acute setting who has required many hospital admissions in the last 2 and ½ years.

Metro North Health District in Queensland (one of the largest health districts in Australia) now recruits on a Values based criteria, rather than a skills based criteria. Those values are Respect, Teamwork, Compassion, High Performance and Integrity. From experience of newly graduated Registered Nurses I have had the following interactions reported!

A patient who was having difficulty utilizing his hands because of his medical diagnosis asked a passing RN to help him with his coffee. The reply given – I didn't go to university and qualify to do coffee.

A male patient admitted with severe infection, Type 2 diabetes, and infection in his shoulder joint, was unable to mobilise so needed a urinal to relieve his bladder. The RN was a new graduate and refused to help him even by fetching a urinal as she "did not graduate university" to do urinals. This is not respect or compassion and the idea of these principles seem to be lacking in these graduate nurses. Teamwork, compassion, and high performance, along with respect for the patient, all need to be factored in to education so that seemingly trivial needs of the patient are not dismissed as unimportant to a graduate nurse. Coffee for an immobilized patient also becomes a fluid intake issue which is a matter of nursing science, not just "coffee."

On a more personal level, as a patient myself on multiple occasions since May, 2016 I have had the following experiences.

- I was left soaked in vomit (gown, sheets) for the major part of a night shift because when I asked the nurse looking after me and the other patients in the section I was in, I was told firmly that "changing a female was against his culture." This left my skin at risk for at least 5 hours. When another RN came into the section and approached me for medication, she told him to change me immediately as I was soaked in vomit and he did so without complaint and without speaking a word to me.
- On another admission, I was receiving Potassium through a peripheral vein and as I have Raynaud's syndrome it was causing my arm to pain intensely. On asking what could be done the RN advised he would turn down the infusion rate to relieve the pain and pretended to do so, turning the pump away from me so I supposedly wouldn't know it was going at the same rate!
- I am on a significant amount of medication and I have not had a nurse yet who can tell me what my medications are for. Nor do they attempt to give them at the right time.
- One RN on the ward declined to answer any and all patient medication queries- on the basis that "she would be held responsible in a court of law" and not by patients!!!
- A RN inserting an Indwelling catheter (requires aseptic, no touch technique) discovered she needed more lubricant so she donned non-sterile gloves over sterile gloves and went to fetch the lubricant from stores herself.

- On return to the room and after stocking the trolley with lubricant, she removed the non-sterile gloves and proceeded with aseptic technique as though previously sterile gloves under non-sterile gloves were still sterile.
- On yet another occasion, an RN attempted to connect an unsterile bag to an indwelling catheter.

These are examples of disrespect, lack of compassion, poor performance and breaches of mandatory infection control practices that I would expect a graduate nurse to know. If it is pure lack of knowledge that causes some of these issues then we have a greater problem as the educators in a hospital setting are not always overseeing nursing practice to prevent errors that could lead to Hospital acquired infection for a start.

Having assessed many applications for continence aids, I have found for Graduate Nurses who find themselves working for agencies in relatively independent practice the level of education to conduct patient assessment required is sadly lacking.

There is also a lack of interest and knowledge in continence so even when called upon to do a continence assessment, The Medical Aids Subsidy Scheme might receive as an application for aids:- for example

- Cause of incontinence – Age
- Transient causes of incontinence – Age
- Attached continence assessment – I have met with this lady and she assures me she has been incontinent for several months so she needs continence aids.

This in no way represents an assessment of the patient's health or continence status! If agency or independent practice is where they are heading to be employed, they need better education in patient assessment and how to report the assessment. A greater in depth knowledge of continence – what's normal and what is not – would also benefit all patients.

I hope this is helpful and contributes to what you are reviewing as I often feel unsafe as a patient myself and wonder what might be done to educated these young nurses better.

Kind regards

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