

Advanced Practice Standards. Australian Women's Health Nurse Association Inc. 2014

This document provides guidelines for WHN's clinical practice and allows for progress through stages of competency by measuring skill and performance against 6 standards of practice for the specialty of Women's Health Nursing. The standards can be used to show how WHNs' work and to maintain the professional integrity of women's health nurse practice by demonstrating competency across all levels of Women's Health Nurse clinical practice.



Table of Contents

| | |
|--|---------|
| 1. Introduction | Page 2 |
| 2. Australian Women’s Health Nurse Association Inc. aims | Page 3 |
| 3. Levels of Women’s Health Nurse Practice | Page 4 |
| 4. Use of the Advanced Practice Standards | Page 9 |
| 5. The Advanced Practice Standards Summary | Page 11 |
| 6. Standards | Page 13 |
| 6.1 Standard 1 | Page 13 |
| Engages in legal and ethical nursing practice affecting women’s health | |
| 6.2 Standard 2 | Page 14 |
| Manages clinical assessment, intervention and outcomes | |
| 6.3 Standard 3 | Page 16 |
| Demonstrates health education promotion activities incorporating a primary health care framework | |
| 6.4 Standard 4 | Page 18 |
| Provides a supportive environment for internal and external services and organizations | |
| 6.5 Standard 5 | Page 20 |
| Engages in consultative practice to achieve optimal outcomes | |
| 6.6 Standard 6 | Page 19 |
| Acts to advance women’s health nursing practice through evidence based nursing | |
| 7. Assessment tool | Page 22 |
| 8. Final report | Page 44 |
| 9. Narratives | Page 46 |
| 10. References/Bibliography | Page 53 |

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1. Introduction

Women's health nursing is a specialised area of advanced nursing practice that provides a unique holistic woman centred approach to primary health care provision. In practice, women's health nurses blend a range of clinical services with counselling, health promotion, education, self-help, community development, consumer advocacy as well as research and evaluation. Services are provided across a woman's lifespan and are not concerned solely with reproduction.

The direction of women's health nursing is influenced and supported by the NSW Evaluation of the National *Women's Health Program* (1997), *the Review of the National Women's Health Program*—second phase (1996) and documents such as; The Strategic Framework to Advance the Health of Women (NSW Health, 2000), Gender Equity in Health (NSW Health, 2000), *The Women's Health Outcomes Framework* (NSW Health, 2002), *NSW Health Framework for Women's Health* (NSW Ministry of Health, 2013) and the *National Women's Health Policy* (Australian Government Department of Health & Ageing, 2010).

History of Women's Health Nursing

In March 1984 the NSW State Government commissioned a review of women's health services. The Review Committee's brief was to:

- critically evaluate existing health policies as they related to women and girls
- assess the adequacy of existing services
- identify gaps requiring new approaches to service delivery

The final report of the Women's Health Policy Review Committee (1985) recommended that:

"The Department of Health, NSW in conjunction with relevant nursing bodies, establish a new category of Registered Nurse, that is, a women's health nurse, to provide gynaecological preventative health services as well as educational and counselling services for well women" (p. 63).

The report went on to state that:

"The committee believes that suitably trained nurses are capable of developing an independent practitioner role in delivery of preventative health care to well women" (p.63).

This recommendation was adopted and a working party was convened to implement the recommendation and a two year pilot program was established in 1986 whereby Registered Nurses with midwifery qualifications and relevant experience were selected and educated to provide pap test screening, pelvic examinations, breast examinations, counselling and education/information programs for women about contraception, menopause, sexually transmissible disease, gynaecological health and related matters.

The Women's Health Nurse (WHN) program builds upon a nursing tradition which values highly the skilled care and professional commitment demonstrated by community health nurses and midwives. It extends this tradition of primary health care into the area of health promotion, health intervention and the prevention of ill health which women in the community have identified as being important for their health and well-being.

Women's Health Nurses work in a variety of settings that include clinical practice, education, research and management. This occurs in private, public and non-government organisations. These Advanced Practice Standards (APS) have been developed to acknowledge the wide diversity and scope of the nurse

working in women's health. The APS is used to demonstrate the women's health nurse's knowledge, skills and performance recognising the strengths of their practice.

Principles of Women's Health Nurse Practice

Key principles underlying the Women's Health Nurse role include:

- Encompasses a gendered approach to health
- Applies a social model of health
- Empowers clients to make independent health choices
- Empowers holistic health care practice
- Emphasises a combination of clinical and advocacy skills
- Utilises a collaborative approach
- Provides education to clients, community groups and other health care workers
- Provides accessible, affordable and equitable health care
- Targets key groups of women with the poorest health outcomes

2. The Australian Women's Health Nurse Association Inc. (AWHNA Inc.) aims.

The AWHNA was formed in 1988 (as the Australian Women's Health Nurse Practitioners Association) and later changed to The Australian Women's Health Nurse Association in 1999. This Association continues to be the peak organisation that supports Women's Health Nurses throughout Australia. The AWHNA Inc. has a broad based membership across Australia, is recognised by the National Nursing Organisation and is affiliated with The Australian College of Nursing. Aims of the Association include:

- **Develop the professional profile and status of women's health nurses as a unified body with an established standard of practice**
- **Provide peer support for women's health nurses working in geographical isolation and in urban locations**
- **Monitor standards of women's health nurse clinical practice by evaluating service delivery and developing and implementing Quality Improvement programs**
- **Monitor the theoretical and clinical education available to women's health nurses**
- **Ensure that appropriate in-service education opportunities are provided for the professional development of women's health nurses**
- **Provide a forum for discussion and dissemination of information for women's health nurses**
- **Monitor and make recommendations regarding the provision of health care services to women**
- **Increase the level of awareness in women and the general community of specific physical, emotional and social health issues affecting women**
- **Encourage women to take responsibility for their own health through the provision of information, which will enable them to make informed decisions as health care consumers**

- Act as a consultant to other health, welfare workers and agencies to increase the options and **improve the standards of women's health care**
- **Make representations on industrial issues pertinent to women's health nurses**
- Work towards **Nurse Practitioner status for women's health nurses in co-operation** with other professional specialist nursing associations

3. Levels of Women's Health Nurse Practice

▪ **Women's Health Nurse (RN)**

A Registered Nurse with 2 years postgraduate experience, a WHN Certificate or Graduate Certificate **which incorporates women's health nursing and Sexual and Reproductive Health Certificate (Family Planning in each State or Territory) and Midwife (desirable).**

▪ **Clinical Nurse Specialist (CNS)**

CNS Grade 1

A Registered Nurse who applies a high level of clinical nursing knowledge, experience and skills in providing complex nursing/midwifery care directed with minimum supervision with the relevant post-graduate qualification (Graduate Certificate, Masters) in **women's health nursing and Midwifery (desirable).**

CNS Grade 2

A Registered Nurse who is distinguished from a Clinical Nurse Specialist Grade 1 by fulfilling additional role characteristics that include extended autonomy in decision making in providing complex care and **case management in an authorised extended role in the speciality of women's health nursing with a relevant post-graduate qualification (Graduate Certificate, Masters) in women's health nursing and Midwifery (desirable).**

▪ **Clinical Nurse Consultant (CNC)**

CNC 1

A Registered Nurse with 5 years post graduate experience and two years women's health experience, a relevant post-graduate qualification (Graduate Certificate, Masters) and Midwifery (desirable).

CNC 2

A Registered Nurse with 5 years post graduate experience and three years women's health experience, relevant post-graduate qualification (Graduate Certificate, Masters) and Midwifery (desirable).

CNC 3

A Registered Nurse with 7 years post graduate experience and 5 years women's health experience, relevant post-graduate qualifications (Graduate Certificate, Masters) and Midwifery (desirable).

▪ Nurse Practitioner (NP)

The title Nurse Practitioner is restricted to Registered Nurses who are endorsed by the Australian Health Practitioner Health Agency (AHPRA) under the Nurses Act to practise as Nurse Practitioners. Nurse Practitioners are Registered Nurses who practise at an advanced level and are authorised to use the title.

Professional Portfolio

The purpose of the Professional Portfolio is a template for the WHN to provide ongoing evidence of professional practice. It has been developed to be used in conjunction with the Advanced Practice Standards.

The women's health nurse domains are:

1. Professional speciality education
2. Community development and advocacy
3. Clinical leadership and health promotion leadership
4. Implementing current evidence based practice
5. Professional leadership

The following table is a guide to help with the formation of job descriptions for Women's Health Nurses

| Women's Health Nurse | Women's Health Nurse CNS 1 | Women's Health Nurse CNS 2 |
|---|--|--|
| Registered Nurse with 2yrs post graduate experience WHN Graduate Certificate & Sexual & Reproductive Health (Family Planning in each State or Territory) | Registered Nurse At least 12 months working in women's health WHN Graduate Certificate/Masters in Women's Health | Registered Nurse with 3 years' experience post-graduate in women's health Relevant post-registration qualification WHN Graduate Certificate/Masters in Women's Health |
| Client centred care Provide education to colleagues and clients on WH issues and on WH clinical issues | Actively contributes to the development of clinical practice Acts as a resource and mentor to others in relation to clinical practice Actively contributes to their own professional development | Client centred care Knowledge of current women's health policy and practice in NSW Develops and maintains extensive gynaecological clinical services targeting unscreened and under screened women for cervical cancer Develops service linkage/partnerships |
| Works within the policies and procedures of the WHN Service : LHD or NGO Maintains clinical expertise and knowledge | | Develops community education, information and resources on women's health issues Provides health promotion programs relevant to the needs of women Develops and participates in training of other health workers on WH issues Develops women's Health and community partnerships in the area of social disadvantage |
| Participates in education on WH issues Contributes to service planning and quality activities for the service | | Liaises with other health professionals advocating for women Collects clinical data Collaborates and develops strategic planning processes for WH |

| CNC 1 | CNC 2 | CNC 3 | Nurse Practitioner |
|--|--|---|---|
| Registered Nurse 5 years post graduate experience 2 years in field WHN Graduate Certificate/Masters Midwifery (desirable) | Registered Nurse 5 years post graduate experience 3 years in field WHN Graduate Certificate/Masters Midwifery (desirable) | Registered Nurse 7 years post graduate experience 5 years in field WHN Graduate Certificate/Masters Midwifery (desirable) | Registered Nurse Recognised post-graduate qualifications in women's health Endorsed by AHPRA Demonstrated advanced practice in women's health |
| Client centred care Provide education on complex clinical issues Innovative practice and evaluation of new treatment and technology | Complex client centred care across specialties Develops education resources for clients/community and by other health care professionals | Clinical consultancy across multiple service groups (e.g. hospital, home and private sector) as well as a range of modalities and client groups Peer review on CNC level Systematic review of clinical practice | Provides advanced practice to clients providing therapeutic response and advanced clinical judgments Works collaboratively with other health professionals |
| Role model as expert in clinical setting Develops and manages clinical processes and pathways Provides leadership in the ongoing review of clinical practice at facility | Provides leadership in the ongoing review of clinical practice for a more complex service i.e. a service with multiple sites or multiple CNC's across an LHD. Works on state and national working parties Leadership roles which promote the advancement of clinical practice e.g. representation on editorial boards, position papers and development of advanced nursing practice standards | Provides leadership in state, national &/or international nursing bodies &/or specialist clinical groups. Initiates collaborative ventures with academic colleagues i.e. Influencing future directions of nursing practice | Scope of practice includes identified evidenced based clinical practice guidelines, limited prescribing rights, initiation of diagnostic investigations |

| CNC 1 | CNC 2 | CNC 3 | Nurse Practitioner |
|---|---|---|--|
| <p>Initiates, conducts and disseminates the findings of locally based research in WH</p> <p>Participates in co-research in larger studies</p> <p>Manages research projects needing clinical contribution from others</p> | <p>Initiates original research projects</p> <p>Adapts related research to clinical specialties</p> <p>Own research disseminated and published</p> | <p>Principal researcher in significant/large scale research studies i.e. Attracts funding</p> | <p>May possess, use, prescribe or supply medications</p> <p>Order diagnostic tests</p> <p>Make referrals within the operating approved guidelines</p> |
| <p>Participates in formal and informal education programs</p> <p>Identifies clinical education needs</p> <p>Collaborates with others on development and delivery of education programs</p> | <p>Takes primary responsibility for planning and implementation of specialist clinical education for LHD</p> <p>Develops significant education resources for nurses and other health care professionals</p> <p>Participates in development and delivery of postgraduate tertiary programs</p> | <p>Involved in the development of expansive programs i.e. regional, state or national programs, advanced practice specialty programs</p> | |
| <p>Identifies future issues and directions for the service</p> <p>Contributes to formal service and strategic planning processes within the organisation</p> <p>Plans, implements and evaluates annual plan for nurse consultancy service</p> | <p>Provides comprehensive analysis of current practice and the impact of new directions on clinical specialty service</p> <p>Initiates, develops, implements and evaluates strategic changes for the clinical service</p> | <p>Manages complex projects relating to significant practice change for the organisation</p> <p>Undertakes primary responsibility for the preparation, implementation and evaluation of the annual plan for the clinical service e.g. multi- disciplinary business plan</p> | |

4. Use of Advanced Practice Standards

The philosophy behind the development of competency-based standards is that the specialty professional body develops and owns the standards, utilises them to underpin practice and inform the direction of professional development. The AWHNA Inc. is responsible for the regular review of the competency standards, now called the Advanced Practice Standards.

Competencies are holistic concepts that encompass and accommodate the differences between practitioners, clients and contexts of practice. In this way, competencies are able to consider and incorporate the importance of the relationships between client, nurse and environment and provide more comprehensive and practical tools for assessment. The purpose of the competencies is to provide optimal client care as well as a beneficial learning experience for the WHN.

The APS can be used by WHN's:

- As a benchmark for best practice
- To affirm competent practice
- To guide direction in professional development
- To increase the profile and promote professional credibility
- To assist with the application and assessment of advancement of status i.e. CNS, CNC, NP
- To contribute to the development and revision of position descriptions, policies, procedures, strategic planning
- To plan, implement and evaluate research projects
- To inform and reflect on professional development
- To provide a tool to enhance and support reflective practice
- To guide the development of learning plans and professional portfolio

Development process

The initial AWHNA Inc. Competency Standards were developed over a period of years using wide consultation, with input from clinicians, academics and educators using critical reading and workshops were published in 2003. These competencies were reviewed and are now called Advanced Practice Standards (APS). The **APS for women's health nurses** will be reviewed every three years by a nominated working party.

Assessor

An assessor is a WHN CNC, NP, or a WHN who has relevant postgraduate qualifications. The WHN needs to be a full member of the AWHNA Inc. who has completed training to be an assessor. It is advisable/recommended that the accredited assessor has also completed the Certificate IV in Training and Assessment NTIS Code TAE40110 or similar with recognition either within their own Local Health District or equivalent via external education/institution. To become an assessor formalised training will be

conducted by the AWHNA Inc. every three years. Completion of all of the recommended criteria will affirm an assessor. An accredited assessor must be at a level equal to or above the person being assessed.

Student Placement

Within each LHD there are policies and guidelines relevant for student placements. To obtain permission, the application needs to be submitted before placement can commence. The student will sign a contract of confidentiality with the LHD, which will include public liability and confidentiality and abide by the code of practice requirements of the LHD. Each placement is an individual contract between the two parties, whether the student is paid or unpaid. The signed contract is a prerequisite before the student placement is commenced.

Clinical Placements

For accreditation, 50 hours of clinical placement and 30 hours of varied observational clinics relevant to women's health nursing are required to be completed within a twelve month period. All placements are the responsibility of the trainee women's health nurse in consultation with the line manager and the certifying accredited Women's Health Nurse Assessor.

Implementation of the Standards

This is a progressive level of achievement of relevant standards from the trainee nurse, Refresher WHN to the WHN, CNS (1 &2), WHN, CNC levels 1, 2 & 3 Nurse Practitioner. Not all elements will be achieved within one assessment. WHN's will be assessed at a level at which they are employed, regardless of prior experience. However, it is critical that the assessor is aware of the extended practice of the assessee. The standards can be used for the application for higher grading.

Expectations of Assessments

| | |
|-------------------|------------------------------------|
| Trainee Nurse | Standards 1,2, & 3 |
| Refresher Nurse | Standards 1, 2, & 3 |
| RN | Standards 1, 2 & 3 |
| CNS Grade 1 | Standards 1, 2, 3, components of 4 |
| CNS Grade 2, CNC1 | Standards 1, 2, 3, 4 |
| CNC2 | Standards 1, 2, 3, 4, 5, 6 |
| CNC 3 | Standards 1, 2, 3, 4, 5, 6 |

Nurse Practitioner—these standards may be accessed for assessment in conjunction with the Nurse Practitioner Standards of Practice (Nursing & Midwifery Board of Australia (NMBA), 2014).

Pathway to Women's Health Nurse

Professional qualifications required are a Graduate Certificate which incorporates women's health and Sexual & Reproductive Health Certificate (Family Planning) and 50 hours of clinical certification. This pathway can progress to a CNS 1 or 2 levels (CNS 2 is a position grading). For WHN CNC 1, 2, 3 and NP status, it is recommended to complete postgraduate qualifications, which include women's health components.

5. Advanced Practice Standards Summary

Standard 1

Engages in legal and ethical nursing practice affecting women's health

- **Demonstrates comprehensive knowledge and practice of the laws relevant to women's health nursing practice**
- Practices in accordance with legislation affecting women's health nursing practice
- Relates common law concepts and legislation to policies and procedures
- Promotes the protection and safety of clients, self and others
- Pursues professional development activities

Standard 2

Manages clinical assessment, intervention and outcomes

- Plans clinical activities and interventions to provide client care in an appropriate manner
- **Maintains client's rights and responsibilities at all levels of care and intervention**
- Promotes optimum health and wellbeing acknowledging the client's cultural diversity
- Facilitates case consultation
- Evaluates the progress of client care

Standard 3

Demonstrates health education and health promotion activities incorporating a primary health care framework

- Plans, implements and evaluates a health education session to a variety of groups
- Promotes prevention, early intervention and health education strategies in a variety of settings
- Participates in health promotion activities and community development

Standard 4

Provides a supportive environment for internal and external services and organisations

- Acts as a consultant to colleagues and other organisations
- Uses relevant theoretical and philosophical frameworks to inform women's health nursing practice
- Participates in performance management activities

Standard 5

Engages in consultative practice to achieve optimal outcomes

- Confers with a range of health professionals and participates in professional development
- Participates in peer review
- Engages in supportive structures for self-care in order to enhance the role of the women's health nurse

Standard 6

Acts to advance women's health nursing practice through evidence based research

- Uses research to inform women's health nursing practice
- Contributes to the process of women's health research and professional leadership
- Engages in quality improvement

6.1 Standard 1

Engages in legal and ethical nursing practice affecting women's health

Element 1

Demonstrates comprehensive knowledge and practice of laws relevant to women's health nursing practice

Performance Criteria

- **Demonstrates knowledge of State and Territory's laws relevant to women's health e.g. Equal Employment Opportunity (EEO), Workplace Health & Safety (WH&S), Privacy Act, laws relating to minors, child protection mandatory reporting including domestic violence as well as domestic and notifiable diseases**
- Demonstrates knowledge of Code of Professional Conduct, Code of Ethics, legal parameters of **practice, relevant parts of the Crimes Act and client's Rights and Responsibilities (Nursing & Midwifery Board of Australia; 1990, 2000, 2006 a, b, 2010, 2013, 2014)**
- Explains legislation relating to abuse, assault, consent, duty of care, informed consent, negligence, unauthorised restraint and vicarious liability

Element 2

Practises in accordance with **legislation affecting women's health nursing**

Performance Criteria

- Maintains current authority to practise
- Knowledge and application of current screening/referral guidelines e.g. cervical screening, breast screening/referral for intermenstrual and postcoital bleeding
- Provides care for clients who are unable to exercise appropriate judgement that complies with **the relevant State/Territory's Acts**
- Practice complies with current workplace health and safety legislation
- Practice complies with **legislation relevant to women's health nursing practice**
- **Maintains clients' safety and duty of care**

Element 3

Relates common law concepts and legislation to policies and procedures

Performance Criteria

- Distinctions are made among principles of law, health department guidelines, recommendations and institutional policies and practice
- Identifies and addresses legal principles, local policies and practice

- Review of local policies/practices that incorporates changes in legislation and government policy

Element 4

Pursues professional development activities

Performance Criteria

- Identifies opportunities to attend professional updates
- Maintains a log of professional development
- Reflects on activities and demonstrates relevance to clinical practice

6.2 Standard 2

Manages clinical assessment, intervention and outcomes

Element 1

Ability to plan clinical activities and interventions to provide client care in an appropriate manner

Performance Criteria

- Works within the WHN scope of practice utilising evidence-based practice
- Prepares clinical environment and equipment with ergonomic awareness in diverse settings
- Practises universal infection control and Workplace Health & Safety procedures at all stages of an intervention including waste disposal
- Assesses presenting issues and prioritises accordingly
- Plans service delivery using accurate, comprehensive and current contextual knowledge
- Demonstrates ability to undertake a range of sequential clinical tasks including competency in clinical procedures
- Uses protocols/guidelines to develop direct practice, incorporating these to achieve optimal client care
- Demonstrates competent technique incorporating client comfort and sensitivity to the psychosocial needs of the client
- Demonstrates ability to explain clinical findings with observations to the client and documents a comprehensive record of the clinical findings
- Makes constructive responses to unexpected or rapidly changing situations
- Consults with other health professionals for optimal client care if necessary

Element 2

Involves client's rights and responsibilities at all levels of care and intervention

Performance Criteria

- Consults with the client in all stages of care incorporating the Essentials of Care model framework for WHN
- Uses planned and opportunistic activities to meet client needs
- Facilitates client access to appropriate resources and information
- Demonstrates **sensitivity towards client's presenting issues, interpretation of information, responses and client choices**
- Discusses strategies to maintain and encourage client independence

Element 3

Promotes optimum health and wellbeing acknowledging clients cultural diversity

Performance Criteria

- Acknowledges the dignity, culture, values and beliefs of the client
- Ensures health education information is relevant and appropriate to the **client's needs**
- Appropriate information, resources and referrals are made available to the client
- Works respectfully and competently with interpreters

Element 4

Facilitates case consultation

Performance Criteria

- Obtains client consent for case consultations
- **Consults with the appropriate health professional for management of the client's care**
- **Provides an appropriate outline of the client's presenting history**
- Makes recommendations related to **the client's care**
- Integrates client care with multi-agency and interdisciplinary health professionals

Element 5

Evaluates progress of client care

Performance Criteria

- Documents at all levels of intervention
- Demonstrates an understanding and interpretation of the National Health & Medical Research Council guidelines on cervical screening
- Reviews care plan and outcomes based on clinical findings with reference to appropriate guidelines
- Reviews client status, referral, ongoing care and/or discharge
- Maintains client records using electronic/filing systems
- Uses results of investigative procedures to guide ongoing care
- **Provides resources and information for the client's needs**
- Maintains local Pap test Register with follow up pathway and early recall system
- Provides evidence of the annual client file audit
- Provides evidence of the annual Pap test audit/Pap test cytology statistics
- Provides appropriate follow up of other referrals via a follow up register or clinical audit

6.3 Standard 3

Demonstrates health education and health promotion activities incorporating a primary health care framework

Element 1

Demonstrates the ability to plan a health education session to a variety of different groups

Performance Criteria

- Prepares a session plan of the identified topic
- **Identifies current and emerging issues to improve women's health status**
- Demonstrates awareness of the group profile including social, cultural, spiritual and environmental aspects
- Consults with relevant key service providers to assess the target population
- Uses resources effectively and appropriately for the target group

Element 2

Promotes prevention, early intervention and health education strategies in a variety of settings

Performance Criteria

- Introduces and identifies self at start of session
- **Assesses group's/individual's understanding of the topic using a variety of methods**
- Develops a baseline understanding of the group/individual requirements of the topic
- Provides a clear and concise overview of the planned session or discussion
- Provides current, relevant and appropriate information to the group/individual
- **Clarifies participants' understanding of information and provides opportunity to ask questions**
- Integrates various strategies to engage group participation and/or encourages individuals to be proactive about health choices

Element 3

Conducts health education/promotion evaluation

Performance Criteria

- Incorporates impact, process and outcome evaluation
- Reflects on evaluation results of the activity or education session to ascertain if group **participants' needs have been met**
- Reflects on program planning and presentation skills and modifies if required
- Documents evaluation outcomes as per Local Health District (LHD) reporting procedure

Element 4

Health promotion and community development

Performance Criteria

- Develops partnerships with **women's** health centres, other non-government organisations (**NGO's**) and advisory committees for health promotion events
- Promotes events through the Local Health District showing partnership involvement
- Utilises National and State health priorities particularly in planning and reporting on health promotion activities
- Provides evidence of health promotion activities and funding submissions
- **Works in collaboration on specific projects relevant to women's health and addresses key issues for client group needs**

6.4 Standard 4

Provides a supportive environment for internal and external services and organisations

Element 1

Acts as a consultant to colleagues and other organisations

Performance Criteria

- **Responds to requests for consultation on women's health issues**
- Supports clinical and non clinical staff
- Participates in effective mentoring
- **Supports women's health issues on internal and external committees**

Element 2

Uses relevant **theoretical and philosophical frameworks to inform women's** health nursing practice

Performance Criteria

- **Orientates staff to women's health issues**
- Facilitates professional development of colleagues
- **Advocates for women's health**
- Creates opportunities to disseminate information
- Identifies opportunities for education which arises from changing work practices/legislation/technology
- **Contributes to women's health nursing knowledge using reflective practice**
- Incorporates public health principles, primary health care philosophy and other relevant frameworks into practice

Element 3

Participates in performance management activities

Performance Criteria

- Implements strategies to ensure compliance with minimum standards
- Identifies performance strengths and areas for improvement
- Participates in regular peer review and clinical supervision

6.5 Standard 5

Engages in consultative practice to achieve optimal outcomes

Element 1

Develops professional relationships in the multidisciplinary team and among community workers

Performance Criteria

- Develops and maintains collaborative relationships with health professionals and other appropriate service providers, non government organisations, refugees and family support services
- Engages in case conferencing for optimal client outcome
- Uses professional networks for client referrals
- Maintains and updates network systems
- Promotes and facilitates collaborative practice within the profession
- Provides evidence of formal post graduate education or courses that reflect professional development

Element 2

Participates in peer review

Performance Criteria

- **Presents/supports/mentors other women's health nurses in case study discussions in peer review sessions**
- Provides an outline of the presenting issues, management and outcomes of the case study
- Invites discussion of differential scenarios in the management plan of case study
- Undertakes formal evaluation of case study discussion
- Maintains professional portfolio

Element 3

Is involved in supportive networks and structures to reflect the profile of the **women's** health nurse

Performance Criteria

- Attends regular formal meetings at all levels of the WHN role (CNS, CNC1, 2, 3 & NP)
- Demonstrates supportive communication pathways to other relevant health professionals
- Engages in working parties for the development of clinical pathways

- Provides evidence of file audits, annual reports and performance appraisals
- Identifies boundaries for self care in reference to work load
- **Develops professional alliance to support the role of the women's health nurse**
- Attends professional updates/conferences as a participator or presenter

6.6 Standard 6

Acts to advance women's health nursing practice through evidence-based research and professional leadership

Element 1

Uses research to inform women's health nursing practice

Performance Criteria

- **Uses research to validate current women's health nursing practice**
- Critically evaluates research findings
- Incorporates research findings into practice
- Disseminates research findings to colleagues including forums, in-service, articles, conferences, publications
- Identifies current trends by evaluating data
- Uses comprehensive approaches to planning, delivery and evaluation of health service that is evidence based

Element 2

Contributes to the process of women's health research and professional leadership

Performance Criteria

- **Identifies women's health issues to form a basis for research**
- Utilises opportunities to participate/develop/plan research initiatives
- Pursues opportunities for collaborative research
- Provides evidence of committee membership: local, state or national representation
- Reviews/develops local, state or national professional guidelines
- **Acts as a preceptor for women's health nurses/health professionals**

Element 3

Engages in quality improvement processes

Performance Criteria

- Supports quality improvement processes within the workplace
- Provides feedback on quality improvement processes to colleagues
- Contributes to quality improvement processes
- Incorporates outcomes from quality improvement processes into nursing practice
- Uses formal client feedback for ongoing quality improvement
- **Incorporates relevant state/national women's health documents into practice, e.g. National Women's Health Policy, Women's Health Outcomes Framework, Local Health District Women's Health Plan and individual work plan**

7. ASSESSMENT TOOL

Standard 1 Element 1

Engages in legal and ethical nursing practice affecting women’s health

Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to women’s health nursing practice

| S. 1 Element 1 | Evidence |
|---|----------|
| Demonstrates knowledge of States and Territory laws relevant to women’s health e.g. EEO, WH&S, Privacy Act, laws relating to minors, child protection mandatory reporting and notifiable diseases | |
| Demonstrates knowledge of Code of Professional Conduct, Code of Ethics, legal parameters of practice, relevant parts of the Crimes Act and client’s Rights and Responsibilities | |
| Explains legislation relating to abuse, assault, consent, duty of care, negligence, unauthorised restraint and vicarious liability | |
| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 1 Element 2

Engages in legal and ethical nursing practice affecting women’s health

Element 2 - Practices in accordance with legislation affecting women’s health nursing practice

| S. 1 Element 2 | Evidence |
|--|----------|
| Maintains current authority to practice | |
| Knowledge and application of current screening/referral guidelines e.g. cervical screening, breast screening/intermenstrual and postcoital bleeding referral | |
| Provides care for clients who are unable to exercise appropriate judgement, that complies with the relevant State/Territory Acts | |
| Practice complies with current workplace health and safety legislation | |
| Practice complies with legislation relevant to women’s health nursing practice | |
| Maintains client’s safety and duty of care | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 1 Element 3

Engages in legal and ethical nursing practice affecting women’s health

Element 3 -Relates common law concepts and legislation to policies and procedures

| S. 1 Element 3 | Evidence |
|---|----------|
| Distinctions are made among principles of law, Ministry of Health guidelines, recommendations and institutional policies and practice | |
| Identifies and addresses legal principles, local policies and practice | |
| Reviews local policies/practices that incorporate changes in legislation and government policy | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 1 Element 4

Engages in legal and ethical nursing practice affecting women’s health

Element 4 - Pursues professional development activities

| S. 1 Element 4 | Evidence |
|--|----------|
| Identifies opportunities to attend professional updates | |
| Maintains a log of professional development | |
| Reflects on activities and demonstrates relevance to clinical practice | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 2 Element 1

Manages clinical assessment, intervention and outcomes

Element 1 - Ability to plan clinical activities and interventions to provide client care in an appropriate manner

| S. 2 Element 1 | Evidence |
|--|----------|
| Works within the WHN scope of practice utilising evidence-based practice | |
| Prepares clinical environment and equipment with ergonomic awareness in diverse settings | |
| Practices universal infection control and WH & S procedures at all stages of an intervention including waste disposal | |
| Assesses presenting issues and prioritises accordingly | |
| Plans service delivery using accurate, comprehensive and current contextual knowledge | |
| Demonstrates ability to undertake a range of sequential clinical tasks competency in clinical procedures | |
| Uses protocols/guidelines to develop direct practice, incorporating these to achieve optimal client care. | |
| Demonstrates competent technique incorporating client comfort and sensitivity to the psychosocial needs of the client | |
| Demonstrates ability to explain clinical findings with observations to the client, and documents a comprehensive record of the clinical findings | |
| Makes constructive responses to unexpected or rapidly changing situations | |
| Consults with other health professionals for optimal client care if necessary | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 2 Element 2

Manages clinical assessment, intervention and outcomes

Element 3 - Involves client's rights and responsibilities at all levels of care and intervention

| S. 2 Element 2 | Evidence |
|--|----------|
| Consults with the client in all stages of care incorporating the Essentials of Care framework for WHN | |
| Uses planned and opportunistic activities to meet client needs | |
| Facilitates client access to appropriate resources and information | |
| Demonstrates sensitivity towards client's presenting issues, interpretation of information, responses and client choices | |
| Discusses strategies to maintain and encourage client independence | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 2 Element 3

Manages clinical assessment, intervention and outcomes

Element 4 - Promotes optimum health and well being of clients cultural diversity

| S. 2 Element 3 | Evidence |
|--|----------|
| Acknowledges the dignity, culture, values and beliefs of the client | |
| Ensures health education information is relevant to client needs | |
| Makes appropriate information, resources and referrals available to the client | |
| Works respectfully and competently with interpreters | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 2 Element 4

Manages clinical assessment, intervention and outcomes

Element 5 - Facilitates case consultation

| S. 2 Element 4 | Evidence |
|--|----------|
| Obtains clients consent in case consultation | |
| Consults with the appropriate health professional/s for management of client's care | |
| Provides appropriate outline of clients presenting history | |
| Integrates clients care with multi-agency and interdisciplinary health professionals | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 2 Element 5

Manages clinical assessment, intervention and outcomes

Element 5 - Evaluates progress of client care

| S. 2 Element 5 | Evidence |
|--|----------|
| Documents at all levels of intervention | |
| Demonstrates an understanding and interpretation of the NH&MRC guidelines, protocols and position statements related to women's health | |
| Reviews care plan and outcomes based on clinical findings with reference to appropriate guidelines | |
| Reviews client status, referral, ongoing care and/or discharge | |
| Maintains clients records using electronic/filing systems | |
| Uses results of investigative procedures to guide ongoing care | |
| Provides resources and information for clients' needs | |
| Maintains local Pap Test Register & Referral Register with follow-up pathway and early recall system | |
| Evidence of the annual client file audit | |
| Evidence of annual Pap test audit/ Pap test statistics | |
| Appropriate follow up of other referrals via follow up register or clinical audit | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 3 Element 1

Demonstrates health education and health promotion activities incorporating a primary health care framework

Element 1 -Demonstrates the ability to plan a health education/health promotion activity to a variety of different groups

| S. 3 Element 1 | Evidence |
|---|----------|
| Prepares a session plan of the identified topic | |
| Identifies current and emerging issues to improve women’s health status | |
| Aware of the target profile including social, cultural, spiritual and environmental aspects | |
| Consults with relevant key service providers to assess the target population | |
| Uses resources effectively and appropriately for the target group | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 3 Element 2

Demonstrates health education activities incorporating a primary health care framework

Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings

| S. 3 Element 2 | Evidence |
|--|----------|
| Introduces self | |
| Assesses group/ individual’s understanding of the topic using various methods | |
| Develops a baseline understanding of the group/individual requirements of the topic | |
| Provides a clear and concise overview of the planned session or discussion | |
| Provides current, relevant and appropriate information to the group/individual | |
| Clarifies participants’ understanding of information and provides opportunity to ask questions | |
| Integrates various strategies to engage group participation and/or encourages individuals to be proactive about health choices | |
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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 3 Element 3

Demonstrates health education incorporating a primary health care framework

Element 3 - Conducts Health Education/Promotion Evaluation

| S. 3 Element 3 | Evidence |
|--|----------|
| Incorporates impact, process and outcome evaluation | |
| Reflects on evaluation results of the activity or education session to understand if participants' needs have been met | |
| Reflects on program planning and presentation skills and modifies if required | |
| Documents evaluation outcomes as per Local Health District (LHD) reporting procedure. | |

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| Women's Health Nurse Comments | |
| Signature & date | |
| Assessor's comment | |
| Assessor's signature & date | |

Standard 3 Element 4

Demonstrates health education incorporating a primary health care framework

Element 4 - Health promotion and community development

| S. 3 Element 4 | Evidence |
|--|----------|
| Develops partnerships with Women’s Health Centres, other NGO’s and advisory committees for health promotion events | |
| Promotes events through the Local Health District showing partnership involvement | |
| Utilises National and State health priorities particularly in planning and reporting on health promotion activities | |
| Provides evidence of health promotion activities and funding submissions | |
| Works in collaboration on specific projects relevant to women’s health and addresses key issues for client group needs | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 4 Element 1

Provides a supportive environment for internal and external services and organisations

Element 1 - Acts as a consultant to colleagues and other organisations

| S. 4 Element 1 | Evidence |
|--|----------|
| Consultation requests on women’s health issues are explored | |
| Supports clinical and non clinical staff | |
| Participates in effective mentoring | |
| Supports women’s health issues on internal and external committees | |

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| Women’s Health Nurse Comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 4 Element 2

Provides a supportive environment for internal and external services and organisations

Element 2 - Uses relevant theoretical and philosophical frameworks to inform women's health nursing practice

| S. 4 Element 2 | Evidence |
|---|----------|
| Orientates staff to women's health issues | |
| Facilitates professional development of colleagues | |
| Advocates for women's health and promotes women's health issues | |
| Creates opportunity to disseminate information | |
| Identifies opportunities for education which arise from changing work practices/ legislation/ technology | |
| Contributes to women's health nursing knowledge using reflective practice | |
| Incorporates public health principles, primary health care and other relevant frameworks into women's health nursing practice | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 4 Element 3

Provides a supportive environment for internal and external services and organisations

Element 3 - Participates in performance management activities

| S. 4 Element 3 | Evidence |
|---|----------|
| Implements strategies to ensure compliance with minimum standards | |
| Identifies performance strengths and areas for improvement | |
| Participates in regular peer review and clinical supervision | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 5 Element 1

Engages in consultative practice to achieve optimal outcomes

Element 1 – Develops professional relationships in the multidisciplinary team and among community workers

| S. 5 Element 1 | Evidence |
|---|----------|
| Develops and maintains collaborative relationships with health professionals and other appropriate service providers, NGOs, refuges and family support services | |
| Engages in case conferencing for optimal client outcome | |
| Uses professional networks for client referrals | |
| Maintains and updates network systems | |
| Promotes and facilitates collaborative practice within the profession | |
| Evidence of formal post graduate education or courses that reflect professional development | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 5 Element 2

Engages in consultative practice to achieve optimal outcomes

Element 2 - Participates in peer review

| S. 5 Element 2 | Evidence |
|---|-----------------|
| Presents/supports/mentors other women’s health nurses in case studies for discussion in peer sessions | |
| Provides an outline of the presenting issues, management and outcome of the case study | |
| Invites discussion of differential scenarios in the management plan of a case study | |
| Formal evaluation of case study discussion | |
| Maintains professional portfolio | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 5 Element 3

Engages in consultative practice to achieve optimal outcomes

Element 3 - Engages in supportive networks and structures to reflect the profile of the **women's** health nurse

| S. 5 Element 3 | Evidence |
|---|----------|
| Attends regular formal meetings at all levels of the WHN role (CNS, CNC1, 2, 3 & NP) | |
| Demonstrates supportive communication pathways to other relevant health professionals | |
| Engages in working parties for the development of clinical pathways | |
| Provides evidence of file audits, annual reports and performance appraisals | |
| Identifies boundaries for self care in reference to work load | |
| Membership of professional nursing committees | |
| Develops professional alliances to support the role of the women's health nurse | |
| Attends professional updates/conference as a participant or presenter | |

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| Women's Health Nurse comments | |
| Signature & date | |
| Assessor's comments | |
| Assessor's signature & date | |

Standard 6 Element 1

Acts to advance women’s health nursing practice through evidence based research and professional leadership

Element 1 - Uses research to inform women’s health nursing practice

| S. 6 Element 1 | Evidence |
|--|----------|
| Uses research to validate current women’s health nursing practice | |
| Critically evaluates research findings | |
| Incorporates research findings into practice | |
| Disseminates research findings to colleagues including forums, in-service articles, conferences and publications | |
| Identifies current trends by evaluating data | |
| Uses comprehensive approaches to planning, delivery and evaluation of health services that is evidence based | |

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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

Standard 6 Element 2

Acts to advance women’s health nursing practice through evidence based research and professional leadership

Element 2 - Contributes to the process of women’s health research and professional leadership

| S. 6 Element 2 | Evidence |
|---|----------|
| Identifies women’s health issues to inform research | |
| Utilises opportunities to participate/develop/plan research initiatives | |
| Actively pursues opportunities for collaborative research | |
| Provides evidence of committee membership- local, state or national representation. | |
| Reviews/develops local, state or national professional guidelines | |
| Acts as preceptor for women’s health nurses/health professionals | |

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| Women’s Health Nurse comments | | |
| Signature & date | | |
| Assessor’s comments | | |
| Assessor’s signature & date | | |

Standard 6 Element 3

Acts to advance women’s health nursing practice through evidence based research and professional leadership

Element 3 - Engages in quality improvement processes

| S. 6 Element 3 | Evidence |
|---|----------|
| Supports quality improvement processes within the workplace | |
| Provides feedback on quality improvement processes to colleagues | |
| Contributes to quality improvement processes | |
| Incorporates outcomes from quality improvement into nursing practice | |
| Uses formal client feedback for ongoing quality improvement | |
| Incorporates relevant local/state/national women’s health documents into practice e.g. national, state and local women’s health policies into individual/business plans | |
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| Women’s Health Nurse comments | |
| Signature & date | |
| Assessor’s comments | |
| Assessor’s signature & date | |

AWHNA Inc. Advanced Practice Standards

8. Final Report

Name of assessee: _____

Date: _____ Position: _____ AHS: _____

Standards required to be met: _____

Standards Achieved: _____

Standard 1

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|-----------|--|
| Element 1 | |
| Element 2 | |
| Element 3 | |
| Element 4 | |
| Element 5 | |

Standard 2

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| Element 1 | |
| Element 2 | |
| Element 3 | |
| Element 4 | |
| Element 5 | |

Standard 3

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| Element 1 | |
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Standard 4

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| Element 1 | |
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| Element 3 | |

Standard 5

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| Element 1 | |
| Element 2 | |
| Element 3 | |

Standard 6

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| Element 1 | |
| Element 2 | |
| Element 3 | |

Comments:

Name & Signature of Assessor: _____ Date: _____

Signature of Assessee: _____ Date: _____

9. Narratives illustrating APS

The following narratives provide evidence to the Women's Health Nurse practice within the AWHNA Advanced Practice Standards and also serve to confirm the specialised and varied role of the women's health nurse

| | |
|---|--|
| <p>Narrative No 1</p> <p>A 44 year old client presented to me at an outreach clinic in a rural health centre for a Pap Test. (APS 1, 2)</p> <p>I asked the client to complete a self-assessment (and consent) on current and past health status. She reported occasional stress incontinence, and wears a pad daily. She requested a Pap test. (APS 1, 2)</p> <p>I undertook a family history, which revealed her father and brother, had hypertension. (APS 2)</p> <p>I noted that her social/lifestyle assessment indicated that she smoked 15-20 cigarettes daily, drank 2 glasses of wine daily and reported little exercise. (APS 2)</p> <p>Following my health assessment, (APS 2) I recorded her BMI to be 30, BP 140/90, LMP 2 weeks, nil recent changes to menstrual cycle and noted she had undergone a tubal ligation and she was a Gravida 4 Para 3. (APS 2)</p> <p>I discussed with her my concerns (APS 2) that included: Quit smoking strategies, weight bearing exercise options. (APS 2, 3)</p> <p>I explained the current recommendations regarding safe alcohol consumption (2 alcohol free days per week). (APS 2, 3)</p> <p>I referred her to her GP for further assessment of her BP and cholesterol status. (APS 2)</p> <p>As requested and consented, I attended to the Pap test and conducted a pelvic examination. (APS 2) During the procedure a pelvic floor assessment was performed. I noted her PF to be a 2, and discussed this in relevance to her occasional stress incontinence. I taught her PFE and discussed a regime, and told her I would reassess in 3 months. (APS 2)</p> <p>I undertook a breast examination and under national breast screen guidelines, referred her for mammography assessment. (APS 1, 2)</p> <p>I documented all clinical findings and signed and dated the notes. (APS 2)</p> <p>I explained as part of the service, I would contact the client to let her know her Pap test results and also gained her consent for her details to be sent to the Pap Test Register. (APS 1, 2)</p> | <p>Advanced Practice Standards (APS) identified:</p> <p>AP Standard 1</p> <p>Engages in legal and ethical nursing practice affecting women's health</p> <p>Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to women's health nursing practice</p> <p>Element 2 - Practices in accordance with legislation affecting women's health nursing</p> <p>Element 3 - Relates common law concepts and legislation to policies and procedures</p> <p>Element 4 - Acts to promote the protection and safety of clients, self and others</p> <p>AP Standard 2</p> <p>Manages clinical assessment, intervention and outcomes</p> <p>Element 1 - Ability to plan clinical activities autonomously & –Provide client care and clinical interventions in an appropriate manner</p> <p>Element 2 - Involves clients rights and responsibility at all levels of care and intervention</p> <p>Element 3 - Promotes optimum health and well being of clients cultural diversity</p> <p>Element 4 - Facilitates case consultation</p> <p>Element 5 - Evaluates progress of client care</p> <p>AP Standard 3</p> <p>Demonstrates health education and health promotion activities incorporating a primary health care framework</p> <p>Element 1 - Demonstrates the ability to plan the health education session to a variety of groups</p> <p>Advanced Practice Standards (APS) identified:</p> <p>Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings</p> <p>Element 3 - Health education/ promotion evaluation</p> <p>Element 4 –Health promotion and community development</p> |
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|---|---|
| <p>Narrative No 2</p> <p>Whilst working in an outreach clinic a telephone call was taken by one of the volunteers from a woman wanting information about Pre Menstrual Syndrome (PMS) and as I was available I was asked to take the call. (APS 3)</p> <p>The woman sounded quite distressed and stated that she felt very depressed in her premenstrual phase and that she no longer had any friends as they were all tired of her constant complaining about her life. We talked about what she could do to help herself such as diet and exercise, and I asked her about any medication history, particularly anti-depressants to help the PMS. (APS 2) She stated that she was currently taking medication for depression but was unaware that some medications might help her PMS as well. (APS 2)</p> <p>Continuing our conversation, I discovered that the client had few support systems and was a 34-year-old single parent of a 7-year-old girl, and that she was concerned about her poor relationship with her daughter. She also disclosed that she was a survivor of child abuse. (APS 1, 2, 3)</p> <p>I suggested that she might like to see a Counsellor at the Community Health Centre in order to work on strategies to improve her relationship with her daughter. (APS.1) I also suggested that she might like to see a doctor who had a depth of interest and experience in women's health issues and would have time to listen. (APS 2, 3)</p> <p>I mentioned the local support group of ASCA (Adult Survivors of Child Abuse), which she had attended in the past. (APS 2, 3) hoped that by listening to the client and providing her with relevant information and telephone contacts that she did act upon some of the issues raised. (APS 1)</p> | <p>Advanced Practice Standards (APS) identified:</p> <p>AP Standard 1</p> <p>Engages in legal and ethical nursing practice affecting women's health</p> <p>Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to women's health nursing practice</p> <p>Element 2 - Practices in accordance with legislation affecting women's health nursing</p> <p>Element 3 - Relates common law concepts and legislation to policies and procedures</p> <p>Element 4 - Acts to promote the protection and safety of clients, self and others</p> <p>AP Standard 2</p> <p>Manages clinical assessment, intervention and outcomes</p> <p>Element 1 - Ability to plan clinical activities autonomously</p> <p>& Provide client care and clinical interventions in an appropriate manner</p> <p>Element 2- Involves clients rights and responsibility at all levels of care and intervention</p> <p>Element 3 - Promotes optimum health and well being of clients cultural diversity</p> <p>Element 4 - Facilitates case consultation</p> <p>Element 5 - Evaluates progress of client care</p> <p>AP Standard 3</p> <p>Demonstrates health education and health promotion activities incorporating a primary health care framework</p> <p>Element 1 - Demonstrates the ability to plan the health education session to a variety of groups</p> <p>Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings</p> <p>Element 3 - Health education/ promotion evaluation</p> <p>Element 4 - Health promotion and community development</p> |
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|--|---|
| <p>Narrative No 3</p> <p>I saw a 63-year-old woman at a “Well Women’s Clinic” for her routine Pap test and clinical breast check. Her last Pap was 3 years ago and the result was normal. (APS 1, 2, 3)</p> <p>A family history revealed that a sister has breast cancer and the client related the story of friend who required a bilateral mastectomy after a misdiagnosis. (APS 2, 3) I noted that the client was very anxious relating this history, and the risk of a misdiagnosis. (APS 2,3)</p> <p>During the breast examination, (APS 2) on visual inspection I found that the left breast was discoloured around the nipple area, which was not present in the right breast. My client mentioned that she had noticed the colour changes 12 months ago. I conducted a manual check, (APS 2) which revealed the right breast to be normal but the left breast to be lumpy. The client also experienced some pain during the examination of her left breast.</p> <p>The Women’s Health Nurse Clinical Guidelines and Protocols (APS 1, 2, 3) strongly advocates that women’s health nurses encourage women to become ‘aware’ of their own breasts and know what feels and looks normal, so that they can identify any changes from this.</p> <p>My client had noticed the change in the left breast but had not mentioned this to her doctor, as she had a normal result at her most recent mammogram. I referred the client (APS 2) to her GP for a breast ultrasound. I contacted the client in 10 days (APS 2) to enquire about her GP visit and inform her of the Pap test result, which was negative. As I was unable to contact her by phone, I wrote to the client advising her of the results, (APS 2) and the pathologist’s recommendation that her doctor prescribe topical oestrogen cream (APS 2) before the next test is taken. As per national screening guidelines, (APS 1) the recommendation is that the test should be repeated in 2 years. I asked that the client ring me to discuss the outcome of the appointment with her doctor. (APS 2) The client rang and we discussed the result of her breast investigations. She was grateful that I had taken the time to listen to her concerns and encourage further investigations in view of her anxiety. (APS 2) I advised the client that she should maintain her current level of breast awareness and report any changes to her doctor (APS 3) .</p> | <p>Advanced Practice Standards (APS) identified:</p> <p>AP Standard 1</p> <p>Engages in legal and ethical nursing practice affecting women’s health</p> <p>Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to women’s health nursing practice</p> <p>Element 2 - Practices in accordance with legislation affecting women’s health nursing</p> <p>Element 3 - Relates common law concepts and legislation to policies and procedures</p> <p>Element 4 - Acts to promote the protection and safety of clients, self and others</p> <p>AP Standard 2</p> <p>Manages clinical assessment, intervention and outcomes</p> <p>Element 1 - Ability to plan clinical activities autonomously</p> <p>& Provide client care and clinical interventions in an appropriate manner</p> <p>Element 2 - Involves clients rights and responsibility at all levels of care and intervention</p> <p>Element 3 - Promotes optimum health and wellbeing of clients cultural diversity</p> <p>Element 4 - Facilitates case consultation</p> <p>Element 5 - Evaluates progress of client care</p> <p>AP Standard 3</p> <p>Demonstrates health education and health promotion activities incorporating a primary health care framework</p> <p>Element 1 - Demonstrates the ability to plan the health education session to a variety of groups</p> <p>Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings</p> <p>Element 3 - Health education/promotion evaluation</p> <p>Element 4 - Health promotion and community development</p> |
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Narrative No 4

A 32-year old woman came to my clinic for a post-natal check at 8 weeks. She appeared tired, withdrawn and somewhat nervous.

I questioned her about support at home and following the implementation of the Routine Domestic/Family Violence screening tool, she disclosed that her husband controlled where she went and whom she saw and gave her very little money. She said was afraid of him. (APS 1, 2)

After further probing, the client disclosed a history of emotional and psychological abuse for the past 10 years of her 12-year marriage (APS 1 3, 2) **During her two pregnancies, the client's husband was physically violent** towards her, but once the babies were born the physical violence ceased. (APS 2)

I explained the forms of domestic/family violence to her and the effect of DV on children. (APS 1,6) I then informed the client that I was mandated to assess the risk of harm to the children and possibly make a report to CS as domestic violence was a child protection issue. (APS 1, 2) I offered support and information to the client and made a referral for her to have counselling. (APS 1, 2)

I then booked the client back in to the clinic the following week for the post natal check. (APS 2)

Advanced Practice Standards (APS) identified:

AP Standard 1

Engages in legal and ethical nursing practice affecting women's health

Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to **women's health nursing practice**

Element 2 - Practices in accordance with legislation affecting women's health nursing

Element 3 - Relates common law concepts and legislation to policies and procedures

Element 4 - Acts to promote the protection and safety of clients, self and others

AP Standard 2

Manages clinical assessment, intervention and outcomes

Element 1 - Ability to plan clinical activities autonomously

& Provide client care and clinical interventions in an appropriate manner

Element 2 - Involves clients rights and responsibility at all levels of care and intervention

Element 3 - Promotes optimum health and well being of clients cultural diversity

Element 4 - Facilitates case consultation

Element 5 - Evaluates progress of client care

Advanced Practice Standards (APS) identified:

AP Standard 3

Demonstrates health education and health promotion activities incorporating a primary health care framework

Element 1 - Demonstrates the ability to plan the health education

Advanced Practice Standards (APS) identified

session to a variety of groups

Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings

Element 3 – Health education/ promotion evaluation

Element 4 – Health promotion and community development

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| <p>Narrative No5</p> <p>A 22-year old woman attended the clinic seeking help with an unplanned pregnancy. My assessment revealed that she was 20 weeks pregnant following a gang rape. (APS 1, 2) She came from a culturally and linguistically diverse (CALD) community and stated that she had fled Sydney, as her family would “kill her if they found out about the rape let alone the pregnancy”. (APS 1, 2) She had no support. She had left Sydney without notifying Housing or Centrelink and had come to stay with an acquaintance. She told me she had no money and following the discussion of pregnancy options she chose to continue with the pregnancy. (APS 1, 2) I assisted her in contacting a GP for ongoing antenatal care, government departments for housing and financial assistance and the sexual health clinic. Then I put her in contact with the Sexual Assault Service (APS 2) who will continue with her case management.</p> <p>The client is now planning to relinquish the child for adoption, still keeping the secret from her family. (APS 1, 2) Centacare will assist her through this process.</p> | <p>Advanced Practice Standards (APS) identified:</p> <p>AP Standard 1</p> <p>Engages in legal and ethical nursing practice affecting women’s health</p> <p>Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to women’s health nursing practice</p> <p>Element 2 - Practices in accordance with legislation affecting women’s health nursing</p> <p>Element 3 - Relates common law concepts and legislation to policies and procedures</p> <p>Element 4 - Acts to promote the protection and safety of clients, self and others</p> <p>AP Standard 2</p> <p>Manages clinical assessment, intervention and outcomes</p> <p>Element 1 - Ability to plan clinical activities autonomously</p> <p>& Provide client care and clinical interventions in an appropriate manner</p> <p>Element 2 - Involves clients rights and responsibility at all levels of care and intervention</p> <p>Element 3 - Promotes optimum health and wellbeing of clients cultural diversity</p> <p>Element 4 - Facilitates case consultation</p> <p>Element 5 - Evaluates progress of client care</p> |
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Narrative No 6

Menopause is part of every woman's life, assisting women to regard menopause, as an adaptive life process is one of my main objectives in conducting the 8-week Jean Hailes Menopause program. This program was chosen as it had been piloted and evaluated with women in the community. (APS 3) I found each module provided clear guidelines and included aims, background information, session planning, teaching guidelines, group exercises and activities, handouts, resources and overheads. (APS 3) It allowed flexibility and modification to meet the needs of the women participating in the group. (APS 3)

I identified that women were requesting information and support groups on menopause. (APS 3) A suitable and safe location to run the program was identified. I advertised the program in the local paper (APS 3) and fliers were distributed to community groups and centres, councils, community health and other relevant health services. From previous experience, I have found that twelve is an ideal size for the group. (APS 3) As a result of many women enquiring about the program, I collated a waiting list (APS 3) with names and contact numbers for future programs. Twelve women aged 45 to 62 years, from a range of cultural backgrounds enrolled and indicated their commitment to attending the 8-week program. I began by asking the women to define the group rules and I ensured that these rules included any Disclosures by participants be considered to be confidential (APS 1, 3) I discussed with them their expectations of what the program would provide in order to meet their needs. (APS 3)

I conducted the first module, (APS 3) that focused on the physical aspects of menopause and sexuality, and ways of coping with changes. Other modules required an expert in a key area to provide the presentation. (APS 5) With the issues being discussed, I was able to refer some women to an appropriate health service for ongoing care (APS 5) and assessment. At the conclusion of the eight weeks I evaluated the program. (APS 3) The women attending the group indicated they had increased their knowledge and established friendships. (APS 3) As a result of the group cohesion the women wanted to continue meeting as a self-managed group. (APS 3)

Advanced Practice Standards (APS) identified:

AP Standard 3

Demonstrates health education and health promotion activities incorporating a primary health care framework

Element 1 - Demonstrates the ability to plan the health education session to a variety of groups

Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings

Element 3 - Health education/ promotion evaluation

Element 4 - Health promotion and community development

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| <p>Narrative No 7 Cardiovascular disease (CVD) is a major cause of morbidity and mortality in Australian women, more than one in three deaths among Australian women resulted from CVD. Women are also more likely than men to experience less specific symptoms during a myocardial infarction (MI) such as nausea, vomiting, neck and back pain and only 40% of women experience chest pain. I was approached as the WHN to become involved in the “Heart Smart” project (an integrated care model) by offering CVD screening to local women. Training was provided by the Medical doctor and health promotion officer who were coordinating the project. I commenced CVD screening in Warwick Farm, a suburb in SWS NSW; this area is highly disadvantaged, with low socioeconomic rates and high numbers of department of housing tenants. CVD screening was offered in a women’s health clinic to local women, screening is to establish a woman’s 5 year absolute CVD risk, for over 40yrs old with no known history of CVD. The following is an example of the collaboration between the woman, her GP, myself (WHN) and the Neighbourhood Centre (outreach clinic). A woman from a CALD background presented for a pap smear and CVD screening. A comprehensive history was taken and the pap smear and CVD screening were done (AP 1 2 3). The woman had her cholesterol results with her and her absolute CVD risk was assessed which showed a high risk score (APS 2). A referral letter was given to her for her GP for ongoing care outlining the screening test and results (APS 1). The client had depression for many years which was discussed at length, depression can be a risk factor for CVD and she was referred for counselling (APS 1 2 3). She was also given health resources from the Heart Foundation and I provided education regarding cholesterol and nutrition (APS 3). She was also given information and referral to the local walking group once she had a clearance from her doctor (APS 1 2 3). The client was contacted a few days later to see if she had seen her GP and check her progress (APS 1). The client was seen by her GP and her medication was being monitored as a result of the CVD screening, we discussed strategies to reduce her stress levels, support from family, partner, walking group and counselling which could assist with her depression and reduce her CVD risk (APS 1 2). Her GP was happy for her to start the walking group and see the counsellor at the Neighbourhood Centre.</p> | <p>Advanced Practice Standards (APS) identified: AP Standard 1 Engages in legal and ethical nursing practice affecting women’s health Element 1 - Demonstrates comprehensive knowledge and practice of the laws relevant to women’s health nursing practice Element 2 - Practices in accordance with legislation affecting women’s health nursing Element 3 - Relates common law concepts and legislation to policies and procedures Element 4 - Acts to promote the protection and safety of clients, self and others AP Standard 2 Manages clinical assessment, intervention and outcomes Element 1 - Ability to plan clinical activities autonomously & Provide client care and clinical interventions in an appropriate manner Element 2 - Involves clients rights and responsibility at all levels of care and intervention Element 3 - Promotes optimum health and wellbeing of clients cultural diversity Element 4 - Facilitates case consultation Element 5 - Evaluates progress of client care AP Standard 3 Demonstrates health education and health promotion activities incorporating a primary health care framework Element 1 - Demonstrates the ability to plan the health education session to a variety of groups Element 2 - Promotes prevention, early intervention and health education strategies in a variety of settings Element 3 - Health education/promotion evaluation Element 4 - Health promotion and community development</p> |
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