



ANTS *W* The Australian Nurse Teachers' Society
Working Together for the Future of Nursing Education

ANTS BULLETIN Autumn Edition, March/April 2007

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Introducing Your New Council



Jacquie Guy ANTS PRESIDENT 2007 & Council Member

RN, RMN, Dip Nurse Education (College of Nursing) MHPED (UNSW) FCN. Lecturer Australian Catholic University (ACU) School of Nursing Faculty of Health Sciences Mackillop Campus

Background: 10 yrs Clinical Experience in med-surg nursing, paediatrics and midwifery; 10 yrs teaching in hospital-based program Nursing Education Centre; clinical teaching; 17 yrs academic teaching (Sydney and ACU; ACU clinical coordinator 4 years; 8 yrs on council of Australian Nurse Teachers' Society (President 2001-2004).

Research Interests: Nursing education; clinical education; Current research: Review of nurse teacher competencies.



Sandra Campbell ANTS SECRETARY & Council Member

M Clinical Nsg. (Renal) 30 years nursing experience, a nephrology nurse since 1982. Member of the Renal Society of Australasia (RSA). Clinical Nurse Consultant (CNC) in Continuous Ambulatory Peritoneal Dialysis (CAPD) in 1986 while working at the Westmead Hospital. Transferring her expertise into

Nicole Brooke ANTS VICE PRESIDENT & Council Member
RN, BN, Med, Director of Clinical Practice at University of Technology, Sydney. Nicole is currently completing her PhD with a focus of case management in residential aged care facilities. Nicole has been working in aged care in roles such as educator and Director of nursing for the past 10 years. Nicole is extremely passionate about the development of the nursing profession and the role education plays in nursing.

Vasiliki Betihavas ANTS Treasurer & Council Member

Associate Lecturer UWS
BN -Bachelor of Nursing, ENPC - Emergency Nursing Paediatric Certificate, ARC - Advanced Resuscitation Certificate, MN - Masters of Nursing (Clinical Practice), MN (H) - currently *enrolled*. 2years experience in undergraduate teaching. 14 years clinical experience 10 of those years as a Registered Nurse within the area of Intensive Care - NSW and UK.

Olivia Mulligan. EDUCATIONAL OFFICER & ANTS Council Member & Editorial Subcommittee

RN. CM. RSCN. Dip. Communications. BA (Hons) Arts. PICU. Grad Cert. MEd. (Adult Education)
I am looking forward to learning the ropes and working with the educational subcommittee to plan inspiring, and edifying education sessions to facilitate Nurse Teachers in their quest for excellence
Clinical Nurse. ICU Department, Campbelltown Hospital NSW



Nurse Education by working as a Clinical Facilitator specialising in acute and critical care for The University of Sydney in 1995, then The University of Western Sydney. Sandra has been an Associate Lecturer in Nursing, at The University of Western Sydney for the past three years and now is working as a Lecturer in The School of Nursing and Midwifery at The Sydney Campus of the University of Tasmania.

Christine Taylor WEBMASTER & ANTS Council Member & Editorial Subcommittee

PhD, MHScEd, B. App. Sc (Adv. Nsg) Christine is currently a lecturer at the University of Western Sydney. She has a wide clinical experience in adult and paediatric nursing, and has had several teaching positions within Sydney and is involved in the revision of the Nurse Teacher competencies.



Pauline Murray-Parahi ANTS EDITOR & Council Member

RN, CM, Dip. App. Sc (Nsg), Grad Cert. Midwifery, Grad Cert. Palliative Care, Grad Cert. Cancer Nsg. Pauline works in Community Health and is the Clinical Nurse Educator (CNE) for Hoxton Park CHC, and is also currently enrolled in the Master of Education (Adult Education) program at UOW. My vision for the Bulletin: *Self-funding, Intelligent, Encouraging Witty. Entertaining, Colourful, a Great Resource & lots of Fun!*



The incoming elected Council members and executive wish to extend their sincerest thanks for the dedication and commitment of the outgoing council members & executive. Their collective contribution to nursing excellence and commitment to the promotion of the Australian Nurse Teachers' Society is truly inspiring and encourages us to take up the challenge to never be satisfied with mediocrity. Pictured from left to right: Mary-Bridgid Naylor (President); Gaye Bishop (Marketing/ Networking); Sandra Campbell (Secretary); Pauline Murray-Parahi (Editor); & Rona Naiker (Treasurer).



ANTS Annual General Meeting, March 2007

President's REPORT Annual General Presidents Report, 9 March 2007 & Farewell message

ANTS exists for nurse educators to discuss nurse education issues and it is a unique organisation where members represent the health sector, TAFE, universities, colleges and private practice

INTRODUCTION

In 2006/7 ANTS continued to do what it was established to do in 1972:

- Provide a forum for nurse educators to discuss nurse education issues
- Be autonomous
- Be a unifying voice for nurse educators on nurse education issues
- Provide a mechanism for engaging directly with governments and their instrumentals and the health services system

DISCUSSION

THE MAJOR ACHIEVEMENTS FOR COUNCIL BETWEEN MARCH 2006 AND 2007 ARE LISTED UNDER THE FOLLOWING HEADINGS: PROFESSIONAL DEVELOPMENT, SUPPORTING PROFESSIONAL INTERESTS, OPPORTUNITIES FOR COMMUNICATION AND NETWORKING AND, FINALLY, GOVERNANCE.

1. Professional development

A marked increase in new membership reflects the need for nurse educators to network, learn from each other and discuss nurse education issues. The current membership is 170 and in 2006 the Council developed *Admission to Fellowship* to ANTS guidelines, which formally recognises professional development of nurse teachers by their organisation. In the meantime The College of Nursing has been approached to consider a request for reciprocal Fellowship with ANTS.

The 12th National Conference, Canberra, 14-16 September 2006 was a learning opportunity for the Canberra team lead by Liz McNally (Convener), Council ANTS members and all participants. Many ANTS members and the Council presented papers at the conference. Patricia Benner, Keynote speaker at the conference, was inspiring and provided a rewarding experience for all who had the great pleasure of listening and chatting with a nursing legend. Developing and

implementing the contract governing the conference loan of \$5000 as discussed at the last AGM proved to be an effective and rewarding experience for Council members who developed the formal process for lending ANTS money.

The Australasian Nurse Educators Conference hosted by NETS (www.nursed.org.nz) is scheduled for 3-5 October 2007 and located at Te Papa Tongarewa, Museum of New Zealand, Wellington. The closing date for abstract submissions and early registration is 15 May 2007. The themes of this conference are: academic & clinical nursing education and cultural safety in nursing. Many ANTS members have expressed an interest in attending. In the meantime Sydney West Area Health Service is interested in forwarding an expression of interest to host the next ANTS conference in Sydney in September 2008.

2. Supporting professional interests

Professional interests in nursing, teaching, research and scholarship were supported by the Australian Nurse Teachers' Society 12th National Nurse Education conference in Canberra and the following activities:

Jacqui Gui and Lyn Stewart in conjunction with the National Network of clinical coordinators conducted a study day for 90 teachers comprising Clinical Coordinators and nurse teachers from as far away as Wagga Wagga. The Nurse Teachers Competency Standards research project lead by Jacqui Gui and funded by ANTS is progressing well. Other members of the research team are J. Blundell, M. B. Naylor, J. Rodan, C. Taylor & G. Tulhorst. Data collection continues with surveys and focus groups representing different states in Australia and nurse teachers from different backgrounds. If you wish to participate in a focus group please contact Lesley Saunders, Administrative assistant, on (02) 9745 7525 for more information.

3. Opportunities for nurse educators to communicate & network

There were many opportunities for communication and networking in 2006 and the Christmas in July dinner.

Mary Chiarella as the guest speaker, was a great success and the Grace Hotel was an excellent venue.

The Bulletin has been revamped and all credit goes to the new editor Pauline Murray-Parahi, and her growing editorial team. The ANTS web site is growing also and the Bulletin is now published on the web as well as in print. Patricia Benner is keen for ANTS to have a direct link with an education organisation in the USA and I will be following up this opportunity in 2007.

I represented ANTS at the College of Nursing Annual Oration, which was an impressive event. Other Council members represented ANTS at the National Nursing Organisation meetings such as the one described by Sandra Campbell. This provides a link with governments, their instrumentals and health services.

Electronic mail proved to be an excellent form of communication in 2006 for messages between Council members and interactions with the Canberra conference secretariat as well as the dissemination of information for discussion prior to making collaborative decisions.

Governance

The following subcommittees have been developed to support the work of ANTS: Constitution & Policies, Networking, Education and Editorial. The editorial team has been the most active and the other subcommittees plan to make more progress in 2007.

A need for ANTS membership cards was identified during 2006 and new cards will be disseminated to you in the near future as proof of membership and it has been decided not to renew them each year to avoid excessive work and expensive. New membership in 2006 from Queensland and Western Australia demonstrates the national interest in ANTS. Council members have been drafting position descriptions and this work needs to be progressed in 2007.

ANTS made a profit in the 2006/7 period and the treasurer reports on the challenges and achievements in the management of finances by the Council in detail. There is no longer a discrepancy between the stated amounts of money ANTS provides for scholarships on the WEB and in

President's REPORT Annual General Presidents Report, 9 March 2007 & Farewell message (continued)

documentation because members at the AGM endorsed the sum of two thousand dollars. Last but not least the ANTS storage area has been tidied and stained merchandise will be disposed of in 2007.

CONCLUSION

Nurse teachers participating in activities increased dramatically in 2006/7. Recruitment activities were successful and membership increased by more than 50%. Financial management was effective and ANTS recorded a profit. There were many challenges during the last 12 months and ANTS Council members worked diligently to contribute to the Society's activities and interests. I wish to acknowledge and thank each Council member for meeting regularly, sharing knowledge and expertise. A special thank you to Rona Naiker who leaves Council this year and has been an excellent treasurer.

Recommendations for Council 2007/8

- **Have more fun and celebrate the achievements of ANTS members**
- **Maintain a balance of experienced and less experienced members on Council**
- **Review the organisation's vision, mission, and objectives, which need to reflect contemporary approaches to nurse education and the role of nurse educators**
- **Review ANTS constitution (1999) and make amendments and have it endorsed by members because it is currently a draft document.**
- **Develop a strategic plan**

- **Reshape activities and organizational direction to meet challenges for nurse educators who are working in a rapidly changing health care system**
- **Continue the development of sub committees for different projects with defined terms of reference and reporting to Council to expedite the way business is managed and facilitate improvement and advancement of ANTS**
- **Continue to create new opportunities for nurse teachers to discuss and participate in nurse education issues in 2007/8**
- **Follow up on the issue of ANTS Fellowship**
- **Identify strategies for improving members' engagement with ANTS and it's activities**

My term as ANTS President has finished and I could not have imagined the journey when I became a Council member in 2004 nor did I envisage how active my involvement would be. During my time on Council my workload and family commitments have been enormous and major achievements with ANTS are a credit to the three teams I worked with. Teamwork is currently a buzzword in health and it was an interesting exercise in group dynamics discovering how different teams functioned over the last three years and experiencing members' reactions to each team's achievements or challenges at the Annual General meetings.

During the last three years, the one

constant was the administration assistant who was the most sincere, calm and efficient individual I have ever found at the end of an email, thank you Lesley. A few months ago Pauline joined the team with bright ideas and layouts for the Bulletin, and seeing her surrounded by a great team, with Sandra (Council secretary) taking notes I knew ANTS Council for 2007/8 would do well.

In 2004 most of my working hours were consumed by curriculum development, which is largely a solitary exercise. Therefore the interaction, stimulation and enlightenment generated by ANTS Council and its activities provided cerebral nourishment. I was a little sad as I waved good-bye to the new team after the AGM, as this was the end of another of life's little journeys. On the other hand I was leaving with a new good friend I met on ANTS Council. Christine Duffield's address, *Health Changes & the impact on Education*, had strengthened my determination to do my best for nurse teachers in the near future and for Registered Nurses undertaking the course that resulted from those many hours of curriculum development. The following morning, as I left home, the flowers I received looked great on the sideboard and represented new growth. I am a wiser educator and nurse for having interacted with Council and ANTS members over the last three years. I extend my best wishes to the new Council and many thanks to the old team members.

Mary Bridgid Naylor
Outgoing ANTS President

Speaker for the 31st ANTS AGM – Friday 9th March 2007

Dr Duffield is a Professor of Nursing and Health Services Management at the University of Technology, Sydney (UTS) where she is also Director in the Centre for Health Services Management

Professor Duffield is internationally recognised for her work in nursing workforce and management. She has acted as a technical adviser and consultant to industry and government at state, national and international levels. Her research has



focused on management and leadership in nursing and more recently, issues related to nursing roles, workforce, skill mix and patient outcomes. She has over 200 publications and conference presentations. Christine is a Fellow of the Institute of Company Directors, the College of Health Service Executives and the Royal College of Nursing Australia. She is also a Director on the Uniting Care Ageing Sydney Region Board and Deputy Chair of the Board of War Memorial Hospital.

Impact of NSW Workforce Study (not yet published) on Nursing Education:

- **Of 200 hospitals in NSW, there has**

been a loss of 5,000 beds in the last 5 years: huge impact on nursing student places

- **Shorter patient stays average 3.4 days high turnover rate increases workload.**
- **Increasing numbers of ENs esp. in med-surg wards- policy is 80% must be staffed by RNs**
- **NUMs lack experience - Govt policy plan is to up skill NUMs – may result in 1 nurse manager to 180 staff as often 80% RNs are Part time and many inexperienced.**
- **Australia has highest error rate (16.6%) compared with UK and US- 6 lives /1000 can be saved with**

Professor Christine Duffield RN PhD- Speaker for the 31st ANTS AGM (continued)

adequate nurses staffing.

- 82 more nurse educator positions have been approved to maintain continuity of supervision and improvement of safety
- Do we have the role of the CNS right? What of a proposal to appoint a nurse practitioner as case manager for the whole ward?
- What impact does workforce have

on the CNE role?

- What changes need to be made to post-basic education to prepare for these roles?
- In order to consolidate nursing experience post BN, would it be better not to rotate graduates in their new grad program?
Why has there been an absence of a workforce study in aged care?

Reflect on the impact of some of these issues in your workplace and for nurse educators everywhere. The Bulletin editor would love to receive a letter or comment from you- how about putting in something for the next bulletin?

ANTS will let you know when the official report is published

Notes taken at the AGM by:

**Jacqui Guy
ANTS President**

ANTS AGM RESEARCH REPORT- March 07

TITLE OF PROJECT: REVIEW OF NURSE TEACHER COMPETENCIES (ANTS 1997)

NAME OF PRINCIPAL INVESTIGATOR: MRS JACQUI GUY (ACU and current President ANTS)

CO-INVESTIGATORS: DR CHRISTINE TAYLOR (UWS), DR JANET RODEN (UWS), DR JENNIFER BLUNDELL (SYDNEY UNIVERSITY), MRS GERDA TOLHURST (Westmead Hospital) & MRS MARY BRIDGID-NAYLOR (SWSAHS)

The aim of the research is to establish if the ANTS Nurse Teacher Competencies published in 1997

adequately describe the current nurse teacher roles.

In September 06, focus groups were held at the National Nurse Education Conference in Canberra.

All ANTS members were sent a questionnaire and an opportunity to attend a focus group or telephone interview. Reminders were sent out late December.

Currently, questionnaires have been returned and are being entered. The questionnaire is on the ANTS website, we encourage nurse teachers to download it, complete and send to the secretariat

Focus groups will be held at 2 venues in Sydney, UWS Bankstown and ACU North Sydney in May and June. There is still opportunity for participation. Please email Janet Roden at

j.rodan@uws.edu.au for UWS date and for ACU date to Mary-Bridgid Naylor

Mary-Bridgid_Naylor@wsahs.nsw.gov.au

If you are unable to come to the focus group and would like to participate in a phone interview please email Janet.

The data will be analysed between July and November and a report written in 2008 and presented to the National Nurse Education Conference in 2008.

Expressions of Interest (EOI)

The Australian Nurse Teachers (ANTS) are calling for Expressions of Interest in hosting the next National Nurse Education Conference in 2008. ANTS encourages organisations to submit their proposals as host organisations have the opportunity to contact and bring key people within the arena of Nurse Education to their state. As well, participation on the conference organising committee enhances the management and organisational skills of the conference organisation committee members.

ANTS is committed to supporting the conference and can assist with a funding float of \$5,000 to the successful organisation to initiate the planning and booking phases of the conference. This conference funding float can also be used to employ conference organisers to provide good pre-secretarial support and manage the conference reception area during the conference. The funding float would be recouped during the conference which could then be repaid back to ANTS for future conference funding floats. All other profits are to be kept by the

successful organisation.

The successful organisation would take responsibility for planning the dates of the conference, arranging a stimulating scientific program, arranging keynote speakers, session chairs, guest speakers, trade displays and social events. Financial restraint is appreciated as conference participants are most reluctant to attend if the conference registration is deemed to be too expensive.

The successful organisation can select any month to host the conference; however organisations are more likely to attract attendees if the conference is held in the spring/autumn months when the weather is more likely to be pleasant in any state in Australia. Organisations considering hosting the next conference can decide on the length of the conference. Two days is sufficient, however, the 2006 conference was held over 4 days and the 13th Australasian Nurse Educators Conference that will be held in October 2007 in Wellington, New Zealand will run over 3 days.

The venue is required to comfortably

accommodate approximately 300 Nurse Teachers. Space is required for the trade displays and poster presentations. Also catering for morning/afternoon tea and lunches is needed. Audiovisual technical support for microphones and PowerPoint presentations is mandatory throughout the conference. For a three day conference with several keynote speakers and proffered papers, a tiered lecture theatre is preferred. The availability of a suitable venue will govern the dates of the conference as these spaces are usually required during semester sessions. Finally, accommodation close to venue needs to be considered with ease of travel by public transport for those participants who do not have accommodation at the venue. Interested organisations are required to submit a proposal covering all these aspects to ANTS President Mary-Bridgid Naylor no later than the 8th of June.

Email completed proposals to: **Sandra Campbell ANTS Secretary:**
Sandra.Campbell@utas.edu.au

Treat Learners like Adults by Olivia Mulligan

As I reflect back on a diverse clinical nursing experience working in different countries I always seemed to be either learning something or facilitating learning. A short break from formal clinical nursing while caring for a terminally ill parent saw me with some time on my hands. I thus became involved locally as a volunteer tutor with NALA the National Adult Literacy Association in Ireland. The course offered by the Association saw me introduced to basic adult learning theories, and thus began my interest in his field of education and the benefits it would have for the facilitation of learning in nursing and patient education.

I commenced my studies in the Master of Adult Education at Wollongong University in July 2005 and graduated with a distinction in December 2006. As I have an Undergraduate Honors degree this meant I only needed 48 units to complete the course instead of the usual 72 units. The following subjects have enhanced my appreciation of the adult learner, national and global issues of adult learning, innovative practices, the use of technology in adult learning and the importance of research.

- ◆ ***The Global Challenge in Adult Education.***
- ◆ ***Learning about Learning in Adult Education.***
- ◆ ***Innovation for Practitioners in Adult Education Design***
- ◆ ***The use of Technologies in Adult Education.***
- ◆ ***Multiliteracies and Numeracies in Adult Education***
- ◆ ***An Introduction to Research Methods.***

For each unit of study I met with other students and the lecturer convenor once a month to discuss issues of concern. These classroom activities were very interactive and good learning experiences. The groups were small and we got a lot of support from the lecturers, and had the opportunity to exchange ideas on the various subjects. Everything else was on – line which was a new learning experience for me. The communication through emails, chat rooms and organized forums were lively and involved

discussion on various educational concepts, and on ideas for the numerous assignments. The research unit was compulsory and class



attendance once a week for 3 hours was mandatory. Apart from revisiting research methods and getting ideas for research all students had to submit a three part assignment. This included research into a particular area of difficulty encountered during the facilitation of adult learning and involved writing up a self reflective narrative research topic. This proved very useful for me as I learned how to embrace, respect and understand learning from a Confusion philosophy which is different to the Western or Socratic Method of questioning. The notion of Adult education is not simply about facilitating the learning of individuals with literacy and numeracy difficulties it is about a very holistic approach to all adult learning. The term *andragogy* coined by the German teacher Alexander Kapp in 1833 is based on the Greek word *aner* with the stem *andra* meaning “adult”, and *agogus* meaning “leader of”. This very useful course exposed me to many educational theorists namely: Paulo Freire, popular with informal educators with his emphasis on dialogue and his concern for the oppressed. Malcolm Knowles who was deeply influenced by the famous educator John Dewey, a strong advocator for self-direction in learning and informal adult education, David Kolb’s experiential learning ideas and Jerome Bruner’s constructivist

theory or philosophy of learning. The list goes on. I have also benefited from learning about the various adult learning characteristics.

Compared to children adults have different needs and requirements as learners as they tend to be autonomous and *self-directed* and need to be free to direct themselves with facilitators actively involving them in the learning process. Adults also have accumulated a foundation of life experiences and *knowledge*. Educators need to relate theories and concepts to the participants and recognize the value of experience in learning. Adults are also goal and relevancy-oriented. They must see a reason for learning something. Learning has to be applicable to their work or other responsibilities to be of value to them. Therefore, instructors must identify objectives for adult participants before any learning activity begins. This means, also, that theories and concepts must be related to a setting familiar to participants. This need can be fulfilled by letting participants choose projects that reflect their own interests. Adults tend to be practical, focusing on the aspects of a lesson most useful to them in their work (Think of me as a person interested in adult education). Most importantly as do all learners, adults need to be shown respect. Instructors must acknowledge the wealth of experiences that adult participants bring to the classroom, and be treated as equals in experience and knowledge and allowed to voice their opinions freely in class.

Completion of this course has also alerted me to the importance of patients and caregiver education. These include the educated public, indigenous peoples and individuals with literacy and numeracy difficulties. Despite almost a century of compulsory education for children from 6 years to 14 years many adults still have significant problems with literacy and numeracy. Patient education has become a crucial element in the rehabilitation of all patients, particularly older patients who tend to be hospitalized more frequently. Many are discharged without achieving independence in many functional tasks

Treat Learners like Adults (continued)

and as a result, educating families and patients to assume more of their care has become an essential component of rehabilitation programs. But the task of educating the older adult requires careful consideration. There are simple measures such as asking them to restate their understanding of any material presented; the use of simple words, being consistent in the use of terms and more importantly the avoidance of jargon.

An adult educational approach ensures the creation of a shame free environment where patients and caregivers are free to admit their lack of understanding and also to ensure they are not patronized. I am now very aware of the importance of assisting patients to reach their potential to ensure empowerment and to avoid unfavorable health outcomes. While educating the public is a major concern the facilitation of learning of all neophytes and colleagues and in particular ACE+ neophytes and newly hired overseas trained nurses is also of prime importance.

The world wide shortage of nurses sees Australia joining the bandwagon of overseas recruitment. Many of these trained and neophyte nurses

experience various problems upon arrival to Australia. One of the major difficulties is their lack of understanding of Australian colloquialism which can and does inhibit learning.

Part of my studies included a research project into difficulties I experienced while facilitating the learning of some of these neophytes. I refer here to the ACE+ nurses. Brown's (1996) stance on the term NESB meaning Non English Speaking Backgrounds is perceived to be negative terminology. The preferred terminology is now Additionally Cultured English Plus (ACE+). Brown (1996) suggests that these individuals have additional cultural influences and the focus should not be placed on language in isolation. English is included in this acronym because additionally cultured students and overseas trained nurses can communicate in various degrees of accuracy, and the plus at the end indicates the students' ability to speak another language in addition to English. This attitudinal stance puts these individuals in a different and more positive light.

I would encourage any nurse in any field of nursing be it academic or in the clinical arena who is passionate about education to complete a Masters in Adult Education.

In answer to the question frequently asked by colleagues and friends "where will that get you?" my answer is simply that it has afforded me a clearer understanding of adult learners from all aspects of social and academic life. It is an accepted fact that part of our role as nurses is to facilitate learning. This not only includes neophytes, newly graduated and newly hired nurses, and what is euphemistically termed the ACE+ nurse we also learn from and facilitate learning within the multidisciplinary team we work alongside and most importantly the very diverse public we serve.

Olivia Mulligan
ANTS Educational Officer and
Member of the Editorial
Subcommittee RN.RM. RSCN.

Diploma in Communications. Grad Cert Paed. ICU. BA Hons. Med Presently based as a clinical nurse in Campbelltown Hospital's ICU Department, NSW

Reference:

Brown, V. (1996) "To what extent should we assume or interpret for ACE+ students: Are we the risk takers?" A paper for the 1996 Teaching Learning Forum: Teaching and Learning Within and Across Disciplines conducted at Murdoch University, Perth, Western Australia; <http://lsn.curtin.edu.au/tlf/tlf1996/brown.html> Accessed 15/08/06

Editorial Comment

I was inspired by Olivia's description of this course so I decided to make my own enquiries into the Masters of Education program. During my enquiry process the staff from student services at the University of Wollongong couldn't have been more helpful, in particular **Felicity Perrin, Admissions Officer from UniAdvice at UOW.**

I was so impressed I enrolled, thanks to Felicity who managed to get me approval for enrolment in record time (my last minute scholarship application) and who never seemed to weary of my unending questions and requests, or at least gracious enough not to show it!

The online learning and UOW website is well thought out and reasonably user friendly, the chat rooms and student postings are excellent tools for the student to participate in peer review and gauge their progress. There is even a counter which lets the student know the average time they spend online and within each subject and session (keeps you honest!). If like me, you are used to receiving your course work in the post you might find it initially challenging, so the on-campus tutorials are very useful. Perhaps the only criticism I have is that there seems to be an assumption that all students are familiar with the processes of online learning, enrolment– withdrawing from subjects, fee paying, webmail and census day (*lit*: poll or survey – not fee day!), which I discovered when I found myself logged off the system... to be continued and hopefully sorted out... (next semester...perhaps ?)

Word to the wise...*before* enrolling in a Masters program, particularly online learning, perhaps start with one subject a semester and always discuss your requirements with faculty staff (*prior* to choosing subjects)– they will give you some good advice that might save you some trouble and if possible take the time to attend any information or orientation days.

Address: UniAdvice, Building 36, University of Wollongong NSW 2522 Australia.

Web: www.uow.edu.au

NATIONAL NURSING ORGANISATIONS (NNO) REPORT.

by Sandra Campbell ANTS Secretary

National Nursing Organisations (NNO) Report of Australian Nurse Teacher's Society (ANTS) proxy representative attendance at the National Nursing Organisations (NNO) Strategic Planning Workshop held at The Australian Nurses Federation (ANF), Elizabeth Street, Melbourne on Friday 2nd February, 2007.

The Workshop was opened at 10 am by Rosemary Bryant (RCNA) who is the current Chair of the NNO. Fiona Armstrong (ANF) is the current Secretariat while John Peacock facilitated the discussion. The Workshop closed at 4 pm. The NNOs inception was in 1991 as a result of a call for the orderly progression of Nurse Specialisation in Australia. However the bi-yearly meetings have been fortuitously supported by the ANF and each NNO without adequate funding, goals or outcomes. The aim of this Workshop was to develop a strategic plan where a clear direction for the NNO could be developed for the next five years. Fiona Armstrong has the responsibility to ensure that the timeline for the Government funding grant of \$25,000 as a result of the National Nursing and Nursing Education Taskforce (N3ET) is being adhered to and used to drive the NNO. The NNO comprises of over 50 National Nursing Organisations within its membership, and over 30 representatives including ANTS were able to attend this extraordinary Strategic Planning Workshop. Fiona Armstrong reiterated the value of the NNO to the member organisations in that nurses from different specialties are able to come together as they share a common purpose in the advancement of nursing, provide support to one another to discuss and share professional nursing issues related to their specialty, platform to lobby Government and to develop efficiencies across different nursing organisation such as governance and education. The value in the NNO is that each nursing organisation has the opportunity to have a voice on particular political and nursing issues. Representatives at the NNO agreed that nurses have a greater voice in such a group. John Peacock agreed that there is political strength in a coalition but also pointed out that having an organisation built on consensus leaves members at risk of

divisiveness or fragmentation. However, the framework that connects all the nursing organisations within the NNO is the advancement of nursing and this is the common ground that sustains the movement. The acronym of CoNNO was put forward to reflect that the NNO is a coalition but consensus was not reached to change from NNO to CoNNO. One notable absence from the Workshop was that of Midwives. A brief history was related by Rosemary Bryant who informed the delegates that Midwives had withdrawn from the NNO on a previous occasion due to a lack of recognition. Rosemary Bryant accepted that the NNO lacked the valuable contribution of one of the largest specialty organisations in Australia and initiatives to rectify this issue will be debated at the next meeting. Much discussion was taken up with the advantages and disadvantages of the NNO being "Incorporated". Incorporation would protect members from litigation and a number of Nursing Organisations have taken this path to protect their board members. However, NNO members were most concerned that the voice of each NNO would be silenced if the path of incorporation was taken where an elected board and board members would then make all the decisions on behalf of all the NNO members. This issue will be further debated at the next meeting in May 2007. One issue that has not been resolved is with the term "Specialist". Previous discussions have centered on the issue that some nursing specialties represent nurses that are generalists, examples are the Council of Rural and Remote Area Nurses (CRANA) and Australian College of Critical Care Nurses (ACCCN). Whereas, some nursing organisations represent a specialist subgroup of nurses within a larger group such as the Incontinence Nurses Association (INA) who are also members of the Urological Nurses Association (UNA). One of the aims of this Workshop was to develop an NNO Mission Statement which is the first step in developing a Strategic Plan. There was great discussion on the wording of the Mission Statement but after some revisions, consensus was agreed that "The mission of the Coalition of

National Nursing Organisations (NNO) will advance the nursing profession." After much discussion 9 aims in the strategic plan were agreed upon. Strategies were identified to achieve these aims:

1. A forum for Discussion and Consultation on Professional Matters.

Twice yearly meetings.
Exchange of information between NNO's via email.
A Wiki to be developed where NNO member organisations can participate. A number of NNO representatives were unaware of what a Wiki is. On investigation I have found out that it is a website where anyone can ask questions and receive answers.

2. Exchange Information Between Members and Facilitate Communication Between Members and Other Stakeholders.

Bulletins via hard copy and email.
Media releases by the NNO secretariat.
More information to be available on the NNO website.
An annual report with achievements to be compiled by the NNO secretariat as required by Government funding.
A report of NNO outcomes from each meeting.
Circulation of meeting documentation.

3. Influence and Contribute to Public Discussion on Health Policy.

- Survey of member organisations on policies that they require to be developed.
- Development and circulation of NNO Position Statements
- Establish structured process for governance.
- Publicise policy
- Respond to consultation documents or policy documents
- Lobbying to Government on behalf of nursing.

4. Advocate to Increase Nursing Research Capacity

Develop priorities for research
Identify opportunities for research.
Advocate for the implementation research findings.
Advocate for research funding
Be a resource where research funding can be found
Develop greater links with the NHMRC

5. Improve Governance and Capacity of Member Organisations

National Nursing Organisations (NNO) Report. (continued)

Assist with the exchange of governance documentation and resources

- Utilise guiding principles of governance
- Seek funding for the education of member organisation's office bearers.
- Develop a profile of NNO member organisations
- Measure the progress of each organisation in governance standards
- Develop a toolkit for Directors and committee members.

6. Contribute to Standards, Competencies and Credentialing.

- Develop a position on credentialing and be involved in the wider debate on nursing frameworks.
- Monitor the progress of

7. Promote Recognition as a Prominent Representative Group

- More media releases
- More information on the NNO website
- Publication of NNO activities
- Lobbying the Government on nursing Specialisation issues

8. Influence the Development of a Sustainable Nursing Workforce

Advocate for funding scholarships and clinical placements for undergraduate nurse education. Develop a Position on undergraduate nurse education Promote profession of nursing Promote discussion on attrition in nursing.

9. Review NNO Structure.

- Decide on a media spokesperson
- Develop a strategic plan

- Establish processes
- Measure outcomes
- Incorporation as a legal entity
- Membership criteria and accreditation of members
- Code of commitment to the NNO

Finally, ANTS is committed to the mission of the NNO. The next meeting will be held on May 11th, 2007 in Sydney. This report was compiled by Sandra Campbell who attended the meeting as proxy for the current ANTS representative.

For further information, please contact Sandra Campbell on Email:

Sandra.Campbell@utas.edu.au

Clinical Supervision or facilitation: what's in a name?

Review of the ANTS Nurse teacher competencies leads nurse educators to reflect upon the nature of nurse education, clinical supervision and facilitation. Clinical supervision has been defined as "An activity that brings skilled supervisors and practitioners together in order to reflect upon their practice." (Nadirshaw & Torry, n.d.). Nadirshaw & Torry define a supervisor as "A skilled professional who assists practitioners in the development of their skills, knowledge and professional values." (n.p.). The Mental Health Nurses Association [UK] (1995) define the aim of supervision is "to ensure that the quality of therapeutic intervention with the client is of a consistently high standard in relation to the client's needs" (n.p.).

The United Kingdom Nursing and Midwifery Council (2006) state that clinical supervision is

"a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own

practice and enhance consumer protection and safety of care in complex situations." (n.p.).

The Council adopted the following key statements related to clinical supervision.

"Clinical supervision supports practice, enabling practitioners to maintain and promote standards of care. Clinical supervision is a practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor.

The process of clinical supervision should be developed by practitioners and managers according to local circumstances. Ground rules should be agreed so that practitioners and supervisors approach clinical supervision openly, confidently and are aware of what is involved.

Every practitioner should have access to clinical supervision. Each supervisor should supervise a realistic number of practitioners. Preparation for supervisors can be effected using 'in house' or external education programmes. The principles and relevance of clinical

supervision should be included in pre- and post-registration education programmes.

Evaluation of clinical supervision is needed to assess how it influences care, practice standards and the service. Evaluation systems should be determined locally." (n.p.).

Clinical facilitation is a term particularly used in Australia that refers to the education of nursing students, ENs or RNs with in the clinical environment. The term facilitation itself means to assist or help someone (Harvey, 2002). Within the Australian nursing field there appears to be no agreed definition of the term within Australia. There seems to be no official status or guidelines for facilitators by the Australian Nursing and Midwifery Council, or the two major professional colleges; The Royal College of Nursing Australia and the College of Nursing, Australia. In the UK the term 'professional facilitator' is used by trained Royal College of Nursing members [UK] that encourage life-long learning in the clinical environment (Thorborg, 1999). In Ireland the Adelaide & Meath

Clinical Supervision or facilitation: what's in a name? (continued)

Hospitals incorporating the National Children's Hospital (AMNCH, 2002) has developed a program for facilitation for a role that includes staff orientation, staff development, education (both formal and informal), and communication. Core skills and attribute were also defined, including clinical credibility, encourage professionalism and promote good practice. The organisation describes that the goal of clinical facilitation is "to enhance clinical practice by supporting qualified nurses in the delivery of patient care. The role embraces the promotion of continuous practice development, utilising the skills of collaboration, networking and effective relationship building" (AMNCH, n.p.). The University of South Africa runs a diploma in clinical facilitation, with the aim of producing facilitators that enhance the learning, socialisation and continued training of nurses with the aim of maintaining professional competence (Department of Advanced Nursing Sciences, n.d.). The roles and responsibilities of the facilitator are beyond that of merely 'helping'. Within Australia there is less published or available information on the roles of facilitation within various health services, although many health areas do provide education and support for facilitation. For example, Central Sydney Area Mental Health Service (Cleary & Jordan, n.d.) lists amongst its achievements the "development of a model and guidelines for clinical facilitation, selection of clinical facilitators and register" as well as "clinical

supervision and clinical supervisor workshops, development of clinical supervision policy, establishment of clinical supervisor database" (n.p.). From reviewing the literature it appears that the terms "supervision" and "facilitation" are similar in intent and function. Perhaps the most important aspect is not the name that matters but the roles expected of an educator. The role of a facilitator or supervisor should, if using adult learning principles, meet the needs of the learner. The models used to support the learner can vary upon the organisational demands, such as one-on-one teaching, group sessions or acting as advisor and resource. Some facilitators are also expected to give more formal feedback that may relate to performance appraisal. When deciding on which competencies are important to nurses it is important to recognise the different roles of educators. There is therefore a need to clarify such roles and develop common practice standards and terms within Australia. It is essential that we engage the key nursing professional and industrial organisations in this discussion. Other countries, such as the UK, support the training and development of facilitators of learning for nurses. It is also important that area health services share the good work they are doing in supporting clinical facilitation and supervision. Nurse educators are valuable to the health care system as they have the potential to improve patient outcomes by involvement with clinical practice nurses. This means that we are an

essential element in the provision of efficient and quality nursing care. It is perhaps now time for us to have academic debate regarding the roles of all educators within Australia.

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Vicki Davies & Deborah Wick

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Book Reviews

Community Health and Wellness, 3E

A Socio-Ecological Approach
 By Anne McMurray

Details

ISBN: 978 0 72953 788 9

Publisher: Elsevier

Publication date: November 2006

Availability: Published

Extent: 408

Format: SOFTCOVER

Edition: 3



A preliminary scan of the contents of the pages of this book by Anne McMurray immediately sets up an expectation that much is to be covered about the subject of community health and wellness in both breadth and depth. In this respect, the book does not disappoint. It is exciting to find a book that is written quite specifically for the front line community workers.

Anne McMurray writing has an impressive grasp of the literature, both theoretical and empirical (with accompanying appendixes), and this book brings together the best of the literature in a way that definitively walks the reader through a historical journey to an understanding of what affects

community health and wellness.

McMurray states that since the world began to focus on the social determinants of health we have a greater understanding of those things that help and impede us in our quest for a better health. Having made this statement Anne goes on to discuss the various and multifaceted issues which also have an effect on health.

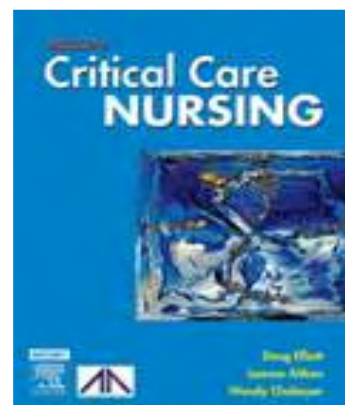
Attention is paid to improving not only the quantity of life but also the quality of life and how we may be able to eventually eradicate poverty and disease. The second perspective outlines the desperate need to involve all levels of government and increase our humanitarian efforts. McMurray cites the Jakarta Declaration on Leading Health Promotion into the 21st century and The Bangkok Charter for Health Promotion in a Globalised World as an integral part of the fight against poverty and inequality in health and also demands that Millennium Development Goals be used to set targets for the future. The author concludes with a reference from (Kouzes & Posner, 1988) which states that "To lead effectively we must:

- ◆ challenge process, continually learning from the past
- ◆ inspire a shared vision, creating a force that invent the future
- ◆ enable others to act, work toward turning followers into our leaders
- ◆ model the way by example living the values and planning our successors
- ◆ encourage the heart by celebrating achievements-

ours and those of others.)

Overall, this is a book that will be a welcome addition to any professional library of anyone interested in understanding more about the philosophy, theory of the social determinants of health. It is written in a way that one is inspired to grapple with the complexities of community health and wellness. The limitations do not detract from the book's usefulness as an *educational-based* text that will give insight to frontline community workers to better understand this concept.

Lisa McIntyre is a Clinical Nurse Specialist with 15 years experience in Community Nursing. She has a BSc in Public Health and also in Primary Health Nursing from Caledonian University, Glasgow.



ACCCN's Critical Care Nursing

Editors: Professor Doug Elliott, Professor Leanne Aitken and Professor Wendy Chaboyer

Details

ISBN: 978 0 72953 788 9

Publisher: Elsevier

Publication date: November 2006

Availability: Published

Extent: 408

Format: SOFTCOVER

Edition: 3



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Book Review (continued)

ACCCN's Critical Care Nursing is a suitable resource text for all nursing learners in critical care practice. The information provided impacts on the learner's understanding of critical care nursing as many of the chapters contain excellent research vignettes, abstracts, critiques, learning objectives, learning activities, and references of evidence based practice to support the information provided. The clinical case studies are also very relevant to learning as they are sequential, concise and realistic. The figures and photographs of equipment presently used in critical care areas are easily visualized. The tables also augment the body of information. The provisions of frequent eye-catching "Practice Tips" in a boxed format are very pertinent to the critical care learner.

The book was developed in conjunction with the Australian College of Critical Care Nurses (ACCCN), a peak professional organisation representing critical care nurses in Australia. It has been written and edited by the most senior and experienced critical care nursing clinicians and academics practicing across Australia and New Zealand with one American contributor.

The book contains three main sections.

Section 1- "The scope of critical care" covers important practical components including resourcing critical care units, professional development and ethical issues (chapters 1-6).

Section 2- "Principles and practice of critical care" looks at assessment and diagnostics (chapter 7), cultural and psychosocial considerations (chapter 8) then moving onto system specific chapters (chapters 10-15).

Section 3- "Specialty practice in nursing" encompasses specialty critical care practice such as emergency presentations (CH 16), trauma management (CH 17), resuscitation (CH18) cardiac (CH 19) paediatrics (CH 20) and organ donation and transplantation (CH 21).

We agree that this book as stated by the editors is a snapshot in time of contemporary knowledge and understanding of the complexity of critical care nursing inclusive of the management and isolation of the modern-day disease known as SARS.

Hopefully subsequent editions will continue to incorporate updated information and research on other modern day diseases currently receiving critical care management notably, H5N1 (Avian Influenza or Bird Flu). The inclusion of concepts of cultural care is also very welcome in this era of globalised movement of diverse peoples. The beauty of this book is its readability and its comprehensive yet detailed coverage of all aspects of critical care nursing.

If we had one criticism, it is to point out that x-rays demonstrating abnormalities need to use arrows to point out the aberrations. Having a representation of normal x-rays alongside for comparison could also benefit learning. The old saying goes - "If you know the normal you will recognise the abnormal" The section on envenomation is of particular interest for Australian critical care learners. This excellent source of information could have been enhanced with some photographic illustrations. One of the book's major strengths is its approach to learning. Many of the learning activities at the end of the chapters are conducive to adult learning principles as they encourage self-directed learning, critical thinking, rationales for actions/management decisions, and reflective thinking.

The reference text and appendices considers the importance of evidence-based practice, utilizing Cochrane reviews, consensus national and international Position Statements on staffing, education and resuscitation, and relevant research papers to highlight research pertinent to the topic. This research and best practice content will however require regular updating (further editions) unless these research papers are considered as "classics" that will have longevity in critical care nursing practice.

We recommend this text as a resource for critical care nurses to be included as one of the reference texts to facilitate the learning journey through critical care nursing practice.

David. Sanchez. RN CNC
Campbelltown ICU Department
Olivia Mulligan. RN Campbelltown
Hospital ICU Department.

Long-term care assisting

Aged care and disability
By Karen Scott and Margaret Webb



Details

ISBN: 978 0 72953 777 3

Publisher: Mosby

Publication date: October 2006

Availability: Published

Extent: 800

Format: SOFTCOVER

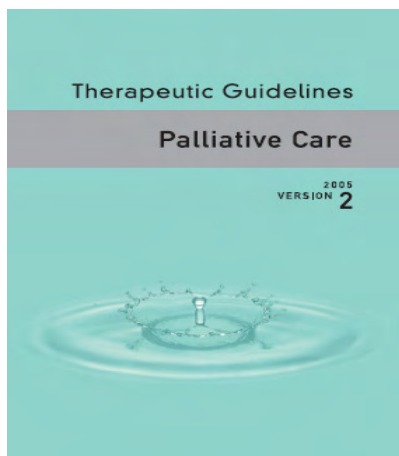
This book is applicable as a reference to the Certificate 111 in Aged Care national qualification. The contents page and "Notes to instructor" appear at the beginning of the book and give a brief overview of the 32 chapters, which cover topics such as Communication with a resident or client, Body structure and function, Maintaining skin integrity and wound care management, Sexuality and Health Assessment. Each chapter is prefaced with Learning Outcomes and ends with review questions, which can be used for session planning. The language within the text is easy to read and 'Key terms' are listed at the beginning of each chapter. One important feature of the book is the text, diagrams, summary boxes and tables are all congruent throughout each chapter, thus allowing for the presentation of information in more than one format. Another attribute is "real life" pictures have been used to show the actual aid in use.

The competency format is simple and the information could easily be adapted to a specified facility or organization.

Overall the information is a useful adjunct to an Aged Care library or as a reference text for Aged Care educators.

Helen Cumming RN Educator
Uniting Care Ageing- Sydney Region
B.Ed. (primary) M.Ed. (Adult) Teaching ESL
Certificate, Cardio Thoracic Certificate.

ANTS Book Review (continued)



Therapeutic Guidelines: Palliative Care Version 2

(2005) is an improvement on a very excellent Version 1. This pocket size book is a great resource to all health professionals who provide care to palliative care patients. It is easy to read, written with craft and creativity.

Version 2 has been reformatted with a thorough explanation on the formation of the book, how it was produced and the extensive process that was followed to ensure that the information presented is based on evidence and expert opinion. All sections have been reworked with new inclusions including non-cancer life-limiting diseases and assessment tools. The symptom management section is comprehensive covering possible causes of distressing symptoms and a plan of both pharmaceutical management and where appropriate non-pharmaceutical methods.

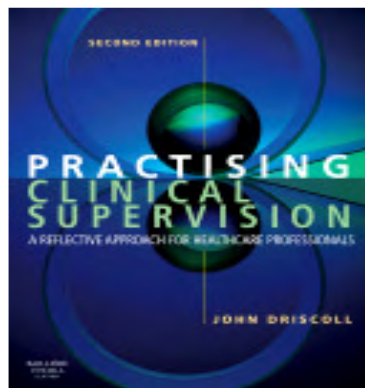
Continuing on from Version 1 (2001) the importance of holistic care and the patient and family as a unit of care is reinforced. Not only are the physical symptoms addressed, also included are emotional, social, cultural and spiritual issues. There is an emphasis on the integral aspect of good communication, with tips on how to discuss sensitive topics that face a patient with life

limiting disease. The formal caregivers have not been forgotten with a section on self care and the stressors and ethical dilemmas that are faced in caring for a dying patient

As a palliative care clinician of 15 years I would highly recommend these guidelines as a resource in the day to day care and management of the palliative care patients as well as an excellent reference for nurse education. **Anne Davis RN, PHD (Candidate), BN, MN (Pal Care), Dip, Health Sci (Nursing) Cert. Palliative Care Nsg, Cert Child & Family Health, Cert. Counseling, Cert Midwifery, Grad. Cert. Oncology Nsg.**

Practising Clinical Supervision, 2nd Edition

A Reflective Approach for Healthcare Professionals
Edited by John Driscoll



ISBN: 978 0 70202 779 6
Publisher: Bailliere Tindall
Publication date: November 2006
Availability: Published
Format: SOFTCOVER

It was timely that I was asked to review this book, as I was in the process of training to become on clinical supervisor. Clinical Supervision has been running successfully in community nursing in the western zone of SSWAHS for the last few years and is in the process of offering it to all community nurses, graduate nurses and midwives across the area.

According to the forward by Tania Yegdich, Driscoll's believes that clinical supervision has major benefits for nurses and other health professionals, and has assembled a team of authors with significant expertise from the United Kingdom and Australia, to demystify clinical supervision and promote its benefits.

The book is divided into four sections. The first section describes clinical supervision and discusses the importance of clinical supervision in modern health care.

Driscoll describes clinical supervision as: *'... a regular and formalized reflective conversation between at least two qualified health professionals with the intention of both supporting and developing clinical practice'*.

It is described as facilitated reflection, that is client and solution focused, aimed at improving professional practice.

The second section explores the importance of boundaries and describes essential elements needed in clinical supervision. The third section describes some of the models used in Clinical Supervision, it explores the potential of professional coaching in clinical supervision and offers alternative methods in clinical supervision such group supervision and the potential use of technological such as telephone, video conferencing and on-line supervision. Section four offers some ideas and approaches in implementing clinical supervision and setting standards for the practice of clinical supervision.

Driscoll concludes that clinical supervision should not only be offered to all health professionals but it should be mandatory if health managers are serious about supporting staff and improving client care.

I would recommend this book to any educator or nurse who is interested or already involved in clinical supervision.

Kerry Florio ANTS Member & AREA Community Nurse Educator SSWAHS



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**Society Calendar
Conferences & Seminars**

MARCH 9th- ANTS AGM
Burwood RSL Sydney, Australia.

MARCH 22ND & 23RD-
Clinical Decisions, Ethical Challenges.

APRIL 19 & 20 -3rd Biennial
Clinical Supervision Conference
Reflecting Forward, Melbourne, Australia.

MAY 10TH & 11TH- Improving
the Delivery of Emergency care:
Sharing the lessons learnt.

MAY 15TH - Last day for early
bird registration for 2007 Con-
ference N.Z.

MAY 17-18 - Navigating
Educational Waters: *Health
Professionals Working Together
to Bridge Education and
Outcomes*. Cincinnati, Ohio,
USA.

MAY 27th - JUNE 1st- ICN
International Conference
*"Nurses at the Forefront:
Dealing with the Unexpected"*,
Yokohama, Japan.

JUNE 7-9 - The Third
*International Interdisciplinary
Conference on Clinical
Supervision*, New York.

JUNE 8-10 - Nursing Education
Conference. Doral Resort &
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JUNE 10-15 -19th IUHPE World
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Education, *Health Promotion
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& Practice for the 21st Century*,
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AUGUST 10-11 - First SoTL
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Based Teaching: Aligning
Academic and Clinical
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USA

Winner!

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NEW ANTS Members

Name	Place of Employment	Designation	State
Kirsty Bayley	Joondalup Health Campus	Staff Educator/Undergraduate	WA
Vasiliki Betihavas	University of Western Sydney	Associate Lecturer	NSW
Vicki Davies	Liverpool Health Service	Clinical Nurse Educator	NSW
Kathleen Easson	WSI TAFE Nepean/Kingswood	Temporary Full time teacher of	NSW
Marian Eckert	Flinders Medical Centre	Director, Nursing, Midwifery	SA
Judith Gonda	Queensland University of Tech.	PhD Scholar, Sessional Tutor	QLD
Amanda Gore	HNE Health & University of New-	Nurse Educator	NSW
Angela Rayner	The College of Nursing	Nurse Educator	NSW
Gillian Reid	Joondalup Health Campus	Staff Development Nurse	WA
Narelle Sommerfeld	The Prince Charles Hospital	Nurse Educator	QLD
Deborah Wick	Sydney South West Area Health	Area Nurse Educator - Neona-	NSW

ANTS



The Australian Nurse Teachers' Society
Working Together for the Future of Nursing Education

Australian Nurse Teachers' Society was first established in 1972 in response to a groundswell in New South Wales of nurse educators who wanted a forum where they could discuss nurse education issues. These nurse educators believed that it was important that the Society be an autonomous body and that it function as a unifying voice for nurse educators on nurse education issues. This was a definitive step forward for nurse education in that it provided a mechanism for engaging directly with governments and their instrumentalities as well as the health services systems about nurse education.

The Society seeks to foster the professional development of members within all sectors and contexts of nurse education while providing opportunities for members to network and act to support professional interests in nursing and nurse teaching, research and scholarship. In the early 1970s most nurse education was hospital based however, it was agreed at that time, not to restrict membership to hospital educators and today it is this aspect of ANTS that makes it unique in representing nurse education in universities, TAFE's, hospitals, professional colleges, private practice and including all those who contribute to the education of nurses.

Perhaps you would like to have your work published or comment about an article? If you have a story about nurse education or an innovative idea you would like to contribute we would like to hear about it. Please email or write to;



Postal address for Bulletin submissions;

C/O Editor ANTS

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