

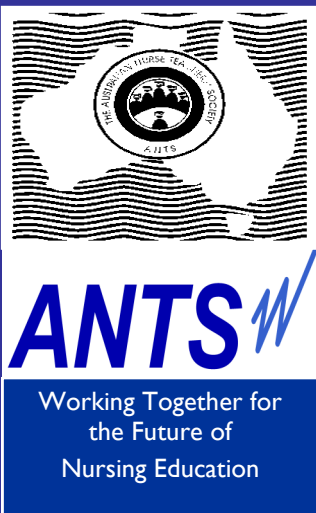
The Australian Nurse Teachers' Society e-Bulletin

December 2011
Edition

Volume 2
Issue 4



Clinical Placement with a difference!



**14th National
Nurse Education
CONFERENCE 2012**



keeping the flame alight

**11 – 13 April 2012
Pan Pacific Hotel | Perth | Western Australia**

Regular features:

President's report	3
A word from the Editor	5
ANTS SA Report	9
ANTS QLD Report	12
ANTS NSW Report	16
National Executive	27



What's happening in ANTS?



Lots!!!

The ANTS National Executive has become increasingly concerned with the cost of day to day administration and the need to better support the State Branches. In August there was a proposal to offset the cost of the existing secretariat and fund the establishment of online administrative and event management systems. A review of ANTS administration was completed and presented to the Oct 2011 National Exec Meeting. The report is available here <http://ants.org.au/ants/mod/resource/view.php?id=295>. The challenge is to minimise the cost of administrative systems and facilitate member participation in ANTS operations without regard to their home and work location.

Where's the Secretariat?

To implement these changes the ANTS National Exec appointed Stuart Taylor as the Administration Officer who has assumed control of the Secretariat function and will be transiting current systems to online alternatives. ANTS has a new postal address, fax number and email address. Fax to ANTS and it will appear in the office@ants.org.au email box. All mail will be scanned and sent to office@ants.org.au No more delays in accessing mail to action.

What else is changing?

We will be moving to a central online banking system with Westpac using online transaction and debit cards instead of cheques. Nominated Exec members would have the ability to conduct online transaction with automatic bank reconciliation. A significant burden has been the absence of an online accounting system. We will be moving our current manual books of account to a commercially support online system call XERO (<http://www.xero.com>). This will be supported by a fee for service accounting company. No more manual bank reconciliations and work preparing for the auditor!!!

With online banking and online accounting we will finally be able to offer online payment for membership and events via the Westpac Payway system. We have struggled for some time to synchronise our offline membership database and our online presence. The new online accounting system make enable us automate a lot of membership and web site tasks. We will be able to enhance the ANTS Web Site to provide document management and conferencing type functionality in conjunction with the above administrative systems. We hope with the saving made we will be able to include online conferencing tools and services.

Patience please

We were hoping key banking changes would be in place by the beginning of December, however moving from paper forms and cheques to online banking has been slow. In the future the Treasurer will be able to simply log into the online system and give people permission to perform roles. No more piles of forms to sign at the Bank at Burwood!!! We will be able to pay bills easier and process membership payment and give access to the web site in one process. However until we get some key things organized we will have to be a little patient.

Can you help?

Yes you can help. Be tolerant. Secondly over time, Exec members will need to take over key tasks. So now is the time to get involved. With easier systems in place we hope members will be more willing to volunteer. We are looking for a New Treasurer to give Olivia a well earned rest. Want to learn about Xero? Google it, have a look, and volunteer to be the first trained as our guru in Xero. Moodle has many features but we need member who is prepared to learn how to use it. Google it.

Want to know more? Want to volunteer? Email Stuart, post a question in the forums. Start talking amongst yourselves to think how we can each other.

Stuart R. Taylor, ANTS Administration Officer

Mob: 0409128819

Fax: 02 82524712

Email1: office@ants.org.au

Email 2: forstaylor@bigpond.com

Postal address: PO Box 4647 North Rocks NSW 2151

President's Report

Hello everyone,

Firstly I would like to extend a Merry Christmas to all ANTS members. I would like to especially thank my fantastic team of Lisa Gatzonis, Olivia Mulligan, Jann Foster and Lorraine McMurtrie who have been an inspiration to work with. I wish to thank Dr Christine and Stuart Taylor who have managed the ANTS website and have taken on the additional duties of transitioning ANTS business to an online format. Thanks also to Melissa Bloomer who has produced a very professional ANTS e-bulletin and is also championing the peer-reviewed journal project. Finally I would like to thank our Secretariat Kim Armstrong who has assisted ANTS in managing our membership databases, correspondence and event management. ANTS National Executive is looking forward to a little rest over Christmas before launching into 2012.



ANTS National Executive has been working very hard on bridging the technological gap for our administration of the organisation. Recently Stuart Taylor was nominated as ANTS administrator during this changeover from manual to online administration. Kim has kindly agreed to continue to support ANTS during this transition period. Once the online system is in place, membership renewals and seminar registrations will be fully automatic and payment made online with a credit card. You will be notified in advance of any changes to the management of membership, so please continue to encourage your colleagues to join ANTS. Until notified, membership forms can be accessed via the website and sent to Kim for processing.

By the time you are reading this report, the State Branches will have had their Annual General Meetings with election of Office Bearers. I look forward to working with the new Office Bearers. Remember that the only criteria to be an ANTS Office Bearer is ANTS membership and an enthusiasm for Nurse Education. So if you were a bit reluctant to come forward this year, consider nominating yourself next year. Each State Chair would be very happy to discuss this issue with you at the next Branch event, so introduce yourself.

I am flying to New Zealand next week to attend the Australasian Nurse Educators Conference in Hamilton. My report with pictures will be in the next issue of the e-Bulletin. I encourage you to register and attend the 14th National Nurse Education Conference in Perth which is being held on 11th-13th April, 2012. Registrations are now open. The program is very relevant to nurse education and the networking opportunities will be invaluable. The ANTS National Executive AGM will be held after the close of the conference on 13th April. I encourage all ANTS members to attend this important meeting. Serving one term as an ANTS Office Bearer is a pre-requisite to holding office in ANTS National Executive. So all ANTS members who have held a position as an ANTS Office Bearer are encouraged to submit a nomination to National Executive. If you have any questions on your suitability for the position, I encourage you to contact me directly on 0412 296 028 or via email

sandrac0@postoffice.utas.edu.au

I recently attended a Department of Innovation Industry, Science and Research public consultation forum. This forum examined a number of questions related defining quality for research training in Australia. I was able to contribute to the discussion from my perspective as an academic and as a Ph D candidate. One of my comments was to extend university and health facility partnerships to allow more nurses the opportunity to undertake higher degrees by research. The proposed model allows the candidate to continue working part time at the health facility with a scholarship from the enrolling university funding the part time study component. Information on role of Department of Innovation Industry, Science and Research can be found at:

www.innovation.gov.au/research/researchworkforceissues/

Continued over page

Continued from previous page

I also attended a College of Nursing professional event on 6th October, 2011. Dr Mary Foley, Director General NSW Ministry of Health spoke on the changes being implemented across the department including the move to activity based funding (ABF). Dr Foley also spoke about the creation of the Clinical Education and Training Institute (CETI) which was established on 1 July 2010 as recommended by the Garling Inquiry into acute care services in NSW public hospitals. The Director General's report can be found at:

http://www.health.nsw.gov.au/resources/govreview/pdf/governance_report.pdf. Information on the Clinical Education and Training Institute can be found at:

<http://www.ceti.nsw.gov.au/www/472/1001127/displayarticle/1001206.html>.

The second speaker was Dr Diane Watson who is the Chief Executive of the Bureau of Health Information. The role of the Bureau is to provide independent reports to government, the community and healthcare professionals on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency, cost and responsiveness of the system to the health needs of the people of NSW. Reports can be accessed at www.bhi.nsw.gov.au/publications.

Finally a few words on my PhD candidature. As many of you are aware I am qualitatively investigating chronic kidney disease from the viewpoint of the consumer. After almost a year of waiting, I now have ethical approval to proceed to the recruitment phase of the study. As I plan to interview a vulnerable population I submitted my National Ethics Application Form (NEAF) to Sydney Local Health Network in April and was given approval in early July, and because I am undertaking my candidature through the University of Tasmania, I also have to seek ethical approval from the Tasmanian Health Network. Site specific applications were also necessary for the Royal Prince Alfred and Prince of Wales Hospitals with approvals being granted in early November. One comment I made at the Department of Innovation Industry, Science and Research public consultation forum was the almost insurmountable barriers presented in obtaining ethical approvals, particularly for health related research using vulnerable populations. This issue has a greater impact for nurses undertaking Masters by Research degrees that have a much shorter completion time than that of doctoral projects.

*Sandra Campbell-Crofts
ANTS National President*



14th National Nurse Education CONFERENCE 2012



keeping the flame alight

11 – 13 April 2012

Pan Pacific Hotel | Perth | Western Australia

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.

A word from the Editor

Hi Folks,

Can you believe another year has almost gone? It feels like it was just yesterday that we last celebrated Christmas and here we are about to do it again. I suppose I shouldn't be surprised...my wise grandmother told me that the older you get, the quicker the time seems to fly by!

This is the fifth issue of the e-Bulletin that I have produced and with each issue comes a new set of issues or challenges. Will I get enough content? Will I get it by the deadline? Will people even find it interesting? I hope the answer to the last question is YES, and if it isn't please let me know. I am always open to new ideas and suggestions for how this e-Bulletin could be improved to better suit your needs or desires.

One side issue that I have been working on is the possibility of including peer-reviewed content into the e-Bulletin. I know this idea has been mentioned and surveyed and discussed before, but my recent trip to the USA for an Editor's conference, and some conversations with members definitely suggest to me that the idea of including peer-reviewed content in our e-Bulletin is still something we should pursue.

What do I mean by peer-reviewed content? Peer-reviewed means that an article submitted for publication undergoes a process of blind (aka anonymous) peer-review, where suitably qualified nurses who have experience in writing for publication would review the article, provide constructive feedback, and either suggest changes to the article or accept it for publication in the e-Bulletin.

As for the e-Bulletin itself, the other part of the discussions has been about whether we should consider producing the e-Bulletin in hard copy like other journals, or continue with this electronic version. My discussions with other Editors at the International Editors Conference strongly suggest that staying in electronic form is the way to go, not only because of cost but these days online communication is the preferred medium.

But deciding to dedicate space in the e-Bulletin peer-reviewed content is not a quick decision and there are many considerations before we do this. Do we have enough members with publishing/academic writing experience who would be happy to undertake the blind reviews? How many of our members would be interested in submitting articles for peer-reviewed publication? As a nurse academic, publishing is an expectation that comes with the job, but for nurse educators in clinical roles this isn't the case. But perhaps there are nurse educators who would like to write for publication and need support? I am hoping that we can offer this. For now, the National Executive are considering this issue and we will see what happens in the future.

On another note, I would like to draw your attention to a story that is included in this edition of the e-Bulletin. I have a friend and former colleague who has worked as an educator for many years and I asked him to share a story or two on his experience as a perioperative educator. Little did I know that he is going through some serious issues at home that are creating some real difficulties for him at work. When I heard, I told him not to worry, but he actually did go ahead and write an article, as he felt the process of writing about his struggles might be therapeutic in some way. The result is a very compelling story that I am sure we can all relate to in some way. For me, as an ICU nurse I found it terribly confronting to work in ICU, and then spend my days off at my father's bedside while he was in ICU for 6 months. In reflection, I think that my dad's illness was probably the start of why I moved away from ICU nursing.

Please read his story on page 17. I applaud him for his bravery in writing it and letting me include his story. I have always admired him as an educator and now I admire him even more for his courage at home and his continued dedication to his work, despite the challenges.

Cheers

Melissa

Melissa.bloomer@monash.edu

0402 472 334



ANTS National Treasurer Wanted

**In need of a challenge, a
new learning experience in
managing money?**

**This could be the job for
you!**

The position of National Treasurer for ANTS will become vacant in April 2012. We are seeking a dedicated person to manage the National accounts.

It is a well known fact that Treasurers play an important part in the leadership of non-profit organisations. Treasurers usually share their leadership responsibilities with other leaders like the president, vice president and secretary.

As a leader of our organisation, the National Treasurer is responsible for keeping track of all the money that passes through our organisation, all deposits and withdrawals to the group's bank and branch accounts, accurate record keeping, attending all organisational meetings, especially when money is changing hands, and providing a monthly report on all earnings and expenditure.

The Treasurer is also responsible for communicating with tax professionals, to demonstrate the Society's accountability to their members and that their money is benefiting the members. In addition, the Treasurer is typically responsible for helping to determine how much money is needed for current projects.

This volunteer position is filled by an election from other members of the organisation. Support will be provided by the present National Treasurer for the time required by the newly elected National Treasurer and a detailed verbal and written handover will be provided. Applicants apply online to the National Executive at

www.ants.org

Students experience the Solomons

Sonja Frischknecht is a Lecturer from the Faculty of Nursing and Health (FoNH) at Avondale College in Wahroonga, NSW. Sonja shares her story on taking a group of under-graduate students on a clinical placement that is a little different!

The village of Atoifi sits in the rugged north east of the island of Malaita, one of the almost 1000 islands making up the Solomon Islands. To reach it, one flies 3 hours from Brisbane to the capital, Honiara, transits overnight then joins one of two flights a week on a Twin Otter for 35 minutes to make a somewhat shaky landing on a remote, uneven, grass airstrip about 1500m from Atoifi Adventist Hospital.

For the past two weeks, Atoifi has been home for two FoNH lecturers and seven senior BN students from Avondale College of Higher Education who chose to participate in a service learning clinical placement. This is the second visit Avondale has made to this community, and intends to continue offering such cross cultural clinical opportunities to serve and learn into the future. The group's willing hearts and hands found them sifting through storerooms sorting previously donated medical supplies, cleaning, organising linen, teaching, assisting in the delivery of babies, learning new skills such as venepuncture and cannulation, monitoring patients under anaesthetic, and assisting the one doctor on site with surgical procedures. Atoifi Nursing School has approximately 65 students across their three years of their Diploma of Nursing. Avondale students were able to attend class, encourage and work alongside the Atoifi Nursing students. Whilst there, Avondale students also became friends with the local nursing students and exchanged ideas within their respective cultures and educational frameworks. After hours, they participated in worship, basketball and swimming, learning the ukulele and social events. The two Lecturers supervised the students in addition to giving input in lecture format to the nursing school and continuing education sessions to the local registered nurses. Feedback from the community spoke of their absolute gratefulness of our visit as an injection of enthusiasm, outside connection and long overdue encouragement for many in both a professional and personal sense. *Continued over page*



Arriving in Atoifi



Lucy doing a dressing on a woman following a C-Section



Matt sorting out their storeroom of donations

Continued from previous page

Atoifi can be described as a peaceful paradise. There are no sealed roads, cars or ambulances. Located on the mouth of a river, amidst tropical rainforest, patients travel to the hospital for health care by dugout canoe. This particular hospital compound serves approximately 40,000 people. Between the frequent downpours and bursts of sun, the humid climate nurtures coconut palms, cymbidium orchids and a vegetable garden to provide produce for the nursing students meals. The regular display of rainbows serve as visible reminders of God's presence and faithfulness to this community. Yet, those who live and work at the hospital do it tough. Electricity is a precious commodity that cannot be taken for granted. The remoteness of this place determines the scarcity of fuel needed to run their generator – usually a few hours each morning and evening unless an ongoing surgery governs its extended usage. Fresh water is collected in rainwater tanks, though leaking taps all over cry out for a plumber to visit to help preserve that precious water. Despite these and more challenges that most Australian's would never have to navigate through, the Atoifi Adventist Hospital community serves with joy. Sounds of harmonious singing ring through the corridors as students, staff and patients worship before starting their day. Health is restored and healing of bodies and souls is a daily occurrence, despite their lack of consumables and equipment.

Avondale students relished encounters with staff and patients and forged friendships as they slotted into various wards, delivery room, clinics and the operating theatre to serve and to learn. Their attempts at Pidgin and Kwaio vocabulary brought forth smiles and at times great laughter from patients and their families that broke the 'ice'. Learning about differing cultural practices, witnessing the unfortunate results of poverty, practicing primary health care, and gaining knowledge about tropical disease, it is here that their world is suddenly enlarged and the theory of the classroom becomes tangibly real.



Amanda, a 3rd Year student performs Malaria screens in the Outpatients Department



Glitterbug demonstrations



The Atoifi School of Nursing classroom

Front Cover:- Team Photo (from L to R) Sonja (Lecturer) Lucy, Jemma, Jay, Matt, Amanda, Jennifer, Emily, Kerry (Lecturer)

SA Branch Report

Hi to all from the ANTS SA Branch

Its amazing how fast we are approaching the close of 2011...It doesn't feel like it was January very long ago!

I think that identifies how busy we have all become, how fast paced our world moves. When you work, have a family, a life and commitments to professional organisations time goes very quickly.

SA Branch has had a very productive year in 2011- we have seen an increase in membership, and we hope to continue to recruit through 2012 to ANTS. We have held 2 education evenings and a Professional Development day in May. Most recently an education evening was held on November 2nd- where we had three diverse speakers talk about their roles and the pathways to get to where they are. Thanks to the speakers for giving up their free time and support ANTS SA. At the end of the evening a short meeting was held with those in attendance and we looked at possible activities for 2012 for our branch.

In 2012 ANTS SA plans to – hold an AGM early in the new year prior to the Perth Conference, submit for the right to host the 2014 conference in SA- there is a group of 14 very interested members wanting to plan and host a conference for SA (wish us luck). Other plans include 2 or 3 education evenings and another study day in Adelaide, we also hope to be able to take a the study day to one of our rural areas- so I need to hear from SA members where you would like a study day held? South East, Mid North or other- vote for your choice by email to michelle.mclay@health.sa.gov.au majority will win....

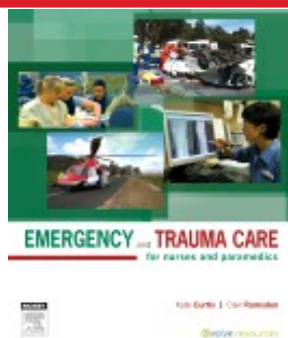
Thank you to all the SA members and committee for your support of our branch over the past year, I think we have achieved a great deal for such a 'new branch' and look forward to our continued growth in 2012 and to seeing as many of you as possible supporting the Perth conference in April...

Michelle McLay
ANTS SA



Book Review

Book supplied courtesy of Elsevier



Emergency and Trauma Care for nurses and paramedics

Kate Curtis and Claire Ramsden

Published 2011 by Elsevier

'*Emergency and Trauma Care for nurses and paramedics*' is aimed at an Australian and New Zealand audience, and follows the patient journey from pre-hospital retrieval through to in-hospital emergency care.

This comprehensive text has chapters examining major incident preparedness, pre-hospital assessment and management, triage, legal and cultural considerations, clinical skills and patient education. Each body system is presented, including a review of pathophysiology and assessment of the system. Specific disease and injury states for each system are discussed, including patient management, and clear rationales are provided to support interventions.

One of the strengths of this text is the use of examples to illustrate content, including scenarios and case examples at the end of chapters to put the content into context. The frequent use of 'clinical' and 'practice' tips, and summaries of essential points, highlights key information to the reader for ready reference. On line resources, including case studies, practice quizzes and web links are reported to be under development to further support this text. It is a useful resource for emergency nurses, students, as well as providers of pre-hospital care.

Julia Morphet
ANTS Vic Member

Nurses nurturing Nurses



Anne Sivell (Left) with Kayla Turnham

Angela Miller is a Health Service Educator at Armidale Rural Hospital shares her experience of creating a Mentorship Program, which utilises experienced senior staff to support new graduates

Angela Miller (Health Service Educator), Di Targett (Clinical Nurse Educator) and Jackie Lea (Lecturer and Clinical Coordinator) utilised key practice development principles to aid their implementation of a twelve month localised Mentorship Program, creating a supportive workplace and learning environment for new graduate nurses in the rural setting.

Armidale Rural Referral Hospital (part of Hunter New England Local Health District) is an 87 bed acute facility in the Northern Tablelands of NSW. The hospital employs 213 nurses and is a teaching centre for nursing, allied health and medical students with close ties to the University of New England, University of Newcastle and regional Institutes of TAFE.

Armidale Hospital offers a first and second year registered nurse transitional program employing ten graduates annually on rotations through different wards. We rely on these graduates to 'hit the ground running' as they play a significant role in the provision of nursing services. Our focus was to fill a gap in existing models of support and encourage both career and cultural socialisation of the new graduates as they transition from theory to practice in the clinical workplace environment.

The Mentorship Program capitalises on the 'untapped resource' of senior nursing staff, enabling and empowering them to share their wealth of knowledge in a formalised role as a mentor. The mentor selection process recognises and rewards senior nursing staff for their ongoing dedication and commitment within their clinical unit. Using collaboration, participation and inclusion, the Mentorship Program was designed to meet local needs and match the rural context to further enhance capacity and capabilities. Feedback from managers, mentors and the new graduates has been extremely positive, with all highlighting an ongoing need for the program and their continued support. New graduate nurse Kayla Turnham said the most significant aspect of the mentorship program for her was *"...having a familiar face to go to for support, especially when coming to a new place of work"*. Her mentor Anne Sivell described how the mentorship program ensured her knowledge and skills were maintained because *"...being a mentor made me think about how I do things to be able to explain the 'why' behind it; I needed to know the answers to their questions to be able to adequately support the new graduates"*.

Armidale Hospital has recognised their role and future impact in creating a supportive environment for the nursing profession within our facility. This Mentorship Program was showcased at a Practice Development Conference in Melbourne earlier this year and it will also be presented at the Australasian Nurse Educators Conference in Hamilton, New Zealand. It is astounding to consider that an informal chat led to the teamwork and commitment which has resulted in this powerful and enriching innovation. Angela, Di and Jackie are proud of the Mentorship Program and are immensely proud of the people involved – nurses nurturing other nurses.



Kayla Turnham

Angela Miller

ANTSNSW Member

Book Reviews

These texts supplied courtesy of Oxford University Press



Society Culture and Health: An Introduction for Nurses (2nd Edition)

Karen Willis & Shandell Elmer

Published 2011 by Oxford University Press

On first appearance this text is intriguing, with the artistic use of key facial features dispersed between fractured slithers of glass adorning the front cover. Having previously used the first edition of this text as a resource for undergraduate nursing students, I was interested to review this edition. The difficulty with teaching sociology to nursing students is often related to their limited understanding of nursing and the relevance that sociology has to the profession. The authors are to be applauded for stating this

upfront, with Chapter 1 devoted to the topic of relevancy to nursing.

The text is nicely divided into key topic areas of interest to nursing and incorporates reflective questions which provide opportunity to practice and review new knowledge. Chapter 8 is devoted to the health of Aboriginal and Torres Strait Islander Peoples, a topic often only briefly mentioned or excluded altogether from other resources. This ensures that this text is important and relevant to contemporary Australian society. The welcomed addition of a glossary will enable nursing students to review and study key sociological terms and theories. These key terms and concepts are also highlighted in bold within the content, further enhancing the effectiveness of this text as an essential course reading for nursing students.

Melissa Carey
ANTS QLD Member



Epidemiology

Petra Buettner, Reinhold Muller

Published 2011 by Oxford University Press

We understand evidenced based practice and apply this to practice and then struggle to know where to start to undertake research for presentation and/or publication. Often the questions asked are: What to research? Where to start? Which methodology to use? How to publish?

This textbook may answer some if not all these questions as it can be defined as an epidemiology toolbox with a step by step approach from defining epidemiology through to reading and writing scientific publications. Each chapter is divided into manageable sections and each section is further subdivided into "need to know" (novice) and "further interest" (advanced) with key learning objectives and terminology prefacing each chapter.

The first four (4) chapters provide a definition of epidemiology and disease concepts through to assessing reliability and validity and the prevalence and incidence relationship. The remaining ten (10) chapters concentrate on the quantitative research model of epidemiology from choosing the research question and undertaking a literature review, designing the study including data collection, sampling, interpretation, ethical considerations and reading/writing for publication.

Within each chapter, real-life case studies across a broad range of health-care disciplines and universities are provided. Figures and tables are presented clearly and are easy to understanding.

Self-assessment critical thinking exercises are sprinkled throughout each chapter with an abridged glossary, summary, further readings, websites (as relevant); answers to the critical thinking exercises and bibliography. An overall glossary and bibliography are at the very end of the textbook.

Overall an easy read that is informative and structured. I would highly recommended for nursing students and all levels of nurses (and other healthcare professionals), and I would recommend is as a text for nursing students undertaking quantitative research.

Karen Simunov
ANTS SA Member

ANTS Qld Branch Report

In moving forward to 2012 with great enthusiasm one cannot help but reflect on the year that is nearly over and the issues, both personal and professional, many members have had to endure. As the younger generation would say 'get over it' and move on, which is just what ANTS Qld Branch intends to do with support of members. The year of growth in the rural area (Rockhampton) for ANTS has been inspiring and sincere thanks goes to Kerry Reid-Searl and the team up in this area for the proactive approach.

We are looking forward to hearing from Melissa Carey: UQ SONM Clinical Lecturer and ANTS QLD Branch Committee Member on her topic '*Learning from Peru: A report from the World Indigenous Peoples Conference on Education (WIPCE) 2011*'. She is the guest speaker at the Annual General Meeting for 2nd December 2011.

On behalf of the ANTS Queensland Branch we would like to acknowledge Michelle Cameron (one of our inaugural committee members for Queensland Branch) for her valuable contribution to not only the group but to me personally in supporting to move ANTS forward not only in Queensland but also nationally. We wish her the best of health in 2012.

A very Merry Christmas and a Happy New Year to all and trust 2012 will be full of renewed energy in endeavouring to share innovations, knowledge and skills in education for the benefit of all Queenslanders.



*Melissa Sawyer
UQ SONM Clinical Lecturer,
ANTS QLD Branch
Committee Member*

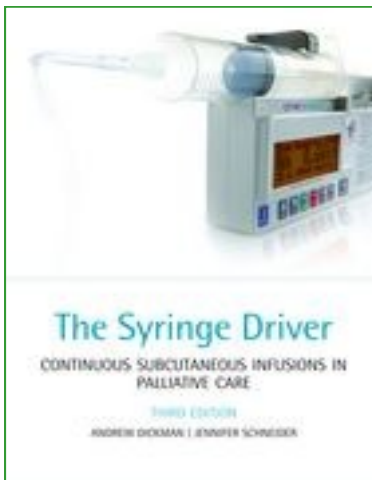
New ANTS Members

A warm welcome to our new members...

Meagan Anderson VIC	Jennifer Boxsell WA	Amanda Campbell QLD
Carol Denne NSW	Nadine Griffiths NSW	Marie Hornsby QLD
Jennifer Jackson NSW	Jennifer Mann QLD	Maira Maraun NSW
Colette McIntyre QLD	Murray Mientjes SA	Marel Pike QLD
David Stanley WA	Sarah Tomkins NSW	Therese Toohey NSW
Melissa Ward NSW	Yvonna Zuydam TAS	Elaine Bell SA
Sharon Bouttell QLD	Marjorie Byrne WA	Peter Goodare NSW
Amanda Hooton NSW	Anne Little WA	Robyn Nash QLD
Simone Ohlin QLD	Jo Rothwell Gibson NSW	Ashleigh Urquhart QLD
Edi Sampurno Ridwan Indonesia		

Book Reviews

These texts supplied courtesy of Oxford University Press



The Syringe Driver: Continuous Subcutaneous Infusions in Palliative Care

Andrew Dickman and Jennifer Schneider

Third Edition

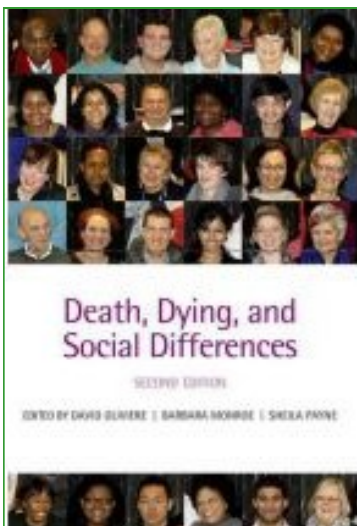
Published by Oxford University Press

This text should be considered an essential resource for all clinicians who use syringe drivers in their clinical practice. The authors have extended the basics of syringe driver use to also cover many commonly used drug monographs as well as basic information on symptom control where the syringe driver is an appropriate method of delivery. The brief synopsis on various brands of syringe drivers should be taken as such and not used as a comprehensive guide when choosing a particular brand as the information is rather sketchy.

I had difficulty navigating my way around this book and fear that perhaps because of this and the size of the book that people may not have time to become familiar with the layout. This could be addressed by using colour print to distinguish the sections. In fact, in my workplace, someone did take the time to adhere coloured tabs on the side of the first edition...a tedious but necessary task. The sewn binding is an advantage in that the book can be laid open at a particular page. UK, USA and Australia have been covered very well throughout the text.

I note that the cost is very reasonable when considering that it is for a specialised area and hence would probably have a relatively short print run. I can see from reading the book that my colleagues and I will be using it on an almost daily basis as a well researched reference.

Barbara Cass
Palliative Care RN



Death, Dying and Social Differences

David Oliviere, Barbara Monroe and Sheila Payne (Editors)

Second Edition

Published by Oxford University Press

This text is a really great read, not just for those working in the palliative care setting, but for clinicians everywhere. Deaths occur everywhere in the healthcare setting, and this text provides some great insights into the current perspectives, attitudes and trends associated with death and dying. In particular this text provides insights into the implications of culture, diversity, religion and family structures on how and where people die. While the list of contributors is extensive and the majority are from the United Kingdom, the content still resonates with the Australian context.

The first part of the text addresses the current context. Issues of social difference, social inequity, the 'where' of dying, communication, information and support, the financial issues relating to dying, diversity and disability. These sections really help the reader to understand death and dying as a social phenomena intricately linked to many other societal factors, rather than as an isolated event.

What is particularly interesting about this book is that it devotes numerous chapters to different patient groups, exploring their own unique challenges with accessing health care services, in particular palliative care, and also how their group's culture and practices impact on death and dying. For example, there are chapters devoted to dying as a teenager, people with intellectual disabilities, people with mental health needs, people with dementia, the homeless, travellers and gypsies, asylum seekers and refugees, and even palliative care for prisoners. For anyone who cares for dying patients, this is an enlightening read.

Melissa Bloomer
ANTS Vic Member and National e-Bulletin Editor

**NET
E20
P12**

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>

**NET
E20
P12**

THEMES

Continuing
Professional
Development/
Education

Teaching,
Assessment
Learning
University &
Clinical Practice

Technology,
Simulation and
Education

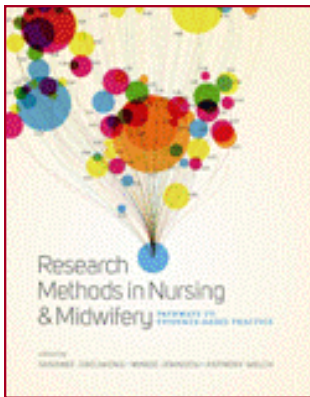
Faculty and
Practice
Partnerships

Research for
Education,
Policy and
Global
Developments

NETNEP 2012
Conference

Book Reviews

These texts supplied courtesy of Oxford University Press



Research Methods in Nursing & Midwifery: Pathways to evidence-Based Practice

Sansnee Jirojwong, Maree Johnson & Anthony Welch (Editors)

Published 2011 by Oxford University Press

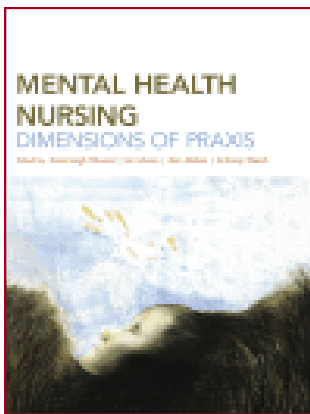
This text is a great resource for both the undergraduate student and the experienced nurse who wishes to gain a better understanding of how research is relevant to nursing and midwifery, and how to get started. Written by Australian academics, this text is particularly suited to Australian audience, acknowledging the health system, the culture and the contexts in which Australian nurses and midwives work.

It begins with a clear and thorough introduction into why research is important, and how it impacts on practice. The process of planning and conducting research is explained in a step-by-step way, and the sections pertaining to the ethical and legal implications of research, and working with vulnerable populations is particularly interesting. The fundamentals of qualitative and quantitative research are explained, with clear explanations of their philosophical and theoretical approaches, key characteristics, methods and approaches to analysis.

What I particularly like about this text is that it also devotes a chapter to the process of disseminating research. The various avenues available for publishing research results are discussed, and some tips are provided on how to publish in peer-reviewed journals. Overall, this text is logically presented, easy to follow, well presented and relevant to Australian nurses and midwives.

Melissa Bloomer

ANTS Vic Member and National e-Bulletin Editor



Mental Health Nursing: Dimensions of Praxis

Karen-leigh Edward, Ian Munro, Alan Robins & Anthony Welch

Published 2011 by Oxford University Press

When first asked to review this book I was hesitant as my knowledge of mental health nursing stretched back to my initial nursing training nearly twenty five years ago. That was a time when people inflicted with mental health illnesses were institutionalised, with the aim of 'severing [sever] the mad from society...' (p. 21).

Surprisingly I have been intrigued by this book. From the outset, the Editor's acknowledge that this text is designed for nursing students. Given I have little current knowledge of Mental Health, except through personal experience, I remain a novice and fit within the intended audience. The historical context of mental illnesses and

mental health nursing were interesting to the point I'm left wondering about society and its ability to impact on creating social hysteria.

This text is relevant and a wonderful example of Australian literature that is making a contribution to an issue that is well represented in the literature on a global perspective but lacking Australian input. It is easy to read, descriptive in both its layout and identification of key terminology. I particularly liked the front flap that describes the nursing process for mental health nurses. Now I know what they do.

At times the sentence structure is a little difficult to negotiate. I found myself re reading paragraphs to understand the context of what was been said. In addition there were some illness processes that in reading I was none the wiser as to the why and how of mood disorders. Maybe this is an area for future hypothesis and theoretical testing?

Overall I enjoyed knowing that a book titled Mental Health Nursing can apply equally in any health care setting. More importantly there is a focus on the nurse reading the text, something that is sadly lacking in the literature.

Carolyn Ellis

ANTSNSW Member

NSW Branch Report

Dear ANTSNSW members,

On November 5th, ANTSNSW held a workshop at Newcastle University. Due to the numerous requests from our members the workshop was a replication of the earlier May workshop titled "Evaluation and assessment of students and peers." Guest speaker was Helena Sanderson. Helena is a Lecturer and Clinical Co-ordinator within the School of Health from the University of New England. Her presentation was an insightful view of the clinical facilitation model and the impacts for nursing education. Carolyn Ellis an ANTSNSW committee member and Clinical Nurse Educator within the Operating Suite & Peri operative Unit at Ryde Hospital also presented. Her talk focussed on the differentiation between assessment and evaluation. Lynne Slater another ANTSNSW committee member and Lecturer from Newcastle University discussed the use of the SMART process in providing feedback to both students and peers. There were 25 attendees to the workshop from both academia and the clinical areas being represented. Overall, there was positive feedback for the workshop with much interest shown for all presentations. Feedback from the attendees stressed the value gained from attending the workshop. Furthermore, responses expressed the practical application of what was presented and discussions related to real world events.

Workshops for 2011

Overall, there were 3 workshops and 1 function for ANTSNSW in 2011. Two workshops were conducted within the Sydney Metropolitan area. One workshop was conducted in Newcastle and the Christmas in July function was held in the South Western Area of Sydney. The workshops were:

1. Feb – Writing for publication at the University of Western Sydney. The invited guest speaker was Dr Ritin Fernandez.
2. May- Assessment and Evaluation at Macquarie University Hospital. The invited guest speaker was Helena Sanderson.
3. July – Christmas in July function. The invited guest speaker was Prof Tracy Levitt-Jones who spoke of Wondrous Journeys and Brief Encounters.
4. Nov - Assessment and Evaluation at Newcastle University. The invited guest speaker was Helena Sanderson.

ANTSNSW AGM

Following the workshop on the 5th of November, the ANTSNSW AGM was held. The minutes of the meeting will be uploaded onto the ANTS website in December for our members to view. Election of the NSW committee also occurred. The following names are the ANTSNSW members who were voted onto the ANTSNSW committee.

Election of NSW committee

Vasiliki Bethiavas (Chair)
Carolyn Ellis (Secretary)
Sally Rickards

Benny Alexander (Treasurer)
Elizabeth Newham
Lynne Slater

Plan for 2012

An online survey will be emailed to ANTSNSW members at the end of November 2011 to identify the learning and teaching needs of our members. Following feedback, the 2012 workshops will then be structured to meet the requests of the ANTSNSW members.

ANTSNSW is projecting to schedule 3 workshops for 2012: 1 rural; 1 urban/metro and the Christmas in July function.

We look forward to further collaboration with you in 2012 and hope that you have a Merry Christmas and a Happy New Year.

Vasiliki Bethiavas
ANTSNSW Chair

A strategic plan for education services at Westmead Hospital, NSW

Dee Maguire is a facility Nurse Educator at Westmead Hospital in Sydney, and she shares her perspectives of developing a new strategic plan for education service delivery.

In 2009, Westmead Hospital (WMH), Nurse Educators (NEs) and Midwife Educators (MEs) started meeting regularly to look at collective and unified approaches to supporting nursing staff learning needs. Investment in ongoing professional growth within a realistic education framework that scaffolds future nursing capacity, capability and sustainability was central to our discussions. Overall, we wanted to ensure that our education delivery was still 'best practice' and served the needs of our Gen X and Y staff. With this in mind, we needed a collective focus, purposefully avoiding previous approaches that tended to 'silo' work according to organizational structure.

So, where did we start? At no particular grand point, instead we just got together and revisited our current service delivery model, dismantled it and reconfigured it to 'fit' our context. These meetings were vigorous, full of the charge of discovery and fueled with the kind of enthusiasm that comes with the experience of newness, we were 'out there' looking for something real to bring home. What we found was that we were missing a good solid strategic plan from the outset!

We started with developing a detailed strategic plan, so that we could see what evolved from it. We considered the facility's compass map, human capital, educational goals and how could we best 'deliver' in a world where contemporariness leaves no captives. A mission statement underpinned by educational leadership and scope for innovation was written, followed by a vision statement that *pictured* the potential attributes of tomorrow's 21st century nurse, the skills necessary to work across specialties with ease, and how we, as educators, could support them. From this we formed a blueprint for our future directions which culminated in these global objectives:

- Demonstrate contemporary educational leadership
- Activate current NSW health and safety priorities and embed into visible and relevant practice
- Create, provide and evaluate innovative education delivery
- Strengthen current consultative liaison-ship with clinical experts
- Provide *enabling* educational programs
- Build capacity to facilitate staff professional development

From this blueprint, we considered each objective and determined what actions were necessary to fulfill it. We considered key performance objectives (KPO's) first, so that our eventual key performance indicators (KPI's) would be real, measurable and organizationally transparent. This took some teasing out, remembering that not all *indicators* from education are necessarily tangible.

One example (aligned with the first objective)

Overall Objectives	Key Strategies	Expected Outcomes	Education KPOs	Education KPIs
Demonstrate Contemporary Educational Leadership	<i>Conduct educational needs/gap analysis & evaluate</i>	<i>Evidence based education (EBE)</i>	<i>Relevant education programs underpinned by supportive data</i>	<i>Number of education programs supported by data</i>

Action required: *Qualitative survey:* staff professional development/ management survey.
 Quantitative survey: IMMS incidents (nature of) and patient needs analysis

The next step was to consider how our team of NEs/MEs, could draw on our understanding of what is happening in direct patient care, and build this understanding into our action plan. We could certainly see the quality of learning, and how it occurred.

Continues over page

Continued from previous page

We could also see how learning was connected to, and pivotal in quality patient care. To investigate further, we allocated specific domains to each member of our group to expertly steer and off we went.

This process resulted in refined learning resources, sound educational needs assessment tools, innovative eLearning programs via Moodle (an online learning management system), relevant and progressive programs responsive to staff and facility needs, more staff involved with clinical supervision, and more units with career pathways. We also now had expert facilitation in Essentials of Care (EOC), an increase in research, and more interdisciplinary forums.

Someone once said that “effective leaders believe that the team can reach the goal better than any one individual”. While I believe this to be true, we also acknowledge that a dynamic strategic/ business plan is essential, one that is modeled on today’s uniqueness, and shaped by the sagacity of collective and creative thought.

*Exploration = New heights*

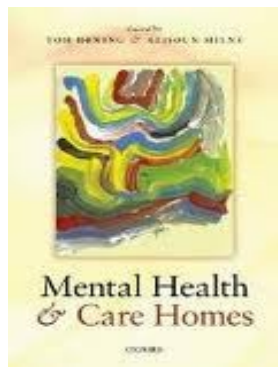
*(Photo taken from plane window
on my way back from Africa)*

Dee Maguire

ANTSNSW Member

Book Review

Book supplied courtesy of Oxford University Press



Mental Health and Care Homes

Tom Denning and Alison Milne (Editors)

Published in 2011 by Oxford University Press

This publication utilises contributors from across the world, is based on the UK system, and covers all care facilities including residential, nursing homes, and care homes. This publication is evidenced based and includes clinical and research perspectives.

Section One refers to the ‘inside view’ – with personal accounts from resident, a carer and a manager and moves into working with residents. Section Two covers the ‘outside view’ looking at regulations, safety and quality standards, funding, elder abuse and long term care. The chapter provides easy to read information on legislation, regulation and

the mental health act.

Section Three provides takes a clinical focus on topics such as moving into a care facility, the impact on the mental health of the older person. Dementia and depression are addressed and ways of dealing with mental illness such as intervention, psychosocial and reflective therapies are detailed. Physical health and palliative care issues are also covered, including all aspects of the care planning, both mental and physical. This section would be relevant for all nurses, from the very junior to more ‘senior’ nurses, with many of the principles translating well to the acute care setting.

Section Four focuses on health promotion and well being, and is relevant to everyone involved in caring for the older adult. All sections are exemplified using case studies and examples and provide practical useful information. It is easy to read and does not create confusion. Overall a publication that is made readable and useful by the examples that support the information and could be utilised by a number of health disciplines.

Michelle McLay
ANTS SA Member

A perioperative educator, I am

When I asked a good friend of mine to share some words of wisdom about his many years working as a perioperative nurse educator, separating the 'professional' from the 'personal' was impossible for him to do. While he begins with his perioperative education perspective, his personal reflections tell us so much more. This was initially not easy for him to write, but in the end it became therapeutic for him, and a compelling read for us.



THE BEGINNING

In preparation for presenting a number of anecdotes suitable for this article I pondered a question I had asked myself at the beginning of my perioperative career. Why did I become a perioperative nurse? Now some 30 years later I am once again asking myself the same question.

Human anatomy was and is still a fascinating thing and this is one reason I was attracted to theatre. It was my greatest thrill seeing the organs of the abdominal cavity but also one of my greatest disappointments. Why? Well simply veins weren't blue, arteries were not red, the bladder wasn't yellow and nothing was labelled. I recall mentioning this to a prospective student who was less than impressed and strongly suggested I talk to God about that failing. I felt suitably berated.

I always believed I was taught well and certainly, correctly. It had become a desire of mine to pass on my knowledge to younger nurses who would be prepared to listen. I recalled all of my fears when first entering an operating room in September 1977 complete with a cold and feeling unwell, and despite this it was scary but enjoyable experience. Now I support others who are new to this field. I believe a reasonable thing to do when teaching others is to re-examine and reflect upon your own experiences; moreover, to be seen doing the 'correct' thing the 'right' way, ensuring you also teach others how to do it correctly. I have always believed this and I have maintained that approach. I also believe mistakes are learning opportunities, and once they are made, they will never be made again.

Continued over page

Continued from previous page

NEW STUDENTS IN THE OPERATING ROOM

New students, graduate nurses and staff occur on a regular basis in all areas of the hospital. Like other areas, the operating suite usually accommodates three rotations of graduate nurses every twelve months. Each group stays for about 4 months, and when they start I can guarantee they will feel anxious about venturing into the operating suite, as they may have never been in one before.

The basic concept in preparing novice practitioners in the suite is to re-examine my own experiences. I try to recall what it felt like in a strange environment, the different acoustics, not knowing who is who, since everyone looks the same, and how I performed as a new person. I often feel that nurses who have worked in the perioperative arena for a long period of time do forget what it was like. But I try not to, and I think this helps make me better prepared to empathise with the new staff in the suite.

I like to outline aims, objectives and expectations that are achievable but challenging. As a part of this I ask the learner to develop some for themselves but, again they must be achievable, nothing too dramatic. When I was a beginner, I created an unachievable set of objectives, and consequently I failed. I explain to the learners I will tell them the correct thing and show them how to do it correctly. They can and do see me perform as a 'scrub nurse', an 'anaesthetic nurse' and a 'scout nurse' as I believe leading by example is not an unreasonable thing to do. It is tough however because as a Clinical Educator, I should be beyond reproach, or perfect. Shouldn't I?

Inevitably the learners feel completely lost. They may get lost, they don't feel they belong, surrounded by unfamiliar faces, and really unsure about what they are supposed to do. I frequently remind learners that everyone in the suite has started as a beginner. No nurse I know was born with a surgical instrument in their hand or in gown and gloves despite giving that impression! Some may seemingly have a greater aptitude than others, and unfortunately these people forget how difficult it was to develop the skills they have.

Learners also anticipate anxiety, before they even have the anxiety, and they fear making errors and the consequences even more. The learners wonder how people know what to do and when because you can't read this in a textbook, instead you can only learn it through experience. Acknowledging this is important, and helps them to feel more comfortable in their new environment. Looking the part helps too, so I get them into 'scrubs' as soon as possible. When they are more comfortable, they will be more confident, and with confidence comes the ability to learn better, faster or more effectively.

Even though they are learners, and I acknowledge their lack of experience, they are still expected to perform to a competent level. As adults they are expected to make an effort with their own learning, achieving goals along the way. These goals are like building blocks of activity with increasing complexity in relation to the time they



Continues over page

Continued from previous page

spend in the suite. And when a learner doesn't meet their goals, it's an opportunity to explore the errors and provide further education, without being negative. While it sounds tough, many learners have thanked me for having clear expectations of them, while also being supportive. I encourage learners to become self-driven, acknowledging which areas they need to work on, and then doing so.

I have been an Educator for a long time, and it is satisfying to see learners who commenced in the suite with me, move on to more senior roles in the organisation. It does give me a feeling of satisfaction. I often wonder if they recall their beginnings, their anxieties and fears. I wonder if when they are involved in teaching others they recall their own anxieties.

PRESENT DAY

So what am I now? I may be an operating suite nurse, and an educator trying to inspire others, and a friendly face to new staff but there is more to me..... Out of the blue, my wife was diagnosed with breast cancer. For my patients diagnosed with the same disease, I can remain professional, and dissociate from the seriousness and sadness of their diagnosis in order to do my job. But when it is my wife, I can't do this. I am not able to control what is happening, instead we go through the process and try and remain positive. The ultrasound is performed and when I see the lesion first hand, I become suspicious and begin to think the worst.....but this is not a patient, this is *my* wife.

A core biopsy is performed and as much as I hope it is benign, it isn't and a wide excision and sentinel node biopsy is performed. I try and remain positive but I have seen this before and I am very anxious. Instead of being my usual 'in control' perioperative educator, I am now the husband, pacing the corridors and waiting anxiously.

We go back to the surgeon. My fears were confirmed and more lesions are located on the edge of the specimen so more surgery is needed. I pace the corridors again. Fortunately this time the surgery is quicker than expected and the sentinel node is clear, so there is little chance of spread at all. My wife can come home with me and life will return to normal again- no fears, no anxious moments, no bad dreams, no fears of death. But the 'nurse' in me ensures that it is not so simple. I stupidly decide to check a well thumbed text, though this time not for the purpose of enhancing my teaching, instead because I need more information about the carcinoma, and mastectomy. This does nothing to alleviate my anxiety.

We return to the surgeon to be told a mastectomy is necessary. I cannot use the word 'breast' as I cannot face that demon yet. Without that word it is still just a specimen. How can this happen? This is something that happens to "other people". I am a perioperative nurse and I have assisted many mastectomies....but none of them were MY wife. I am torn between my knowledge of mastectomy surgery and my role as a husband.

The mastectomy is performed, and I am at home alone now for three days while she remains in hospital. I offer positive comments to my wife when I visit and find myself focusing on the suture line and how it is small and neat. It is somewhat of an odd experience to become the visitor in hospital and not the nurse, but in this role of husband I find comfort in not examining the other nurses for what they have or haven't done. I am merely being the caring husband. I have time to think, but still I have not grieved. I have not shed many tears in open company. Instead I am 'the rock', 'the gate-keeper' and in some respect 'the guardian'. Nothing shall pass to my wife which may cause her more stress, pain or nausea.

When I return to work, it is different. I work in the operating suite, and yet I now cannot cope with surgery lists which include breast biopsy or, God forbid, mastectomy. I avoid all activities that might remind me of my own demons and fears. Can I still be a nurse? Can I still be an Educator? This has been my passion for so long, but now it seems so unimportant. I find difficulty in dissociating myself from the struggles of my patient enough to perform the role of scrub nurse without consideration of what this surgery means for them. I find caring for patients with pain and nausea, or who have undergone surgery for cancer emotionally taxing, and I fear hearing about patients for whom cancer treatment is no longer working.

I find myself looking at the survival statistics for a Stage 2 breast cancer, now at 81% survival at five years. You might say these statistics are terrific, but it is the 19% who don't survive to five years that I think about. I am still 'the rock' and never show my fear to my wife, but I am fearful. I cannot let her see my grief.

I have been a nurse for 35 years, and a perioperative educator for many. But I was human first, and as such, my role as husband caring for my wife is more important. One day I hope I will use this experience to help me deal with the tragedy I see in my work, and perhaps even be a better nurse because of my wife's experience. In the mean time I seek comfort in the challenge of teaching others, an immensely positive part of my role.

Name withheld

Program ▶

Submit an abstract ▶

www.nps.org.au/nms2012 ▶

NATIONAL MEDICINES SYMPOSIUM 2012

BUILDING A MEDICINEWISE COMMUNITY

Sydney Convention & Exhibition Centre
24–25 May 2012

CALL FOR ABSTRACTS

NPS invites you to submit an abstract for the seventh biennial National Medicines Symposium (NMS), to be held 24–25 May 2012 in Sydney.

NMS provides the opportunity to network, debate and share your expertise at the leading symposium on quality use of medicines in Australia. The theme for NMS 2012 is *building a medicinewise community* and we will explore the challenges we face and the opportunities available to make this a reality.

Abstracts are invited to be submitted in the following streams:

- ▶ Safer use of medicines
- ▶ Enabled by new technologies
- ▶ An ever changing health system
- ▶ Valuing the consumer experience
- ▶ Putting policy into practice

IMPORTANT DATES

**Abstract submission
closes**

20 February 2012

**Abstract notification to
authors**

30 March 2012

**Early registration
deadline**

30 March 2012

**Accommodation
booking deadline**

20 April 2012

**National Medicines
Symposium**

24–25 May 2012

ABSTRACT SUBMISSION IS NOW OPEN

**Submit an
abstract NOW ▶**

We encourage you to contribute your knowledge and experience by submitting an abstract for consideration as an oral or poster presentation.

Visit the website for further details and abstract submission instructions or telephone the conference secretariat, Expert Events on 07 3848 2100 or email nms2012@expertevents.com.au

Please pass on these details to interested colleagues and throughout your networks.

To unsubscribe, please [click here](#)
To view our privacy policy [click here](#)

**NPS**
Better choices ▶ Better health

Coping with Burns Nursing

James Bonnamy featured in the June 2011 edition of the e-Bulletin writing about his experience as a new graduate nurse. Now six months on, he reflects on his experiences of working in a burns unit.

"How can you stand to look at me?" a patient with significant facial burns, who had lost her ears, hair and her nose, asked me. "I don't know" I honestly replied. It was a question I ruminated over for many nights – how do I look at patients with severe disfiguring burns without 'that stare' that they attract from so many others? Burn injuries and consequent sequelae means that patients in this burns unit stay longer than many other patients in hospital, therefore I get to know them well - so I learn to see past the scars and skin grafts. I can see the university student, the mechanic or the mother behind the changed appearance. Although the appearance of severe burns doesn't make my stomach turn, I understand that our skin provides us with our outward identity and now that I've had the chance to see other people react to this, such as how young girls react, I thoroughly understand her question and surprise that her nurses don't react with shock.

On a daily basis I am confronted with significant human suffering and pain. Burn injuries are incredibly complex and are amongst the most painful trauma injury. It hasn't taken me long to realise that working with burn victims



is an incredibly emotive job! Not only are many of these patients significantly disfigured but the circumstances surrounding their burns can be incredibly tragic - self-immolation burns from attempted suicide, accidents involving intoxicated individuals and workplace accidents. In many cases there is significant complex familial and social circumstances, for example where a burn injury was caused by another individual, accidental or otherwise – the hatred towards person responsible is almost palpable!

Much of the care I provide inflicts pain - blisters have to be de-roofed, necrotic and devitalised

tissue has to be debrided, hair must be shaved from burnt tissue and facial burns require regular debridement, washes and hair removal – can you imagine the pain involved in shaving over burnt tissue? There are many tactics and techniques I have learnt from experienced burn nurses that assist to maximise comfort. Multi-modal analgesic regimes are of vital importance – understanding the mechanisms of action, onset and duration of the analgesics ensures you can adequately prepare your patient prior to dressing changes. Carefully selecting atraumatic wound care products aids their removal and improves patient comfort. Utilising the burns bath and shower allows dressings to soak off slowly and topical lignocaine gel helps with shaving over burnt skin.

The nurses in my unit all employ various mechanisms to cope with the trauma we unfortunately inflict on our patients. Regular 'tea parties', rocky-road slice on night-shift, a good laugh and drinks at the Belgium Beer Gardens all help relieve stress! With all this pain and suffering it's a wonder anybody would choose to be a burns nurse! However, last week I was present for the discharge of a young man with significant burns whose care I had been heavily involved in. After an emergency admission, a prolonged and complicated ICU stay and months of dressing changes on the ward with daily physiotherapy, this young man walked out of our ward, and as he passed the nurses' station I had this great sense of achievement, that the care I and the other nurses had provided had really made a difference!

James Bonnamy
Graduate Nurse

The Importance of Education: My Experience



Peter Goodare reflects on his recent secondment to a University teaching position with the University of Tasmania

Having been an employee of St. Vincent's and Mater Health Sydney since 2003, I have been fortunate enough to have access to many exciting opportunities within nursing. The collaborative relationship between St. Vincent's and Mater Health Sydney and the University of Tasmania (UTas), offers ample opportunities for both undergraduate and postgraduate nurses. I was recently given a secondment teaching position with UTas at the Darlinghurst campus. Having recently completed a Graduate Certificate in Clinical Teaching and Learning, a Graduate Diploma in Acute Care Nursing and having acted as an educator and teacher in the clinical environment, I was delighted to be able to experience teaching undergraduate nurses in the theoretical environment.

Being able to share my clinical experience created an abundance of benefits to my students, and also to me. The currency of my experience enabled me to further bridge the gap between theory and practice for my students, and enabled individuals other than myself, to learn from my experiences in nursing, its struggles and its rewards. As a result of stepping directly out of the clinical environment into the classroom, I was able to incorporate story telling into my teaching, which facilitated students in further piecing together theoretical and practical components of the profession. It has become increasingly clear to me that the alliance between St. Vincent's, Mater Health Sydney and UTas is one that creates opportunities for both undergraduate and postgraduate nurses to excel as individuals, and contributes to raising the bar even further in the profession of nursing. I am becoming increasingly appreciative of how important and valuable education in nursing is.

Whilst reflecting on this teaching experience I have not only drawn from my own clinical experience, but from my post graduate studies. Being able to execute methods and techniques of teaching learnt during my post graduate studies, I have been able to further carry on linking theory to practice, and wholly appreciate the value of content I learnt during this time. There are many privileges in nursing, and being an educator is certainly one of them. It is a role that requires enthusiasm, dedication and passion, three qualities that I believe do and always have existed in nurses. I believe educators hold the key to moulding and creating future nurses and as a consequence the future of nursing is in our hands. As I evolve as a nurse and educator it is my intent to be profoundly involved in and at the forefront of education in nursing throughout my career.

Peter Goodare
ANTSNSW Member





**Important update for nurses,
midwives, graduates and students:**

NEW ENGLISH LANGUAGE SKILLS REGISTRATION STANDARD FROM 19 SEPTEMBER 2011

Find out more at
www.nursingmidwiferyboard.gov.au

Professional Development for CNEs at Westmead

Jo-Anne Greaves, Nurse Educator and ANTS NSW Member reflects on a new initiative at Westmead to support Clinical Nurse Educators

In 2010, the need for Clinical Nurse Educators (CNEs) within Westmead Hospital was identified as a priority by Hospital Nurse Educators in their strategic plan. As a result, the first two-day program was held in July. The program has a number of key objectives which include:-

1. Create an improved community of practice for CNEs via networking strategies.
2. Elevate the role and profile of the Clinical Nurse Educator to all staff.
3. Provide a structured mentorship/clinical supervision program for all CNEs.
4. Provide the CNE with the skills and tools for a smooth, successful transition into the role enabling them to function at a high standard within the role.
5. Encourage reflection both within clinical education practice and in self-evaluation.

One of the foci of the program is to encourage self-managed learning, with each presenter providing a set of recommendations for pre-reading and learning about the session content prior to the session. The actual sessions themselves were designed to be very interactive, and to further expand upon the self-managed learning activities.

Participants were required to complete a presentation in their clinical area between the two study days, which was peer-reviewed by a Nurse Educator using a structured tool which provided guidelines for comprehensive feedback and reflection. One participant noted: -



"This presentation showed me to what to do with inservice – planning, strategies, interactions, assessment and achievement. I enjoyed it throughout. I gained a lot from this inservice. Thank you for your effort."

Each CNE completing the program is linked with a NE for the purposes of clinical supervision and ongoing support. Feedback has reflected the need that existed within the CNEs:-

"As a novice, I felt that this day was empowering...Presenters showed enthusiasm all day which was positive."

"Excellent development course. Good presenters – role models teaching types/styles/skills through

their presentations. All very open, approachable"

"I found it beneficial in gaining some focus and direction as to the CNE I want to be and the tools to achieve this."

The establishment of a CNE Forum has also been as a direct result of this program and it is hoped it will provide the CNEs with a framework for peer support, professional growth, problem solving and ongoing learning. The CNEs of the Hospital have been meeting monthly. A 2 hour follow up evaluation session attended by 7 participants provided an opportunity for participants to reflect on their journey thus far and beyond. Feedback was very positive:-

"Thank you for helping us to be resourceful and enthusiastic. You have empowered us in our role as CNEs. We are committed to the challenge." "Encouraging, generous, hopeful, helpful"

It is intended that the first group will be followed up in 12 months time to provide further evaluation, and allow the coordinators to gauge the long-term benefits of the program. A further program is scheduled for 2011 and another for May, 2012.

***Jo-Anne Greaves and Katherine Schaffarczyk, Nurse Educators;
Roslyn Tobin, Midwifery Educator***

The Australian Nurse Teachers' Society

2011-2012 National Executive



Olivia Mulligan, Melissa Bloomer, Lisa Gatzonis, Sandra Campbell-Crofts, Lorraine McMurtrie, Jann Foster

President Sandra Campbell-Crofts Mob: 0412 296 028 Email: sandrac0@postoffice.utas.edu.au

Secretary Lisa Gatzonis Mob: 0407 327 048 Email: gatzonisl@ramsayhealth.com.au

Treasurer Olivia Mulligan Mob: 0402 091 903 Email: olivia.mulligan@sswahs.nsw.gov.au

Professional Development Officer Dr Jann Foster Mob: 0414 502 724 Email: j.foster@bigpond.net.au

State Liaison Officer Lorraine McMurtrie Mob: 0422 308 513 Email: Lorraine_McMurtrie@health.qld.gov.au

e-Bulletin Editor Melissa Bloomer Mob: 0402 472 334 Email: Melissa.bloomer@monash.edu

Administrative Officer Stuart Taylor Mob: 0409128819 Fax: 02 82524712

PO Box 4647 North Rocks NSW 2151 Email1: office@ants.org.au Email 2: forstaylor@bigpond.com

Want to contribute to our e-Bulletin?

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, 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



The official e-Bulletin of the Australian Nurse Teachers' Society Inc is published quarterly. The opinions expressed by the contributors do not necessarily reflect the views of the executive or other members of the Australian Nurse Teachers' Society. The Editor reserves the right to edit or delete submissions for length, content or policy. All advertisements and items are taken in good faith but the Australian Nurse Teachers' Society Inc cannot accept responsibility for misinterpretations by advertisers nor does inclusion of any item imply endorsement by the Australian Nurse Teachers' Society. All rights reserved