

## Nurse Practitioner role opportunity to educate and prescribe

Being able to practice independently benefits her patients, says Nurse Practitioner (NP), Jo Talarico.

"I am passionate about best practice, excellence in nursing and most of all, compassion towards others," she says.

"As an NP I can prescribe medications and do not need a general practitioner (GP) on call to cover me at the end of the phone. Before it all had to be done under 'standing orders'."

For example, for a patient with strep throat Jo used to give out only enough penicillin to cover the weekend.

"They were then instructed to come to the practice again on the Monday and get a script from a GP to complete the course," she says.

"I often felt they would not do that due to many reasons including cost. Now I can give out a script myself."

If the person doesn't come into the practice a lot, she can discuss and if necessary prescribe, for conditions such as diabetes, hypertension or depression and meet any other concerns they may have.

"It is much better for the patient," she says.

Jo has been a NP in primary care for six months. Before that she worked for 15 years at The 24 Hour Surgery and worked in American paediatric emergency departments.

Currently she works at a low socio-economic primary care practice in Woolston, where she says poverty has a huge impact on every area of patient's lives. Jo says it is rewarding to know that because of her role the practice has been able to re-open its enrolment of new patients.

Over the last three years Jo has also taken on the role of Primary Responder in Medical Emergency, travelling to Twizel once every month for the weekend and being on call for 64 hours, covering all emergencies and presentations to High Country Health.

There she is the sole health care provider for a large geographical area from Tekapo to the top of the Lindis Pass and up to Mt Cook. Jo also covers Akaroa Medical Centre one weekend each month

and has covered Hanmer Springs, Rotherham and Oxford at various times.

"In many situations, I have been on my own with my two back-packs filled with medical response gear," Jo says.

In this role too her qualification as an NP means she does not have to request that patients return during the week to see their GP, but can take the opportunity to educate and prescribe as needed.



Above: Jo Talarico.

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## ceo update

### Nurse Practitioners dedicated group who want to make a difference

Family Planning nurse practitioner Sandie Halligan was the first nurse in New Zealand to have Nurse Practitioner (NP) status in sexual and reproductive health.

Doing her clinical Master's degree and completing her portfolio while working full time was challenging but she kept focused on her end goal to be able to practice more freely and independently meet the needs of clients.

"Expanded clinical practice and being able to offer clients nurse-led expanded care is the best part of being an NP, Sandie says.

"I enjoy the clinical work and helping people within an area of practice that can be sensitive at times is immensely rewarding".

Sandie has worked at Family Planning for 21 years, and has been a manager and nurse advisor in addition to her nursing work over that time. She has been in the role of NP for the last three years, and treats and manages her own patients, doing assessments, diagnoses and prescribing medications in the area of sexual and reproductive health.

While she does see men about sexual health issues, most of her clients are women. She manages primary care level gynaecological problems and refers to specialists when necessary. She was fortunate enough through her NP training to know there was a position available for her when she was endorsed by the Nursing Council as a NP.

Sandie describes NPs as a group of nurses who want to make a difference. Along with other NPs, she has established a support group for new NPs and for registered nurses who are on the NP pathway in Christchurch. They meet once a month to discuss NP development, clinical issues and provide peer support for each other.

An NP is a registered nurse who has completed postgraduate education (a clinical Master's degree) and training in a specific area of practice. To become an NP a registered nurse must meet both academic, advanced clinical practice requirements, including practicums, and supervision.

There is a formal process that all NP applicants must complete and if successful then the Nursing Council of New Zealand will formally endorse the applicant as an NP and the individual is then entered onto the NP register.

NPs provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs.

They can prescribe medicines within their specific area of practice. Since the role was introduced in New Zealand in 2001, increasing numbers of NPs have started working across a range of specialties. There are NPs in over 40 countries, including Australia, Ireland, England, the USA and Canada.

*Right: Sandie Halligan*



## Nurse Practitioner improving journey for palliative care patients

As a Nurse Practitioner (NP) Willem Vink uses a partnership model and skilled symptom management to ensure excellence of care for his palliative patients.

"I work alongside the patient to help them think about what is most important to them," he says

This helps to mitigate their feelings of fear and uncertainty surrounding their pending death.

"We find other ways of approaching dying," he says, "with many people learning to adapt to 'living' with dying and valuing the remaining time more fully."

This partnership model of care helps restore a sense of hope and peace to the patient, particularly when it is accompanied by skilled symptom management, which is the cornerstone of his practice as an NP.

The further study required to become an NP has increased his knowledge of pharmacotherapeutics (the study of the therapeutic uses and effects of drugs).

"The ability to be able to select and prescribe an appropriate opiate and co-analgesics to manage pain, together

with providing a holistic approach to patient care can vastly improve a person's quality of life."

This then allows the person to focus on what is most important to them as they face the end of their life. As an NP he can help with honest discussions regarding preferences for place of death and end of life care which provides a way forward and reduces uncertainty.

Willem says when physical symptoms are relieved and psycho-spiritual suffering is reduced, the patient and their family/whanau may experience a 'good death'.

"When this occurs the likelihood of disabling complicated grief among loved ones is reduced benefiting the public health and the wider community," he says.

It is widely anticipated the demand for specialist palliative care provision will increase as the population ages and people live longer with chronic diseases.

Key factors in improving outcomes for palliative care patients as an NP include: gathering evidence to support best practice; assisting in the provision of resources such as CDHB's Palliative Care Service clinical guidelines;

providing palliative care study days; and mentoring and supporting all health professionals less experienced in palliative care.

Vital to being able to practice successfully as an NP is working within a supportive team that allows me the flexibility to work across CDHB and, for a period, with the community palliative care team based at Nurse Maude, Willem says.



Willem Vink, Nurse Practitioner.

