



CNWP MEMBERS CNWP MEMBERS

From the Chair

Welcome to this the first newsletter of the Cardiovascular/Cardiac Nurses Working Group (CNWG). As many of you will already know, at the CSANZ conference this year we had a meeting of the CNWG and it was decided to form a Working Party (CNWP) in order to drive the goals of the CNWG forward. So since Brisbane, we have been formulating the structure and membership of the Cardiovascular Nurses Working Party (CNWP).

I had many people approach me after CSANZ saying that they'd like to be part of the Working Party and as well I already had the original planning group for Brisbane 2004 to consider. Consequently I thought that it was important to come up with an objective "criteria for selection", as it was apparent that not all could be included. So an email was sent around to the Cardiovascular Nurses Working Group, inviting Expressions of Interest. With the help of some key people who have been involved from the outset, we came up with what we believed was a transparent method of selection, with the major criteria in mind being adequate representation from each state, NZ and all the areas of cardiovascular nursing expertise (see article for more detail). We voted on a working party of 14 people, who are listed in this newsletter. I encourage you all to identify your representative and lobby them regarding any issues that are important to you. Your rep. can then bring these issues to the CNWP meetings.

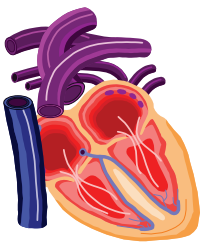
The CNWP plans to meet 4 times/year, 3 times via teleconference and once at the annual CSANZ conference. We also plan to follow-up these meetings with a newsletter to keep you all up to date. I think that the key to the success of our group is communication as we are a group that is geographically spread far and wide. It is therefore important to keep abreast of activities and current issues and I believe email, mail outs and the internet are the best way to do this. I would encourage you all to log on to <http://www.csanz.edu.au/> where you can access the CNWG Registration of Interest form, the latest newsletter, the Terms of Reference document (currently in draft form), the table of current CNWP members with their contact details, CNWP agendas and the CSANZ Affiliates membership form. You will have to apply for a username and password with MED-E-SERV for security purposes but this is at no cost.

Our current task is to submit an Expression of Interest document to the CSANZ Council regarding what we perceive as the education needs of the cardiac nurse and in turn, what education cardiac nurses can offer to the CSANZ. To this end, our secretary, Marcia George has written a paper entitled "The Changing Face of Cardiac Nursing Education and Research" (later in this newsletter), which may provide "food for thought". We are also interested as to what we should call ourselves as there has been some comment that we should be the Cardiac Nurses Working group and not Cardiovascular. If you have any comments/ideas to share about the above or other issues, please contact your regional or area-of- expertise rep. or myself.

I believe we are on "the cusp of change" in cardiac nursing and we have an opportunity to do some meaningful things both for cardiovascular health and cardiac nursing as a profession and I look forward to further contact with you all as our group develops and evolves. *Carolyn Astley*

Chair CNWP, CSANZ Council Nursing Rep., carolyn.astley@fmc.sa.gov.au

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AIMS and GOALS of the CNWG

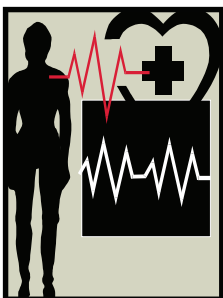
The aims and goals of the Cardiovascular Nurses Working Group are as follows:

- ♥ to offer a national/international network with an affiliation with other regional cardiac nursing groups,
- ♥ to develop & grow the speciality of cardiovascular nursing within the CSANZ,
- ♥ to promote & organise research & education for cardiac nurses,
- ♥ to gather & exchange information regarding research and activities by national and international networking,
- ♥ to design and co-ordinate scientific research,
- ♥ to contribute to the organisation, preparation and delivery of the annual CSANZ scientific meeting,
- ♥ to organise and participate in educational activities within CSANZ,
- ♥ to establish appropriate recommendations for the CSANZ, regarding Cardiovascular nursing via the nucleus of a working group,

- ♥ to contribute to task forces for the development and implementation of CSANZ guidelines for practice,
- ♥ to collaborate and work in partnership with other groups within the CSANZ, state and international societies of cardiac nurses,
- ♥ to assist communication and networking via an up-to-date section on the CSANZ website and move towards a newsletter and ultimately a journal,
- ♥ to work towards a nursing fellowship to acknowledge nurses active in cardiovascular care, and
- ♥ to work towards organise an annual meeting for cardiovascular nurses.

These aims and goals maybe expanded on by the Working Party members.

Any changes will be recorded in the next newsletter.



CSANZ Scientific Meeting

OPEN MEMBERSHIP

Membership to the CNWG is open to all registered nurses within Australia and New Zealand. Register your interest by completing the membership page located on the CSANZ website. E-mail this to csanz@racp.edu.au.

THE 2004 CSANZ SCIENTIFIC CONFERENCE IS OVER FOR ANOTHER YEAR. THIS YEAR'S AFFILIATES SESSIONS WERE A RESOUNDING SUCCESS WITH ITS NEW LOOK:

- ♥ **FULL INTEGRATION OF AFFILIATE SESSIONS WITHIN THE MAIN MEETING;**
 - ♥ **IMBEDDING THE AFFILIATES SESSIONS WITHIN THE MAIN SCIENTIFIC MEETING;**
 - ♥ **IMBEDDING THE MODERATED AFFILIATE POSTERS IN WITH THE MAIN SCIENTIFIC POSTERS;**
 - ♥ **MIXING THE MEDICAL PRESENTATIONS IN WITH THE AFFILIATE PRESENTATIONS;**
 - ♥ **NOT ADVERTISING THE SESSIONS AS AFFILIATE SESSIONS;**
 - ♥ **ENSURING BOTH AUSTRALIAN AND NEW ZEALAND AFFILIATES WERE EQUALLY REPRESENTED AT EVERY AFFILIATE SESSION;**
- AND**
- ♥ **ENSURING THAT BOTH NURSES AND OTHER AFFILIATE MEMBERS WERE EQUALLY REPRESENTED AT ALL AFFILIATE SESSIONS.**

Striving for Equity and The Cardiovascular Nurses Working Party Selection Process

Concerns for the declining profile of cardiac nursing, and the need for cardiac nursing to be promoted and further developed, was unanimously agreed on at the Affiliates Meeting during the 2003 Cardiac Society of Australia and New Zealand (CSANZ) Annual Conference. Following this consensus agreement Carolyn Astley (Flinders Medical Centre), was then elected as the Chairperson, and myself as Secretary of the Cardiovascular Nurses Working Party (CNWP). The primary goal of the CNWP, was to advance the profile and professional development of cardiac nursing as a specialist discipline.

During one of the Affiliates Sessions at this year's CSANZ Annual Conference, I presented a paper titled 'Cardiac Nursing: Where To From Here?' In this presentation, I attempted to present an overview of data collected in a 2001/2 Victorian Cardiac Nurses seminar known as 'The Great Debate'. Data from a subsequent mail out survey of members was also included. This data clearly demonstrated cardiac nurses support for the concept of nationalisation and international amalgamation. Data also highlighted nursing perceptions that the profile of cardiac nursing was declining.

Later, in a subsequent Affiliates 2004 forum, the concept of nationalisation and international amalgamation was again raised, and generated much discussion and debate. Eventually, a consensus vote clearly highlighted overwhelming support cardiac nursing to be advanced nationally and internationally.

Further discussion emphasised the enormity of the task at hand in achieving success in nationalisation and international amalgamation. It was obvious that a larger working group was required to support and drive the goals of the CNWP. It was also agreed that any subsequent working group should have wide geographic, clinical, professional and academic representation.

Written applications were then called for. The number of cardiac nurses then expressing an interest in joining and/or contributing to the working group was very encouraging and exceeded all expectation. Establishing the working party was taken very seriously. A key-selection criterion, together with scoring system and cross checking processes was established. As previously stated, the major objective was to ensure broad geographic, clinical, professional and academic representation from both Australia and New Zealand.

In attempting to achieve transparency, Cindy Hall (CSANZ) and Dr. Linda Worrall-Carter were invited by Carolyn Astley (Chair CNWP) and myself (Secretary CNWP) to assist in the selection process. Carolyn and I believed that Cindy's previous involvement with both the CNWP and the CSANZ (Affiliates) underpinned this decision. All applications were given full consideration and were scored by each of the above persons as follows: Current Position, Region, Area/s of Expertise, Professional Involvement/Goals/Vision. Following the scoring process a teleconference was held between Carolyn, Cindy, Linda and myself where each applicant's score was discussed in detail before a consensus was reached. This exercise in itself was interesting as we all managed to reach the same scores for the successful applicants.

Following the above selection process, the Cardiovascular Nurses Working Group (CNWG) was established. Because the number of applications exceeded the limited number of available positions, the CNWG now has a significant network of nurses on a waiting list and/or advisory list. Certainly the energy and drive to advance cardiac nursing as a specialty in its own right, has never been more evident. Cardiac nursing has entered a new and exciting era. In essence, cardiac nursing is evolving as a diverse and complex specialty. This evolutionary process has been in direct response to changes in cardiac medicine, and the changing health care needs of the community. **Professor Marcia George FRCNA**

Footnote: The CNWG are mindful of the fact that the titles of Cardiovascular Nurses Working Group and Cardiovascular Nurses Working Party may cause some confusion. We are planning to discuss this issue at the 2005 CSANZ Affiliates Session.

To Poster or To Present: Feedback from Past Papers and Posters

Introduction

Carolyn Astley RN BN: Flinders Medical Centre

Lynne Portelli: CSANZ Head Office, Sydney

Gillian Whalley MHS, DMU : University of Auckland

The purpose of this paper is to encourage allied health professionals to submit abstracts to scientific meetings whether it be to the CSANZ Annual Scientific Meeting (ASM) or to Echocardiographic, Rehabilitation, Heart Failure, Electrophysiology meetings etc. This paper however focuses on the history and submission processes of the CSANZ ASM.

When assessing an individuals or groups' achievement I think it is always useful to look back and see where we've come from. So I will start by giving a historical perspective of the CSANZ Affiliates, then give some practical information on abstract submission and selection processes, assess how good our abstracts are in comparison to our medical colleagues and provide a historical perspective on prize winning presentations within the CSANZ over the past years to now.

History

The CSANZ Affiliate membership was established in 1988, in recognition of the contribution made to cardiovascular medicine by nurses and technicians. The thinking at that time was that nurses and technicians were seen as colleagues that worked "with" doctors and not "for" doctors. That initial AGM generated 211 Affiliate memberships. Today we have approximately 809.

The Affiliate Prize was initiated in 1989 at the Gold Coast ASM where two prizes were awarded that year. It was not officially known as the "Affiliates Prize" however until the Hobart ASM in 1990. The Affiliate Poster Prize was introduced in 1999, originally an initiative of the pharmaceutical company Servier and continued on by the CSANZ.

Abstract Submission Process

The call for abstracts goes out 9 months before the ASM each year and they need to be submitted 6 months before the meeting, which for the CSANZ ASM usually means around the beginning of February. We can now submit abstracts online via the CSANZ website (<http://www.csanz.edu.au/>). The abstract should be no more than 250 words and should be submitted with a clearly defined research question, method and results paragraph, while strictly adhering to the abstract guidelines (see <http://www.csanz.edu.au/>). To help you write your abstract you can view past submissions on the CSANZ website. When submitting your abstract you need to nominate the subject category that you think your abstract best fits into. This means that the paper, if accepted will not necessarily be in the Affiliate sessions of the meeting. Also on submission you should nominate your preferred presentation type, that is, oral or poster and/or if you wish it to be considered for a prize.

Abstracts are graded by the Chair of the Scientific sub-committee and Scientific Programme committee along with 3 nominees from appropriate specialist groups i.e. heart failure, interventional, nursing etc. Selection of papers for oral presentation should be on the basis of appropriateness and not abstract grade. The grading committee reserves the right to choose which abstracts are to be oral presentations and which are to be poster presentations. Authors are informed of abstract acceptance and whether it is an oral or poster presentation, by the end of March. Those who have accepted abstracts are eligible to apply for 1 of 6 Affiliate travel scholarships that are awarded based upon abstract grade.

The ASM Affiliate Prize

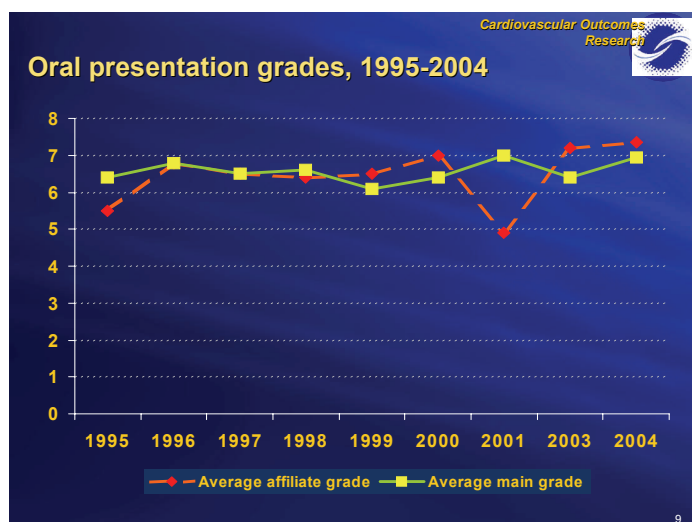


Figure 1: Graph comparing average *Affiliate* grades vs. aver-

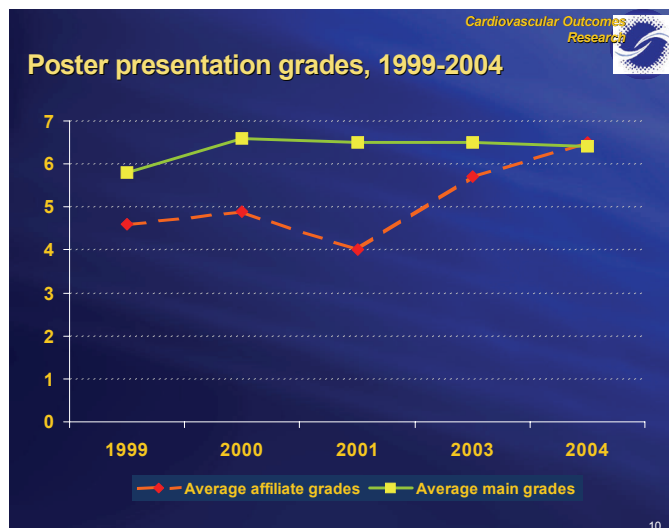


Figure 2: Graph comparing average *Affiliate* grades vs. aver-

To Poster or To Present: Feedback from Past Papers and Posters (con't)

To help develop ideas for research questions I have chosen to list a few of the prize-winning topics over the past years:

Prize-winning oral presentations: 1989-2004

1989: Myocardial salvage with thrombolytic therapy: in-hospital delay in the initiation of treatment for AMI.

1993: Acute coronary angiography for AMI- the Coronary Care Unit experience.

1997: The effects of pressure bandaging on complications and comfort in patients post-coronary angiography: a randomised study.

1999: Hospital in the home management of myocardial infarction.

2001: Long term gains from a comprehensive management system for heart failure.

2003: A cardiac rehabilitation program tailored to the needs of patients with chronic heart failure, decreases admissions to hospital over a 12 month period.

2004: Long-term cost-effectiveness of a nurse-led, home-based intervention in chronic heart failure.

Prize-winning poster presentations: 1999-2004

1999: Predictors of haematoma development among in-patients undergoing cardiac catheterisation; the importance of timing anticoagulant therapy.

2000: Patient tolerance of two-vasodilator stress protocols for myocardial perfusion scintigraphy: dipyridamole vs. adenosine.

2001: Nurse operator experience with the 6F perclose closer device to achieve femoral artery haemostasis following PCI.

2002: Developing and implementation of the chest pain assessment unit at Christchurch Hospital.

2004: Ethnicity, body composition and heart size: the relationship between left ventricular mass and fat free mass in Caucasian, Maori and Samoan subjects.

Important points to remember

When submitting an abstract you nominate a category or subject, therefore if your abstract is accepted and it fits into a certain sessional category, it may be part of a main meeting session, not necessarily an Affiliates session. *Figure 3* shows the number of Affiliate abstracts presented in the main meeting from 1995 to 2003. When submitting a poster abstract it may be eligible for both the Affiliates Poster Prize and the Main Poster Prize. For example in 2002 and 2003 Affiliate members won the Main Poster Prize.

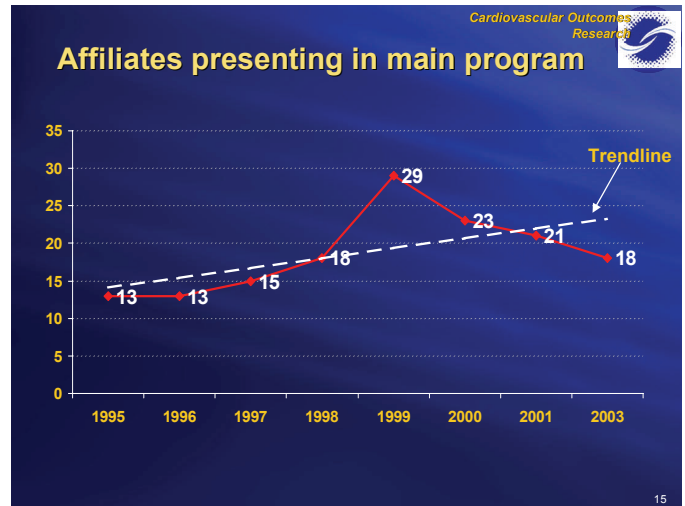


Figure 3: Graph showing number of Affiliates presenting in the main meeting from 1995 to 2003 with trendline mapped on to

ORAL	POSTER
Wider audience	Potentially limited audience
Limited opportunity to increase presenter's knowledge	Opportunity for the presenter to discuss the project subject with interested viewers
Thought to carry more kudos but this is not necessarily so due to the advent of the moderated poster	There are an increasing number of moderated poster sessions at scientific meetings now. These are poster sessions where the author gives a mini oral presentation to the audience viewing the poster
More stressful	Less stressful

To Poster or Present?

In summary the pros and cons of submitting an abstract for oral or poster presentation are listed in the table opposite. It should be remembered that the Affiliates are now a significant and integral part of the CSANZ. The quality of our abstracts has definitely improved over the years and continues to improve. Many of the Affiliates' oral and poster presentations are comparable to the standard of the main meeting. In closing we need not be intimidated by this process and we should not be afraid to have a go!

Carolyn Astley RN BN

Project Manager, Cardiovascular Outcomes Research,

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The Rapidly Changing Face of Cardiac and Cardiovascular Nursing: A New Era, Now Demanding New Approaches to Research and Education.

Background

Nurse academics and nursing clinicians working together in collaborative research, has been a long-term goal of mine. In my current position as Nurse Unit Manager of a Coronary Care Unit, I am reminded daily of the untapped research potential that exists in clinical practice. Whilst research and evidence-based practice continues to transform cardiac and cardiovascular (CACV) medicine: CACV nursing appears to have been caught in a research time warp. Unfortunately, some now believe this inertia has contributed to the profile of CACV nursing being compromised.

Cardiovascular disease continues to be one of our nations major causes of premature death and illness. Essentially, one Australian dies every 10 minutes as a result of cardiovascular disease (Commonwealth Department of Human Services and Health, 1994). Further to this, there are countless others admitted to hospital each day, for the treatment and management of cardiovascular related health problems. The human, economic and social cost of cardiovascular disease is monumental.

The process of change

In recent years CACV medicine has undergone an enormous amount of change. The rapidly expanding role of interventional cardiology has been at the epicentre of these changes. A new generation of drug therapies, surgical techniques, and medical technology, have also been central to this change process. Essentially, a new era has evolved in CACV medicine. In turn, this new era has required CACV nursing to also undergo something of a metamorphosis.

The changes taking place in CACV medicine have resulted in improved health outcomes for patients. There has also been a marked reduction in the length of hospital stay, together with steadily increasing patient throughput. These advances in medicine have been paralleled with an ever-increasing abundance of new, more sophisticated, medical technology. This technology has also become an integral and accepted part of the CACV nursing role.

Research helping to define the specialist role of CACVN

Whilst medical technology saves many lives and reduces some of the complications of CACV disease: technology also represents one essential part, of an even more essential whole. The importance of this 'whole', has been highlighted in a number of international, longitudinal, research studies. These studies have clearly shown that optimal health outcomes for patients with CACV disease generally depend on two distinct, and separate levels of care. These levels of care are, (a) the expertise of specialist health professionals and state-of-the-art medical technology, together with (b) comprehensive health counselling and health education programs (Perk, 1989 & Hedback, 1989).

Research comparing the outcomes of two groups of patients demonstrated that, patients provided with routine acute care and comprehensive health counselling programs: lived longer and had fewer hospital readmission, earlier return to work, less need for medication, fewer psycho-social problems, fewer complications, and better control of their risk factors (blood pressure and lipids), than patients who received routine acute care and **no** rehabilitation (Perk, 1989 & Hedback, 1989). Interestingly, whilst nurses have a major role in providing patients with cardiac rehabilitation programs, there is a paucity of nursing research evidence supporting the efficacy of this role.

Unfortunately, some critical care nurses have perceived the rehabilitation aspects of the CACV nurses role as 'soft', unscientific and tedious. On the other hand however, other nurses readily acknowledge the value and vital importance of these programs.

The specialisation of cardiac and cardiovascular nursing

The continuing changes taking place in clinical practice have demanded a new generation of CACV nurses. Effective CACV nursing now requires: advanced scientific knowledge, advanced clinical and assessment skills, highly developed technical expertise and competence, together with the ability to connect and engage with patients. Thus, ensuring effective health counselling and effective long-term health outcomes.

Up until recently, the education of CACV nurses has been provided within generic critical care courses, as a sub-specialty of critical and intensive care nursing. Anecdotal evidence now suggests however, that generic courses are struggling to meet the expected academic, and clinical preparation needs of specialist CACV nurses.

It seems, the changes taking place in CACV medicine, have necessitated corresponding changes being made to the theoretical and practice content of nursing courses. Facilitating these changes however, in current post-graduate courses, with already heavy core-content, has been difficult to achieve. Consequently, some believe the theoretical and clinical preparation of specialist CACV nurses has been sub-optimal. This had led to increasing calls for a review of CACV nursing educational programs both nationally and internationally.

The need for CACV nursing to be specialised, can be further evidenced in the number of sub-sub-specialties being developed. These include: cardiac catheter laboratories, cardiac surgery, Chest Pain Assessment Units (Emergency Departments), Hospital-In-The-Home, cardiac rehabilitation and cardiology research etcetera. It is also interesting to note, that one of the first Nurse Practitioners appointed in Aus-

Australia, was a cardiac nurse, managing heart failure patients in their own homes. In short, the specialisation of CACV nursing continues to evolve in direct response to the health care needs of the community.

The need for new approaches to education and professional development

As previously outlined, changes taking place in CACV health care, have not only included new procedures, therapies, biological markers and completely new approaches to both the care and management of patients: but also a new clinical language. With this mammoth amount of continual change, it is understandable why post-graduate critical care courses are struggling to keep abreast with these changes. These struggles also highlight the importance of ongoing collaboration between clinicians and academics. Thus ensuring changes in health care are being reflected effectively in theory and research. In short, providing the best of both worlds.

The call for CACV nursing to be specialised, together with the health sector's increasing demand for specialist CACV nurses, has been exacerbated by the global nursing shortage. It was these issues that recently led to cardiac nurses from Australia and New Zealand joining ranks in an attempt to develop ways in which solutions to these problems could be found. A number of national and international forums have since identified three key areas of concern. These are: (1) the need for specialist post-graduate educational programs, (2) the need for collaboration in research, (3) the need for national and international cardiac nursing forums and networks.

The need for new approaches to education and professional development

The need for CACV nursing to be promoted and developed as a specialty has also been given support by leading national and international health authorities (Cardiac Society of Australia and New Zealand (CSANZ) Annual Conference: Adelaide, 2003 & Brisbane, 2004). In recent times, the CSANZ has provided financial support to further advance the concept of a national and international specialist CACV nursing group.

Within the cardiac health care sector, there are many and varied viewpoints on how the educational and professional development needs of cardiac nurses should be addressed. One viewpoint suggests that nursing specialties such as: cardiac, emergency, anaesthetics, peri-operative and neurology, should be developed as specialist 'major streams, emanating from one overarching critical care framework. This approach offers the benefits of a shared, generic, educational framework, as well as providing for the support of the additional, and constantly changing, theoretical and practice content now being demanded by clinical practice.

On the other hand, others have argued that heavy core-content curricula, together with issues such as tertiary fees and HECS payments, highlight the need for an alternative approach to be considered. One example of this alternative model is for the education of CACVN to be provided by a specific professional body such as a 'College of Cardiac and Cardiovascular Nursing'. This 'college' model has proven to be effective in the preparation of medical specialists, and has also been successful in some areas of nursing overseas. However, this is a new, and as yet, unproven concept for Australian nursing.

Meanwhile, demands for changes to the way in which CACV nurses are educated and prepared for clinical practice continue. Additionally, there are growing demands for CACV nurses to have access to higher degree programs reflecting their area of clinical specialisation. Ideally, post-graduate CACV nursing courses should articulate directly with higher degree programs.

Conclusion

Within the health care sector concerns are growing for the sustainability of specialist CACVN. Many now believe that unless the specialist levels of CACV nursing are acknowledged, developed and promoted: in the near future, high-dependency, complex, and seriously ill CACV patients will need to compete for high-demand intensive care beds, and finite intensive care resources. Yet, as discussed earlier in this paper, optimal outcomes for patients with CACV health problems, are dependent on two distinctly separate, but interconnecting levels of care. Moreover, this multidimensional model of care is the domain of specialist CACV nursing.

The challenge now awaiting CACV nurses, is to work collaboratively with the tertiary sector, in order to develop research methodologies to scientifically measure the efficacy of the CACV nursing role.

"Times change and, we change with them."

(In Harrison, Description of Britain, 1577 – Harper Collins, 1999).

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