

# The In Practice Times

For practice nurses and practice staff. For more detailed information see the In Practice chapter on [www.nrdgp.org.au](http://www.nrdgp.org.au)

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## Mentoring the next nursing generation

by Gae McDonald

The Royal College of Nursing has put together a program to assist student nurses through their training. This project has a special interest in rural and remote areas with the aim of increasing the retention of nurses in country areas. The student nurses who are eligible for mentoring are those who have gained an RCN scholarship. This is a great opportunity to assist nurses in country areas. As practice nurses we are well positioned to inform the student about the role of general practice nurses, reinforce the

benefits of rural and remote nursing, and be an asset to the next generation of nurses (no matter what direction in nursing they choose) while we increase our mentoring skills and gain appreciation of nursing from a student's perspective.

To be a mentor, you need to be a registered nurse, as well as be;

- Prepared to commit time to a mentoring relationship;
- Enthusiastic about rural and remote nursing;
- An advocate of tertiary based nursing education;
- Supportive of, and engaging in, continuing professional

development;

- Independent of a university nursing program; and
- Prepared to participate in the ongoing monitoring and evaluation of a mentor program.

Mentor training is provided at a free workshop. The information and networking opportunities are an immediate benefit to you. After the workshop, you will be matched with someone to mentor.

Early this year I put my name down and was trained at Bondi in Sydney. I mentor a student who attends Southern Cross University and we are

in regular contact. It has been an enriching relationship as I have learned much. I find it interesting viewing nursing through fresh eyes and while some problems are universal through time, some issues are not. Our meetings are not just about problem solving but about encouragement, guidance and information exchange.

The next workshops are in Melbourne on September 17-18, and Brisbane on November 12-13. Further info: Donna Lennon, Association for Australian Rural Nurses. Ph: (02) 6971 0929. Web: [www.aarn.asn.au](http://www.aarn.asn.au).

## Update

### HOME MEDICINE REVIEWS

How is your practice going in the use and promotion of home medicine reviews?

The following are a few real cases from home medicines reviews that have taken place recently....

~ The pharmacist found a lady who was taking Lanoxin tablets for 12 months after the GP thought they were ceased.

~ The pharmacist found a man who was taking 16 different vitamin supplements, all in the same type of "no name" bottles. The GP knew nothing of this.

~ The pharmacist found a lady who was prescribed half tablets. Unfortunately when she cut them, they flew around the room and her dog ate them and became very ill.

~ The pharmacist found a lady who was storing half tablets of Lipitor in a bottle labelled painkillers.

~ An 80 year old reported that she had had an HMR and thought it was wonderful. She said she loved having the pharmacist to her home

~ Should the lady who put the wart oint-

ment in her eye instead of the eye ointment have an HMR?

### ASTHMA SPACERS

#### Reprocessing standards for asthma spacers

The Department of Health and Ageing has recently released new standards for the reprocessing of asthma spacers. Here is what practices need to know to make sure they are complying:

- Thoroughly wash and dry your hands before handling asthma spacers.
- Spacers should be for the exclusive use of a single individual.
- Practices should maintain a store of spacers to ensure that new spacers are always available when required.
- If multiuse is necessary in an emergency, the spacer should be reprocessed using thermal disinfection:
- Spacers should be washed in tepid water and detergent solution and left to drain (without rinsing) until dry.
- When the spacer is dry, the mouthpiece should be wiped thoroughly with a 70% alcohol solution (to prevent electrostatic charge production). A cloth should not be used to dry the spacer. This could produce

an electrostatic charge that may cause drug particles to adhere to the walls of the spacer, preventing the correct dose being delivered to the lungs.

(Reference: "Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting", Department of Health & Ageing, January 2004.)

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