



The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

IN THIS ISSUE:

BANISH THE BURN: TACKLING
STOMA PROLAPSE AND PERISTOMAL
SKIN COMPLICATIONS

THE EVOLUTION OF STOMAL THERAPY
IN AOTEAROA NEW ZEALAND

NZNO COLLEGE OF STOMAL
THERAPY NURSING CONFERENCE
2026 PROGRAMME

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The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

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Editors' Report

ERICA AND PREETI

As we step into the vibrant energy of spring, there's a renewed sense of growth and possibility in the air. The season reminds us of the resilience that underpins our profession—a theme that continues to guide us as we look ahead to the 2026 NZNOCSTN Conference.

As we step into the vibrant energy of spring, there's a renewed sense of growth and possibility in the air. The season reminds us of the resilience that underpins our profession—a theme that continues to guide us as we look ahead to the 2026 NZNOCSTN Conference.

Resilience: The Enduring Theme of 2026: The upcoming conference promises to be a cornerstone event, with a programme rich in clinical insight, professional development, and community connection. The theme of resilience—so deeply embedded in our daily practice—will be explored through workshops, keynote sessions, and collaborative forums. I encourage you to review the full programme included in this edition and begin planning your attendance. It's shaping up to be a truly inspiring gathering.

Reflections from the NZ Ostomates Conference In September, our chairperson delivered a powerful presentation at the NZ Ostomates Conference titled *The Evolution of Stomal Therapy in Aotearoa New Zealand: History, Challenges, and Future Directions*.

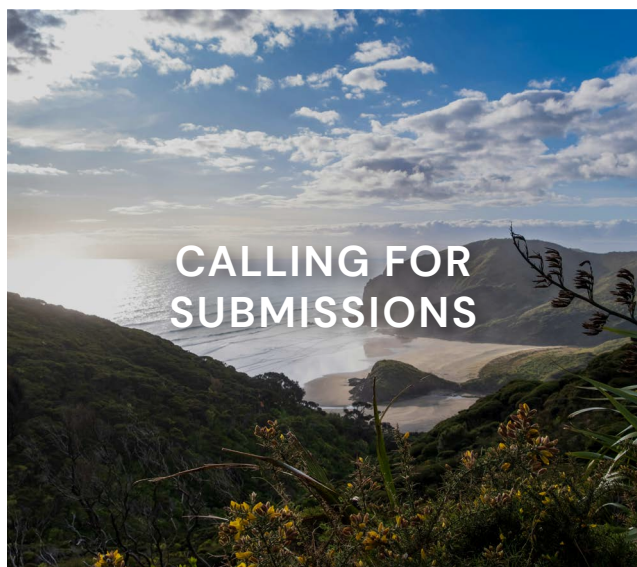
This session traced the remarkable journey of STN nursing in New Zealand—from its pioneering roots to the current landscape marked by workforce pressures and evolving patient needs. It was a poignant reminder of the strength and adaptability of our community, and the importance of advocating for sustainable support and recognition.

Acknowledging Carol Lee This spring also marks a quiet but meaningful transition for one of our long-standing colleagues. Carol Lee, a steadfast advocate, and clinician in the Waikato region, is retiring after many years of dedicated service. At Carol's request, we won't make a fuss—but it felt right to acknowledge her contribution here. Carol's commitment, compassion, and leadership have left an indelible mark on our profession, and we wish her all the best in this next chapter.

Looking Ahead As we approach the end of the year, may you find time to reflect, recharge, and reconnect with what inspires you. Whether you're wrapping up clinical projects, mentoring new colleagues, or simply taking a well-earned break, know that your work matters deeply. We look forward to reconvening in March 2026 with fresh momentum and shared purpose.

Warmest wishes,

Preeti Charan & Erica Crosby



CALLING FOR SUBMISSIONS

We know there are A LOT of patients that have benefitted from the expertise and persistence of Stomal Therapists or those nurses with an interest in caring for people with a stoma or fistula. **WE WANT YOUR STORIES** for this journal. Spread your good work for the benefit of others. We would **LOVE** to hear from you. Please send your submissions to either:

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- Preeti.charan@waitematadhb.govt.nz or
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DAY ONE: THURSDAY 5 MARCH

Theme:

RESILIENCE



0830–0900	Registration and Exhibition Open
0900–1000	Pōwhiri & Welcome Maree Warne, ostomy Nurse, Hawkes Bay DHB
1000–1100	Keynote Speaker Jake Bailey, Passionate Educator on Resilience
1100–1130	Morning Tea & Exhibition
1130–1200	Biennial General Meeting (BGM)
1200–1230	Early Closure – Pros & Cons Dr Arend Merrie, Colorectal Surgeon, Auckland Hospital & Auckland Colorectal Centre
1230–1330	Lunch & Exhibition
1330–1400	Sexuality Post-Surgery Dr Arend Merrie, Colorectal Surgeon, Auckland Hospital & Auckland Colorectal Centre
1400–1430	Abdomino-Perineal Resections Dr Tamara Glyn, Senior Lecturer, University of Otago, Christchurch
1430–1500	Abstract Presentation
1500–1530	Afternoon Tea & Exhibition
1530–1600	Abstract Presentation
1600–1630	Radiation Oncology Dr Iain Ward, Radiation Oncologist, St George's Cancer Care Centre
1900–2200	Conference Dinner An Evening in Bloom: Join Us for a Garden Party

NZNO College of Stomal Therapy Nursing Conference 2026 Programme

DAY TWO: FRIDAY 6 MARCH

Theme:

RESILIENCE



0800-0830	Registration and Exhibition Open
0830-0900	Welcome & Housekeeping
0900-1000	Ostomate Wellbeing Workshop: Moving Away from Problems and Towards Positive Change Assoc Prof Simon Knowles, Associate Professor of Clinical and Health Psychology and Clinical Psychologist, Swinburne University of Technology, Melbourne
1000-1030	Morning Tea & Exhibition
1030-1200	Assoc Prof Simon Knowles continues
1200-1300	Lunch & Exhibition
1300-1330	Paediatrics Jonathan Wells, Paediatric Surgeon, Christchurch Hospital
1330-1400	Gastroenterologist – High Output Stomas James Flavel
1400-1430	Bowel Motility Unit Danielle Pope, Motility Clinical Nurse Specialist, Christchurch Hospital
1430-1500	Patient Perspective
1500-1530	Afternoon Tea & Exhibition
1530-1600	Abstract Presentation
1600	Conference Close

CALL FOR ABSTRACTS – NZNOCSTN CONFERENCE 2026

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The Evolution of Stomal Therapy in Aotearoa New Zealand: History, Challenges, and Future Directions

BY MAREE WARNE, CHAIRPERSON NZNOCSTN

Stomal therapy in Aotearoa New Zealand has evolved from an informal area of postoperative care into a recognised clinical nursing specialty, providing vital physical, psychological, and educational support for people living with a stoma. This paper traces the historical development of stomal therapy nursing in New Zealand, examines the challenges related to education, workforce, and health system restructuring, and discusses the ongoing collaboration between healthcare professionals, patient advocacy groups, and industry partners. The paper concludes by identifying key areas for investment and reform necessary to sustain this essential specialty and improve outcomes for patients and the nursing workforce alike.

INTRODUCTION

The creation of a stoma—whether colostomy, ileostomy, or urostomy—represents not only a surgical intervention but a profound life adjustment for patients. Stomal therapy has developed in parallel with advances in surgical technique, innovation in ostomy appliance design, and the growing recognition of the need for specialised nursing care.

In Aotearoa New Zealand, this field has grown through the dedication of pioneering nurses, the support of patient advocacy groups, and the collaboration of industry partners. However, persistent challenges remain in education, workforce sustainability, and equitable access to care.

HISTORICAL DEVELOPMENT OF STOMAL THERAPY NURSING

Early Beginnings and International Influence

The development of stoma appliances has been intrinsically linked with the evolution of colorectal and urinary diversion surgery. As surgical safety improved through the mid-20th century, the need for specialist postoperative support became apparent, giving rise to the discipline of enterostomal therapy.

In New Zealand, the modern practice of stomal therapy can be traced to Ruth Wedlake, who, in 1972, became the first New Zealand nurse to complete formal training in enterostomal therapy at the Cleveland Clinic in the United States. Upon returning home, she was appointed as the first Enterostomal Therapist at Dunedin Hospital, laying the foundation for the specialty nationally.

Establishment of Professional Networks

Recognising the importance of professional collaboration and advocacy, Wedlake and her colleagues established a committee to represent the specialty. In 1980, this group affiliated with the New Zealand Nurses Association, becoming the Enterostomal Therapy Section, later renamed the NZNA Stomal Therapy Section, and, since 2015, the New Zealand National Organisation of Stomal Therapy Nurses (NZNOCSTN).

The organisation's mission has remained consistent: to advance clinical excellence, promote education and research, and support nurses and patients within this field.

EDUCATION AND TRAINING

Historical Context

Formal education in enterostomal therapy began in New Zealand in 1984 with a year-long course designed to equip nurses with the required clinical and theoretical knowledge. Unfortunately, this programme ceased in 2001, creating a lasting gap in domestic training options.

Current Pathways and Barriers

At present, New Zealand nurses seeking specialist training must undertake education in Australia. Two principal programmes are available:

1. **Curtin University (Perth):** Graduate Certificate in Wound, Ostomy and Continence Practice (postgraduate level; approximately AUD \$13,000; includes a two-week in-person practicum in Perth).
2. **Australian College of Nursing:** Graduate Certificate in Stomal Therapy Nursing (approximately AUD \$7,000; delivered online; not recognised at postgraduate level).

Both options impose significant financial and logistical barriers for New Zealand nurses, often without access to funding or study leave. Consequently, local capacity for training and professional development remains limited, hindering workforce growth and succession planning.

THE CURRENT WORKFORCE

It is estimated that approximately 30 nurses in New Zealand hold a recognised postgraduate qualification in stomal therapy, supported by a further 50–100 clinical specialty nurses employed by Te Whatu Ora – Health New Zealand to deliver ostomy care without formal postgraduate certification.

The demands of this workforce continue to grow as patient numbers increase and healthcare settings evolve. Most services are now clinic-based rather than home-based, reflecting broader systemic shifts in healthcare delivery. Despite Ministry of Health specifications recommending reassessment of each person with a stoma every two years, current service capacity does not permit full compliance with this standard.

PATIENT ADVOCACY AND SUPPORT NETWORKS

From the earliest days of stomal therapy, peer support has been central to patient wellbeing. In 1972, with encouragement from Ruth Wedlake, the New Zealand Council of Ostomy Associations was established, later becoming the Federation of New Zealand Ostomy Societies (incorporated in 1981).

The Federation provides advocacy, information, and mutual support, ensuring that people living with a stoma—known as ostomates—are not isolated in their experience. This partnership between patients and healthcare professionals remains fundamental to holistic ostomy care.

THE ROLE OF INDUSTRY IN ADVANCING CARE

Ostomy product manufacturers have played an integral role in improving quality of life for ostomates. Through collaboration with patients and clinicians, these companies have developed pouching systems that are more comfortable, reliable, and skin-friendly.

Beyond product development, industry partners contribute to the ongoing education of Stomal Therapy Nurses by funding conferences, delivering training, and supporting access to resources. Such partnerships foster innovation and ensure that both patients and clinicians remain informed and empowered.

CONTEMPORARY CHALLENGES IN THE HEALTH SYSTEM

Structural Reform and Workforce Uncertainty

The transition from District Health Boards to Te Whatu Ora – Health New Zealand was designed to create consistency and equity across regions. However, large-scale restructuring has introduced uncertainty for staff, disrupted established teams, and complicated service planning.

Funding and Resource Constraints

Reductions in funding across multiple sectors of healthcare have placed increasing strain on specialty services. These constraints translate into staff shortages, reduced access to education, and limitations on service delivery. Sustained underinvestment risks compromising the quality of patient care and eroding workforce morale.

Access and Equity Issues

Reviews of medical device funding, including ostomy appliances, have generated concern among both clinicians and patients. The potential withdrawal or restriction of established products threatens continuity of care and patient confidence. Access to appropriate and reliable devices is not merely a logistical issue—it is integral to dignity, autonomy, and quality of life.

Rising Demand and Changing Demographics

New Zealand's ageing population has led to an increase in complex, multimorbid patients requiring ostomy formation and ongoing care. This demand places additional pressure on an already stretched workforce. The need for comprehensive, integrated, and patient-centred care is greater than ever.

DISCUSSION

The story of stomal therapy in Aotearoa New Zealand is one of progress built on dedication, collaboration, and advocacy. Yet, its sustainability is threatened by educational barriers, funding limitations, and workforce challenges. To secure the future of this specialty, several priorities emerge:

1. **Re-establishing local education programmes** to reduce barriers to specialist qualification.
2. **Ensuring stable funding and workforce planning** to support both acute and community-based care.
3. **Protecting specialist nursing roles** within broader health system reforms.
4. **Maintaining equitable patient access** to evidence-based ostomy products and services.

These steps are essential to preserve the quality of care and uphold the professional integrity of stomal therapy nursing.

CONCLUSION

Stomal therapy in New Zealand represents a remarkable journey—from the pioneering efforts of Ruth Wedlake in the 1970s to the dedicated practice of today's specialist nurses. The specialty has advanced through innovation, research, and an unwavering commitment to patient dignity and independence.

However, sustaining this progress requires renewed investment in education, workforce development, and systemic support. Collaboration between clinicians, patients, industry, and policymakers remains vital to ensuring equitable, high-quality care for all people living with a stoma.

Ultimately, stomal therapy is not solely about managing surgical outcomes—it is about restoring autonomy, confidence, and quality of life. As such, it deserves both recognition and protection within the modern healthcare landscape.

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Aurum® Profile's Advanced Approach: Enhancing Peristomal Skin Health and Comfort

BY SHARRYN COOK, CLINICAL NURSE SPECIALIST FOR WOUND AND STOMA THERAPY, TE WHARA ORA MARLBOROUGH

This case study presents the management of a 92-year-old gentleman with a mucocutaneous dehiscence following colostomy formation. It highlights how the introduction of Aurum® Profile significantly improved his peristomal skin condition, extended pouch wear time, and enhanced his overall quality of life. His story highlights substantial improvements over two months, including wound healing, resolution of inflammation, and increased pouch wear time to three days.

ABOUT THE PATIENT

92-year-old gentleman, experiencing exposed peristomal area leading to infection, impaired healing, and discomfort.

CLINICAL NEED

To find an advanced pouching system that could address both the functional and therapeutic requirements of this challenging peristomal wound environment.

CARE PATHWAY

Aurum® Profile

PATIENT ASSESSMENT

Mr. T is a lovely gentleman full of life and spirit. Recently, Mr. T faced a significant health challenge: a sigmoid volvulus. This required the formation of a colostomy, a procedure that, while lifesaving, presented its own set of challenges. Socially, Mr. T resides with his wife in an aged residential care facility, where he is supported in maintaining independence and mobilises with a four-wheeled walker.

CLINICAL NEED

Following colostomy formation, Mr. T developed a mucocutaneous dehiscence at the stoma site. This complication left a larger exposed peristomal area that was vulnerable to infection, impaired healing, and discomfort. The breakdown of skin integrity significantly impacted his recovery and quality of life, making pouching more difficult and less secure. The clinical need was therefore to find an advanced pouching system that could address both the functional and therapeutic requirements of this challenging peristomal wound environment.

CARE PATHWAY

To address these challenges, the Aurum® Profile pouch was introduced. This product was selected for its dual benefits: the soft, conformable flange that relieves pressure around irregular stoma contours, and the skin-friendly hydrocolloid with medical-grade Manuka honey.

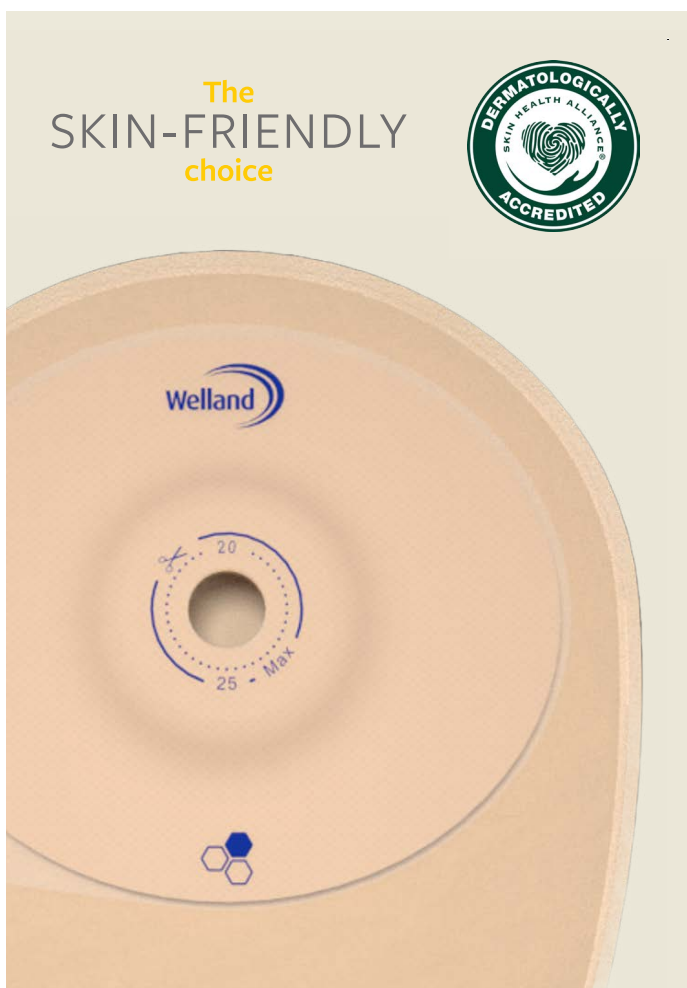




Figure 1: Shows mucosal separation and irritation to the peristomal skin.



Figure 2: Two months use of Aurum® Profile.

CLINICAL OUTCOME

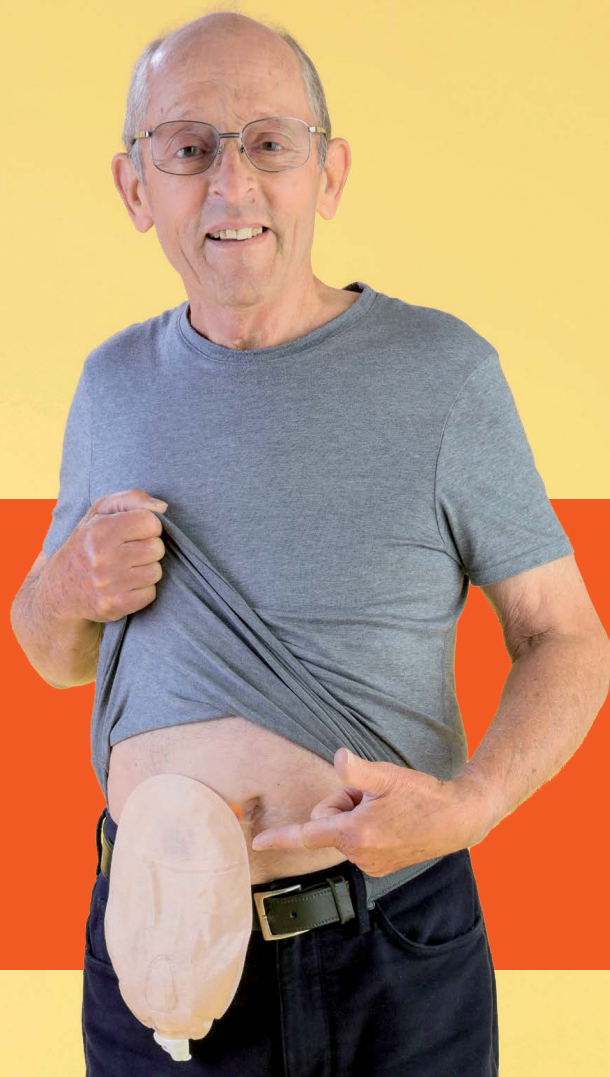
After two months of consistent use of the Welland Aurum® Profile pouch, Mr. T demonstrated marked improvement in his peristomal skin condition. The wound showed a significant reduction in both area and depth, with clear evidence of healthy granulation tissue and epithelialisation. Redness and inflammation had resolved, and no further signs of infection were present. To provide additional security and confidence, Welland HydroFrame® with Manuka honey was used around the flange edges, further protecting the peristomal skin and extending wear time. Mr. T was able to achieve a reliable three-day pouch wear time, compared to his previous frequent changes due to leakage and skin irritation. Importantly, he reported a dramatic improvement in his quality of life. The resolution of pain, reduction in pouch-related anxiety, and restored confidence enabled him to return to his usual activities within the residential care facility. He regained a sense of independence and dignity, which was a key goal of care.

OVERVIEW

This case study highlights the management of a 92-year-old male patient who developed a mucocutaneous dehiscence following colostomy formation for sigmoid volvulus. The complication resulted in significant peristomal skin breakdown, increasing the risk of infection, reducing pouch wear time, and negatively impacting quality of life. Given the patient's advanced age, comorbidities, and vulnerability to delayed healing, an innovative solution was required. The Welland Aurum® Profile pouch was selected due to its conformable design and Manuka honey flange. Over a two-month period, the patient demonstrated substantial clinical improvement. The peristomal wound reduced in size and depth, healthy tissue regeneration was evident, and pouch wear time increased to three days. The addition of Welland HydroFrame® with Manuka honey provided further security and skin protection. Importantly, the intervention restored the patient's confidence and independence, allowing him to resume daily activities without ongoing anxiety about leakage or discomfort. The study illustrates the potential of honey-based ostomy care products to optimise peristomal skin health, support wound healing, and improve overall quality of life in complex cases.



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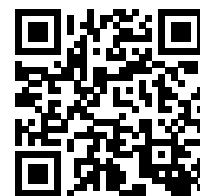
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1. Dansac data on file, LN-06224,07/22.

2. When compared to Nova urostomy pouch.

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Banish the Burn: Tackling Stoma Prolapse and Peristomal Skin Complications

BY SHARRYN COOK, CLINICAL NURSE SPECIALIST FOR WOUND AND STOMA SERVICES, TE WHATU ORA NELSON/MARLBOROUGH

ABSTRACT

Stoma prolapse is a recognised complication of ostomy formation, with reported incidence rates varying from between 2% and 26%.¹ While more commonly associated with loop stomas, prolapse can occur with any stoma type and affects approximately 2% to 10% of colostomy patients – rising to as high as 30% in cases involving the transverse colon.²

Peristomal skin complications, including irritant contact dermatitis, are frequently seen with prolapse and are often linked to poor appliance fit and subsequent leakage.³ These challenges can compromise skin barrier adherence, skin integrity, and overall quality of life.⁴

Although conservative management strategies of a stoma prolapse may offer temporary relief, long-term success often hinges on the selection of the appropriately fitting, as well as the skin barrier technology to support skin health. In this case study, a skin barrier seal, designed to provide secure adhesion, absorb excess moisture and buffer pH, together with resizing of the pouch aperture, produced rapid clinical improvement: reduced leakage, marked improvement of peristomal skin integrity within one week, and improved patient confidence.

This case study highlights the importance of individualised stoma care, interdisciplinary collaboration, and the integration of advanced barrier solutions to optimise outcomes for older adults experiencing stoma-related complications.

PATIENT OVERVIEW

The patient is an 81-year-old male who presented with a complex medical history, including ischaemic heart disease (resulting in a coronary heart bypass graft), type II diabetes mellitus, gout, dyslipidaemia, and recurrent episodes of sigmoid volvulus. He also required an indwelling urinary catheter due to benign prostatic enlargement, with no associated bladder abnormalities.

At the time of presentation, the patient had been visiting his daughter in the South Island of New Zealand, although he normally resides with his wife in the North Island. He remained independent with activities of daily living and did not require mobility aids, however, was he unable to drive due to his health condition. He was a non-smoker and did not consume alcohol.

The patient was admitted with another episode of sigmoid volvulus – his latest in a series of recurrent obstructions. Sigmoid volvulus occurs when the sigmoid colon twists upon itself, leading to bowel obstruction.⁵ This torsion can compromise vascular supply to the affected bowel segment, potentially resulting in colonic ischemia, gangrene, perforation, peritonitis and obstruction.^{6,7} Sigmoid volvulus is the most common form of colonic volvulus and is frequently observed in elderly, debilitated patients, particularly those with chronic constipation.¹

Due to the frequency and severity of the patient's episodes of sigmoid volvulus, conservative management was no longer viable, and surgical intervention was deemed necessary. He underwent a sigmoidectomy with the formation of a permanent colostomy, a procedure in which the colon is diverted to an abdominal opening, creating a stoma for waste elimination.⁸

While colostomy formation effectively resolved the immediate threat of bowel obstruction, it introduced new challenges, as post-operatively the patient developed a stoma prolapse, a condition characterised by abnormal protrusion of the bowel through the stoma.³ This complication is often associated with weakened abdominal fascia, increased intra-abdominal pressure, or obesity.² For the patient, this meant that a portion of the bowel was protruding through the stoma opening, causing significant discomfort and posing risks to the integrity of the stoma itself.

Additionally, the inability to achieve a secure seal with the ostomy pouching system resulted in persistent leakage and significant skin irritation. This led to the development of contact irritant dermatitis affecting the peristomal area. The ensuing inflammation and discomfort not only complicated routine stoma care but also had a detrimental impact on the patient's overall quality of life.⁸

ACTION

Management of the patient's stoma prolapse began with conservative measures, including gentle manual reduction, cold compresses, and the application of sugar to reduce swelling, which are documented management strategies.^{1,2,9} These interventions were discussed with the surgical team prior to discharge, with the understanding that further surgical intervention may be considered if complications persisted.

The patient understood the importance of preventing stoma seepage into the wound and worried constantly whether his pouch was adhering securely to his skin.

Although larger capacity pouching systems with extended adhesive areas are often recommended for prolapsed stomas,³ the ward staff had cut the pouch opening excessively large to accommodate the prolapse, inadvertently compromising the seal and contributing to peristomal skin irritation due to leakage of stoma effluent onto the skin. This caused further visible peristomal skin irritation (figure 2).

To address this, a Dansac TRE™ seal (figure 1) was introduced, selected for its ability to swell and conform to the stoma shape, adapt to body movement, whilst also being easy to remove and gentle on the skin, minimising skin irritation during pouch changes.

The pouch was also resized to fit appropriately around the stoma, eliminating gaps and improving adhesion.

A coordinated interdisciplinary approach underpinned all clinical decisions. The surgical team advised on the necessity and timing of conservative versus surgical options and the Stomal Therapy Nurse (STN) linked in to lead with peristomal, skin assessment, pouching system reassessment and barrier selection.

Importantly, the STN provided hands-on support to ward staff, demonstrating correct aperture sizing, barrier application and pouch change technique. The STN also delivered individualised patient education and gave reassurance, acknowledging that a prolapse can be distressing, heighten anxiety and complicate pouch changes.³

RESULTS

Within one week of using the Dansac TRE™ seal, the patient's peristomal skin showed marked improvement (figure 3).

The patient was now able to wear a pouch for 2 to 3 days without discomfort, and no leakage was occurring.

The prolapse decreased in size, and the patient reported increased confidence in managing his stoma.



Figure 1: Dansac TRE™ seal

ABSORPTION

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DISCUSSION

This case underscores three interrelated themes:

The frailty of Geriatric Patients.

Elderly patients often have diminished reserves and are more susceptible to complications following surgery. Post operative complications include age-related changes to skin integrity, multimorbidity and functional limitation which require proactive and individualised stoma care.¹⁰

The importance of long-term stoma care

Long-term stoma management requires ongoing proactive education, assessment and support to prevent peristomal skin complications, including peristomal skin irritation, and to manage complications such as prolapse.¹¹

The need for Interdisciplinary Collaboration

Managing complex cases like this necessitates a collaborative approach involving surgeons, nurses, stoma / wound care specialists, and the patient. Each discipline plays a vital role in ensuring safe, effective and compassionate care, which in turn can reduce avoidable peristomal skin complications, increase confidence and support independence.¹²



Figure 2: Prolapsed stoma with visible peristomal irritation



Figure 3: One week later - resolved skin irritation and reduced prolapse

CONCLUSION

This case study demonstrates how targeted nursing interventions can successfully address stoma prolapse and alleviate peristomal skin complications, including contact irritant dermatitis caused by leakage – ultimately enhancing the patient’s comfort, confidence, and quality of life. It also highlights the multifaceted challenges of caring for elderly patients with chronic conditions and highlights the importance of individualised stoma care.

For older adults with frailty and comorbidities, precise skin barrier fit and proactive skin protection are critical to maintaining wellbeing. In this case, the introduction of the Dansac TRE™ seal not only resolved skin irritation but also significantly reduced the patient’s anxiety around leakage.

This outcome reinforces the value of interdisciplinary collaboration and patient-centred education in achieving optimal stoma management. The insights gained offer practical guidance for clinicians navigating the complexities of stoma prolapse and peristomal skin care in geriatric populations.

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Writing in The Outlet

PURPOSE

The Outlet is the journal representing the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN), and has a strong focus on the specialty nursing area of Stomal Therapy. Local input is encouraged and supported. The editors of The Outlet are appreciative of the opportunity to assist and mentor first time publishers or to receive articles from more experienced writers. The guidelines below are to assist you in producing a clear, easy to read, interesting article which is relevant.

The main goal of writing for the Outlet is to share research findings and clinical experiences that will add value and knowledge to clinical practice of others. The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapists. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why, when, where, and/or how of a situation will help pull the article together.

GUIDELINES

Writing Style

Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

Construction of the Article

It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

Article Length

There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500–3000 words which is approximately three published pages.

Photographs, Illustrations, Diagrams, Cartoons

These are all welcome additions to any article. Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

Copyright

The NZNOCSTN retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so provided prior permission is sought, the material is used in context and The Outlet is acknowledged as the first publisher. Manuscripts must not be submitted simultaneously to any other journals.

Referencing

The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows:

1) North, N.& Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. Nursing Research 3:1, p4–10

Most submitted articles will have some editorial suggestions made to the author before publishing.

Example Article Format Title

As catchy and attention grabbing as possible. Be creative.

Author

A photo and a short 2–3 sentence biography are required to identify the author/s of the article.

Abstract

Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory etc.) and the key message of the article.

Introduction

Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how a literature review must be included.

Literature Review

If publishing a research paper.

Tell Your Story

Ask yourself all these questions when telling your story. Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines

Awards & Grants

Available to ALL members of NZNOCSTN.

Review full information on NZNOCSTN web site.

Bernadette Hart Award

Section members may make application annually for the Bernadette Hart Award. The award is for conference or course costs. See full history of award on NZNOCSTN web site.

Applications close on 20 July annually.

Policy for Bernadette Hart Award

PROCESS

- The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal The Outlet
- The closing date for the BHA applications is 20 July each year
- The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicant(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

CRITERIA

- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

FEEDBACK

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

APPLICATIONS CLOSE 20 JULY (ANNUALLY)

SEND APPLICATION TO:

Email: emma.ludlow@middlemore.co.nz

BERNADETTE HART AWARD APPLICATION FORM

Name: _____

Address: _____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

STOMAL THERAPY DETAILS

Practice hours Full Time: _____ Part Time: _____

Type of Membership ☐ FULL ☐ LIFE

PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

- Outline the relevance of the proposed use of the award to Stomal Therapy

EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration)

\$ _____

Transport: \$ _____

Accommodation: \$ _____

Other: \$ _____

Funding granted/Sourced from other Organisations

Organisation:

_____ \$ _____

_____ \$ _____

_____ \$ _____

PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOSTS

Have you been a previous recipient of the Bernadette Hart award within the last 5 years?

☐ Yes (date) _____

☐ No

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

☐ Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

☐ Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: _____

Date: _____



The Outlet

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