



## Nurse Link

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### Submission to the Senate Inquire into nursing.

The attached Policy document is from NurseLink's ISO 9002 accredited management system. NurseLink was founded in 1987 and has been a successful leader in the area of private nurse practice. The founder, Joy Nugent (CV attached) has a particular interest in Gerontology and Palliative Care in the community setting.

The following extract from the model of care is submitted for consideration under Section iv of the Inquiry as this way of flexible personal care makes a nursing career more family friendly.

NurseLink has a business plan to franchise the model together with custom written computer software support. The model is a *fee for service* model. However some reimbursement are received from Private Health Insurers. This means that patients and family are encouraged to be responsible for, and have a say in, their care. While nurses receive satisfaction in professional and financial ways for their care.

Joy Nugent is prepared to answer questions concerning the model's promotion to enhance the status of nurses.



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# **The NurseLink Way of Care**

**a guide to effective case management in private practice**

## **Philosophy and Policy**

This booklet describes a model of Case Management that has been developed since 1987 in South Australia. It will be useful to Nurse Practitioners who wish to begin their own practice or to an organisation that uses a Case Management model of care. Nursing practice legislation and guidelines vary according different states, territories and countries.

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## NurseLink's Background and Philosophy

### Background

Private Palliative Care Services Pty Ltd is a private company that was launched in Adelaide in November 1987. The vision of the founders was to provide an administrative framework to support nurses who may choose to practice as private Nurse Practitioners or Case Managers. Home Care Assistants, Enrolled Nurses and Team Nurses are employed to provide a coordinated team. In 1995 the trading name of NurseLink was registered to more clearly describe the Model of Care.

### Philosophy

The underlying philosophy of NurseLink is to provide holistic coordinated care. The motto is, **'the patient first always'**. The philosophy of care includes respect for the patient's family and friends, who are defined in the documentation as the 'unit of care'.

NurseLink provides both personal and flexible care and nursing support for people who wish to die or be cared for in their own 'home'. Their home may be a room in the traditional sense or in a health or aged care setting.

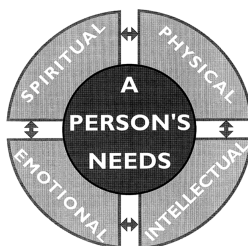
The Registered Nurse Case Manager supervises and educates the Home Care Assistants and members of the 'unit of care' as well as being a valuable link in the caring team. This allows for negotiation and for a consistency of costs in the interest of both the person receiving care the person(s) providing care. At the time of assessment it is the Case Manager's responsibility to negotiate the fees.

The nurse provides a role model and strives to achieve health, healing and harmony in his/her own life, as they assist others to do the same.

*"Humankind will survive only through the commitment and involvement of individuals in their own and others' growth and development as human beings. This means development of loving and caring relationships in which all members are as committed to the growth and happiness of the others as they are to their own."*

*Elisabeth Kubler-Ross*

NurseLink provides in-service education that is based on the belief that personal and professional development is a life long commitment. The following diagram illustrates our holistic Model of Care, emphasising the interrelatedness of physical, intellectual, emotional and spiritual needs.



## NurseLink Dictionary

<b>“The NurseLink Way of Care”</b>	The NurseLink Way of Care document outlines the philosophy and policy of the company, including the background, values, beliefs and objectives. It also describes the structure of the professional team and their relationship to the company.
<b>Case Management Model</b>	The NurseLink Case Management Model was developed in response to a perceived need. The company founder and principal nurse consultant, while working in an institutional palliative care setting, realised that many patients preferred to stay at home while receiving coordinated flexible care. This approach links to and complements known and trusted community supports. The private sector, through requests for services, indicated that patients preferred a Case Manger (with both an appreciation of their needs and the skill of advocacy) rather than many health professionals being involved in their care. The NurseLink Case Management Model, has a nurse as the care manager, and encourages education and informed choices to maximise the potential and self-responsibility of ‘the unit of care’. Professional services are negotiated on an individual basis and include on-call support, via a 24 hour Helpline, for those who have a contract with NurseLink.
<b>NurseLink Computer Program</b>	<p>The NurseLink computer program has been designed and developed to meet the administrative needs of a Case Management model of care, eg patient and personal information and updates, scheduling, integrated accounts and wages, and statistics and reports. It supersedes a customised program that was originally written for DOS. Features of the NurseLink computer program include</p> <ul style="list-style-type: none"><li>• integrated package to maximise functionality</li><li>• minimisation of administrative procedures</li><li>• written in MS Office</li><li>• IBM compatible</li></ul>
<b>NurseLink Membership</b>	<p>All nurses and carers who seek referrals from NurseLink need to be financial members. Memberships fall due on the 1<sup>st</sup> September each year. Membership is not restricted to employees and provides</p> <ul style="list-style-type: none"><li>• a monthly Newsletter</li><li>• discounts for NurseLink lectures/seminar</li><li>• access to NurseLink library &amp; resources</li></ul>
<b>Holistic Care</b>	Holistic Care refers to the interrelatedness of a person’s physical, intellectual, emotional and spiritual needs.
<b>‘unit of care’</b>	The ‘unit of care’ refers to the patient, family and all who are important to the patient, including pets.
<b>Caring Team</b>	The caring team comprises the ‘unit of care’, doctors, nurses, carers, other relevant health professionals and those who provide emotional and spiritual support.
<b>Case</b>	Case refers to the professional and administrative responsibilities involved in fulfilling the contract or duty of care between the ‘unit of care’ and NurseLink.

<b>Nurse Practitioner</b>	A Nurse Practitioner is a Registered Nurse who is either self employed or employed by NurseLink, who qualifies for membership of a professional organisation representing nurses in private practice (eg Royal College of Nursing, Australia) and holds a current practising certificate. When nurses become Members of NurseLink they are either employed or they are contracted for individual cases.
<b>Case Manager</b>	A Case Manager may be self-employed or may be employed by NurseLink on a casual basis or as a full time Nurse Practitioner. The Case Manager is responsible for the initial assessment, selection, supervision and credentialling of the caring team. The Case Manager also administers the case and provides professional backup.
<b>Team Nurse</b>	Team Nurses may be employed by NurseLink on a casual basis or may be self-employed. They support the Case Manager and are welcome at case review meetings.
<b>Primary Carer</b>	The primary carer is usually a representative of the family or a friend, but may be a NurseLink Case Manager or another health professional. When the patient is in a Care Facility the Care Facility is the primary carer.
<b>Enrolled Nurse</b>	An Enrolled Nurse holds a current practising certificate and practises within the limits of their abilities and qualifications, under the supervision of a Registered Nurse.
<b>Home Care Assistant</b>	Home Care Assistant is the title given to those who attend to the activities of daily living and so support the 'unit of care'. He/she is employed by NurseLink, receives direct and indirect supervision from a Registered Nurse and follows the plan of care in the Portfolio. He/she meets the criteria for accepting care work in the community.
<b>Patient Portfolio - long</b>	The long <i>Patient Portfolio</i> is the record of the Case Manager's assessment of the patient's preferences and capabilities. It is used as a guide for the caring team and qualifies the case for 24 hour Registered Nurse support with respect to care.
<b>Patient Portfolio – short</b>	The short <i>Patient Portfolio</i> is used for cases such as early discharge from hospital and shared care situations when NurseLink is not the primary carer.
<b>Quality Assurance Meetings</b>	Quality Control is achieved via periodic meetings with Home Care Assistants and Nurses. These meetings facilitate case debriefing, critical incident reporting and problem solving between the Case Manager and the caring team. There is an educational component at these meetings and attendance is recorded on personnel records. These meetings are part of NurseLink's Quality Management System and include discussion on topics such as wound management and medication (administration and documentation).
<b>Myers-Briggs Typology</b>	The Myers-Briggs Typology is the tool used at NurseLink for understanding different personalities and for appreciating each other's role in the team. It is a means to extend the caring team's skills and abilities so they are better able to strive to fulfil NurseLink's motto, ' <i>The patient first always</i> '.
<b>Education</b>	Education refers to training, experiential learning and educational updates, as per Quality Assurance.

<b>Management Review Meetings</b>	These six-monthly meetings are for Case Manager's and Management to examine feedback from the 'unit of care' and team members. At this time Procedures, Master Forms and Policies are reviewed and updated.
<b>Patient Register</b>	This is a record of current patients, contracts and account status - including eligibility and documentation required for claiming health insurance.
<b>Weekly Work Record</b>	<p>This form is used to provide the following information required for preparing the patient's account and calculating payments to nurses and carers. It contains</p> <ul style="list-style-type: none"> <li>• patient and carer details, a NurseLink number for nurse or carer, and day, date and code of service</li> <li>• time and confirmation of care given</li> <li>• contract and summary of duty of care</li> <li>• each member of the caring team's individual signature as evidence of having fulfilled their duty of care</li> </ul>

## NurseLink's Aim and Objectives

### Aim

Our aim is to provide a cost effective administration system for Registered Nurse Case Management for community care and to promote the valuable role of the nurse.

### Objectives

- to promote and provide home-based palliative and aged care
- to provide flexible and personal patient/family centred care
- to facilitate positive communication between patients, families and the health care team
- to give the patient, family and friends ('unit of care') practical support, the strength to cope and the opportunity to make informed choices
- to assist people in preparing for their death as a natural part of living; this includes completing advance directives, appointing medical and enduring power of attorney and funeral planning
- to contribute to research, advances and innovation in professional nursing
- to provide a structure to assist Registered Nurses to function as private Nurse Practitioners or Case Managers
- to offer high quality continuing inservice education
- to assure quality care and service through appropriate Quality Assurance activities
- to be guided by primary health care principles eg from *Position Statement, Primary Health Care*, Royal College of Nursing Australia, February 1999
  - equity, access, empowerment
  - self reliance, self determination and collaboration
  - individual and collective responsibility
  - 'people centered' versus 'disease centered' (The NurseLink team and the patients work together in a co-operative partnership, attempting to explore all alternatives to heal the patient and not just the disease: paraphrase from *Beginnings*, American Holistic Nurses Association 12:5 May 1992)
  - acknowledge the importance of environmental, social, cultural and economic dimensions of health
- to support relevant professional associations

### A reflection

*'Hospitals are but an intermediate stage of civilisation ... the ultimate object is to nurse all sick at home.'*

*Florence Nightingale*

*'Happiness comes when your work and words are of benefit to yourself and others.'*

*'Buddha's Little Instruction Book', by Jack Kornfield*



## Development of the NurseLink Model

### Qualitative Findings

Experience in the delivery of care confirmed that individuals and families in the private sector seek

- appropriate professional care in their own environment, surrounded by the people and the things they know and love
- care from competent professional people who reflect the philosophy and standards of their organisation
- carers who maintain a non-judgemental attitude and respect for confidentiality
- care from people who respect a person's uniqueness, character and way of life
- care from people who use the person's preferred name or title
- respect for the person's own problem solving approaches and ways
- appreciation that the individual has a right to choose from a range of health care/community options and to be supported in their own informed decisions
- nurses and carers who can be reliable and provide continuity of care with a minimum of team members
- written notice about the names of carers, their time of arrival and the contract
- a team of carers who strive to give unconditional 'tender loving care' - in spite of difficult moods and unreasonable demands
- someone to patiently listen to their story and its retelling
- carers who appreciate that a person's needs stem from interrelated physical, intellectual, emotional and spiritual sources
- carers with skills that can distinguish the person's real needs which may be masked by learned behaviours and manners
- carers who appreciate the effects of grief and loss and are able to suggest meaningful ways of discerning life events
- an opportunity to form trusting, therapeutic relationships
- consistency regarding costs and the availability of negotiation in the interest of both the person receiving care and the person providing the care
- assistance with obtaining appropriate benefits from Private Health Insurers, Government sources or taxation rebates
- acknowledgment by the nurse or carer that payment or reward for service is not only monetary but involves a two-way learning process. Rewards include experience and insights into another person's way of life and provide an opportunity for developing compassion and personal growth.

## Development of the NurseLink Model (cont)

### NurseLink's response includes

- a formal application process for Home Care Assistants and nurses seeking employment and support through NurseLink
- an orientation session for nurses and carers, during which NurseLink's philosophy and Model of Care are explained
- education programs based on holistic care, that encourage self awareness and self directed learning
- supervision and credentialling for nurses, carers and members of the 'unit of care'
- the development of a corporate image that includes company logo, documentation, stationery and brochures
- company representatives that are well groomed, attentive to personal hygiene, sensitive to the use of perfumes and considerate of the desired dress code
- high professional and ethical standards and a commitment to their ongoing development
- documentation for ISO 9002 series accreditation
- a Case Manager who is responsible for the assessment and negotiation of professional fees and is pivotal in selecting and supervising a suitable team to manage the case
- direct billing to private health insurers or to those managing the patient's financial affairs
- a fee structure that does not alter for weekends and Public Holidays
- professional documentation that is kept in the patient's home and is accessible to the 'unit of care' and the NurseLink team
- where possible, maintaining a continuity of nurses and carers while at the same time introducing and briefing new team members
- a 24-hour Helpline (free) monitored by a Registered Nurse for current cases
- a willingness to share care and complement other care teams in the community and institutional settings
- reporting and following up critical incidents and the development of quality control measures
- patient held documentation eg the *Patient Portfolio* and Weekly Work Record
- first anniversary contact
- facilities for recording and collating significant life events such as memoirs and achievements
- a monthly Newsletter for members and patients
- Internet facilities

## **The Role of the Nurse Practitioner and the Case Manager**

The role of the private Nurse Practitioner is to practise according to the NurseLink Model of Care, in the community, with *support* from NurseLink. If the Nurse Practitioner is a Case Manager she/he is responsible for the initial assessment and for supervising the care.

### **To receive referrals from NurseLink**

All nurses need to demonstrate accepted levels of competency and hold a current Annual Practising Certificate. They need to have a current Professional Indemnity and Public Liability Insurance policy. They need to have an appreciation of NurseLink's philosophy with regard to ethical codes of practice, eg these extracts from the *Code of Ethics for Holistic Nurses* (American Holistic Nurses Association)

- *the nurse carries personal responsibility for practice and for maintaining continued competence and has a responsibility to model healthy behaviours*
- *holistic nurses strive to achieve harmony in their own lives and assist others to do the same*
- *nurses have a responsibility to nurture each other and to assist nurses to work as a team in the interest of professional care*

### **Guidelines for Professional Fees**

Professional fees need to be negotiated for each case. There is a standard fee schedule. NurseLink provides guidelines to assist this sensitive negotiation process. Fees need to be renegotiated when there is a change in health status or other circumstances. The nurse Case Manager is responsible for this adjustment.

### **Reimbursement**

For contract Nurse Practitioners, patients' accounts are sent by NurseLink on behalf of the nurses. After the account has been paid, a 25% administration fee is deducted. The balance is paid fortnightly into a designated bank account via an "On Line" banking system.

*Superannuation, PAYG taxation deductions and WorkCover are not administered by NurseLink on behalf of Nurse Practitioners.*

*Nurses need to be aware of their responsibilities for Professional Indemnity, Personal Sickness and Accident Insurance and Taxation (including Provisional Taxation).*

Active membership of relevant professional organisations is encouraged and demonstrates an interest in the profession of nursing. Examples of memberships include the Royal College of Nursing (Australia), Holistic Nurses' Associations, Nurses in Private Practice Associations and Chapters, The Australian Palliative Care Council, Wound Care Associations, Therapeutic Touch Associations, and National Associations for Loss and Grief (NALAG).

### **Identification**

A personal NurseLink name badge is to be worn in the interest of patients.

# Curriculum Vitae

**Name:** Joy Nugent

**Address:** 2/196 Hutt St, Adelaide SA 5000

Telephone: (H) (08) 8232 0511 (W) (08) 8232 0511

Fax: (08) 8232 3923

Email: jnugent@tpg.com.au

**Date of Birth:** 21 December 1938

**Nationality:** Australian

**Personal:** Mother of four tertiary graduate children, grandmother of 4 children.

## Formal Professional Education:

2000 Currently enrolled in Graduate Program in Grief and Palliative Care Counselling a pathway to a Degree of Master of Clinical Science - Department of General Practice, Adelaide University, South Australia

1998 **Post Graduate Certificate in Palliative Care and Bereavement Counselling**  
Department of General Practice, Adelaide University, South Australia

1996 **Myers Briggs Type Indicator Professional Accreditation Program**  
Institute for Type Development, New South Wales

1992 **ANRAC Competency Workshop for Professional Development in Supervisory Skills**  
Nurses Board of South Australia

1988 **Subjects: Accounting and Finance G, Management Information Systems 1G**  
School of Business, University of South Australia, South Australia

1961 - 1962 **Midwifery Part 1 Certificate**  
Central Midwives Board for Scotland, the Simpson Memorial Maternity Pavilion,  
The Royal Infirmary of Edinburgh, Scotland

1957 - 1961 **Registered Nurse**  
The South Brisbane Hospitals Board, Princess Alexandra Hospital, Queensland

## Employment:

Currently - since 1987 Founding Director Private Palliative Care Services Pty Ltd. (ABN 58 008 153 400)  
Trading as NurseLink. Private Nurse Practitioner with NurseLink

1996 – 1999 Associate Lecturer, School of Nursing, Faculty of Health Sciences, Flinders University of South Australia

1986 Refresher Student in General Nursing at the Royal Adelaide Hospital

1986 – 1987 Registered Nurse, Mary Potter Hospice, Calvary Hospital, Adelaide

1985 Private Nurse working for an Agency in Adelaide

1972-1985 Practice Manager for Drs Duthy and Nugent, Orthodontists, South Terrace, Adelaide

- 1962-1966 Private Nurse working for an Agency in London  
 1961 Primary Care Nurse at St. Joseph's Hospital, Toronto, Canada

### Research Projects

- 1996 - 1997 A model of palliative care service delivery with application in rural and urban settings  
 Funding provided by The Australian Commonwealth Department of Health and Family Services to the University of South Australia.  
 Chief Investigators: Dr Bart O'Brien, Ian Blue, Joy Nugent, John Rogers,

### Presentations and Consultations to Professional Groups, Community Service Organisations, etc

*Private Palliative Care Services Pty Ltd was the first private company to be accredited with the Nurses Board of South Australia in 1988 as a provider of on-going education for nurses. Since that time, Joy has facilitated and presented at approximately 350 training courses for nurses, volunteers and nurse assistants. Venues have included NurseLink's seminar facilities, major hospitals, nursing homes and university classrooms in East and West Malaysia, Queensland and South Australia. In addition Joy has spoken to Church and community groups, Rotary International and various support groups.*

### Presentations to National and State Conferences/seminars/external courses

- |      |  |   |
|------|--|---|
| 2000 | "Dementia a palliative care perspective"   | Aged Care Nursing – The Race for Excellence in Aged Care. AUSMED Adelaide   |
| 2000 | "Palliative Care Nursing"  | 1 day seminar for AUSMED Adelaide   |
| 2000 | "Palliative Care Course" – 24 contact hrs  | Kayleen Kranz and Associates, Adelaide  |
| 2000 | "An Overview of Palliative Care" 12 hrs contact  | Parklyn Nursing Home for Kayleen Kranz and Associates, Adelaide   |
| 2000 | "More on Palliative Care"  | Parklyn Nursing Home  |
| 1999 | "Understanding Personality Types Enhances Care" "Strategies for Healing Past Hurts"  | Palliative Care for the Aged and Disabled Course, Adelaide  |
| 1998 | "Counselling Skills – Understanding Personality Type and Managing Stress"  | Breast Cancer Seminar – The Radiation Oncology Department, Royal Adelaide Hospital  |
| 1998 | Integrating Gerontology and Palliative Care – 12 hrs Course  | Alexandra Lodge. Adelaide   |
| 1997 | "The use of the Myers-Briggs Typology Indicator" "An Overview of a Primary Nurse Practice Model for Holistic Coordinated Care" | Rotary Program for Malaysian Participants of the Rotary Palliative and Aged Care Course – 21 Oct to 14 Nov. Coordinated by NurseLink and in conjunction with The Flinders University of SA International Institute of Hospice Studies |
| 1997 | "Healing through art"  | The Ethics of Caring and Healing, Adelaide  |
| 1995 | "Creativity in Palliative Practice"  | Royal College of Nursing Australia – Adelaide   |

### Presentations to International Conferences/Seminars/external courses

- |      |   |  |
|------|---|--|
| 2001 | Coordinator and presenter<br>Complementary Skills Training and Public Forum | Sandakan Hospice, Sabah, East Malaysia |
|------|---|--|

2000	Paper presentation: Palliative Care – Integrating Science and Spirituality	Improving Life Through Health Promotion: Nurses Making a Difference Chiang Mai Thailand
2000	Therapeutic Touch , Massage and Aromatherapy	Complementary Therapies Course, Sandakan, East Malaysia – Coordinated by NurseLink with assistance from Unley Rotary Club
1999	Introductory Palliative Care Course 2 day	Tawau Palliative Care Association, East Malaysia Unley Rotary Club assisted
1999	“Rehabilitation of Cancer Patients”	Public forum on Cancer Awareness. Tawau, East Malaysia
1999	An Intensive Course on Bereavement Counselling (1week)	Hospice Association of Sandakan, East Malaysia Travelling Fellowship from the International Association for Hospice and Palliative Care
1999	“Nursing the Dying”	Official Opening of the Sandakan Hospice Secretariate and Launching of Hospice Homepage
1998	“Spirituality/Creativity in Palliative Care” “Attitude towards Death & Dying – Nursing the Dying” “The Myers-Briggs Typology” “Spiritual & Psychological Pain”	Hospice & Palliative Care Training Camp for Volunteers. Organised by Hospice and Palliative Care Groups of Keningau, Tawau, Kudat & Sandakan, East Malaysia
1997	“An Overview of Palliative Care”	Chinese Maternity Hospital, Ipoh, West Malaysia
1996	“Palliative Care Nursing” (2 x 1 day courses and hospital presentations	Ipoh, West Malaysia
1996	Palliative Care Course (2 days) and volunteer training	Coordinator and Presenter for Hospice Malaysia, Kuala Lumpur
1996	“Care Options for Hospice Patients – A Primary Practice Model”	13 <sup>th</sup> Asian Pacific Cancer Conference Penang, West Malaysia
1996	“An Overview of Palliative Care” “Understanding Grief and Loss”	An Overview of Palliative Care, Hospital TAR, Klang, West Malaysia
1996	“A Private Nurse Practice”	International Images of Health – Philosophical and Political Dimensions, University of Ballarat
1991	“A Computer Program to Assist the Nurse in Independent Practice”	“Nursing Informatics 91” Conference – Melbourne

## **International Conferences/seminars Attended**

2000	13 <sup>th</sup> International Congress on Care of the Terminally Ill, Montreal, Canada
1999	Public Forum – The Hospice Awareness Programme, Sandakan Hospice Association, East Malaysia
1999	1 <sup>st</sup> International Conference, Nurse Healers – Professional Association International Inc. Adelaide
1998	Volunteer Hospice Training – Subah, East Malaysia
1998	4 <sup>th</sup> National Conference, AAPT, Brisbane, Queensland
1997	Hospice Seminar - An Overview of Palliative Care, Hospital TAR, Klang, West Malaysia

- 1996 13<sup>th</sup> Asian Pacific Cancer Conference – Penang, November
- 1996 Hospice Care in Asia International Conference - Singapore, February/March
- 1996 International Images of Health – Philosophical and Political Dimensions, University of Ballarat
- 1996 An Overview of Palliative Care, Hospital TAR, Klang, West Malaysia
- 1995 43<sup>rd</sup> International Congress – Women Chiefs of Enterprises, Kuala Lumpur
- 1995 1st Annual International Conference on Mind, Immunity and Health, Lorne, Victoria.
- 1994 2-week Hospice & Palliative Care Study Seminar in Britain - organised by US-based Hospice Education Institute.
- 1993 Nurse Healers' Conference, Sacramento, California.
- 1992 First International Hospice Conference - "East Meets West" - Bombay.
- 1992 Nurse Healers' Conference, New York, USA.
- 1990 Sixth World Congress on Pain - Adelaide.
- 1989 Fifth International Conference on AIDS - Montreal.
- 1988 Sixth International Congress on Care of the Terminally Ill - Montreal.

### **National Conferences Attended**

- 2000 The 3<sup>rd</sup> National “Complementary Therapies in Nursing” Conference – Complementary Therapies and Spirituality in Nursing Practice - Brisbane
- 1999 The 5<sup>th</sup> Australian Palliative Care Conference - Brisbane
- 1998 Dimensions of Suffering – The Southern Hospice Foundation, Adelaide
- 1997 4<sup>th</sup> Australian National Hospice Palliative Care Conference “Making the Connections” - Canberra
- 1995 3<sup>rd</sup> Australian National Hospice Palliative Care Conference “Making the Connections” - Perth.
- 1992 Nursing Kaleidoscope "Sharpen the Focus" - Adelaide.
- 1990 1st National Conference on Hospice and Palliative Care - Adelaide.
- 1989 Future of Palliative Care - Canberra.
- 1987 Ethical Issues in Health Care – Dilemmas for the Present and the Future.
- 1986 “The Cancer Pain Revolution” Modbury Hospital.
- 1985 South Australian Association for Hospice Care Inc.  
Seminar - "Issues in Palliative Care" - Dr. Mary Vachon

### **Seminars and Workshops Attended for Self Directed Learning**

Joy has attended numerous workshops on Personal Growth, Palliative and Aged Care, Myers-Briggs Typology, working with Universal Energy, Spirituality and Public Speaking.

### **Publications**

Emden, Carolyn and Nugent, Joy: [An Adventure Into Independent Practice](#) in *Issues in Australian Nursing 3*  
Part II Chapter 6.

Fanning, Elizabeth A. and Nugent, Joy: Ideas for Children's Parties. Thomas Nelson, 1979.  
(Focus on good nutrition for children).

## **Memberships**

- Member of the USA-based International Association for Hospice and Palliative Care
- Member of the Royal College of Nursing, Australia
- Associate Fellow of the Australian Institute of Management
- Member of Women Chiefs of Enterprises – International
- Member of the National Speakers Association
- Foundation Member of Friends of Hospice Inc SA
- Honorary Member of the Palliative Care Council of South Australia
- Honorary Life Member of the Mary Potter Foundation SA
- Member of National Association of Grief and Loss
- Member of Australian Association of Psychological Type

## ***Personal & Professional References may be obtaining by contacting the following people:***

Mr WK Wood  
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