



The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

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Wind up of NZNOCSTN Conference 2024

A Tumor, A Tremor and a Stoma:
Is Independence Possible?

Nurse Profile – Terri Norton

MARCH 2024

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The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

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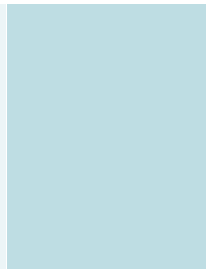
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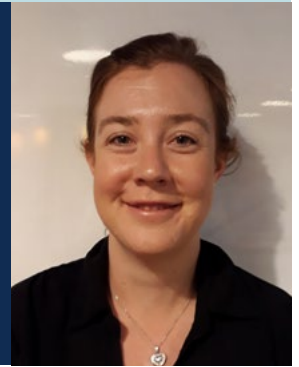
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Chairperson's Report

EMMA LUDLOW

BGM 29/02/2024



Kia Ora,

I have now transitioned to an age where I am allowed to say "gosh! time flies". The last two years have been a whirlwind but thoroughly enjoyable time on the committee. We have a tight knit team who have worked hard and laughed hard throughout the journey.

Firstly, I would like to thank the committee. It is a truly altruistic offering to volunteer in a national committee when we have numerous personal and professional commitments that come with high stakes and constantly have our attention. Thank you to Chris Cameron for her diligent management of the accounts, Maree Warne for her expert handling of all secretarial duties. Thank you to Marie Buchanan and Preeti Charan for putting out professional editions of The Outlet to be proud of, and Holly Dorizac for being the international representative with WCET and supportive resource with the projects the committee have undertaken.

Four members, including myself, are stepping down due to our terms ending. We need you to carry the torch and continue to be the national voice for stomal therapy nursing in New Zealand.

This term, the committee received clinical guideline submissions from stomal therapy nurses across New Zealand. They were peer reviewed and now form the National Clinical Guidelines as a guiding document for skill based tasks that a stomal therapy nurse could undertake in their role. We are proud of this document and want it to be used to upskill and promote safe stomal therapy nursing standards with our patients. The National Clinical Guidelines pairs perfectly with the Stomal Therapy Knowledge and Skills Framework that was released in 2020. Please continue to use these documents to support your practice.

The Bernedette Hart scholarship is available annually and was this year awarded to Karen Spooner. Karen is using the funds to assist with undertaking the Graduate Certificate in Stomal Therapy Nursing in 2024, best wishes to you Karen! Welcome to the team.

We were fortunate to receive support from Coloplast with the Patricia Blackley Scholarship, first awarded in 2023. Congratulations to the three nurses who were awarded scholarships from New Zealand and Australia to assist with their stomal therapy education:

- Karen Spooner from Auckland, New Zealand
- Nicole Birchley from Bundaberg, Queensland
- Kirsten Webber from Goulburn, New South Wales

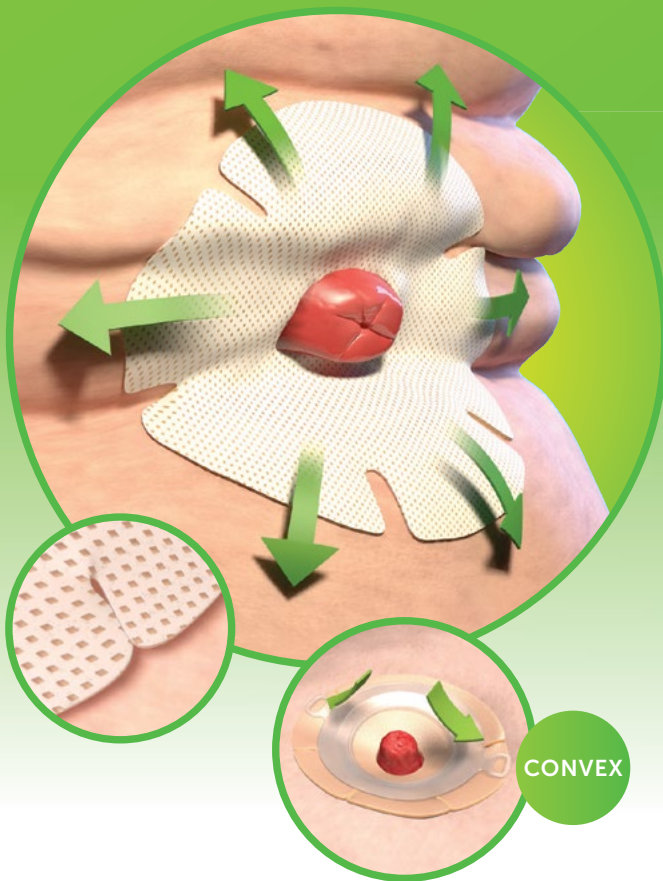
The editors of The Outlet undertook a massive revamp of the national contact list in 2023 to align with the Colleges theme and increased professionalism. They do endeavour to keep the national contact list current, but positions change and people move on so please do update the editors regularly (their contact details are on the Colleges website). We do recommend a group email be used in each region, so it reaches all of the applicable staff. This has been included and is available on the current list online.

Into the future, goals for the next financial year include a full review of the National Service and Specification document that guides stomal therapy services across the motu. Consultation with stake holders will occur with the updated document released in due course.

Finally, promotion of stomal therapy and stomal therapy nursing is the committees overarching focus. 'We' continue to promote the profession to nurses who have that special passion for the weird but wonderful. We will support you, impart knowledge, and help you grow as a specialist in stomal therapy.

Emma

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Editors' Report

PREETI AND MARIE

Welcome to the March edition of "The Outlet".

Hope everyone has had a good holiday and have eased into the work force with fresh ideas as to how we going to tackle 2024. It is already March and a first month of autumn. Even though it has been a hot summer, I guess we have enjoyed every bit of it.

We are able to produce and distribute "The Outlet" to our members due to the ongoing support from our Trades, so thanks for your advertising and sponsorship- we greatly appreciate you all. To all the members we encourage you to connect with the company representatives and keep up to date with the latest products and developments.

Hope everyone who attended the conference, enjoyed the 2 days full of experienced speakers who provided us with a wealth of knowledge. Please find the highlights of the conference in this edition. Thanks to committee for organising the conference with great success and looking forward to meeting the new committee members in the coming week or two.

Preeti Charan

Marie Buchanan

Please remember:

This is YOUR journal and college, it cannot function with just a few people supporting or contributing to it. The committee are all still working within their roles and putting in their own time to ensure these supports continue to be available to you all.

PLEASE SUPPORT us through participating, submitting articles and/or profiles when approached. We are all fabulous storytellers and have a wealth of knowledge to share with a unique passion for what we do. We encourage and support all collage members to show case their work in The Outlet so other nurses can benefit and learn from your work. Please just give it a go.



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:

- Preeti.charan@waitematadhb.govt.nz or
- Marie.buchanan@waitematadhb.govt.nz

Wind up of NZNOCSTN Conference 2024

MARIE BUCHANAN
CO-EDITOR

Held at Ellerslie race course, Auckland/Tāmaki-Makaurau, 29th Feb and 1st March 2024.

WOW.... Another successful conference achieved. (Disclosure: I was on the organising committee!) Huge thank you to everyone who contributed and made it possible. Our committee of organisers, sponsorship from our trade providers – Coloplast, Liberty medical and Omnigon, trade tables, venue staff, speakers, and lastly but by no mean least the delegates were all the factors contributing to the events success. It takes a team effort to achieve what we did. Thank you everyone.

Attendees came from throughout New Zealand, south, west east and north, and we were delighted to also have attend a delegation of 4 from Australia, including Louise Walker the chair of Australian Association of Stomal Therapy Nurses. Great to have their support here.

The conference opened with a beautiful and thought provoking pōwhiri from Nick Hawks and wife Pandora on behalf of Ngāti Whātua Ōrākei. Following Nick was Kim Penetito and Whaea Lynda Toki from Haua Partnership offering education on the importance of working within a partnership with Māori but also the importance of remembering that all Māori are individual and not just all in the same “box”. During her presentation Kim referred to our collage standards several times, acknowledging the commitment of supporting the importance and need for partnership with Māori within our practice. If you have not already, please read and familiarise yourself with these documents as they are our commitment to our patients that we work with.

NZNOCSTN Stomal Therapy
National Clinical Guidelines

Stomal Therapy Knowledge
and Skills Framework

The highlight of the conference has to be the unbelievable motivating speaker, Dave Letele, AKA, Brown Buttbean. Sharing his story so openly, honestly and humbly together with his strength and commitment to the community is an absolute credit to him. He opened acknowledging his friend, Efeso Collins’ passing and how much this affected him; we acknowledge his commitment to continuing with this speaking engagement when Efeso’s funeral was that afternoon.

Dave captivated the room for 60 minutes, never give up, change can happen, get back up and look after your health was his message. His story started with his upbringing and highlighted the fact that some people initially do not have choices, they are born into their situation, but it can change. His story and messages echoed what the speakers before had eluded to and the importance of recognising and acknowledging the difference and inequalities that are present reinforcing the need for healthy partnership development with others, so as to gain the best opportunities/outcomes are available for all.

The 4 – 20 minute workshops run by senior STN’s – stoma dilation, colostomy irrigation, chait management and chyme re-infusion, gained very positive feedback. Smaller groups provided the perfect opportunity for conversations and learning opportunities. Thank you Erica, Bronnie, Emma and Rachelle for running these.

We are very thankful to all the speakers and to acknowledge this the committee have arranged the donation of a native tree in their name to “Tress That Count”. Trees that count is an organisation committed to contributing to restoration projects to improve water quality, protecting land from erosion, enhancing biodiversity and creating shared green spaces. We donated 19 trees.

BGM: minutes will be available and on website. The new committee was not confirmed at time of BGM but this will be confirmed ASAP via email.

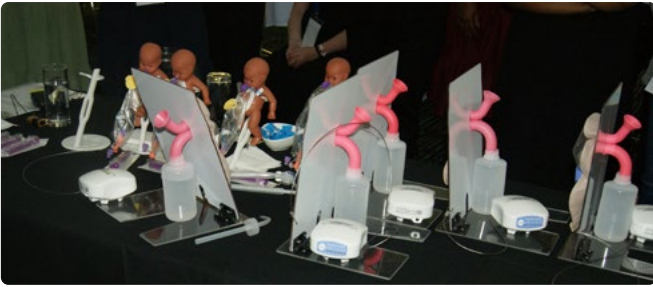
Once again THANK YOU to every one for making this again a successful conference.

Ngā mihi maioha, Noho ora mai

PROFESSIONAL SECTION



PROFESSIONAL SECTION



PROFESSIONAL SECTION



Nurse Profile

TERRI NORTON

CLINICAL SPECIALTY NURSE, STOMA THERAPY

TE WHATU ORA, COUNTIES MANAKAU



I have been in my role as Clinical Speciality Nurse working with the Community Stoma Team at Counties for the past 5 months.

I registered in 1998 after completing my training through Auckland University of Technology.

My first role (for 2.5 years) was working on a General Surgery / Colorectal Ward at Middlemore Hospital.

I then transferred to the Plastic and Hand Surgery Clinic, and worked with this Team for 7 years. One of my roles in this area was working with patients who had breast reconstruction, and I was credentialed in Micropigmentation – tattooing of nipples and areolae, as part of their final reconstruction stage – which was extremely rewarding.

A position became available for a District Nurse in the Community and I started my role with the Orakau Team. I have had a few positions in the Community Team over the past 16 years. I transferred out to the Eastern Locality, and worked as a district nurse, before coming a Clinical Nurse Coordinator for this Team. I moved into a Liaison role and spent time working in Middlemore, being the link between the inpatients and community. I transferred back to the Community, and worked on a pilot as clinical Coach, before starting with the Community Stoma Team. I am currently working 0.8 FTE with Stoma, and I work 0.2 FTE with Community Central – triaging referrals for the District Nursing Team.

I absolutely love working in the Community, seeing patients in their own home and environment. I enjoy the challenge of Stoma Therapy, and building and developing the relationships with the patients that we care for. It is a privilege to be part of their journey. I am very lucky to work with such a great Team here at Counties.

I have completed by Post graduate Certificate in Clinical Education, and I am looking forward to starting the Graduate Certificate in Stomal Therapy Nursing later this year.

Outside of work, I love spending time with my family, 2 boys – who are growing up way too fast. We enjoy sports (especially watching the Warriors), and family time out on the water and exploring the Hauraki Gulf.



Gabriel, CeraPlus™ Product User

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Case study submitted by:
Lisa Blakely, Stoma Care Nurse,
Gold coast Hospital, Australia

eakin dot® 1-piece to achieve independence



4 reasons to use:

1. Stays on securely for longer, helping prevent leaks^{1,2}
2. Less time spent on pouch changes to allow independence of the patient^{1,2}
3. Improved peristomal skin^{1,2}
4. Improved quality of life^{1,2}

Patient History:

- 74-year-old gentleman. Lives independently in the community with minimal family or social support.
- Medical history including Child-Pugh -a liver cirrhosis due to chronic alcoholism and mild cognitive impairment also thought to be alcohol-related.
- He also suffers with essential tremor, macular degeneration, Asthma/COPD and has a history of depression.
- February 2023: right hemicolectomy for adenocarcinoma but due to an anastomotic leak the gentleman went back to surgery 4 days later for a loop ileostomy which due to the urgency, had no siting completed.
- Initially, the gentleman had a firm and distended abdomen and spouted ileostomy and was discharged with a flat drainable pouch, chosen as he could independently manage despite his tremour.

Problems:

- In the early days following surgery, the gentlemen entered a high output phase of 1.7L in a 24 hour period. This had been managed with Loperamide even as output levels began to reduce as the the stool remained liquid.
- As the abdominal distension was reducing and there was a dip in his peristomal plane, an eakin **Cohesive**® seal was introduced to create an even pouching surface.
- It became apparent that he would not gain full independence primarily due to his essential tremor and his Macular degeneration. He was unable to see his stoma even with support and was struggling with placing the pouch by touch alone.
- He remined adamant that he wished to return home throughout this stage and would not consider assisted living.



A SMALL PART
OF A BIGGER LIFE

This is an individual case study and therefore claims made are the experience of the nurse and have not been further validated by eakin®.

1. eakin dot® 1-piece nurse case study, Data on File, 2021
2. T.G. Eakin Product Evaluation, eakin dot® 1-piece flat drainable pouches, (n=20) 2020 (Data on file)



Refocussed aims

- The nursing team pivoted goals after discussions with the gentleman to aim to achieve partial independence: so he could empty his pouch with community services visiting 3 times a week for a full pouch change.
- Focussing on emptying alone, the gentleman was becoming overwhelmed as such he was not regularly checking his appliance and began experiencing leaks due to over filling. His peristomal skin became damaged from contact with enzymatic effluent and his confidence was dwindling due to these leaks.
- At this stage a soft convex pouch was trialled which helped achieve a secure routine for 24 hours, outside of the 2/3 days required to allow him to return home.
- In addition, the gentleman developed a significant fungal infection both under his baseplate and his groin which has been treated with topical cream.
- The antifungal cream, the high volume of liquid output due to an inappropriate diet and his poor diligence with monitoring when to empty his pouch all led to an increase in leaks and a vicious circle of painful peristomal skin erosion. An eakin **Cohesive**[®] seal was reintroduced with powder and a barrier spray with some improvement to wear time and adhesion noted.
- As an interim step, and due to the gentleman's insistence at returning home, a care facility was suggested to help foster independence and if that was unsuccessful the gentleman agreed to a plan towards assisted living.
- Initially in the care facility short wear time persisted and the gentleman was fixated with his bag increasing the regularity of leaks.

Success with eakin dot[®] 1-piece soft convex:

- The nursing team decided to introduce eakin dot[®] 1-piece and continue with both crusting the peristomal skin and using eakin seal until the skin has improved.
- The size of the bag (maxi drainable 710ml) really suited this patient and he found the outlet easy to use even with his essential tremor.
- In addition, the use of an appliance belt made him feel more secure and staff reported he seemed to fiddle with the appliance less and he became more confident in managing the emptying of his pouch independently.
- His wear time increased once his peristomal skin condition improved and was soon able to cease using the powder and barrier spray. He has chosen to continue with the eakin **Cohesive**[®] seal as he feels more confident using it.
- With extensive education and practice he was able to demonstrate a complete appliance change. He found the removal of the backing to be easy due to the large tag which he was able to locate without visualising it. He then placed the bag by touch and feel alone.
- In line with the gentleman's wishes, he was able to be successfully discharged home where the extended wear time that eakin dot[®] offers gives him the confidence that his appliance will last till his next Community Services visit.



Clinical evidence for choosing eakin dot[®] 1-piece soft convex:

- *skinsmart*[™] hydrocolloid is clinically proven to have the best initial tack for a secure adhesion and remains in place for a longer pouch wear time - even under challenging conditions^{1,2}.
- The 1-piece thin profile makes it more comfortable on the abdomen and discreet under clothes in order to be less noticeable.



A SMALL PART
OF A BIGGER LIFE

This is an individual case study and therefore claims made are the experience of the nurse and have not been further validated by eakin[®].

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A Tumor, A Tremor *and* a Stoma: Is Independence Possible?

BY FREZZIA PINTO
DISTRICT NURSE, HEALTH NEW ZEALAND,
TE WHATU ORA AUCKLAND

INTRODUCTION

The challenges of successful ostomy management may not be consequential just to the stoma itself.

This case study presents Robyn's journey as she attempts to conquer ileostomy management in spite of a long-standing essential tremor.

We will examine the difference that the selection of the right ostomy appliance can have on both independent ileostomy management and on quality of life.

In the hope that her experience will be helpful to others, Robyn has generously consented to share her journey.

CONFLICT OF INTEREST

The writer have no conflict of interest to declare.

CONFIDENTIALITY

All names used in this article are pseudonyms selected by the participants.

WHO IS ROBYN?

Robyn is 71 years old, of New Zealand European decent. She has retired from a position in the finance sector. Robyn is married to Dan who has been supportive throughout Robyn's surgical journey.

Robyn and Dan share a special interest in travelling throughout New Zealand in their camper van as much as possible, and are looking forward to resuming this ASAP.

PRESENTATION

Robyn presented acutely to hospital with the following presentations and subsequently admitted to the surgical ward:

- Severe anorexia- she had not been able to tolerate food for at least five weeks. This had resulted in a weight loss of 6 kg.

Robyn was significantly deconditioned on admission. She struggled to mobilise or participate in activities of daily living.

- Altered bowel habit, bowel output alternated between constipation and diarrhoea
- Abdominal distension
- Nausea and vomiting

On reflection, Robyn acknowledged that these warning signs had been creeping up on her for longer than the last five weeks but did not acknowledge them.

THE TUMOR DIAGNOSIS

As well as multiple other tests, x-rays, blood tests to name just a few, a CT scan revealed likely synchronous tumours, in the terminal ileum and sigmoid colon Synchronous" tumours refer to cases in which the second primary cancer is diagnosed within 6 months of the primary cancer, both of these were adherent to the appendix for Robyn. The appendix appeared to be the primary tumour. Free air was identified on x-ray within the abdomen, confirming the presence of a bowel perforation. Bowel perforation can be life threatening with a significantly high mortality and morbidity rate (1). Further investigations also revealed the suspicion of possible lung and liver metastasises for Robyn.

Appendicle tumours are not a common with an estimated occurrence of 6 per 1,000,000 people (1). An appendicle tumour prognosis is determined by the progression and tumour type at presentation (1). The often delay in presentation following initial signs and symptoms of, altered bowel habit, weight loss/anorexia etc, results in appendicle tumours being well advanced on presentation for medical review. Provisional diagnosis can only be confirmed at time of surgery and with histology results (1).

Robyn underwent an emergency laparoscopic right hemicolectomy, which was converted to a subtotal colectomy and formation of an end ileostomy.

Robyn's recovery was turbulent. She experienced a prolonged intensive care admission due to periods of atrial fibrillation, hypotension, abdominal sepsis and the development of a pulmonary embolus in the right lower lobe.

Histology results:

- Right hemicolectomy colonic adenocarcinoma pT4b N1 with 2/15 regional nodes involved
- The transverse and sigmoid colon, while adherent to the appendix were negative for cancer cells

Further investigation ruled out lung metastasis, liver had disease present.

ESSENTIAL TREMOR

Robyn has inherited, from her mother an essential tremor (ET). An autosomal dominant condition and even with only one parent with the condition leads to a 50% possibility that a child will develop an ET (2).

ET is caused by an interference in the nerve supply to effected muscles. It results in involuntary rhythmic shaking of the whole body or isolated parts of the body. The condition is most likely to effect the arms, hands, head and eyelids (3).

Essential tremors are predicted to become more aggressive in their movements demonstrated at a rate of 1.5-5% each year (4).

While ET's are not life threatening, as the condition progresses the tremors will become more limiting and restrictive of fine motor movements. Activities such as eating, and writing can become more of a challenge (5). While ET's are more predominant in the over 60's age group Robyn developed the condition when she was 28 years old. Robyn has a kinetic tremor, which generally occurs when performing goal-oriented tasks such as picking up a cup. Tremor triggers include corticosteroid use, chemotherapy, excessive caffeine intake, stress, anxiety and/or fatigue. Many of these triggers are present for Robyn, significantly challenging her ability to be independent with stoma cares.

On first meeting Robyn, it was apparent that in spite of her ET she was determined to be independent with her stoma cares. This was her goal; together we needed to deliver this outcome. Prior to her discharge from hospital Robyn had experienced some appliance leaks. She found the leaks discouraging, upsetting and acknowledged that the thought that these may continue overwhelmed her. Robyn was aware that she had some unique challenges, which could ultimately affect her ability to be fully independently to manage her stoma cares. She was very thankful and lucky to have the knowledge that if all else failed Dan, her husband was willing to assist in any way required.

STOMA ASSESSMENT

- Stoma: pink, moist and while protruding the stoma has pulled back into a full circumference trough.
- Skin: peristomal skin was intact with no erosion evident.
- Template: 30mm round
- Output: thickened and pasty, emptying 4-5x per 24-hour period when the pouch was ½ full. Robyn was competent with the outlet closure mechanism.
- Mucocutaneous junction: intact with sutures present

Appliance: the existing appliance was clear, with a flat adhesive area.

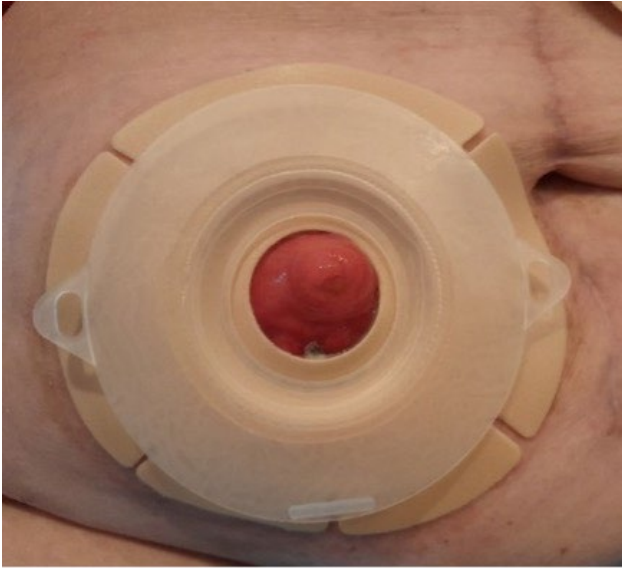
ISSUES TO CONSIDER WHEN SELECTING AN APPLIANCE WITH ROBYN

- Ease of use to achieve secure predictable wear time
- Need to apply accurately even with the essential tremor
- Robyn's limited vision of the stoma as it was below the infraumbilical bulge
- Mobile abdominal wall
- Emotional stress and anxiety were triggers, which increased the ET. Being watched as she attempted to learn a new skill had to count as stressful.

RATIONALE FOR PRODUCT SELECTED

- The Salts Harmony Duo Flexfit convex flange two-piece gave Robyn the vision of the stoma, which she needed for accurate placement of a flange.
- When attaching the pouch to the flange the guiding notch anchored the pouch in the correct position. This allowed easy and accurate coupling together of the baseplate and pouch.
- The Salt Harmony Duo Flexfit has pre-cuts sizes ranging from 21-38mm. Should the stoma change size the range of pre-cut allowed us to stay in the same range of products and avoided the need to Robyn to learn a new product range as her stoma changed size
- The hydrocolloid of the Salts Harmony Duo adhesive is infused with Aloe Vera extract, which acts as a humectant. A humectant is a naturally occurring hygroscopic substance, which facilitates hydration, soothing and protection the peristomal skin.





OUTCOME

Robyn verbalised the relief she felt with a secure appliance, which, achieved a predictable, sustained wear time. She reported being “ecstatic” with the ease of application and that she could “burp” the appliance to release gas. She was also impressed that she could re position the pouch on the flange without worrying that the adhesion would be compromised.

Robyn is now undergoing chemotherapy. Her carcinoembryonic antigen (CEA) has dropped from 5.4 to 2.9 over the last three months.

Her liver metastasis have reduced in size in response to the chemotherapy.

One of the side effect of Robyn’s chemotherapy has been the development of neuropathy in her fingers. This has led to Dan assisting with the placement of the pouches to ensure correct placement.

CONCLUSION

Several factors have been influential in Robyn’s successful independent management of her ostomy cares.

Paramount to her success has been Robyn’s own acceptance of the challenges her essential tremor presented and her refusal to see this as a mitigating factor in achieving her goal of independent ostomy care. Robyn’s willingness to trial products and to be part of a solution was also a critical factor in her success.

In Robyn’s case the Salt Harmony Duo (TM) range of ostomy two-piece products, with an adhesive coupling has been a game changer. Prior to undertaking Robyn’s care, I had little experience or understanding of the availability of alternate products. Since working with Robyn I have gain valuable knowledge and skills to add to my tool box, I have now replicated her success in several other clinical situations that also benefited from this knowledge.

Working with Robyn during her journey has confirmed to me the utmost importance that a choice and alternative stoma product must be kept available within New Zealand and it must never be reduced to a “one solution fits all” service. Just as our clients are individuals so too are their ostomy product needs.

Taking part in Robyn’s care has been an opportunity to learn and also humbling and a re-affirming experience with the opportunity to learn, increase my stoma knowledge and work along side Robyn to support her to reach her goal of independence.

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dansac

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

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1. SenSura Mio global range claiming document PM-14891 claim R.8.9 Version: 2.0 Page: 13 of 15. 2. Global range claiming document PM-14891 V2 range claim R8.7 pg12. 3. Data on File: Australian Ostomate Patient Journey: Hospital to Home: Jan 2021 to Dec 2022 *Aggregate new patient discharge data, between the period of Jan 2021 to Dec 2022. Of the 562 new patients discharged on SenSura Mio, 508 patients remained on SenSura Mio.

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Te Whatu Ora Health New Zealand

STOMAL THERAPY SERVICES CONTACT DETAILS – FEB 2023

NOTE

In accordance with the New Zealand Nurses Organisation College of Stomal Therapy Nursing, a Stomal Therapy Nurse is one who has completed a Certificate in Stomal Therapy with a provider approved by NZNOCSTN. An Ostomy Nurse is a Nurse practising in the field of Stomal Therapy but who is uncertificated.

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Awards & Grants

Available to ALL members of NZNOCSTN.

Review full information on NZNOCSTN web site.

Patricia Blackley Postgraduate Education Scholarships 2024

The Patricia Blackley Postgraduate Education Scholarships honour the pioneering work of Patricia Blackley as a clinician, educator, author, and journal editor in stomal therapy nursing.

The scholarships are to enable nurses working in ostomy care to undertake postgraduate education in stomal therapy management or a related area of practice.

Three scholarships are available. The value of each scholarship is A\$5000.

Closing Date: July 31st, 2024

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 30 November annually.

Liberty "Beyond the Ostomy Clinic" funding

In support of improved outcomes for stoma patients and their whanau, or education of colleagues, Liberty Medical New Zealand is pleased to provide:

- Financial support for stoma nurses or resource nurses with a special interest in Ostomy
- The monetary amount of each award will be decided by the NZNO College of Stomal Therapy Nursing National Committee
- Examples of use include but are not limited to:
 - Further education/skill development through conference/symposium attendance
 - Textbook purchase
 - Membership of international ostomy societies.

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 30 November 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 applicants(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 30 NOVEMBER (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

NEW ZEALAND STOMAL
THERAPY NURSES



NGĀ MIHI NUI