



Drug and Alcohol Nurses of Australasia (inc)

DANA

**Review of Registered Nurse Accreditation
Standards Consultation Paper 2**

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Background

Drug and Alcohol Nurses of Australasia (DANA) is the peak professional association for nurses and midwives who specialise, or have a professional interest, in the field of drug and alcohol addiction.

DANA began in Sydney in 1982 and now has a network of members across Australia and New Zealand.

DANA's mission is to enhance the capacity of nurses and midwives to respond effectively to people with alcohol and drug issues in a culturally sensitive manner.

We aim for excellence in the care delivered by nurses and midwives in all practice contexts.

DANA aims to:

- promote a role for nurses and midwives to respond to alcohol and drug related issues;
- provide opportunities for professional development, education, mentoring and support for all members, and others where opportunity arises;
- provide consultancy, advice and advocacy to members, nursing and midwifery organisations and other key stakeholders in relation to alcohol and drug related matters;
- promote the inclusion of alcohol and drug related core content in undergraduate curriculum, staff development programs and continuing education, and within postgraduate clinical and research degrees;
- promote evidence-based practice and research;

- be aware of, respectful and sensitive to cultural differences, and not accepting of discrimination, nor tolerant of harm.

DANA welcomes the opportunity to make a submission in response to the question set out as a part of the Review of Registered Nurse Accreditation Standards Consultation Paper 2.

Response to Consultation Question

Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the new graduate meets the Registered Nurse Standards for Practice (Nursing and Midwifery Board of Australia, 2016)? Please provide an explanation for your answer.

DANA believes the draft accreditation standards go some way to addressing the required skills, knowledge and attitudes to perform as an entry level registered nurse in a dynamic and challenging healthcare system. However, we do believe there needs to be an overall increase in the level of education around alcohol and other drug screening, misuse and complexity in undergraduate programs. We base this belief on research indicating that inclusion of such content in many undergraduate curriculums is absent or minimal, leaving a substantive gap in the knowledge required to both detect and refer problematic alcohol and other drug use; as prevalence data indicates, alcohol, tobacco and other drug use causes significant medical complexity and economic cost to healthcare systems and as such nurses should be equipped to respond.

Are there any additional criteria that should be included?

DANA applauds the inclusion of criteria 1.8: *Student impairment screening and management processes are in place and effective*, however DANA also recommends the inclusion of a sub-criteria that mandates the provision of support to “impaired” student nurses where this relates to alcohol and other drug use. Such programs are run nationally with success, and internationally many “alternative to discipline” programs designed for qualified nurses with problematic alcohol and other drug use both provide support for actual alcohol and other drug use and return to practice. DANA feels that the inclusion of this criteria is essential to

ensure students are provided with support as opposed to excluded from academic programs leading to registration.

DANA also welcomes the inclusion of criteria 3.6: *The program has a discrete unit (taught from an Indigenous perspective) specifically addressing Aboriginal and Torres Strait Islander peoples' history, culture and health*, however we do feel that there is a need to include a similar criterion addressing alcohol, tobacco and other drug misuse in undergraduate programs. DANA believes that the inclusion of this content is essential to prepare nurses who can recognise and respond to alcohol, tobacco and other drug issues when registered; we feel this is even more pertinent if a consideration of longer Bachelor of Nursing programs is being considered given the intent of producing graduates with advanced capabilities beyond those expected today.

Are there any criteria that could be deleted or amalgamated with other criteria?

DANA does not believe there is a need to delete or amalgamate other criteria.

Does the draft structure reduce duplication within the standards? If not, which areas of duplication still exist?

DANA believes the draft structure reduces duplication within the standards.

Please provide any other feedback about the structure and/or content of the draft standards.

DANA does not have any other feedback about the structure or content of the draft standards.

Do the draft standards continue to capture the learning outcomes required to enable graduates to safely supply and administer medicines via a protocol and/or standing order (prescribing via a structured prescribing arrangement)?

DANA believes that graduates should be educated further in both the misuse of prescription medication and the potential interactions between medications and substances such as alcohol to further their ability to safely administer medications. DANA also believes this can only happen with the provision of comprehensive education around alcohol and other drug use/misuse and medication interactions in the undergraduate nursing program.

Should the proposed definition of simulation be adopted for the RN Accreditation Standards?

DANA agrees with the proposed definition of simulation as moving beyond the stereotypical notion of simulation as a reliance on technology to provide clinical practice and experience. DANA also believes that this standard should emphasise the potential of using human simulation to learn and practice comprehensive health assessment, including the assessment of alcohol, tobacco and other drug use/misuse. This assessment can be performed by nurses working in a wide variety of settings. DANA believes the inclusion of this type of simulation will assist nurses to meet the goal of universal screening for alcohol, tobacco and other drug use/misuse issues in all healthcare settings.

How can the accreditation standards better support the inclusion of health informatics and digital health technologies in entry-to-practice nursing programs?

DANA does not have comment to make on this issue.

Do the draft standards capture the learning outcomes required to ensure quality professional learning experiences in entry-to-practice nursing programs?

DANA reiterates its belief that alcohol, tobacco and other drug education be included in all undergraduate nursing programs to improve the ability of all nurses to respond to these issues. DANA believes that the inclusion of this content needs to be mandated in accreditation standards to ensure inclusion in all undergraduate programs. Likewise, DANA welcomes any efforts to expand clinical placement experiences to settings where nurses work with consumers with alcohol, tobacco and other drug issues.

Are there any other issues that should be considered?

Alcohol, tobacco and other drug issues are frequently under-detected and poorly assessed in many healthcare settings. DANA believes that inclusion of content addressing these issues in undergraduate nursing programs goes some way to improving this situation, as it is an issue for all areas of nursing to be aware of, not just those who work in Drug and Alcohol Services. Unfortunately, many undergraduate nursing programs do not include content around alcohol, tobacco and other drug issues. DANA believes that inclusion of criteria addressing this absence in the ANMAC standards will go some way to improving the amount of alcohol, tobacco and other drug content that undergraduate nursing students receive during their studies.



Darren Smyth

President: DANA

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