ANTS
Working Together for the Future of Nursing Education

The Australian Nurse Teachers' Society e-Bulletin

March 2011 Edition

Vol. 2 Issue 1

Challenging times....

Thank you to nurses and emergency workers

To say that mother nature has thrown Australians a few curve balls lately would be an understatement. Between the floods, bushfires and cyclone, few Australians were unaffected in some way.

But if there is one thing we all know, when we have to, individuals and communities work together. Despite what individuals lost, or the damage caused, communities worked together to get through it, and begin recovery. Its heartening to see that emergency workers, support personnel & nurses all pitched in to work through these disasters. The impact of Cyclone Yasi was so significant that it necessitated the complete evacuation of Cairns Hospital, which was the biggest evacuation exercise in Australia's history.

The adaptability and commitment of nurses in these disasters has not gone un-noticed with acknowledgment coming from many including the QLD government, ANF, RCNA, NSWNA to name a few.

One recent news story reported how an ICU nurse in Rockhampton, determined to do her duty, hitched a ride to work in an SES rescue boat. Another tells of how two emergency nurses entered flood affected Condamine in order to provide essential primary care services to locals.

So from your ANTS colleagues.....

THANK YOU

Inside this issue:

Plus several Special Interest stories throughout

External emergency management within a health service environment

So haven't you heard congratulations are in order! A new reality has been born into the Health Care System. What's its name you may ask? 'Natural Disaster', and who is its mother? 'Mother Nature', and who is its father? 'Climate Change' of course!

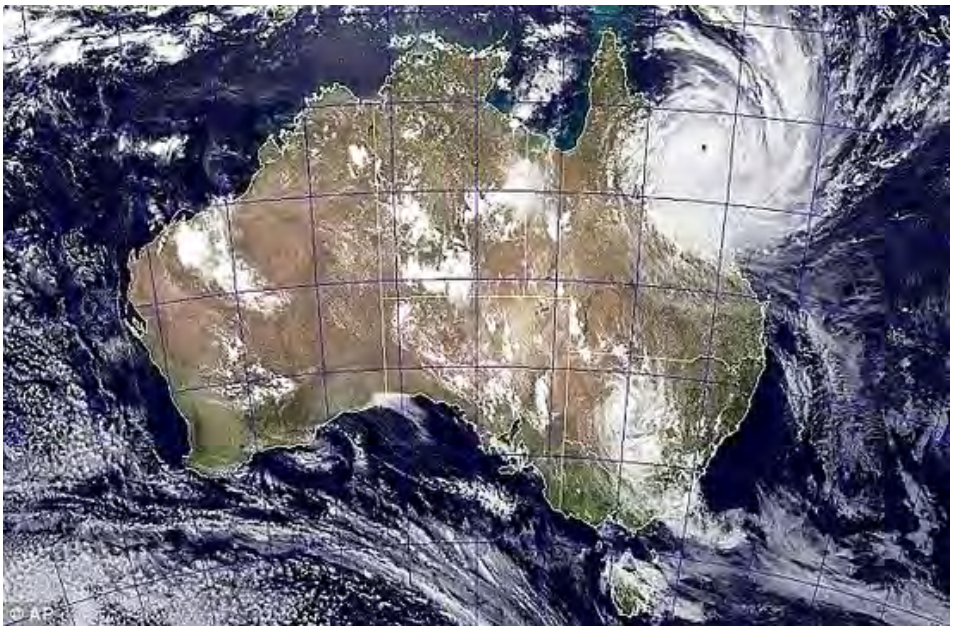
So questions have to be asked: is the Health Care System ready to receive this reality? Can its demands be met? Can the consequences of its behaviours be managed? Can society's expectations be addressed? We have all been forewarned but yet these questions remain unanswered.

The concept of Emergency Management has lingered in the back corridors of Health Care Systems for some time. Despite being rehashed every three to four years mostly for accreditation requirements, the main purpose of these plans were to gather dust lying dormant on book shelves within hospital wards, departments and offices. Becoming a part of essential furniture, you could almost guarantee that less than 1% of employees had read the content.

Cairns Hospital evacuation in preparation for Cyclone

Those who showed the slightest interest in the concepts of Emergency Management (EM) would be given the task of revising these plans. With no assigned money, nor time, their profile remained low, priorities of every day practices dominated. Hospitals ran on reactive decision making processes, rather than proactive prearranged strategies that need to be invoked. For years Health Services lived on the philosophy of "that would never happen here" attitude. Well haven't times changed!

In a matter of a few short years the profile of Emergency Management (EM) within the Health System has been elevated. EM Coordinators have rejoiced in finally being recognized. No longer are plans allowed to collect dust, where coordinators hide in broom cupboards. This position has been given status, to permanent full or part time employment.



Cyclone Yasi

Five years ago it was all about coordination; no longer did plans aim for the attitudes of 'all pitch in' and 'hope for the best'. Tasks had to have meaning, be pre organized, and have a purpose with role definition. As a result the Incident Command System (ICS) was introduced. Suddenly Executive Directors were newly titled Commander, Logistics, Planning or Operation Managers in the event of an external emergency incident - a hospital **Code Brown** event.

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External emergency management within a health service environment

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Following on from the Black Saturday Royal Commission recommendations, it is all about communications, disseminating information and closing the loops accurately in a timely matter to department/ward/units. One would say a challenge at the best of times, but none the less accepted as a reality that could not fail.

Flooding in NSW

Partnerships were also a new reality to be adhered to, seeking cooperation with neighbours be it private or public healthcare facilities or rehabilitation centres etc. Involvement with Local Government Agencies – attending Council Emergency Management Committees is essential in learning the supply and demand issues that arise out of natural disasters. These understandings are not only in the immediate phase but through all four principle concepts of Emergency Management that being Planning, Preparedness, Response and Recovery (PPRR).

So we have found that our lonely Code Brown plans have not only been refashioned into effective organizational structures with partnership involvement, but have needed to become specialized to cater for differing events. Depending on the hospitals geographical location plans for pandemics, Summer Preparedness - bushfire and heat wave management, and no doubt in coming months (if not already) evacuation planning for floods are required. Soon plans will expand to tsunamis, earthquakes, mass gathering events, and man-made communications/ IT failures.

Bushfires in WA

No matter what type of incident that Code Brown addresses, the concepts are predominately the same, that being the challenges of managing supply and demand in greater volumes of displaced persons needing healthcare.

To look into the future what is needed now is resilience. Society and health care workers need to build readiness into their practices and every day life experiences. Education is the key. So this leads to the question have we trained our clinicians adequately to practice in such circumstances? Do educational curriculums equip students enough in these principles and concepts? The impedance that remains for emergency management today is that it is not every day practice.

So what is the answer?

Nyree Parker
CNC External Emergency Management Coordinator
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President's Report

Hello everyone,

Well another year is well underway and it is almost 12 months since I was elected President of ANTS by the National Executive last April at the AGM held at the NETNEP conference. I have enjoyed my tenure immensely and look forward to the Annual General Meeting (AGM) on April 30th in Sydney to determine the ANTS National Executive for 2011. I am ready to continue leading ANTS for another 12 months and it is hoped by the 2012 AGM in Perth, a new President can be elected from eligible ANTS members who have served at least one term of office on a State Branch. National Executive has been busy organising the AGM and we believe that we have a stimulating program for our members who are able to attend this important meeting. The event will be held at the Surry Hills Sebel, Albion Street Surry Hills, Sydney.

The event has been planned as a full day however members are able to leave after lunch if they so wish. The day is planned to begin at 9 am with a welcome to all attendees. The Pearson/ANTS Nurse Educator of the Year award will be presented to the 2010 winner by David Hobson from Pearson Australia. You will have to attend the AGM to find out the 2010 winner however there will be a special section in the following e-Bulletin on the award presentation. Congratulatory and consolation letters to all the applicants have been sent in late February. All ANTS members should consider applying for the next award which closes in October 2011. Information on this prestigious award can be found on the ANTS website www.ants.org.au.

ANTS National Executive have invited all the State Chairs or their proxys to the event and time will be devoted before morning tea for members to meet each State Chair and hear the exciting events planned for members in 2011. ANTS National Executive believes that having the State Chairs at the AGM is more inclusive now that ANTS has State Branches in almost every State. It is worth noting here that all efforts will be devoted to launching the Tasmanian Branch as soon as possible. The AGM will be held after morning tea and together with the President and Treasurers reports', Lisa Gatzonis, ANTS Vice-President will brief members on the 2012 Nurse Education Conference in Perth Western Australia.

After a gourmet finger food lunch, ANTS is pleased to announce that Associate Professor Trish Davidson will facilitate the ANTS Strategic Planning seminar where members will have the opportunity to brainstorm and voice their opinions on the future directions that will ensure that ANTS continues to be a strong voice in nursing up to and beyond 2020. I encourage everyone to attend the AGM and Strategic Planning Session as it is important that each member have the opportunity to voice their opinions on ANTS' future directions and activities. The event is planned to end around 5pm. So please register your attendance as soon as possible.

During late 2010 I found myself facing a professional dilemma. Since I plan to continue my academic career I enrolled in a PhD on a part time basis in May 2009. Since then, I have spent considerable time immersed in literature reviews and completion of my ethical clearance applications. Late last year I found myself in a similar predicament to many other nurse academics. The dilemma is to continue in my paid employment as a lecturer in nursing and progress through my PhD part time or to transfer over to full time study so as to finish my doctorate within three years rather than six. I realised that I had reached a point in my studies that challenged me to choose between two situations. To collect my data, I need to be at the health facility outpatient's clinic but these clinics are held at the same times that I would be required to be on campus to teach my undergraduate nursing students. I pondered this dilemma for most of 2010 until I realised that I had the financial resources to move to full time study. So in December 2010, I resigned from my paid employment as a lecturer in nursing to take up full time study. I am now on track to complete by March 2014. The dilemma is that for now, my primary role is not nurse education, which is a requirement of ANTS membership and in my role as President. After much deliberation and discussion with my academic colleagues and ANTS National Executive, I believe that I

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...President's Report Continued.

have found a solution to this dilemma. I will consider applying for a casual lecturing position later in the year so as to fulfil my obligation as ANTS President and as I will be on a casual basis, my earnings will not be so great as to influence my PhD scholarship requirements. Ironically, as I am not working full time I now have much more available time to devote to my role as the current of President of ANTS.

One teleconference that I have been able to represent ANTS at was the Alliance for Sharps Safety and Needlestick Prevention in Healthcare which aims to create a safer working environment for healthcare employees in Australia to work safely without being exposed to the occupational hazard of needlestick and sharps injuries. I was able to stress our position that new technologies are introduced to the health care environment without proper education of nursing staff and it is our members who need this education on safety engineered medical devices in the first instance to assist their staff in any technological transition. I will continue to work closely with this alliance to ensure that information flows smoothly to ANTS members on any initiatives arising from this alliance. You are welcome to learn more about the alliance at http://www.allianceforsharpssafety.org/.

Finally, I urge you to consider submitting an abstract to the Australasian Nurse Educators Conference (ANEC) 2011 which will be held in Wintec Hamilton 23rd – 25th November, 2011. Closing date is 1st May, 2011. I am sure your State Branch Committee members would be delighted to assist you in writing the abstract as well you can seek assistance by posting a message on the ANTS website. Looking forward to seeing as many of you as possible at the AGM.

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You learn something everyday...if you pay attention

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More information is available at
www.internationalclinicalskillsconference.com

Message from the Editor

Well if being the Editor gives you perks, then the chance to write about what ever I like in my 'Message from the Editor' would be the best perk.

As some of you may know, aside from being a member of ANTS, I am also a full time PhD Candidate, with the support of a Scholarship enabling me to pursue my studies full time. My research focuses on End of Life (EOL) care in acute hospitals.

But lets just go back a bit so you can understand where I am coming from. I began as a graduate nurse in 1995 and throughout my career I have worked in 4 states of Australia, and in a variety of acute care settings, including cardiac medical, cardiothoracic surgery, diabetes education, Intensive Care, and several nurse education roles.

Throughout my nursing career, I became acutely aware of the suffering that I saw with dying patients and their families. No matter how technologically advanced our health care provision became, our patients and their families still suffered immensely. I began to question why can't all of our patients be afforded a dignified death, where symptoms are controlled, and they are free of suffering? Or is that the role of palliative care????

Australia is no different to other developed countries. Our population is ageing, and chronic illness is now the leading cause of death. And thanks to advances in medical treatment, many people are living longer even with multiple chronic illnesses.

Despite our changing demographics, the primary focus has not changed, with acute care hospitals still delivering 'rescue medicine' with the goal of cure. But attempting to cure someone of an often life-limiting chronic illness is not only unrealistic, but also inappropriate and takes the emphasis away from what care should be focused on, that is relieving symptoms and facilitating a 'good' death.

Interestingly, when asked, the overwhelming majority of Australian said their preference would be to die at home. This is probably no surprise to you, but the reality is that almost two thirds of the Australian population will die in an acute hospital ward while continuing to receive active treatment.

While palliative care services in Australia are among the best in the world, second only to the UK, only 8% of the Australian population will receive treatment in a palliative care unit.

Existing literature and research has focused on the care of the dying in palliative care units, however there is an urgency to consider the needs of those dying in other settings.

A recent Australian study showed that despite the promotion of advance care planning, their prevalence in patient medical records is less than one per cent, so those admitted to hospital with a life-limiting illness are provided with active treatment. When this occurs, the dying process becomes medicalised. And while patients continue to receive active treatment, they are unlikely to receive appropriate EOL treatment, where the focus is on comfort, symptom control, family inclusion and a dignified peaceful death.

The Liverpool Care Pathway (LCP), developed in the United Kingdom, along with various iterations, has recently been implemented in Australian care settings. While several studies show that these pathways resulted in marked improvement in care and management of the dying patient and increased staff satisfaction, several evaluations found that nursing staff had difficulty recognising the signs of *active dying/the dying phase,* and were thus unsure when to start the care pathway.

What these studies showed is that nurses are underprepared educationally and clinically to recognise and manage the dying phase. While undergraduate curricula promote holistic promote person-centred care, more attention needs to be given to death and dying, not only in undergraduate education, but also in continuing education for all registered nurses.

Educational strategies should include not only the physiological signs, but also the social and psychological signs of dying. This is essential for nurses to develop early recognition of dying and ensure that realistic quality person-centred care is provided for the patient and extended to their family..... *food for thought*

Cheers

Melissa Bloomer

Editor e-Bulletin

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Australasian Nurse Educators Conference 2011

Wintec, Hamilton
23 - 25 November 2011

"Innovations in Nurse Education in Practice, Thinking Aloud, Thinking Ahead"

Abstract submissions close 1st May

Nurse Educators and Nurses from all areas of nursing are warmly invited to attend the 15th Annual Australasian Nurse Educators Conference being held in Hamilton, New Zealand on the 23rd to 25th November 2011. Hamilton, New Zealand's largest inland city is situated on the banks of the Waikato River and we welcome you to experience its rich history and contrasting splendour.

The focus of this conference is on innovations in nurse education and practice for the future. Our hope is that challenges for nursing practice are identified and innovative solutions for nursing education are generated to respond to these challenges. How will we meet these challenges and how do we provide a future workforce that is ready to take nursing forward into the next decade?

Please join us in Hamilton as a presenter, promoter or participant for a memorable conference. We welcome your contribution and invite you to share your experience by submitting an abstract for a presentation or poster.

See you in Hamilton!

For more information log on to
http://www.nursed.ac.nz/default.asp

NSW 2011 Committee

In November 2010, the ANTSNSW committee for 2011 was elected. The following are the committee members for 2011.

Chair: Vasiliki Betihavas RN MN PhD candidate (Curtin University)
Vasiliki Betihavas is a Lecturer in The School of Nursing and Midwifery at UWS. Prior to her appointment at UWS in 2005, she was employed in the health care sector and has over 18 years experience as a nurse, with 15 of those years being employed in tertiary referral intensive care units in Australia and The United Kingdom. Currently, Vasiliki is a doctoral student and recipient of an NHMRC scholarship and is undertaking a sub-study of a clinical trial to develop and test a nomogram that predicts hospitalisation in adults with chronic heart failure.

Secretary: Anne Maree Davis
Anne Maree is the Nurse Manager, Education at The Children's Hospital at Westmead. Prior to commencing this role in 2008, Anne Maree has held positions in Practice Development education and Asthma Education.

Treasurer: Benny Alexander-Wayman
Benny is a Clinical Nurse Educator within the Macarthur Community Health Nursing.

Committee members:

Sandra Krepz: BN, Grad. Dip Rehab Nsg, M Clinical Rehab, Currently undertaking a M Clinical Leadership & Supervision.
Sandra is a Clinical Nurse Educator in the Brain Injury Rehabilitation Unit at Liverpool hospital. Her areas of expertise include head injuries; the rehab process; behaviour management; continence and equipment assessment; education of staff; patients and families.

Carolyn Ellis is the Clinical Nurse Educator at Ryde Hospital in Sydney, and is responsible for all specialties of Perioperative Nursing including Day Only. Carolyn's area of interest is learning and teaching particularly understanding what motivates learners to learn. Exposure to global environments within and outside of nursing demonstrates that this is a salient concern amongst educators. Carolyn is working towards completing a Masters in Higher Education Teaching and Learning. It is this rewarding avenue that has unmasked her interest.

Sally Rickards: RN, RM, Child & Family Health Nurse, Ophth Nsg Dip, Assoc Dip Comm Hlth Nsg, BHSc (Nsg) , Grad Dip Hlth Ed, IBCLC, Family Partnership Training Facilitator.
Sally is currently employed by SSWAHS, and works at Fairfield Child & Family Health Nursing Service, as Clinical Nurse Educator. Sally's particular interests include women facing postnatal difficulties and parenting challenges, and family conflict. She is also passionate about providing support for women who choose to breast feed. Resilience and how women and families cope with adversity is also of particular interest for her.

Lynne Slater: RN, RM, BN, Grad Dip HSc (PHC) MMid, MN, MRCNA Director of Clinical Education, School of Nursing and Midwifery, University of Newcastle. Lynne's research interests include 'First time fathers lived experiences of their partner's childbirth', and 'Care of the older person in acute care'. Lynne is passionate about positive experiences for nursing students in clinical placements. She is part of a team providing Mentoring programs for RNs in acute care and aged care facilities. Lynne is also the Secretary of both NSW and National Network of Clinical Coordinators.

Lynda Mitchell: RN, RM, Grad Cert Periop Nsg, MN(Edu), Cert IV WA & T
Lynda works as a Nurse Educator, Perioperative Services at Westmead Hospital. Her areas of expertise include Surgery comprising pre-admission, day surgery, anaesthetics, instrument & circulating nursing, recovery nursing (PACU) and infection control.

Sandhya Goundar: BN
Sandhya is currently employed as a Clinical Nurse Educator for Prairiewood and Cabramatta Community Health Centres and has spent most of her nursing career in community health.

Shushila Lad: RN, RM, M.Med. ED
Shushila is a Clinical Midwifery Educator CCC level 1A at Liverpool Hospital. She has 18 years of midwifery experience both in Australia and United Kingdom.

Rosemarie Schofield:
Rosemarie is an Associate Lecturer in the School of Nursing, Midwifery and Indigenous Health at Charles Sturt University.

NSW Report

Dear Colleagues,

ANTSNSW wanted to identify the needs of its members and structure upcoming 2011 workshops, scheduled for February, May, July and September to meet these needs. To do this, an online survey was sent to members in November 2010.

The results of the survey identified the following needs:-
-mentoring and support for nurse educators in the clinical area regarding journal writing;
-assessment and evaluation;
-preceptoring nursing students and nursing staff; and
-how to structure and deliver a teaching session.

The first scheduled workshop will be held on the 18th of February at the University of Western Sydney, Macarthur (Campbelltown Campus) School of Nursing and Midwifery. The objectives of this workshop are to:-
-mentor nurses in writing for publication;
-learning skills and strategies in writing for publication;
-responding to reviewer comments; and
-Identifying what journal is appropriate for your manuscript.

I look forward to meeting you at upcoming ANTS workshops.
Take care, Vasiliki

Vasiliki Betihavas
RN MN PhD candidate,
ANTSNSW Chair

VIC Report

The Victorian Committee has enthusiastically begun work on building the branch and its activities. Organisation of our first education event for 2011 is underway with a one-day study day focussing on clinical education being organised for late April.

While the program is still being finalised, we hope to cover an array of important topic areas including teaching clinical skills, providing feedback, and managing challenging student situations.

Other planned activities this year include surveying Victorian members to examine areas for future education sessions, conducting one twilight seminar and employing strategies to increase our membership.

The Committee welcomes any contributions or ideas that any of our members wish to offer us in establishing our branch. We are very keen to hear what both rural and metropolitan members would like us to focus most on over the next 12 months and beyond. Please feel free to contact any committee member with your suggestions.

Lisa McKenna
VIC Chair

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Mad or Brave? Saphron's story

"*You are mad*". It is a statement I hear a lot. Complete strangers feel the need to tell me this when I say I am studying. You see, I am 34, married, have two children aged 5 and 2 ½, a dog, a house (and mortgage) and I am a full time student. The next inevitable question is "*What are you studying*?" to which I reply proudly "*Bachelor of Midwifery at Monash University, Peninsula*." Now the responses to this statement are usually one of three: "*You are mad*"or "*Urgh, I could never do that*", or "*How can you look at vaginas all day*". Cue smile and politely reply "*Well, it's not for everyone*."

Let me explain. It was July 2008, my son was just 6 weeks old and I was at my Maternal and Child Health Nurse appointment. She could see I was floundering, on 12 months maternity leave with no direction. I need direction. I had worked as a legal secretary, a job I loved, but it wasn't fulfilling. It was just a job. I wanted to do something I loved. My MCHN suggested doing Midwifery and I laughed. Me, a midwife? Seriously?

Then I thought about it, and thought some more. I discussed it with my husband, parents and friends. I researched the course I thought I wanted to do and came to the realisation my MCHN was spot on. It would involve care of women at one of the most vulnerable moments in their life, the birth of their baby. It would involve the support, encouragement, empowerment to give them the confidence to go home and learn how to deal with an all consuming, seemingly never-ending routine of care for their brand new bundle of joy. I wanted a career that I could be still doing at 60 because I wanted to, not because I had to. I am (sadly) not 17 anymore and I really felt the pressure of making the right choice. I knew that not earning an income for so many years would be difficult and I was concerned about the impact on my family. So after much anxiety I applied...and I was accepted...and then I panicked. What if I can't cope? What if I fail? Am I a fool for taking this on? Where do I park? Where on earth is the library? What if I hate it? I need how many vaccinations for placement? Am I doing the right thing by my husband and children? You can imagine what was going through my head. I am the kind of person who likes to get in, deal with it and get out. As I enter 2nd Year with clinical placement 2 days a week, I am in the 'dealing with it' phase.

Saphron with Eloise and Hunter

It's a struggle and I am stressed. My desk is in the lounge room because there is no other space available (I used to work on the kitchen table until last year!) I am learning to step over toys strewn across the floor and sit at my desk ignoring the mess behind me. I have lots of little fingerprints on my laptop screen and I frequently find extraneous items in my desk drawers. I download the lectures I can and listen to them on my iPhone during the drive to Uni. Our daughter has just started prep and our son is at childcare. My mum and dad help out, and we have friends who invite us around for dinners regularly and organise playdates for my kids so I can study. Without this support I, or should I say 'we', would never make it.

This year is going to be really hard. I will be doing 4 units per semester and 2 days clinical placement. That said, I am really looking forward to it. It is thrilling and terrifying at the same time. I can see the opportunities this will create and the immeasurable experiences I will have. I hope to do well enough to be offered a fellowship next year and a graduate year the one after. I can only do my best. After that, well, in my ideal world I would like to work 3 shifts per week which would still allow me the do canteen duty, attend excursions and assist at school.

So when people say "you are mad", they are probably just a little bit right. But when I look at my children as they wave me goodbye as I head off to "nooni" (as my son calls it) I remember I am not just doing this for me, this is for them too. I decide I am not mad. I am brave.

Saphron Bonner
Second Year, Bachelor of Midwifery Student

What's happening in WA?

On December 2nd, we held an education session with Margaret Potter, University of Western Australia, introducing the concept of Teaching on the Run. The session was extremely dynamic and had members wanting more. We are hoping to follow up with Margaret in the New Year.

Our AGM was held the same evening, all branch positions were up for nomination and the committee members of 2010 were all nominated and accepted as the committee for 2011.

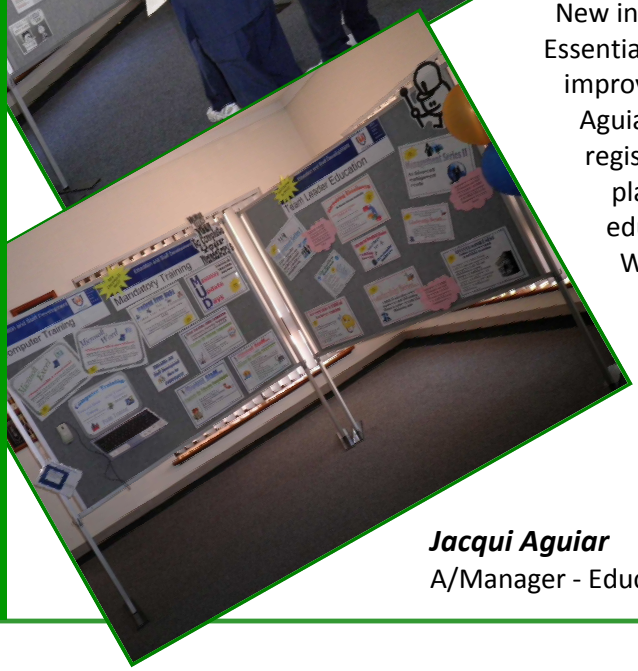
The Branch has now arranged a regular venue for our education sessions, WASON, Royal Perth Hospital and we have emailed all WA members tentative dates for 2011, so watch this space.

We are still working very hard and organising the 14th National Nurse Educators Conference to be held in Perth in 2012.

The committee look forward to a very busy 2011 and would like

Julie Jackson
Chair WA Branch

Expo in Armidale WA



Armadale Health Service held its inaugural Education Expo in January. "The expo was designed to showcase the education available for all caregivers over the next 12 months", Manager of Education and Staff Development, Jacqueline Aguiar said.

Approximately 300 caregivers attended the expo which was held over two days. Displays included external educational opportunities as well as internal education such as Critical Care, Mandatory, Mental Health, Clinical, Non Clinical, Computer Courses and Leadership Training.

New in 2011 is the Leadership Series and Management Essential Series aimed at providing systems training and improving leadership and managerial skills. Jacqueline Aguiar said that these series were already filling with registrants. The expo showcased many new sessions planned for 2011 including Corporate Governance education, Aboriginal Cultural Awareness Training, WoW education (What's on Wednesdays) – short clinical education sessions, as well as many new Clinical education sessions and workshops.

Caregivers were encouraged to register their interest in several new forums with the Journal Club collecting 55 signatures and the CN Forum collecting 25.

Jacqui Aguiar
A/Manager - Education & Staff Development

"Learning *more* from my mistakes than my successes"

"Born to be a nurse". I've heard that line many times in my nursing career. I don't think I ever was. My career in nursing began in Tasmania, when after Year 12, I detested the prospect of University and instead, wanted a job – or to be more precise, a pay packet. I feel fortunate that back then (the early 80's) you could learn to be a nurse in hospital based training whilst also being paid a paltry sum.

Ironically, I enjoyed the stimulation of learning new things and I liked the contextual learning environment. Importantly though, I was inspired by two passionate nurse educators who took a genuine interest in my career development (or maybe it was the novelty of having a male nurse in the group). Their impact on my professional life will probably never be known to them, but they will not be forgotten. A simple message they passed on was "it is selfish to learn something without sharing your knowledge with others". What they insisted we did as nurses was to pass on our skills and to never take more than we gave back.

I was never a great nurse. I always got on well with my patients. I always felt they were in 'safe hands'. However, in the Intensive Care Unit I felt that I "knew my stuff" and quickly found my niche for several years. In 1998, I moved to Victoria and completed formal ICU Post Graduate studies. It was here that I met another passionate educator – Al Park, who inspired me as I was once inspired before as a student. Al had a knack of making sense of things using analogies that I could relate to. He was also very humble and admitted that everything he knew was plagiarized from others, but that he was selective in his plagiarization and only copied their strengths. He would often remind us all that he didn't know everything, but that he felt what he knew, he understood. He felt this was important if we were to teach others. I was inspired to teach.

In 2000, I began as an educator in ICU at the Western Hospital and then The Freemasons Hospital. Taking on Al's advice I 'studied' other staff's teaching styles – what seemed to work and what didn't. Some had excellent knowledge of the subject they were teaching but weren't able to convey this information. Some were great teachers but were limited by their own lack of knowledge. There were many examples of great teaching. I made many mistakes, but on reflection, I have learnt more from these mistakes than I have from my successes. To this day, I continue to prepare teaching sessions, feeling confident in my ability to deliver, but knowing that it will not be as good as when I deliver it again next time. Self reflection and acceptance of criticism is an under-rated skill.

Now at Melbourne's St. Vincents & Mercy Private Hospital, I work as an Education Consultant (ICU) and Resuscitation Coordinator. A few years back, when staff attrition was costing the business, the hospital's CEO invested heavily in staff education. However, it paid off and during a recent accreditation process the Hospital was awarded an "Outstanding Achievement" for education – a standard quite difficult to acquire.

My role is to coordinate the delivery of education to staff in ICU from undergraduate level through to Masters via a combination of bed-side teaching and University lecturing. This is challenging and rewarding and provides excellent opportunities to utilize all the various teaching methods available. It is the immediate feedback you get from students – those 'light bulb' moments where you know that they actually get it, that makes teaching so worthwhile. With tremendous pride and satisfaction, I see 'my' students now graduating and remaining in the unit, committed to passing on their knowledge. Their patient's are in safe hands, and so too are the next generation of nurses.

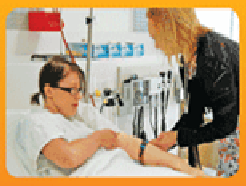
Simon Plapp

ICU Educator and Resuscitation Coordinator

SimHealth2011

INNOVATION • EDUCATION • RESEARCH

Monday 12 September – Thursday 15 September 2011
Sydney Hilton Hotel, Sydney Australia



PATIENT CENTRED SIMULATION

THE ANNUAL CONFERENCE OF THE AUSTRALIAN SOCIETY FOR SIMULATION IN HEALTHCARE

If you are a clinician, educator, academic, researcher, leader or policy maker interested in hearing, or sharing, the latest updates on how simulation techniques can be used to enhance training programs and research in healthcare education, patient safety, human factors, systems design and quality improvement, this is the conference for you.

Simulation in Australia is a key area in health education, safety and quality and the next twelve months promises to be an exciting time for investment in simulation in the Australian healthcare system.

For more information go to

www.simhealth.com.au

SA Branch Report

As we welcome in a new year we have organised a professional development day for Saturday 14th May at The Queen Elizabeth Hospital where both members and non-members are invited to attend. The Professional Development Day will comprise of local speakers and educational trade displays. The displays will be open during morning tea / lunch and afternoon break for participants to access. The registration form is already on the ANTS web site for participants to complete. We look forward to seeing all current and potential new members for an enjoyable interactive day.

Book reviews

All reviewed books are available from Elsevier Australia Ph 1800 263 951 www.shop.elsevier.com.au

Long -term Caring (2nd Edition)
Karen Scott, Margaret Webb & Sheila Sorrentino
Published 2011
Price $90.00
Published 2010 by Mosby/Elsevier
(Reviewed by Tina Dodd)

This book is aimed at Enrolled Nursing Students or Personal Care Workers. It is easy to navigate through the book with Each of the 5 sections colour-coded and containing easy to follow chapters within.

Each chapter encompasses objectives that the learner will achieve on completion, as well as questions (and answers) regarding information in the topic.

The book is a collaborative production by the many people involved through all areas of nursing and academia, ensuring a comprehensive view of the aged care industry in Australia and New Zealand.

Each chapter is comprehensive in its explanation of its content and incorporates visual aids such as photos, tables and diagrams to allow the learner to fully grasp the subject matter. Interactive learning is also encouraged, with up-to-date web links and an e-page, designed to be used in conjunction with the book.

A useful tool for Clinical Teachers; it is an easy to use teaching aid in the classroom or clinical setting.

This book is highly recommended to learners and Clinical Teachers alike, for a basic introduction to Health Care in the Aged Care setting.

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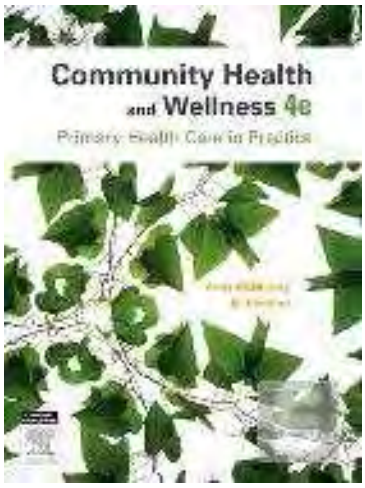

Community Health and Wellness 4e Primary health Care in Practice

Anne McMurray and Jill Clendon
Published 2011
Price $79.00
Published 2010 by Churchill Livingstone /Elsevier
(Review by Robin Digby)

Anne McMurray and Jill Clendon have produced an interesting, well-written and logically set-out text for those with an interest in Primary Health Care in Australia and New Zealand.

The book is divided into two sections which are further broken up into chapters elaborating on the core concepts. The first section explores the idea of community in a modern world and the definition and achievement of 'well-ness' which helps to frame the more specific issues discussed in the second section. The second section occupies the greater part of the book, and elaborates on the importance of promoting wellness at each stage of life from birth to old age. The chapter on healthy families is particularly thought-provoking. The authors take an interesting socio-ecological approach to framing community health and wellness across the lifespan.

The text is well written in clear jargon-free language. A useful device employed throughout the book is the 'points to ponder' squares which punctuate each page. These are a précis of the main points of the text and would be useful to students studying in preparation for exams. The objectives of each chapter follow the introduction and are mirrored by a textbox at the end of the chapter entitled 'reflecting on the big issues'. Each chapter has an extensive reference section.

A case study approach is employed throughout the book, with discussion on how the issues raised impact on the fictitious 'Miller family'. The experiences of this multi-generational trans-Tasman family are discussed and encourage the reader to think practically about the subject matter.

The appendices supply valuable information including the Jakarta Declaration, the People's Health Charter and The Bangkok Charter for Health Promotion in a Globalised World.

In summary this book is a very user-friendly text which is logically sequenced and easy to follow. It would be very useful for students of community health and wellness and would also provide teacher's with a clear framework for class work and evaluation.

Patients with dementia – Implications for caring and ongoing education

Research Summary

Dementia is a condition related to aging. As the lifespan of the population continues to increase, the incidence of dementia will correspondingly increase in our society, and consequently in our hospitals. We transfer patients with dementia in our health system between beds, wards and facilities more often than is ideal, and on occasion many times within the same admission. The effect that these transfers have on people with dementia has not been thoroughly explored and is not usually considered as a risk factor in patient safety, satisfaction with care or the progress of their illness. But is this a fair assumption?

A small qualitative study was undertaken at a 60-bed Geriatric Evaluation and Management facility in outer Melbourne in which eight patients with mild to moderate dementia, who had been transferred from the acute hospital within the previous few days, were interviewed about their experiences. Predictably none of them had a clear recollection of the transfer itself because of short-term memory problems; however they had plenty to say about their experiences at the new facility. Some of this feedback could contribute to the planning of care for patients with dementia when we are moving them between or within facilities.

Loss of control over what is happening to them is a recurrent theme. It appears that some health professionals do not feel the need to include patients with dementia in discussions about their care, or if they do, are unaware that this may need to be repeated more than once for a person who has trouble processing and retaining information. The subject of 'bossy nurses' came up several times in the discussions – nurses who make decisions for the patient without consulting them and are impatient with people who are slow to catch on. This is anathema to the concept of person-centred care.

A closely related subject is that people with dementia often feel that they are being treated like idiots. This is demonstrated when a health professional addresses the relative as if the patient is not there, uses patronizing language or what is known as 'carespeak', or dismisses the opinions of the patient as not being valid. Respect for people despite their limitations is important and often underemphasized.

Family support is crucial for many, and 'significant others' should be involved and included in the patient's care as much as possible. Many people with dementia are happy to abdicate responsibility for decision-making to a close relative, and take comfort that this familiar person is there watching out for them in an unfamiliar environment. An understanding of this is important when transferring a patient between facilities. The person may feel unsettled by the change, but the presence of a family member has the potential to mitigate against this.

It is common that people with dementia take longer to get a sense of their environment. Some of the people in the study mentioned that they could hear noises outside their rooms which they were unable to identify, and this made them fearful or anxious. It is worth ensuring that a thorough orientation of the environment is conducted on admission, and subsequently repeated if necessary to allay this fear. Anxiety can translate to problem behaviour such as aggression, wandering or withdrawal in some individuals with dementia. It is important to note that although people with dementia

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Patients with dementia – Implications for caring and ongoing education

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may not have specific recall of incidents which have upset them, they can have 'implicit memory' in which the anxiety or fear stays with them despite the loss of the detail. This can affect behaviour and impact on the patient's ability to settle into a new environment. The trauma of transferring between sites, or a negative experience can impact on behaviour despite the patient having little or no recall of the events.

Fear of the future is common, and discharge planning is a worry for many who have some insight into their situation. Time taken to talk to the patient about their wishes and fears is time well spent because the patient feels heard and included in the discussions. The patients have a right to be consulted in planning for the future at whatever level they are able to participate.

So, what are the implications of this study for the care of people with dementia? Special consideration to orientation must be provided for them so that fear of the new environment is allayed. Including family in the transfer and settling period can assist, and it must be understood that details may need to be repeated to the patient several times – nurses must be sympathetic to this need. Awareness of the patient's right to be treated with respect is crucial, and this means eliminating patronizing 'carespeak', and ensuring that the patient is included in decisions which affect them. Knowing that the orientation process is more problematic for people with dementia, transfers should be minimized to reduce the potential for patient stress and unsettled behaviour, but if they are necessary, allowances must be made to accommodate their special needs.

Robin Digby, VIC
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Adult Cannulation & Venepuncture Course - NSW

The Adult Cannulation and Venepuncture Course has been run successfully since 1982, and continued by the Sydney South West Area Health Service from 2005, where staff were accredited in peripheral venous cannulation and venepuncture. Over time, the course design has been modified to reflect current evidence, supported by journal publications and the Centre for Disease Control guidelines. This course became a VETAB accredited course in 2009, so staff can obtain a nationally recognised qualification.

The course aims to provide opportunities for the participants to acquire knowledge and skills in peripheral venous cannulation and venepuncture and maintain quality patient care through the prompt administration of prescribed intravenous medications or fluids and prevent any delay in patient blood investigations.

Delivered over 45 hours, participants are assessed both on and off the job. Working under the supervision of a qualified assessor, each participant must complete each unit to be granted a Statement of Attainment, as follows:

Certificate III in Pathology

- HLTPAT306B Perform Blood Collection
- HLTPAT308B Identify and respond to clinical risks associated with pathology

Certificate IV in Pathology

- HLTPAT409B Perform intravenous cannulation for sample collection

Each participant can be granted a statement of attainment in either/both the Certificate III and IV depending on which skill they wish to be assessed in.

Mary van den Dolder (in white) with course participants

Objectives

At the completion of the course the participants should be able to:

- Apply the policy and procedures relating to peripheral venous cannulation and/or venepuncture
- Adhere to infection control policy and standard precautions when accessing peripheral veins for cannulation and/or venepuncture
- Demonstrate competency in the performance of peripheral venous cannulation using safety cannula and venepuncture using the vacutainer system
- Identify and comprehend the potential complications related to peripheral venous cannulation/ venepuncture

New Graduate Gemima Moral practising her skills

Pre-requisite

- Pre-reading consists of a Resource Manual and Workbook, which are necessary requirements for attendance to the course.

Course Content

- Independent Study Centre for Education & Workforce Development (CEWD) Adult Cannulation & Venepuncture (AC&V) Course Resource Manual
- Attendance at the course
- Successful completion of supervised successful peripheral venous accesses of either one of the following categories:
  i. Full assessment in Peripheral Venous Cannulation & Venepuncture (min of 5 supervised successful peripheral cannulations and 5 supervised successful peripheral venepunctures using a vacutainer system).
  ii. Full assessment in Peripheral Venous Cannulation (min of 5 supervised successful peripheral cannulations)
  iii. Full assessment in peripheral venepuncture (min of 5 supervised successful peripheral venepunctures (using a vacutainer system)

Mary van den Dolder with two successful participants: Cassandra Ogden and Krstin Bantung

Enquiries

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Life as a Clinical Coordinator

My name is **Arlene Parry** and I am the Clinical Coordinator for the Peninsula Campus of the School of Nursing & Midwifery at Monash University. There are currently approximately 1000 students on this campus who require clinical placements and it is my job to provide them all with a quality clinical placement, that will give them a valuable learning experience.

I am a registered nurse with a background in Critical Care and I have recently completed a Master of Education.

The role of Clinical Coordinator is one of the most diverse & challenging jobs I have ever had, but one which I enjoy immensely. This is an academic role and on a daily basis I need to utilise excellent management, leadership, organisational, PR and communication skills to do my job.

The major challenge is sourcing enough placements for the number of students, so simply a supply and demand situation. There are many Health Education Providers (HEPs) in Victoria requiring placements for their students and the Health Care Providers (HCP) have limited capacity to supply placements for all these HEPS. This is further complicated by the fact that placements only occur during certain months of the year according to the academic semesters, so we are all sourcing placements for the same weeks of the year. This problem seems to increase each year as student enrolments rise, but the placements available remain static. This issue is currently being addressed by the Department of Health and new initiatives are being implemented to overcome the shortage of clinical placements.

In my role I am fortunate enough to have two administrative officers who perform all the day to day admin related to placements and assist students with Police Checks and other documentation necessary for placement. They also send information to our clinical venues in relation to student placements.

We utilise an online placement system for sorting the students into the available placements. All the placement offers from the HCPs are entered into the system along with all the students enrolled then it is simply a matter of hitting an 'auto sort' button and students are randomly placed. We do not offer the students any placement preferences, but the majority of students are satisfied with their allocated placement. The most stressful part of my role would have to be ensuring that all students are placed with 4 weeks notice of their placement, and keeping students informed of the progress of placements is vital to student satisfaction.

Another large part of my role is managing our bank of Sessional Clinical Educators. Our Clinical Educators play a vital role in the success of clinical placement and they are integral to the success of our Nursing and Midwifery programs. It is my responsibility to ensure we employ experienced, highly qualified, reliable Educators. I also organise our annual one day workshop on Clinical Education prior to the commencement of the academic semester, which provides the Educators with information on any changes to policies and procedures, strategies to manage difficult situations with students, providing feedback, and updates on recent research related to clinical education and to provide a forum for networking. These sessions are highly regarded by our Educators.

The part of my role which I find most enjoyable is visiting clinical venues, meeting with DONs and Education Managers to negotiate and secure clinical placements for our students. I find that a face to face meeting is much more rewarding and the outcome more positive than a phone call or email and we have managed to secure many new contracts with HCPs this way, along with establishing a good rapport with someone from the outset.

Relationship building is a key part of this role and the way to make this a success is keeping up regular communication with our clinical partners and making sure they know who to contact and that there is someone here to answer their questions or address their concerns promptly. This is vital when sourcing "extra" placements as I can quite easily pick up the phone and call any of my clinical partners to request placements.

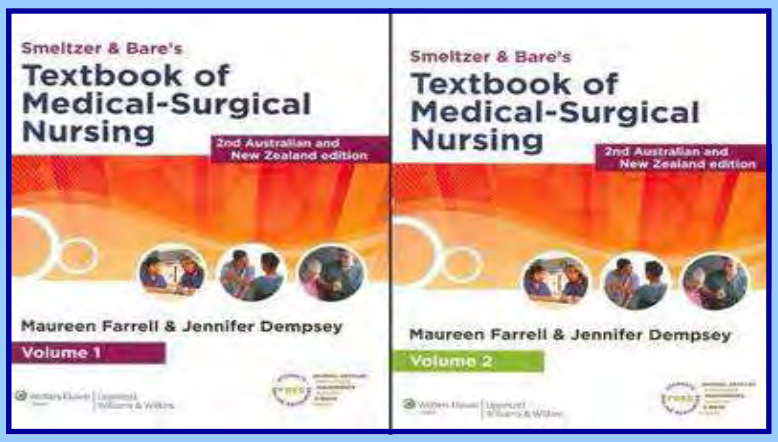
As mentioned previously, this is a challenging role, but one that gives me lots of autonomy and diversity. There are always ways in which systems can be improved in order to enhance the student experience and recognising what these are and how they can be done is part of the challenge of the role of Clinical Coordinator.

Arlene Parry

Interested in winning….

Smeltzer and Bare's

Textbook of Medical-Surgical Nursing?



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Valued at $138.00

This 2 Volume text will be awarded to an ANTS member who submits a 'special interest' story to the next edition of the ANTS eBulletin.

Your 'special interest' story may be about one of the following:-

- *a clinical teaching experience*
- *a challenging situation (eg. managing reluctant learners)*
- *A creative teaching method/Innovation in teaching/education.*

How to submit:-

In 1000 words or less, write your special interest story. Include a photo (and references if necessary)

Email it to the Editor at melissa.bloomer@monash.edu by Sunday 15th May 2011

The prize will be awarded at the Editor's discretion, however all stories may be published.

New ANTS members since December 2010

Elizabeth Murphy		***Tonia Gibbs***	
Narelle Aujard		***Michelle Hodgekiss***	***QLD***
Diane Coller		***Leanne Pound***	
Caleb Ferguson			
Graham King			
Pippa Marchant	***NSW***		
Deborah McCarthy		***Lisa Donohue***	***VIC***
Renee McGill			
Stephanie Stewart			
Angela Tomasella			
Gina Wilks			
		Christopher Craib	
Lecia Semcesen	***SA***	***Sholeh Boyle***	***WA***
Ann McPhedran		***Rosemary Brewin***	

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Want to contribute?

If you have a good news that you would like to share, some interesting research results, a story about your experiences in nurse education, or perhaps you would like to comment on an article from the previous e-Bulletin.

If so, please contact the Editor.

This e-Bulletin is published quarterly. The deadline for submissions and advertisements for the upcoming editions is

NO LATER THAN
15th February
15th May
15th August
15th November
(exceptions possible with prior arrangement)

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