ANTS NSW
Working Together for the Future of Nursing Education

The Australian Nurse Teachers' Society e-Bulletin

June 2011 Edition

Volume 2 Issue 2

Congratulations Assoc. Prof. Tracy Levett-Jones

Winner of the Pearson and ANTS Nurse Educator of the Year

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THE PRESIDENT WEDS!

Congratulations to the President of ANTS Sandra Campbell and Bob Crofts on their recent wedding.

Bob Crofts and I had been going to the same Anglican church, St Thomas' Church Enfield Sydney, for four years before we met. The full complement of parishioners at this church is about 150 people, so it is not a very big congregation. Over the years, I had chosen to attend the 8.30 am service while Bob was more comfortable attending the 10 am service. So it wasn't until November 2008 that we happened to meet.

On this occasion, despite having the flu I decided to attend the 10am service, which had already started by the time I arrived at the church. I saw a spot to sit in one of the back rows of the church but I had to push past a few people to get to that spot. When I eventually got there, I sat next to Bob Crofts. Bob tells me I proceeded to sneeze on him but I do not remember that at all.

After the service ended Bob introduced himself to me and asked if I was new to the church which I replied I was not. After the service I left Bob to meet my friends. I told my friends that I had just met a man named Bob and they were astounded that our paths had never crossed before.

After meeting a few more times at church, Bob asked me out and after that we have been inseparable. In November 2010, Bob asked me to marry him and we decided on a low key March wedding. We were married on a very wet Sunday morning in March at St Thomas' Church Enfield. After the ceremony the parish ladies put on a fabulous morning tea which the 150 people who attended the service enjoyed.

Then Bob and I invited our close friends and family to lunch at a restaurant on the Parramatta River. We had a wonderful day and I especially enjoyed having some of my treasured ANTS colleagues there to celebrate with us.

President's Report

As part of the ANTS AGM, the National Executive of ANTS organised a strategic planning forum for the afternoon session. Special thanks must go to Professor Patricia Davidson from University of Technology, Sydney who gave of her time to facilitate the strategic planning forum on the day. She was truly fabulous at keeping us focussed and 'on track' with where we see ANTS heading into the future. Thank you Patricia.

The discussions generated in this forum caused me to reflect on the status of ANTS since I became involved in the Executive Committee six years ago. I chose to share this in my President's report as I want all members to imagine how the society can develop over the next 5 to 10 years. Firstly, I would like to say that ANTS continues to be a strong and vibrant society which, I am immensely proud to be President.

In 2004 ANTS was predominantly a NSW based specialty nursing organisation. Although the membership base consisted of nurse teachers from around Australia, membership was dominated by NSW members. This was because the majority of events were held in Sydney and its surrounds. Currently however, our membership is growing through the formation and consolidation of state based branches. In 2004, the Constitution did not fully consider the requirements for the set up and continued support of ANTS Branches. One attempt at separate branch formation dissolved due to the driver of that branch moving interstate.

Currently, through changes to the ANTS Constitution and through the efforts of Jacqui Guy, our previous President, Western Australia, South Australia, New South Wales, Queensland, and the Victorian branches are now thriving.

During the AGM morning session each State Chairperson was invited to report on their state branch's progress, growth and educational events each state has organised over the last year. Each state Chair also shared their vision for the future of their individual branches. This growth of ANTS into state branches is evident in the membership figures. National membership in 2004 numbered around 200. Currently, as a result of new branch formations, ANTS membership had doubled. In comparison to other nurse specialty organisations ANTS is still a small organisation, but the small membership of ANTS is not however, reflective of the number of nurses who have a role in nurse education around Australia, so there is significant room for future growth.

One issue to be considered is the expansion of membership categories to include Enrolled Nurses, Practice Nurses and other health professionals who are not nurses or more specifically nurse teachers, but who do have an important role in nurse education. Another issue often been raised is to change the name of ANTS. This issue was again raised as part the strategic planning facilitated by Professor Davidson. Presently a name that encompasses all levels of nurses who teach other nurses has not been found. Specialty nurse organisations have moved to including the word "College" in their name to reinforce that their organisation's educative role. While many names were suggested during our strategic planning, we concluded that we were not yet in a position to look at name changes, and rather it will come as part of our ongoing work towards ANTS future planning, marketing and branding.

In 2004 the ANTS Bulletin was a paper based publication. Today through the efforts of Pauline Murray-Parahi and Olivia Mulligan the ANTS Bulletin is now a fully online e-Bulletin that I am sure you will agree with me is an excellent publication that ANTS members can be proud of. Melissa Bloomer, the current e-Bulletin Editor is committed to furthering the e-Bulletin, and ensuring it remains a useful and interesting read for all our members. Melissa is also to be congratulated as she has had an abstract for a Poster accepted at the International Academy of Nurse

Continued over page

...President's Report Continued.

Benny and Pauline from NSW

Michelle and Peter from SA

Editors Conference in San Francisco in August 2010. Melissa's goals at this conference are to network with editors of similar sized nursing organisations, learn about how social media can be used to promote our organisation and disseminate information, and further investigate the possibility of the development of an ANTS peer-reviewed journal.

The idea of developing an ANTS peer reviewed journal is not new. Jan Sayers, the Director of Learning & Teaching at the School of Nursing and Midwifery in the College of Health and Science at the Parramatta Campus of University of Western Sydney was co-opted onto the National Executive to review this initiative and her report has been available on the website for some time. Perhaps Melissa's trip to San Francisco may make some new progress on this idea.

Congratulations and many thanks must be go to Dr Christine Taylor and her husband Stuart Taylor who manage the ANTS website and have done so for all the time that I have been an ANTS member. If any members have any ideas on how this service can be more beneficial to you, the members, such as a chat line or online learning packages please contact Christine or Stuart via the webpage.

The AGM also resulted in the formation of a new National Executive, where I remain President for another term. So before moving forward, I must say many thanks Jacqui Guy and Janet Roden for their mentorship which has enabled me to fulfil my obligations of ANTS President, a position that does present many challenges. I would also like to acknowledge the wonderful team on the 2010 National Executive – Lisa Gatzonis as Vice-President, Dr Christine Taylor as Secretary, Olivia Mulligan as Treasurer, and Jan Sayers.

Finally I am pleased to report the election of the 2011-2012 ANTS National Executive: Sandra Campbell as President; Lisa Gatzonis as National Secretary; Olivia Mulligan as National Treasurer; Jann Foster as Professional Development Officer; Lorraine McMurtrie as State Liaison Officer and Melissa Bloomer as ANTS e-Bulletin editor.

Thanks are also given for the contribution of Dr Christine Taylor who has stood down from ANTS National Executive. She had been a source of inspiration as ANTS National Secretary.

Sandra Campbell-Crofts
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State Chairs L-R Julie Jackson WA, Vix Bethavias NSW, Sandra Campbell (President), Lorraine McMurtrie QLD, Lisa McKenna VIC and Michelle McLay SA

Message from the Editor

As I am compiling this edition of the e-Bulletin, what seems most topical is the recent release of the Federal Budget. I must admit that most of the time when the news reports on television and radio refer to political matters my 'transient selective deafness' tends to rapidly worsen! Politics is just not a topic that I find interesting or of direct and tangible relevance to me.

But as a Nurse, Academic and PhD student I found myself keenly listening for mention of funding for health care. In the light of the GFC (Global Financial Crisis) and the series of natural disasters that occurred around the country, no one is arguing that our economy must have suffered, and that the Federal budget would be impacted as a consequence.

So when Wayne Swan (MP) delivered his budget speech on 10th May, I was pleased to hear that health did manage to 'get a look in' in the allocation of funding. Mr Swan described how total healthcare expenditure is projected to more than double as a share of the economy over the next forty years, and in response to this, significant funding is necessary to ensure healthcare meets the needs of our population. I was recently reading some startling statistics about the rapid ageing of our population. The average life expectancy in Australia is 84, compared to the rest of the world where the average age is only 69 years. Furthermore, currently 66% of the Australian population dies in hospital, with chronic illness our leading cause of death. So there is a definite need for us to plan for the future projections.

His speech also detailed $772 million for GPs and primary care services, $467 million to modernise the health system with personal electronic health records, and $523 million to train and support nurses, in aged care, rural and regional communities. He also detailed that aside from the funding for aged care, the Productivity Commission has been asked to inquire into aged care staffing levels and resident care needs. This is significant, and anyone who has worked in aged care will understand how much this area needs funding and government attention, now and into the future.

On another note, the ANTS National Executive and State Chairs recently got together in Sydney for the AGM and a Strategic Planning meeting. How great it was to be face to face with colleagues with whom I normally only converse with by email. I would say the most exciting thing to come from the meeting was the sense that we have a team who care about ANTS and our members and are keen to ensure that ANTS moves forward and adapts to change with the needs of our members. A short time ago, members may have heard of or read about the discussions that we being had about the possibility of developing a peer-reviewed educational journal. While the initial thoughts were not favourable, I am pleased to report that I am continuing to investigate journal opportunities. I am heading over to San Francisco this August to participate in the International Academy of Nurse Editors Conference, where I will have a chance to meet with other Nurse Editors and Publishers, who have travelled this journey before us. What will also be interesting is to see how social networking can assist organisations to dissemination information and keep in touch. Social platforms such as Facebook and Twitter can deliver timely information, and seek relatively instant feedback from members, that was not possible before. So, I hope to have lots to feed back after August.

Finally, as this is now my third edition as e-Bulletin editor, I am keen to have feedback from members and visitors about what you think of the e-Bulletin and its contents. Here's your chance to have your say. Please drop me an email anytime.

Cheers

Melissa Bloomer
e-Bulletin Editor
melissa.bloomer@monash.edu

From EN to RN—Robyn's experience

I began nursing at 33 as an Enrolled Nurse (EN), and with five sons, life was busy. I commenced working in a slow stream rehabilitation ward on permanent nights, and after my first shift went home with the words "What have I got myself into?" ringing in my head.

After 8 months, I transferred to nurse pool and worked throughout the health service, before settling again in orthopaedic rehab. But I soon became frustrated that my knowledge about illness and disease processes was limited, which subsequently impacted on my decisions about care. So I applied to do my Bachelor of Nursing course through Monash University, and I was thrilled and surprised to be offered a place. Then came my next dilemma - do I want to do this? I had my 5 boys to think about and my husband who already shared a big workload and financially it was a difficult time. After much thought, I decided that a Uni offer doesn't come around very often and this would give me what I needed. I began Uni in March 2007, juggling Uni, work, 5 kids and a life.

I enjoyed studying but I found that I had to be very organised, and not leave assignments until the last minute. While at work, I spent my lunch break reading textbooks rather than relaxing, and I constantly reminded myself that it would not be forever. As my studies progressed, I wondered if being an RN would be just like being an EN with authority to give out medications? How mistaken I was.

I began a graduate program in February this year, and I had many expectations about starting as an RN and could not wait to sign RN after my signature instead of EN. It's amazing the impact 2 letters can have but for me it symbolized my years of hard work. I thought it would be easy adapting to my new role as an RN, given that I had years of experience as a nurse, and I had good time management, but this was not the case. I was, at times, completely petrified when I walk into my room of patients, spent a lot of my time looking things up and my drug round was very long! On top of this, I discovered there were still some basic skills I was lacking. As an EN, I was given credits for the first year clinical units, and it was only now that I discovered what I missed, such as chest auscultation, and with my first rotation in a respiratory ward, I was embarrassed to admit I didn't know how to perform this skill. It would have been beneficial at Uni if there were a few sessions in transitioning from EN to RN because the differences of tasks are enormous.

I have also found that being a former EN and a mature age Grad has its challenges. As a former EN, others assume that you know exactly what you are doing! This is not always the case! Also as a mature aged student, I have noticed I am treated differently to the way younger Grads are treated. The younger Grad nurses tend to be nurtured and mentored, and while I don't feel I require nurturing as such, some understanding and acceptance that I am just as new would be great. Others also assume from my age that I have been doing the job for years.

Shift work can be challenging and there can be a lack of consideration about the needs of parents. So balancing parenthood and work is a challenge, but my life experience that comes with age is a definite advantage. My only regret is that my working life is about 20 years less than my colleagues.

Robyn Sonneveld
Graduate RN

Australasian Nurse Educators Conference 2011

Wintec, Hamilton
23 - 25 November 2011

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

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

Innovative Skin Integrity Education

I am a Skin Integrity Clinical Nurse Consultant (SICNC) responsible for the education, skill development and knowledge base for wound assessment and management of approximately 2,500 nurses located at six clinical sites in 25 clinical settings.

Currently I utilise a 'portfolio holder nurse' model, who are clinical nurses, to disseminate information, act as a resource nurse, and be the champion of change. In this role they are the resource person for pressure ulcer prevention and management, wound assessment, documentation and management, and wound product knowledge. The 'portfolio holder nurses' are also responsible for monthly auditing.

Regular monthly face to face meetings are held with the SICNC in an effort to maintain continuous communication between expert and resource person, and to enable ongoing education about new wound products or improved processes/systems. These face to face sessions are complemented by a Skin Integrity resource folder, which is also located in all clinical areas. Even though this system has been in existence for over 5 years, it was identified that all nursing staff should have access to regular skin integrity information and education, Despite the frequency of traditional study days and in-service sessions, there are clinical staff who are unable to attend these, such as those who work night shift, and an alternative way of meeting the educational needs of clinical staff needs to be found.

MOODLE was the answer. MOODLE software has been used to set up an online learning portal where all staff across the health service can access and participate in ongoing education irrespective of the site they work at or the shifts they work. In terms of skin integrity, it has allowed nursing staff to access information and resources at any time, and for the SICNC, it has allowed information to be updated almost instantaneously. Nursing staff can also be linked directly to all company websites enabling immediate update of any wound product information whenever the company website is updated. Articles of interest can be loaded onto the site as well as pre reading for upcoming study days. Audit tools and data are also accessible from this site.

This software also allows the author to access data about the usage of the site, and who is accessing the information. Online tests and quizzes are also a handy tool, particularly when there is a need for 'competency' testing, which is supported by practical competencies in the clinical setting.

While still in the early stages, this innovative way of providing information and education to clinical staff is proving to be popular and well accepted. As fantastic as this online resource has been, it does not, and is not designed to replace the face to face meetings and the standard education modes of study days and in-services, but rather it is meant to compliment the face to face education already being delivered, and act as another resource when face to face education is not possible.

Meagan Shannon
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Congratulations Assoc. Prof. Tracy Levett-Jones

Winner of the Pearson and ANTS Nursing Educator of the Year

We congratulate Assoc. Prof. Tracy Levett-Jones for achieving the 2011 Pearson/ANTS Nursing Educator of the Year Award. Tracy impressed the selectors on her huge contribution to nursing education, including innovative teaching methods and a strong commitment to evidence-based practice through her extensive research involvement. A major contribution by Tracy was to nursing practice, for example, her development of a clinical reasoning framework based upon investigation of students' engagement with simulated clinical learning and authoring a book to assist students to prepare for their clinical placements "The Clinical Placement: An Essential Guide for Nursing Students". Through Tracy's work she was able to close the theory-practice gap by focusing on work that had strong links to nursing practice.

Welcome to the 14th National Nurse Education Conference being held in Perth, Western Australia on the 11 – 13 April 2012. This three day nursing event aims to focus on innovations in nursing education in both the clinical and academic arenas, bringing to light the changing demands facing nurse education for the future. Focusing on 'Keeping the Flame Alight', the main themes of presentations and discussions will be Ideology to Reality; The Art of Nursing; and Lifelong Learning.

Wednesday 11 May 2011— Call for Abstracts Open

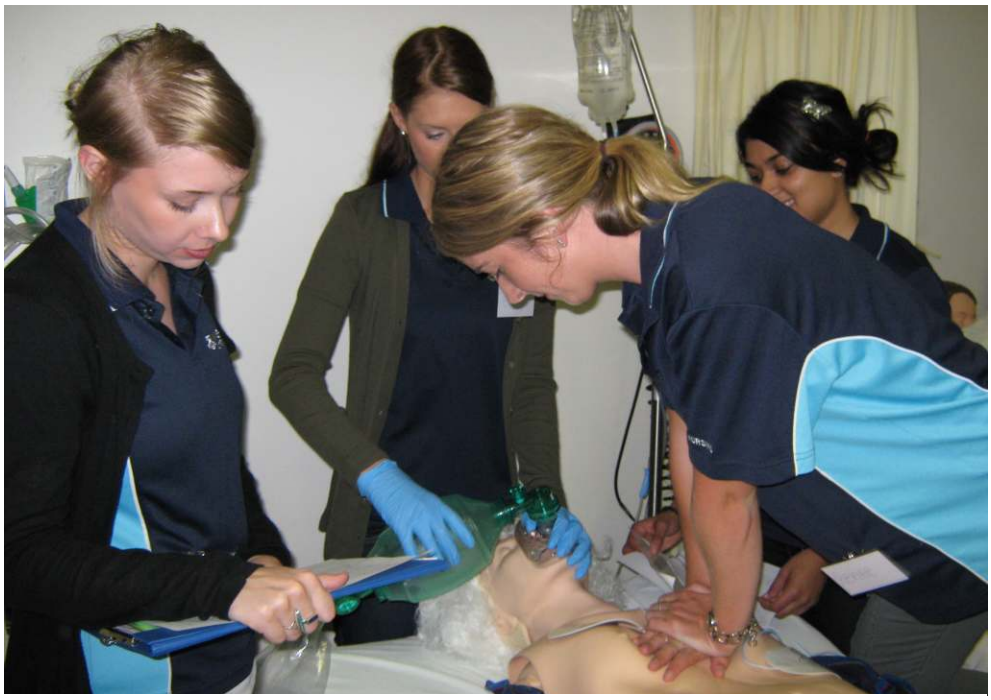
Wednesday 10 August 2011—Call for Abstracts Close

Thursday 1 September 2011— Early Bird Registrations Open

http://www.iceaustralia.com/nnec2012/

Simulation in the classroom

Julia Morphet is an ANTS VIC Committee Member, and Lecturer at the School of Nursing and Midwifery at Monash University, Peninsula Campus. She shares her insights on simulation with 3rd year undergraduate students.



In semester 1 this year, we introduced simulation to the third year undergraduate curriculum, with the aim of getting students thinking critically and making clinical decisions about patient assessment and management within in a safe environment. By third year, the students have the theory, and clinical experience from placement, but may not be confident to make decisions about patient care.

With some expert help, we designed a framework to build the cases, which included the learning objectives, case plot, room setup and manikin settings. The manikin settings were programmed to change depending on the response from the students. A positive intervention would find the manikin's condition improving, while indecision or incorrect decisions resulted in continued deterioration of the manikin. The use of wigs, glasses and clothes helped add realism to the manikins.

Each scenario was piloted by the team prior to use with the students. This ensured any issues could be sorted out, adding validity and reliability to the cases. We filmed an example case, with academic staff as participants, and showed this to the students before their first case. This helped with student buy in, as they could see experts using the cases to make decisions. The students reported this also relieved some anxiety of their part, as they had a clear idea of what was expected of them.

The cases ran with four students at the bedside, and there were three patient beds.. An additional four student observers per bed (titled 'the brains trust') allowed for 24 students to participate in each case, making this design ideal for our large student cohorts. The brains trust could be called upon by participants for advice or help if required – just as they might call for help in the hospital setting.

The cases ran in a "Pause & Discuss" format. That is, the student's could pause the scenario if they were unsure what to do next, and the tutor could pause the case if they thought the students needed some direction. Finally, students were advised that they should participate in these cases as if they are working as a graduate nurse, and work within their scope of practice.

Each case ran for 20 minutes, and included assessment and nursing interventions for a variety of deteriorating patients. A debrief at the end of each case led to lengthy discussion, and allowed the students to make clear links between their thoughts and actions, and the evidence. In this way, both the participants and observers were able to learn from each case.

The use of simulation proved to be a lot of work for staff involved, but the students participated with enthusiasm, and the connections the students made between assessment findings and implementation of evidence-based practice made it a worthwhile initiative, that we will continue to develop.

NETNEP 2012

4th International Nurse Education Conference

Changing the landscape for nursing and healthcare education

evidence-based innovation, policy and practice

17-20 June 2012 | Baltimore, USA

Education of the current healthcare workforce in nursing and other professions is a global priority as is educating professionals of the future. NETNEP 2012 encourages the sharing of the research and practice of nursing and healthcare education as it exists in the classroom and in clinical practice and promotes networking opportunities for colleagues from around the world.

There will be a large number of presentations throughout the event, including Keynote presentations, oral and poster presentations, Symposia and workshops, giving delegates the opportunity to hear not only the latest research or innovation in education in a myriad of different contexts but also to participate fully in an interactive programme.

The conference experience is for anyone involved in the delivery, development and organisation of nursing and healthcare education, as well as those who actively engage in participating in educational programmes. The Conference particularly welcomes contribution from faculty, nursing and midwifery educators, academic administrators, senior education managers, practitioners, researchers and students.

The themes have been chosen to reflect current education research, developments and innovations internationally

Call for Papers...

Abstracts for Oral & Poster presentations and Symposia are NOW invited

Submit abstracts by 7 October 2011

For more information, please go to

http://www.netnep-conference.elsevier.com/index.asp

NETNEP 2012

THEMES

- Continuing Professional Development/ Education
- Teaching, Assessment, Learning, University & Clinical Practice
- Technology, Simulation and Education
- Faculty and Practice Partnerships
- Research for Education, Policy and Global Developments

From neophyte nurse to graduate nurse

Nursing was not a profession that I considered. I was determined that I wanted to work in Information and Communication Technology. I had been computer obsessed since I could remember, and when I applied to Uni and was ecstatic to learn that I had been accepted to study a Bachelor of Information Systems (Network Computing).

My first year at University was exciting and challenging. I had received my first preference, I was at the University of my Choice, undertaking the Degree of my dreams. I quickly made friends and settled into the routine of university life. So why wasn't I happy? At the end of my first year I quit. After many tears, research and a holiday I decided to pursue a career in Nursing and it took less than a semester to realise how much nursing had to offer, and how much I had to offer to the nursing profession.

I entered the Graduate Nurse Program at The Alfred Hospital in March 2011, working on Ward 6 West, the home of the Victorian Adult Burns Service, as well as in plastic and reconstructive surgery, ENT surgery and vascular specialities! This diversity means that every day I am exposed to new challenges.

During my final semester at University I wrote an essay titled 'Transition to Nursing Practice' which explored the challenges that neophyte nurses encounter during their transition from student to Registered Nurse. How quickly you forget! Two weeks into my graduate program I was utterly exhausted, overloaded with information and confronted with the responsibilities associated with being 'the nurse'. Going to work each day was a challenge – there were tears in the pan room, sudden attacks of anxiety and multiple applications for annual leave! Everything seemed to occur all at once – how could I time manage four patients? How do you cope with a patient who yells at you? How exactly do your draw up ketamine for a PCA infusion? Who do you contact when your patient has a systolic blood pressure of 75mmHg? These were some of the questions that I tackled on a daily basis! By the end of my fourth week I was acutely aware of what "transition shock" meant, not in the academic sense but in a practical 'hands-on' sense.

As time has passed I've begun to enjoy my new role, especially once the nerves settled and I learnt the routine of the ward. I've completed my basic life support training and am now accredited to care for patients with tracheostomies. Perhaps the aspect that I'm most proud of is that I have remained 'safe'. By safe I mean that I ask lots of questions to clarify unfamiliar tasks, that I seek guidance from experienced nurses as required, and that I'm not afraid to speak up. I made a promise to myself when I started my graduate program to remain a safe and competent practitioner and I'm pleased I have. Now that I have completed my burns learning package I'm looking after patients with significant complex burns, and when I stop and look how far I've come I can't help but smile.

Now I am thoroughly enjoying nursing. I'm not exactly sure how I knew I had turned a corner, perhaps it was when I no longer had palpitations in the car on the way to work. Each day still presents new challenges and from every patient I learn something new. I feel now that I am part of the nursing workforce, rather than just a visitor. I'm proud to call myself a nurse, and I am looking forward to the remainder of my graduate year, I know it will be a tough trek, and there will still be days where I doubt myself and want to run away, but I'm proud I've survived the initial transition shock!

James Bonnamy
Graduate Nurse

Vic Branch Report

The Victorian branch conducted its first study day on Friday 29th April, entitled "Clinical Teaching and Nurse Education" at Monash University, Berwick campus. The day was extremely successful with 55 attendees. We were fortunate to secure very inspiring speakers for the day. Sessions included:

- Clinical Education – the BIGGER picture – Prof Wendy Cross, Monash University
- Giving Feedback – Dr Liz Molloy, Monash University
- Teaching skills in the clinical setting – Monica Peddle, LaTrobe University
- What is competence? Measuring competence – Dr Robyn Hill, GippsTAFE
- Panel discussion: Managing challenging student situations

Feedback indicated that attendees found the presentations stimulating and requested more such sessions in future. The committee are to be congratulated for such a successful first event. A learning needs survey conducted on the day revealed a large array of topics that people wanted to have covered in future. These are sure to keep the committee busy for some time.

Planning for the next education event will be commencing over the coming weeks. Our membership is growing well and a number joined on or following the study day. We have had interest from a number of hospital nurse educators to become part of the committee. This situation bodes well for a strong and vibrant branch into the future.

I saw an angel today

I saw an angel today
After responding to "Code Blue".
It's a challenging situation,
But it's what we nurses do.

I grab my gloves routinely,
And step back out of the way.
Waiting for direction,
And hoping for someone to save.

As the ambulance pulls up to the bay,
Medics rush through the door.
My breath....it simply leaves me,
For they are holding a baby girl.

So porcelain is her skin.
So tiny are her hands.
They do everything to save her....
Everything they can.

Then I look at this tiny angel,
So peaceful is her face.
Even with the pain I'm feeling,
I know she's in a better place.

My heart is torn in pieces,
As I think of her Mom and Dad.
Oh the pain and sorrow,
To lose the child that they've just had.

God sent her for just a moment,
To affect the lives she did.
But he must have needed her back in Heaven
Before she grew to be a kid.

I saw an angel today,
And though it makes me sad.
I look to my God in Heaven,
And thank Him for what I have.

Martha Hart Mulligan, RN

Special Interest Story WINNER

In the last edition of the e-Bulletin, I put the challenge out asking for special interest stories to be submitted for publication in this edition of the e-Bulletin.
Thank you so much to all of those who responded to the challenge.
I am sure you will all agree that each and every special interest story in this edition would be of interest to nurse educators everywhere.
But only one person can win….

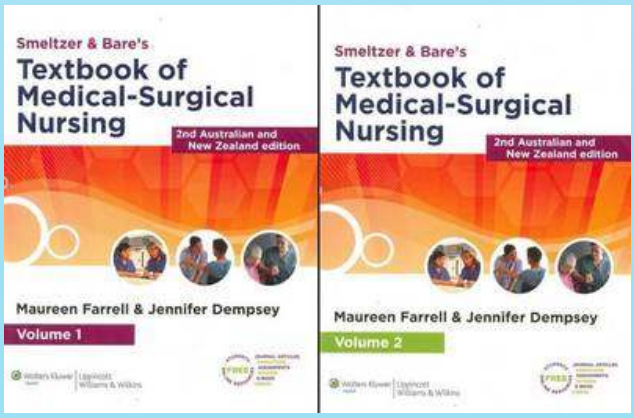
So congratulations must go to

Meagan Shannon

for her story of innovative education

on page 8.

Just like me, I am sure many of you can also relate to her story, and have experienced the frustrations of trying to provide education with the constraints of time and shift work.



These textbooks are on their way to you!

First Paramedic Nurses Graduate from Monash University

The first twenty-five students to complete the 4 year double degree Bachelor of Nursing/Bachelor of Emergency Health at Monash University graduate this May. The students were enrolled in the first double degree offered in Victoria which offered the opportunity to gain skills and qualifications in both nursing and paramedic practice. The career prospects for graduates of this course are expected to be enhanced due to their dual qualifications and their preparation for emerging changes to professional roles and to the health service interface.. Employers from a range of emergency health services were keen to offer graduate and/or GAP year positions to the graduates for 2011.

Of those that completed the course last year, all 100% were successful in gaining employment in either a pilot inter-professional paramedic nurse graduate program conducted at Northern Health in collaboration with Ambulance Victoria, a hospital graduate nurse program (GNP), or Ambulance Victoria GAP program (1 returned to a sponsoring employer). Combining both careers was the ultimate aim of many students who were double degree qualified since it offered the opportunity for the graduate experience in both professions in close proximity, but it was not for everyone. The graduate outcomes are as follows:-

- Ten graduates decided on a pathway which would combine both professions, completing a nursing graduate year first, followed by paramedic graduate year and ongoing employment as a Paramedic with Ambulance Victoria.
- Five students accepted nursing graduate year programs;
- Five accepted Ambulance Victoria offers of GAP year programs without plans for nursing; and
- One returned to a long standing sponsored position in defence [1].

The School of Nursing and Midwifery and Department of Community Emergency Health and Paramedic Practice collaborated to establish the course designed with a vision towards

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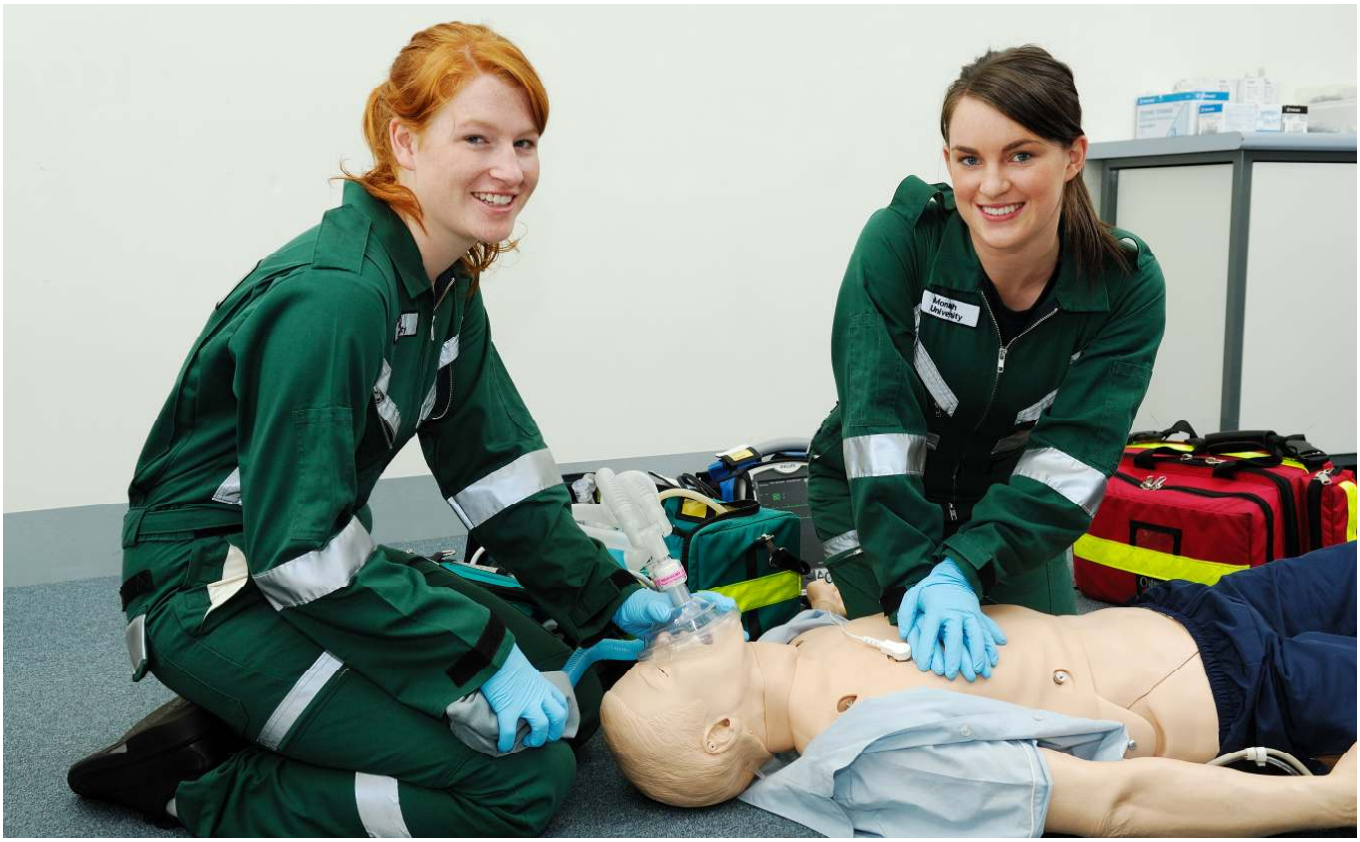
Continued from previous page contributing graduates who were specifically prepared for the emerging inter-professional health workforce. The course was developed to produce graduates with skills and knowledge that were relevant and responsive to Australian population health needs, particularly rural communities. [2]. Whilst graduates would be prepared to choose careers as either a nurse or paramedic, the vision when developing this course involved an expanded scope of practice congruent with the recommendations of the Productivity Commission's position paper on Australia's Health Workforce [3]. Care that crosses traditional professional boundaries is described in the Commission's paper, as is workplace innovation involving opportunities to service the healthcare needs of the community by enabling the delivery of care by multi-skilled health professionals who can work across healthcare environments. This means that graduates of a double degree in nursing and paramedic practice would be well equipped to deal with the increasing complexity of care, especially at the pre-hospital/hospital interface.

After analysis of the outcomes of the first cohort of graduates, 56% (14) will consolidate their graduate experience with a formal graduate program in both nursing and paramedic practice, approximately 24% (6) will be working in rural communities in their first year of practice and 40% (10) have decided that they wish to pursue a career in only one of the two professions (5 nursing and 5 paramedic or 50% in each). According to the course coordinator Dr. Virginia Plummer, the graduate outcomes indicate that the course is on track at this early stage towards meeting the purposes for which it was designed. The mapping of the career opportunities with scope of practice for graduate paramedic nurses over the next few years will be a measure of great interest to consumers of these popular courses, universities and health services particularly in rural Australia.



[1] Plummer, V. O'Brien, A, 2011 Paramedic Nurses - Preparing Australian Undergraduates for Practice 1st Regional Health Sciences and nursing Conference 2011, Shah Alam, Malaysia 22-24th February.

[2] Bachelor of Nursing/Bachelor of Emergency Health (Paramedic) Course Accreditation Document January 2007. Monash University, P, 9

[3] Productivity Commission. Australia's Health Workforce: Position paper. Canberra, Australia 2005

Dr Virginia Plummer

Monash University

SA Branch Report

Hello to everyone- It is hard to believe Easter is over and we are now May, which also means it is time for me to report on behalf of the SA Branch. Peter Teekens and I represented SA at the ANTS Annual General Meeting and workshop held recently in Sydney. The day was a great success and although busy, it was very enjoyable. I had a brilliant day catching up with those I Knew from the other states, as well as meeting those I didn't.

By the end of the day, three of us Lisa (ex WA) Julie (WA) and myself decided we would team up to do some evening exploring… Thanks ladies I had a fun evening, capped off by the Darling Harbour fireworks that Julie insisted had been put on especially for Lisa's move to Sydney. I returned home on the Sunday very tired but it was definitely worthwhile (the Sunday morning shopping at Haymarket ensured that). Thanks to the National Executive for welcoming us, picking a great venue and overall an interesting day.

L-R Peter Teekens, Michelle McLay , Tim Bowen (Implox rep) and Karen Simunov

Study Day May 14th

The SA Branch held its first Study Day for 2011 on May 14th. Many of you may have seen the flyers on the website. The day attracted 38 attendees, including four people who registered on the day. The Study Day was held in the lecture theatre at The Queen Elizabeth Hospital (Woodville), and we were lucky enough to be supported by three trade displays- Hartmanns Medical, Implox, and M&L books (a local book wholesaler).

The day was very well received with 10 sessions presented by SA Members and TQEH Library Manager, Mr Lindsay Harris also gave a presentation. This Study Day enables us to raise the profile of ANTS, recruit several new members, make some new connections with educators from the private sector and have a bit of fun. We even had lucky door prizes - what more could you want!
I would like to thank those who donated the prizes- Vascular Nurses SA, TQEH Education Centre and Margaret Neumister.

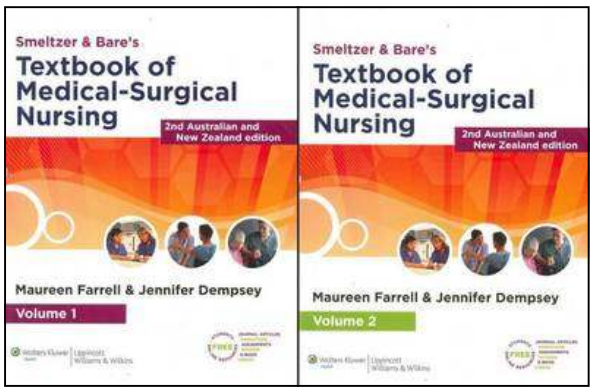
The hard working committee also managed to stay behind and hold a committee meeting, but I am not sure if we made any sense as everyone was rather tired by then. I want to take this opportunity to say thanks to the SA team for the effort and work put in before and on the day. Overall it was a great day, as demonstrated by the positive feedback on the evaluations. Well done!

Karen Simunov and Didy Button

The SA branch will continue to keep moving forward thanks to the support of our 'old' members, new members and the committee. We have even started thinking about the possibility of developing a proposal to hold a national conference in SA…will keep you posted.

Michelle McLay
ANTS SA Chair

Book Review



Title: *Smeltzer & Bare's Textbook of Medical – Surgical Nursing*

Authors: *Maureen Farrell and Jennifer Dempsey*

Published: *2011 by Lippincott Williams & Wilkins*

Cost: *Approximately $160*

This two part Australian & New Zealand edition of '*Smeltzer and Bare's Textbook of Medical – Surgical Nursing*' is perfect for undergraduate and postgraduate nurses alike. It is logically set out, and well written, using Australian terminology, which makes it an easy and interesting read.

The first section explores the role of nurses in the Australian and New Zealand health care system, while the main section is dedicated to discussing medical and surgical patient presentations and management. The last section is devoted to emergency nursing care and disaster management.

Each body system (presented in units) is prefaced by a review of normal anatomy and physiology, while management of specific disorders includes a definition, aetiology, pathophysiology, clinical manifestations, assessment, diagnostic findings and management, linking the disease process with interventions in a clear and succinct way. Nursing care plans provide an outline of nursing interventions, supported with rationale and expected outcomes. Content is well supported with visual aids, including photographs, charts and diagrams, as well as free on-line resources including videos, animations, assignments and quizzes. Case studies and 'clinical reasoning challenges' cause the reader to pause and consider what they have read in a clinical context.

The clear structure and free on-line resources supports the pedagogy that makes '*Smeltzer and Bare's Textbook of Medical – Surgical Nursing*' the perfect text for learners and teachers alike. *Julia Morphet*

ANTS Vic Member

The Fourth Tasmanian **Infection Control** Association Biennial conference will be held at the Wrest Point Casino, Hobart, Tasmania.

September 29-30, 2011

Wrest Point Casino, Tasmania

For more information go to

http://www.thetica.net.au/tica-conference-2011.htm

QLD Branch Report

In moving forward in the spirit of collegiality ANTS QLD brings you the following 2011 update.

Queensland ANTS "Find one-join one campaign"

The past 16 months have been spent growing our membership and we now have 62 members. For 2011 we wish to continue the momentum by running our "Find one –Join one" drive. We are asking every member to find a colleague and encourage them to join ANTS. A pleasant surprise may be in store for the member who joins the most colleagues at the end of the year. Let Melissa Carey know if you have been instrumental in someone joining

Planned Professional Development and locations

As everyone is aware we are a very large state and our members cannot easily attend our Professional Development meetings, so we are bringing professional development activities to you!

Five educational sessions have been planned for 2011. Two educational sessions for the Rural/ Provincial areas. Dr Kerry-Reid Searle in Rockhampton is busy organizing an event for our Northern members for July. Members in the Darling Downs will have a similar opportunity on 17 September. Three others will be in Brisbane: 'Christmas in July' and our AGM will have a 'Military theme' on November 11. On 25 May, we will be holding a 'Teaching cardiac to clinicians' session, taught by Karen Pratt –NUM of Cardiology/HDU.

If you have a desire to hold an Educational Activity in your rural or remote area contact Michelle Wight (michelle_wight@health.qld.gov.au), our Education Officer to find out all about it!

Stop press – new position

We welcome Michelle Wight to our Committee and thank her for taking up the Education Portfolio challenge. Chelle as she is known, has many skills that we will capitalise on to grow ANTs Queensland. A word from Chelle….

"I would like to introduce myself, and thank ANTS Qld for the opportunity to assist on the committee as the Coordinator of Education Activities. I am very much looking forward to being part of ANTS. Nursing in itself is a rewarding career, but assisting nurses in becoming lifelong learners and achieving greatness is the ultimate career in my view.

Becoming a Nurse Educator has been my focus since my graduate year in 2001, and I was fortunate to achieve this early in my career. My career consists of ten years in critical care, of which eight years has been in the ICU and the last two years in Emergency. I also coordinated Resuscitation.

I will admit to being a bit of a professional student, and I thoroughly enjoy the challenges of tertiary education and have collected a couple of Masters over the last 10 years (Education, Advanced Practice and Critical Care).

I bring with me skills I have gleaned over the last 6 years as a committee member for the ACCCN, where I was involved in coordinating many successful events, and I look forward to doing the same for ANTS".

Scholarship Prize

This first award of $150.00 book prize was won by Fay Hollis-Novak NUM – CDMS at the 3rd Passionate about Practice Conference 2010. This prize is being offered again in 2011 for the forthcoming 4th Conference in August, and will be awarded for the best paper presented by an ANTS member.

Queensland has fed back to the National Exec that we would like to see the ANTS web site revisited. Given this, Lorraine McMurtrie was elected to National Office, and the first task for National Office is looking at the web page for a review through an innovate cost effective measure.

Thanks to National Office, ANTS QLD members and the Committee for their valued support and time to now have an established the ANTS identity in Queensland. We say thanks to 'all members' for their continued support.

Lorraine McMurtrie

ANTS QLD Chair

Education for Practice in Qld (EPiQ): Developing a capable and confident nursing and midwifery workforce for Qld.

Several of our QLD members have been involved in the production and implementation of a new online learning opportunity for Queensland Health (QH) Registered Nurses/Midwives. This is an insight to the new program.

EPiQ is Queensland Health's newly released suite of statewide education and training programs for nurses and midwives. EPiQ has been developed as a self-directed learning resource with educational support for practical clinical learning provided by the nursing and midwifery infrastructure at the facility level.

These self-paced, contemporary and innovative online education programs have been developed in line with the National Specialisation Framework. This endorsed framework has now been adapted for the Queensland context to facilitate the provision of post graduate continuing professional development within the workplace.

The aim of these programs is to build and foster the skills, knowledge and capacity of our nursing and midwifery workforce. EPiQ endeavours to develop a competent nursing and midwifery workforce to deliver safe patient care, in specialised areas, to meet future health care needs and capital builds in QH.

The program commences with non specialist, scenario-based, foundation courses to facilitate the application of theory to practice. The nurse/midwife then moves onto core and specialist courses within their skill domain aimed at providing specialty knowledge and skills to the advanced beginner level. Advanced standing into relevant postgraduate tertiary programs will be conferred on successful completion of the programs. A blended learning model encompassing e-learning activities and face-to-face educator/facilitator contact to enhance learning, forms the basis of the online programs.

Current courses include:

Foundation	- medication management	Core	-time critical care	Specialty	-ED
	- infection prevention		-perioperative care		-ICU
	- professional practice		-paediatric care		-Peri-operative
	- pt assessment (adult / child)				-Acute paeds

Coming soon:

Core	- acute and supportive care	Specialty	-renal
	- mental health		-NICU & SCU inc BF
	- neonatal		-rehabilitation – Paed ICU
	- medical/surgical		-community child health

This is a significant body of work which will impact upon the delivery of postgraduate nursing and midwifery education across the healthcare continuum throughout Queensland.

Natalie and Michelle- promoting EPiQ at the RCNA nursing expo- Brisbane

Emma, Michelle and Nicole with EPiQ documents

WA Branch Report

The WA Branch wist to report that there have been no educational activities since the edition of the e-Bulletin. This is because currently there are only three members on the ANTS WA committee and all three of these committee members are also on the organising committee for the 14th National Nurse Education Conference scheduled for April 2012..

A meeting was held on 12th May with the hope that we could encourage new members to join ANTS WA, but also to encourage some of our existing WA ANTS members to join the committee so that we can move forward with branch activities. Unfortunately no one attended!

We plan to contact all WA members via email, providing information on the various committee positions available, and the level of commitment required for each of the committee positions. If we are unable to secure members to join the committee, then further branch activities will not be viable until after the 2012 Conference.

So if you are an existing ANTS WA member or you are a nurse educator working in WA who would be willing to serve on our committee, we would be keen to hear from you.

Julie Jackson
ANTS WA Chair

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."
John Quincy Adams 6th US President 1825 -1829

Research Grants and Education Scholarships Interested....?

Did you know that ANTS have research grants available to members to fund the initiation of research in all fields of nursing educational practice? Grants for up to $2000 are available for members who have been financial for 24 consecutive months.

Did you know that ANTS also offer Scolarships to members to assist in covering the costs of attending conferences and seminars which are relevant to nurse teachers. Priority will be given to conferences with a strong nursing education focus. These scholarships are available to members who have been financial for 24 consecutive months.

For more information, go to
www.ants.org.au

Australian Volunteers International (AVI) recruit and mobilise volunteers to share their skills and experience with communities around the world.

Assignments on our Volunteer Program are long term commitments and are supported by the AusAID, the Australian Government's overseas aid program. Volunteers are provided with a living allowance, airfares, insurance and accommodation.

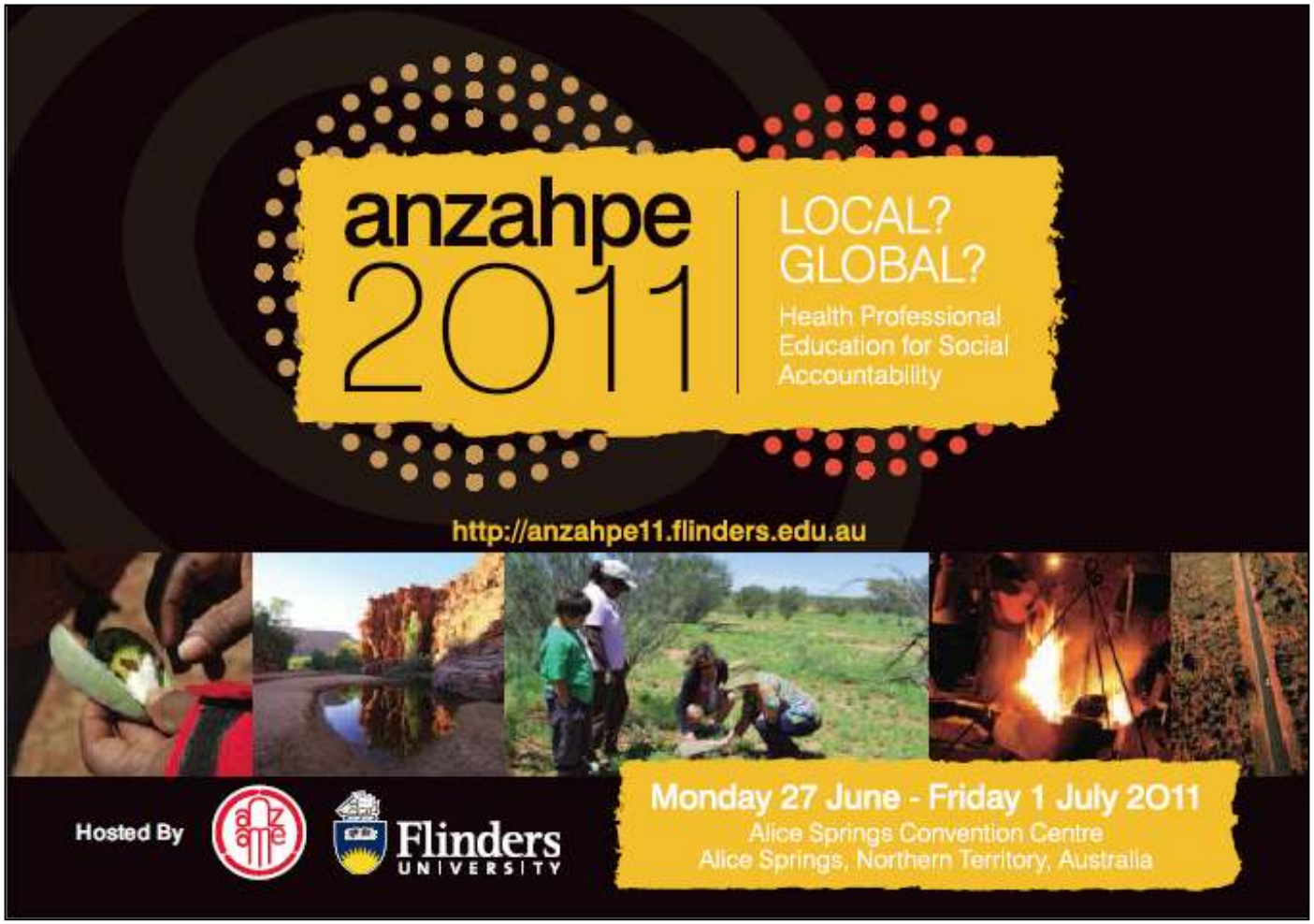
Applicants are generally required to hold relevant qualifications along with demonstrated experience in a particular field. However, we also value personal skills and abilities such as awareness and sensitivity of cross-cultural settings, an ability to cope with cultural isolation and a preparedness to work with limited resources.

You can read about the recent experience of a Nurse Educator, or about our wider Maternal and Child Health focus.

To find out more about our program and how to apply for assignments, please visit www.australianvolunteers.com

Should you want to find out more about our work, please contact **Sean Lynch** on **03 9279 1832** or at slynch@australianvolunteers.com

Only citizens or permanent residents of Australia are eligible to apply for assignments on the Volunteer Program.



Member Profile - Dr Jann Foster

Jann trained at the Royal Prince Alfred Hospital, Sydney accumulating twenty-five years clinical nursing experience with over fifteen in neonatal/paediatric intensive care units. Following midwifery training in Scotland, Jann's interest was neonatal intensive care, and she gained her NICU certificate at the Westmead Hospital later undertaking a Graduate Diploma of Applied Science (advanced clinical nursing, neonatal). Jann then gained further experience at the Sydney Children's Hospital, Royal Hospital for Women and by casual employment at other neonatal units.

She returned to Westmead as the clinical nurse educator in the late 1990s, and it was around this time when adjunct nursing professors were being introduced into the health care system in NSW to encourage nurses to be more involved and knowledgeable in research. "I made an appointment with the newly appointed nursing professor to discuss my interest in research, and soon after that I was seconded as a research assistant and enrolled in a research degree." Jann continues: "My professional life has been very exciting, undertaking my own research, publishing, mentoring others with their projects and teaching research. In essence I have been able to combine my passion for nursing, research and education. Over the past years I have had a number of positions such as research officer, project officer for a nursing leadership program, senior lecturer coordinating a neonatal and pediatric postgraduate program, and coordinator of the Women and Babies Health and Wellbeing: Action through Trials Collaboration (NSW/Canberra). I enjoy teaching undergraduate students and undertake casual lecturing at the University of Western Sydney and Australian Catholic University."

Jann is currently the part-time project coordinator, and co-applicant, of the Australian Satellite of the Cochrane Neonatal Review Group, and is also the part-time trial coordinator of a large international study at the Royal Hospital for Women. For Jann, the value of mentoring and role modeling cannot be underestimated. "I have been very fortunate to have had good nursing and medical mentors and role models throughout my career, and I very much enjoy the collegiality of working on multidisciplinary projects." Jann recently gained her PhD on 'The history of the introduction of the nurse practitioner role in NSW, Australia' supervised by Mary Chiarella and Sue Nagy."

Jann has been a member of ANTS for over 15 years, holding various positions, and she is now the Professional Development Officer. She highlighted the importance of ANTS for nurse educators. "ANTS provides an avenue for nurse educators to collaborate, network and share ideas. It is also a very exciting time as the state branches continue to be grow and develop so that they can represent the specific contextual needs of their nurse teachers. Because ANTS is a national organization it is a member of the Coalition of National Nursing Organizations, and as such ANTS contributes to forum discussion about the roles of specialist nurses. It is critical that ANTS continues to grow so that it can have a strong political voice that represents the interests of nurse teachers. Importantly too, ANTS will continue to provide an avenue for educators to keep up to date regarding new developments and important issues particular to nurse education."

Dr Jann Foster at her graduation ceremony with fellow ANTS members Lyn Stewart (on left) and Jacqui Guy

NSW Branch Report

ANTSNSW has run two workshops to date. The first workshop was held in February at The University of Western Sydney. The focus of the workshop was "How to write for publication." ANTSNSW was fortunate enough to have enlisted the services of Dr Ritin Fernandez from UWS and Penny Martin from Lippincott. Dr Fernandez is a Senior Lecturer at the School of Nursing and Midwifery at UWS. Dr Fernandez is also the Deputy Director of the New South Wales Centre for Evidence Based Health Care (NSWCEBHC), which is the NSW Collaborative Centre of the Joanna Briggs Institute. Penny Martin is a senior acquisitions editor at Lippincott Williams and Wilkins. Ms Martin is also a Convener and Lecturer in post-graduate diploma in editing and publishing at Macquarie University. The workshop engaged with attendees and introduced them to the ERA system of ranking journals in Australia. Attendees were also informed on how to structure a manuscript for publication. Furthermore, a session was held on how to respond to reviewer comments and present your manuscript for resubmission to journals. Overall, feedback for the workshop was positive. Highlights of the workshop were attendees being taught how to structure a manuscript and how to respond to reviewers' feedback.

ANTSNSW second workshop was held recently at the new Macquarie University Hospital in Northern Sydney. The focus of the workshop was "Assessment and evaluation of students and peers." Guest speaker for the event was Helena Sanderson. The focus of the day was the identification of what assessment is. Highlights of the workshop were discussions on how to address barriers to evaluation and assessment.

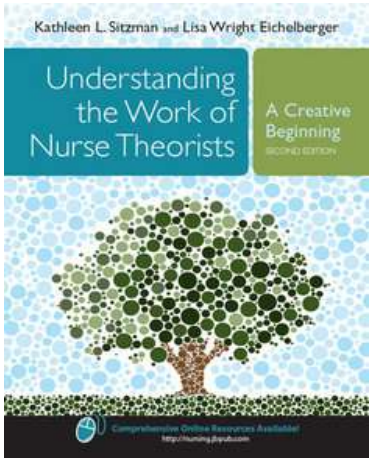
The next ANTSNSW event will be our Christmas in July. This event will be held at The Liverpool Catholic Club on Saturday 16th of July. The guest speaker for the evening will be Associate Professor Tracy Levett-Jones from Newcastle University. The theme of her talk will be "Wondrous journeys and brief encounters." We look forward to meeting you at our next event.

Welcome to new members

Welcome to those who have joined ANTS since March 2011

Maria	Adamopolous	VIC	Fiona	Blades	NSW
Maureen	Cuskelly	VIC	Grace	Ip	NSW
Elizabeth	Fawcett	VIC	Jane	Martin	NSW
Robin	Howie	VIC	Jennifer	O'Brien-Neal	NSW
Anne	Moates	VIC	Scott	Riley	NSW
Louise	Sparkes	VIC	Marta	Toth-Gulyas	NSW
Cheryl	Turner	VIC	Sue	Hutton	SA
Kirsten	Weinzierl	VIC	Frances	Whaley	SA
Jacqueline	Williams	VIC	Gillian	O'Connor	NT
Kerri	Cargill	ACT	Alayne	Reid	QLD

Book Review



Title: *Understanding the Work of Nurse Theorists (2nd edition)*
Authors: *Kathleen Sitzman and Lisa Wright Eichelberger*
Published: *2010 by Jones and Bartlett Publishers, USA*
Cost: *$73 paperback*

Undertaking research for an education project I came across this textbook on nursing theorists. It is an easy and informative read with each chapter being concise, using 2-D and 3-D formats to explain the principles/concepts behind each theory.

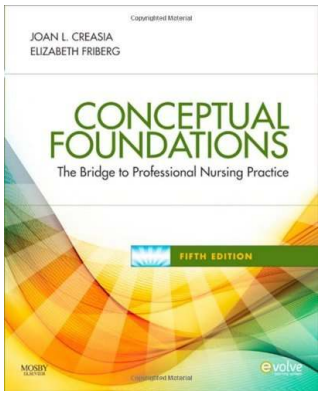
There are six parts, starting with an introduction to nursing theory which is something that "hospital-trained" nurses should read, as it defines where we have been, where we are going and why as we often need a reminder of this ourselves. In Parts 2-5 a brief biography of the theorist prefaces each chapter, with various theories grouped and explained in simplified terms, using artwork to encourage the reader to visualise the actual theory. Learning activities are included at the end of the chapter with a link to the publisher website to further explore the theorist and theory.

The final part concludes that nursing theories are wide-ranging, utilised to support evidenced-based practice and that nursing theory will continue to undergo change with the use of information technology in practice. Also included are a glossary and an extensive list of references. Overall I would highly recommend this text for students and the experienced nurse/educator to provide reflection on our everyday practice, and give an interesting "twist" for the reader on what is nursing theory and adapting our practice accordingly.

Karen Simunov
ANTS SA Member

Book Review

Title: *Conceptual Foundations: The Bridge to Professional Nursing Practice.*
Authors: *Joan L Creasia & Elizabeth Friberg*
Published: *2010 by Elsevier (5th edition).*
Cost: *$76.95 paperback*



This book provides a framework to guide exploration of important topics relevant to nursing. The format includes clear objectives and a concise summary for each chapter, and each chapter addresses an area of relevance to current nursing such as socialisation in nursing, genetics, critical thinking, clinical judgement and patient safety. Key terms and definitions are also provided.

This book is written for a North American audience with much of the supporting material about health policy, profiles in practice and nursing education relevant to that audience. Importantly, the key points and critical thinking exercises are applicable to a world audience and very useful as learning tools.

Notwithstanding the book's focus on one country it provides an interesting background of nursing development to the professional status of today. This book would assist undergraduate nurses to develop an understanding of their professional role while encouraging further investigation using current references.

Lynne Slater
ANTS NSW Member

Reducing medication errors through medication reconciliation

This report comes to ANTS from the Australian Commission on Safety and Quality in Health Care, and is am important read for all nurses and Nurse Educators.

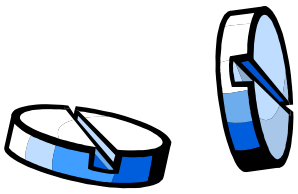
Margaret Duguid - Pharmaceutical Advisor, Australian Commission on Safety and Quality in Health Care;

Helen Stark - Senior Project Officer, Australian Commission on Safety and Quality in Health Care

The lack of accurate and current information about a patient's medicines when their care is transferred between health settings is recognized as a major cause of medication errors. Around half of the medication errors that occur in hospital are estimated to occur on admission or discharge from a clinical unit or hospital [1] and around 30% of these errors have the potential to cause patient harm.[2-3] They are also an economic burden to health services.[4] These errors can occur when obtaining the patient's medication history (eg. on admission to hospital), when recording the medicines in the medical record; and when prescribing medicines on admission, on transfer to another ward and at discharge.[4]

Studies have shown that as many as two thirds of medication histories contain at least one medication error such as an omitted medicine (the most common error), a missing or incorrect dose or frequency or a ceased medicine. [5] [6-7] Medication histories may be obtained by a number of different practitioners with varying skills and recorded on different forms and in a number of places in the medical record. As the inpatient medication orders are derived from the admission medication history these errors can result in discontinuity of therapy, recommencement of ceased medicines, inappropriate therapy and failure to detect a medication related problem. Literature reviews report unintentional variances of 30 – 70% between medicines patients were taking before admission and their prescriptions on admission.[4] Errors are also common during transfer of care within hospitals. At least one in six patients have been shown to have one or more clinically significant discrepancies upon internal hospital transfer eg when a patient is transferred from intensive care or to a general ward.[7-9] Around half of these errors may not be intercepted before they reach the patient.[7] Patients are more likely to have a discrepancy if a comprehensive medication history has not been conducted or recorded on admission. [8] Points of transfer with particular risk are:

- Admission to hospital
- Transfer from the ED to other wards, intensive care unit (ICU) or home
- Transfer from ICU to the ward



Transfer from hospital to home or another facility, including residential aged care facility.

These errors can have adverse consequences for the patient during their hospital stay. Medication errors not corrected during the patient's hospital stay may be carried through to the discharge causing problems post discharge. Patients with one or more medicines omitted from their discharge summary have a greater risk of re-admission to hospital.[10] Those patients aged 65 and over or taking a number of prescription medicines are at higher risk of experiencing harm.[11]

What can we do to reduce these errors?

Obtaining a list of a patient's current medicines, confirming its accuracy with more than one source and then comparing this list to the admission, transfer, and/or discharge orders to identify and resolve any differences [9, 12] – the process known as ***medication reconciliation*** – has been shown to reduce medication errors at transitions of care. The final step in the process is the provision of an accurate and complete list of a patient's medicines to the next care provider. Figure 1 outlines the steps in the medication reconciliation process.

Implementing a formalized medication reconciliation process in hospitals at admission, transfer to another ward and discharge has been shown to reduce medication errors by 50 – 94% [2, 9, 12] and discrepancies with the potential to cause harm by over 50% [2, 13].

What does medication reconciliation involve?

Medication reconciliation is a complex process involving a number of disciplines. To be successful it requires nurses, doctors, pharmacists and ambulance staff to work together with the patient and/or carer. Staff need to be clear about their roles and responsibilities. Those with primary responsibility for obtaining the medication history and reconciling the medicines need to have the training and knowledge required for the task, ready access to drug information sources and to be able to consult with a pharmacist if required. [14] The process needs to be formalized and to be successful it needs to be integrated into routine processes of care.

Step 1. The best possible medication history.

A key component of the medication reconciliation process is obtaining and recording a current and comprehensive history - the Best Possible Medication History (BPMH). The BPMH should include all the medicines that patient is currently taking - prescription and non-prescription, over-the-counter (OTC) medicines, vitamins and complementary medicines. Any recent changes to the patient's medicines or any medicines withheld during the hospital admission that need to be restarted on discharge e.g warfarin therapy in a surgical patient should be recorded. The dose, frequency, route, duration of treatment, indication for therapy and timing of the last dose should be recorded for each medicine along with information on how the patient is taking the medicines. This is particularly important for children where liquid medicines are required. The patient's level of compliance with their medicines should be determined along with any risks they may have for misadventure with their medicines e.g impaired vision. Interviews should be approached in a systematic way using a form such as the National Medication Management Plan (NMMP) to guide the interview and used to record the information. The NMMP is available from the Australian Commission on Safety and Quality in Health Care website http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-06_MedRecon

It contains a check list to help obtain a complete history and another to assist in determining any risk factors that the patient may have with managing their medicines at home.

Step 2. Confirming the accuracy of the history

Confirming the history with more than one source is another important step in the medication reconciliation process as sources may not always contain the most current information and patients may be obtaining medicines from a number of different health providers. These sources include:

- The patient's medicines list
- Patient's own medicines (including medicines packed in blister packs)
- The referral from the general practitioner (GP)
- The patient's GP
- The patient's community pharmacy
- Carers or family members

Health records from a previous admission.

The sources of information used should be documented in the history.

Using a structured process for conducting the history that involves the patient and/or carer or family; using a checklist to guide the interview; and verifying the history with information from a number of different sources provides the best available measure of a patient's home medication use.[6]

Ideally the BPMH is completed before any medicines are ordered and used by the prescriber when the medication chart is written up. This is easy to implement in the setting of a pre-admission clinic however for unplanned admissions through emergency departments the BPMH may have to be completed after the initial medication orders have been written.

Step 3. Reconciling the medicines

The BPMH is compared with the medicines prescribed, (for inpatients this will be the orders on the National Inpatient Medication Chart (NIMC)), taking into account what the prescriber's plan is for the medicines. Any discrepancies such as omissions, duplications, inconsistencies between the patient's medicines and clinical conditions, dosing errors and potential drug interactions between the history, the plan and the medicines prescribed are discussed with the prescriber. Reasons for any changes are documented in the patient's record. Medicines should be reconciled as soon as possible, at least within 24 hours of a patient's admission or earlier for high risk medicines. [4, 14-15]

A standard form for recording the BPMH and reconciling any discrepancies is considered essential for effective medication reconciliation. Australian hospitals are encouraged to use the NMMP for this purpose. The NMMP replaces the numerous individual histories currently recorded in different parts of the patient's record and has been designed to accommodate several practitioners documenting on the one form. The form should be kept with the NIMC in a place easily accessible by clinicians writing orders such as the end of the patient's bed.

Step 4 Supplying accurate medicines information to the next care provider

When patients are transferred between wards, to other hospitals or their home or residential care facility the person taking over their care is supplied with an accurate and complete list of their medicines and information about any changes made during the episode of care.

On discharge the discharge prescription and summary is compared with the BPMH and the current medication chart and variances reconciled. The NMMP has a section for recording changes to medicines made during the admission. Documenting on the form at the time the changes are made makes it easier to find the information when preparing the discharge summary. The care provider receiving the list of medicines is responsible for updating their files with the new information.

Patients and/or carers and families are also given the medicines list and information on any changes to their medicines.

What is the nurses role in medication reconciliation ?

Nurses have a central role in the medication reconciliation process and often initiate the process.[16] There are many examples of successful programs in the literature where nursing staff have played a key role in the reconciliation process. Pronovost *et al* reported a reduction in medication reconciliation related errors from 94% to zero when nurses reviewed the patients ICU record and the discharge orders at the time patients were transferred from a surgical ICU to a ward and clarified changes with the patient's physician.[9]

Obtaining a current and accurate mediation history is challenging and can be time consuming. It requires certain skills and access to medicines information resources. Tessier *et al* describe a medication history tool that provides a step by step approach to collecting medication histories for use by nursing staff as part of the initial patient assessment.[17] A standardized process can reduce work and the rework associated with management of medication orders. Rozich *et al* reported implementing a systematic approach to reconciling medicines decreased nursing time at transfer from a coronary care unit by 20 minutes.

Patients and family involvement

To be effective the medication reconciliation process must involve patients and their families.[18] Patients are in the best position to know all the medicines prescribed by the various caregivers such as GPs, specialists, nurse practitioners and community pharmacists. Patients should be encouraged to participate by bringing their medicines into hospital with them and to keep and maintain an accurate list of all their medicines including prescription, non-prescription (OTC) medicines and complementary medicines. Those patients who present a list of their medicines and/or bring their medicines with them when admitted to hospitals experience fewer medication related errors and less harm.[11] Chan *et al* reported a 50% reduction in prescribing errors when the ambulance service brought in patient's home medicines with admissions to the emergency department of a major Melbourne teaching hospital.[19] If patients own medicines are brought into hospital it is important they remain in the hospital until the BPMH has been determined and documented and the medicines have been reconciled.

Hospitals need to develop systems for managing the medicines patients bring in to hospital.

The NPS – Better Choices, Better Health publish a medicines list that patients can download from the NPS website and fill out. http://www.nps.org.au/consumers/tools_and_tips/medicines_list/brochures/medicines_list

Patients should be educated about the safe use of their medicines and advised to keep their medicines list up to date and on their person such as in their wallet.

International recognition of the importance of medication reconciliation

A number of countries have recognized the importance of a formal process of medication reconciliation as a solution for reducing patient harm. It is a mandatory goal in the US Joint Commission and Canadian accreditation programs. In the UK all healthcare organizations are required to put policies in place for medicines reconciliation.[4] Medication reconciliation is one of the "High 5" patient safety solutions nominated by the World Health Organization (WHO) Collaborating Centre for Patient Safety Solutions.[15] A standardized operating protocol for medication reconciliation is currently being implemented and evaluated across a number of countries in the WHO High 5s Project, including Australia.

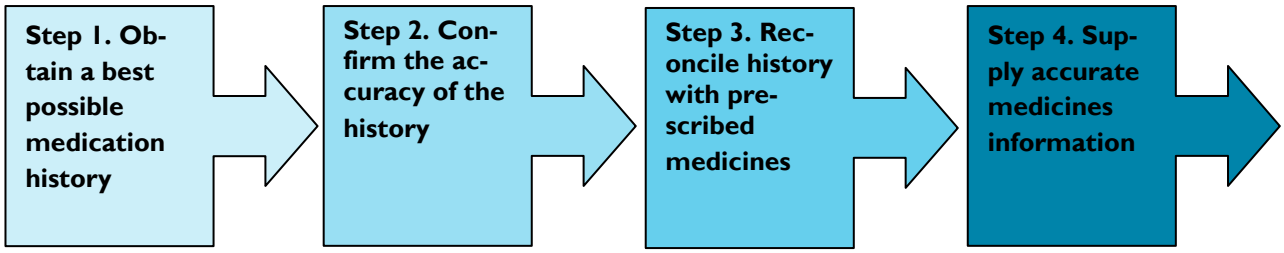
In Australia recording a BPMH and reconciling medicines on admission to hospital and on transfer to another care setting are elements of the Medication Safety Standard in the National Safety and Quality Standards that will be introduced as part of the changes to the accreditation process for acute care facilities.

The Australian Commission on Safety and Quality in Health Care has a webpage on medication reconciliation with tools and resources such as the NMMP and a range of *Match Up Medicines* educational materials to assist hospitals introduce medication reconciliation. http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-06_MedRecon

Conclusion

The process of medication reconciliation using a formalised systematic approach with collaboration and teamwork among the staff involved - nursing, medical, ambulance, pharmacy staff - and the patient, their carers or family members improves continuity of care and reduces the risk of harm from medication errors that occur at interfaces of care.

Figure. 1 Steps in medication reconciliation process



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