

Thank you Chancellor, Vice Chancellor, University Council members, ladies and gentlemen and most importantly the graduates of 2012.

Good morning everyone and thank you for the extreme honor and privilege to speak at this very important occasion in your lives.

May I begin firstly by congratulating each and every one of the graduates on the successful completion of their academic achievement.

I'd like to share with you some of the experiences in my nursing career that have led me to where I am today. I've worked in various environments in both developed and underdeveloped countries, which included until recently managing a busy cardio thoracic paediatric intensive care unit, to the other end of the spectrum, where I have cared for children with cleft lip and palate deformities from places such as the Masai Mara, Africa. Two vastly different environments however each of them have shaped me into who I am today and where I wish to go in the future. I've definitely seen both sides of the fence with working in both the first world and third world health systems.

When I first commenced nursing school at the Princess Alexandra Hospital I had no real idea of where my career would take me. In fact in my post graduate year I did a stint in the adult intensive care for 4 months and disliked it immensely. I found it too stressful. Then barely three years later I was working in a paediatric intensive care unit and after 8 years I became the nurse manager of this unit for the next ten years. So for many of us, you never know where your career will take you in the beginning stages as you start out.

I recognize that a large majority of the audience are undergraduates and in particular nursing, however the experiences I have had and learned from over the years, and will share with you today, can be adapted to any environment or career pathway you have chosen.

I would like to impart upon you something that I have grown to learn over the years and that is the importance of *constantly* gaining knowledge and experiences as you develop in your career. Knowledge is a powerful tool and you must grab opportunities that cross your path as they arise. This means taking that new opportunity which arises in your work place and giving it a go, or it may even mean putting yourself on the 'other side of the fence' or in an entirely new environment even if it feels awkward to you at first, as will discover learning new skills and techniques will be of great use to you in your future work and/or life space. I have been fortunate enough to grow and develop knowledge and skills in both the developed and under-developed countries I've worked in.

I would like to share three stories in my career which I've experienced by looking at different aspects of the fence-line, and how it positively has helped to shape my career.

My experiences have taught me that your career, be it nursing or another, can be re-shaped several times over the years and have many facets which evolve over

time. Life as a nurse has certainly changed over the last 25 years for me and we are living in a much more high tech fast paced environment.

So the first story or experience I'd like to share with you, relates to the technological world and what you can do if you *have* the technology, and what you can do if you don't have it at your disposal.

For me technology has meant in the intensive care world for children many beneficial changes, which inevitably help children to recover faster and move out of the intensive care environment sooner.

For instance children with a cardiac condition may have once died without the advanced technology we now have today. Where once these children had little chance of survival, we now have the technology to place them onto a machine, which is essentially heart-lung bypass and will rest both their heart and their lungs so that they can recover faster. This treatment of management is known as ECMO (Extra-Corporeal Membrane Oxygenation). To see this occur in the real world is very eye opening as you will 'crash' (which is the term frequently used to put a patient onto this device) onto ECMO, within a fifteen-minute timeframe. It all happens incredibly fast. Very large bore tubes are placed directly into the heart or via the neck into the heart into babies as small as 4 kg and even less. To the untrained observer this can appear almost like you are watching a medical TV show, with many many nurses, surgeons, intensivists and perfusionists working fast to save the child's life.

Crashing a child onto ECMO happens in the intensive care on an unbelievably regular basis when a child deteriorates. And truly is life saving care and management. You will most likely be familiar with this device, or the term ECMO, from the media when the recent influenza epidemic outbreak occurred and many adults were placed on this device to rest their heart and lungs, so it can be used in *both* medical and cardiac patients.

In contrast to these events I have been a part of situations whilst volunteering for Operation Smile over the years. Operation Smile is a not-for-profit organization which provides free surgery to children with cleft lip and palate deformities in third world countries. These children would never receive surgery if it wasn't for organisations such as Operation Smile.

In difference to the example of crashing a child onto ECMO, I was involved in a resuscitation of a new born baby in Nakuru Kenya, which is a few hours drive west of Nairobi and in the Masai Mara region. A mother was giving birth via caesarian in one of the theatres next to our operating rooms. The baby was delivered, and sadly no response was heard. Some airway measures were performed on the baby by the local team but the baby was then placed on a trolley in the hallway outside the theatre where everyone was walking by and no further action was taken. Essentially this baby was left to die or was dead at this very point.

One of our team members by chance walked past and picked up that there was a child non-responsive and was wondering what needed to be done. The simple question was asked to the local delivery team if we could help by assessing the baby and they gratefully said yes to us. We then quickly assessed the baby and by simple means of giving a few life saving breaths including CPR, the baby pinked up and returned to life very quickly with a healthy strong cry. This baby was soon afterwards placed in mum's arms. This example illustrated to me that its not only the high tech support that makes a difference to the individual on this earth, and that *sometimes* its only very basic nursing and medical care that changes the outcome of one single life.

I was privileged to be a part of this baby's resuscitation and the following day a few of our team wanted to catch up with the lucky new mum in the post natal ward, however because we were not wearing the right shoes or clothes we were not allowed access to the post natal suite in this rural hospital. In acceptance of the different cultural approaches we happily left it there knowing that mum and baby were going well.

My second experience relates to transportation and covering long distances of health care systems. This means patients having to move themselves or be moved to a facility where they can receive the care that they require.

I've have been a part of the paediatric retrieval team at the MCH for over 12 years, and we travel to local metropolitan hospitals in ambulances, and we also retrieve children via helicopter from places such as here in Lismore, and we also travel all over Australia with the help of RFDS (Royal Flying Doctors Service). The retrieval team consists of a doctor and a nurse from the paediatric intensive care unit, and basically you have a mobile intensive care bed that allows you to care for the most critically ill patients requiring life support all over Qld and northern NSW.

This job encompassed a 24/7 roster that we quite often had to be called in from home at 2 am to be ready by 2.30 am on the chopper pad equipped with all transport equipment and a helmet to head off to wherever the sick child was. We would transport the child back to the MCH in a good condition with high technological support. On average we perform one of these retrievals per day. This is a busy service and is a life saving service to the critically ill child. We would quite often bring the parent back too if there was room in the chopper or plane.

On the other side of the fence I have experienced something different in the way of transportation of a child to a health care system in Morocco. This was my first ever mission and we operated on over 300 children in a 4 ½ day timeframe. Children came from everywhere, all over Morocco to receive free surgery. It was the last day of the operating days on a Friday, and a beautiful little 8 year old girl called Fatima arrived with her father. When you looked at Fatima you did not see the very large cleft lip that she had or the dirt, which covered her clothes and skin. I only saw these large most expressive chocolate brown eyes and her smile and the very colourful clothes she was swathed in from the top of her head to her

toes. It was only after talking with Fatima's father via a translator, and gaining necessary information about Fatima that we discovered that the two had been traveling for 5 days to get to us in Agidir, which is an area on the coastline of Morocco. Fatima and her family live in a mud hut high up in the northern Atlas mountains and had traveled by foot, by camel, by bus and by foot again to get to our team so we could perform surgery on Fatima. She did indeed have her surgery that very afternoon and looked even more beautiful after her cleft lip was gone.

This illustrates again the other side of the fence and opens your eyes to human drive and passion. I have never forgotten this story and never forgotten Fatima's beautiful face and colourful clothes.

There are many similar stories such as Fatima's in every single mission that I have done. The same situation exists in Ethiopia, Kenya, Madagascar, Russia, Jordan, Bolivia and many other places that I have been to. It is truly inspiring to see the love and dedication these parents have for their children.

The reason I have given you examples from my nursing career is that life is unexpected. You will be thrown into the deep end many times and will come up swimming and be stronger. This is because of the knowledge that you have gained through whatever situation you have been in. I have grown and developed both in the clinical sense and in the humane sense in the environments I have been exposed to. I may have been stressed at the time or upset or concerned or disliked what I was doing but in hindsight even the uncomfortable experiences teach you something.

A mentor of mine once said to treat your career as growing a larger tool belt. In other words you have this tool belt, which you keep adding to with skills of many different varieties over the years. This has helped me particularly in my current pathway as a student doing a PhD as I have made a huge left turn from the management world and into the research world. I can see now that over the last 12 years or so many of my management and project skills are coming in to play and help me with my new pathway.

If I could leave you with the third and final experience of mine, and this is more on a personal nature. This year I achieved my greatest moment and that was to become a mother to a delightful and gorgeous baby boy. Our son was born very small and needed nursing in special care nursery for the first three weeks of his life before my husband and I could take him home. This was incredibly difficult to be 'on the other side of the fence' as a nurse myself, and my husband also being a medico.

The key point I'd like to make here is the humane point. I discovered something new about myself as a nurse and specifically a children's intensive care nurse that each child you care for has parents, extended family and friends who love that child to the tenth degree and it is a privilege to be caring for that child in the

short 10 or 12 hour shift that you look after them. I have seen too often intensive care nurses in particular, take an ownership role over the person they are caring for, and the family is not necessarily neglected, but they are not allowed to feel inclusive or part of the day to day care of the sick child. Nurses are caregivers and minders of patients and are extremely wonderful at performing this role, however, I experienced being on the other side of the fence as a new mum and found it incredibly difficult to adjust to 'other people' caring for my precious baby. I learned from this that it is important to remember that each person you care for or who crosses your pathway is experiencing emotions you may not be aware of and hence it's important to be non-judgemental and open and to listen to their difficulties as they arise.

In closing life in the health profession is about caring for others.

Many opportunities will cross your career paths within your specific discipline in the health care profession that you have chosen. All unique but also very similar with providing the best care that we can to the patients that we are responsible for. I wish for all of you experiences that will contribute to your personal growth and professional development and enable you to be an even greater professional in your chosen career and always remember to keep adding skills to your toolbelt!

It was a delight to share with you these short moments of my professional career. Thank you