ANTS NSW

Working Together for the Future of Nursing Education

The Australian Nurse Teachers' Society e-Bulletin

September 2011 Edition

Volume 2 Issue 3

Regular features:

President's Report

Hello everyone,

This is a most exciting time for ANTS. The new National Executive, myself, Lisa Gatzonis, Olivia Mulligan, Jann Foster and Lorraine McMurtrie have had two meetings since the AGM. Previously Lisa Gatzonis joined the National Executive meetings via Skype as she lived in Perth WA. Lisa has recently moved to Sydney so now using Skype allows Lorraine McMurtrie, who lives in Brisbane, to join the meeting. With the introduction of Skype conferencing, there is the possibility that meetings can be held on Skype which will reduce the number of times the National Executive will have to battle through Sydney traffic to meet face to face.

The contract with Cvent, an online event and membership management system, was discussed at our last National Executive Meeting. Having an easier method for organising and handling Branch events should enable Branches to have more frequent events and not be so time consuming for our voluntary Branch Office Bearers. Additionally, having the opportunity to better manage our memberships using the online format should result in increased membership retention to the Society. Unfortunately the proposed cost was beyond ANTS' available funds. However National Executive determined that seeking other online Association Management System may result in locating a service that was cost effective and acceptable to members. Stuart and Christine Taylor joined the meeting and spoke at length on the capability of the ANTS website to deliver event and membership management services, particularly with the changeover to the upgraded version of Moodle. National Executive had been unaware of this capability and agreed to use the online capability of the ANTS Website to manage new and renewing memberships. In preparation for this change, National Executive will create either a PayPal or Westpac PayWay online account where all memberships will be accepted online. National Executive will give you plenty of notice of when this change over will occur. Once the online payment system is in place, new memberships and renewals will no longer be possible using cheques.

I recently attended the ANTS NSW Branch Christmas in July dinner. Professor Levett-Jones' talk on her journey in becoming one of Australia's most eminent Nurse Teachers was inspiring. A report of this event is included in this issue. I also attended the Prescribing Competencies Project together with Lynne Slater from the ANTS NSW Branch. Although there is nothing to report, as this was the first focus group, it was important that other health professionals are aware of the important role that ANTS plays in health professional competency development. Lisa McKenna attended the Nurses and Midwives Registration Board competency workshop in Melbourne recently. As this was the first meeting, there is insufficient information to present a report. However National Executive extends our thanks to Lisa for offering to attend this important meeting.

I attended the CoNNO meeting on Friday 19th August which was held in Sydney. Peter Fleming, CEO of the National E-Health Transition Authority spoke on the projects that are currently progressing around Australia. These include e-pathology, e-discharge, e-referral and e-medications. During question time I was able to point out that all nurses who have an educative role must be given sufficient education on these initiatives, as it will be these nurses who will have the responsibility of educating nursing staff to the new technology.

An important issue was the lack of nurse representation at the e-health planning level. So I encourage members to nominate themselves on working parties when these e-health initiatives reach your health facility. The NeHTA website is www.nehta.gov.au. The Personally Controlled Electronic Health Record (PCEHR) is expected to become operational on 1st July, 2012. This is where all health consumers can OPT IN to allow their health records to be shared by registered health professionals and health facilities. All health consumers will have a health identifier and all health professionals will have an identifier. One vision is that health care consumers will be able to have their up to date health records immediately available for registered health professionals at any health facility in Australia.

The next guest speaker was Leena Sudano who is the Health & Community Services Complaints Commissioner of South Australia. She explained the origins and roles of the Health Care Complaints

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...President's Report Continued.

departments. Her main message is that health care complaints were mainly due to a lack of communication and engagement with patients, families and carers. The last speakers of the day were Sue Bellino and Richard Lenaducci from the ANF who gave very interesting information on how nurse organisations can handle the media and political lobbying opportunities.

I am looking forward to attending the Australasian Nurse Educator Conference (ANEC) which is being held in Hamilton New Zealand in November. I hope to see as many ANTS members as possible so please come up and say hello if you see me in the crowd. I will submit a report of this conference in the next e-Bulletin. By the time you read this report, the abstracts for the 14th National Nurse Education Conference in Perth, WA will have closed. I hope many of you have submitted abstracts to present at this prestigious conference. Please consider attending either both or at least one of these important conferences which enables Nurse Teachers the opportunity to network with other Nurse Teachers both nationally and internationally. The Expressions of Interest to hold the 2014 Nurse Education Conference has been released. I would encourage all Branches to consider submitting their proposals. The successful Branch will be announced at the next National Executive Annual General Meeting in Perth in April, 2012. One reminder is for all members to submit their applications for the Pearson's Nurse Educator of the Year Award which closes on 22nd October, 2011. The winner will also be announced at the Perth Conference.

Finally, our esteemed editor, Melissa Bloomer was sponsored by ANTS National Executive to attend the International Nursing Journal Editors Conference in San Francisco recently and her new vision for the ANTS e-Bulletin, as a result of attending this important conference, is included in this issue.

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Message from the Editor

In early August I was fortunate to attend the International Academy of Nursing Editors annual meeting in San Francisco USA, representing ANTS with a poster presentation about our e-Bulletin. What a great opportunity this was for me as an editor, an academic and a nurse to mix with other nurse editors from across the globe and learn more about this specialised field, talk with other editors and representatives of organisations and societies of similar size to ANTS and learn about this specialised field.

I was also particularly interested in the process, challenges and considerations they faced in their development of a peer-reviewed publication. You will know that a short while ago the ANTS National Executive sought member feedback about the idea of developing a peer-reviewed education journal, so this conference was an opportunity for me to ask questions, get ideas and feedback from other nurse editors who have travelled this road already.

I think what was most obvious was that the key theme of this conference was COMMUNICATION. A peer-reviewed journal is one method of communicating, essential for the translation of research into practice and the advancement of the nursing profession, but this wasn't necessarily the hot topic at this conference.

Rather, what occupied a lot of the discussion was the rapid growth of social media as a communication method in nursing, and how it was an essential accompaniment to more traditional forms of communication. As many as 75% of nurses engage in various forms of social media, with Facebook and Twitter leading the way, and blogging, 'LinkedIn' and 'google plus' not far behind. Nursing networks/organisations need to join in or get left way behind. There is a rapidly evolving trend for networks/organisations to develop what is coined an 'integrated electronic ecosystem' using a combination of social media, that link to each other, encourage contribution, encourage 'viral' activity and capture the attention of individuals in new and complementary ways, not utilised before. No longer is 'hard-copy' communication enough. Consumers expect more, particularly with the prevalence of smart phones, iPads and eReaders that are now commonplace.

Where the old print journal might get a good read in the ward tearoom, the iPhone in the pocket gets a lot more attention. It's easy to read something online and post a comment on Facebook or tweet a reply, it's instantaneous, in real time, and reactionary…a far cry from the idea of sending a letter to the editor that may or may not be printed in the next edition of the print journal, now some three months later.

For ANTS its food for thought, and sows the seeds of progression! In realising I am already behind the times here, I encourage you all to use old fashioned email to contact me and tell me what you think. Watch this space as ANTS investigates Facebook, Twitter and Google Plus.

And for those who are wondering, Alcatraz, Napa, Monterey and San Francisco were lovely! Buy the 'small' in everything! It's all up-sized anyway!

Me, San Francisco bay, and a giant pretzel!

Cheers

Melissa Bloomer
e-Bulletin Editor
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14th National Nurse Education CONFERENCE 2012

keeping the flame alight

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

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/

QLD Branch Report

The Queensland Committee have been busy this quarter coordinating educational opportunities for our members. During July there were two educational activities conducted for the Queensland Branch, one for our metropolitan members and one for our northern members.

Rockhampton 18th July

Dr Kerry-Reid Searle coordinated an evening at Central Queensland University campus with three speakers. Attendees gave positive feedback and we hope that this might be an ongoing event for our northern members. Speakers for the evening were:

- Loretto Quinney & Kadie Cheney - *The Challenges/Rewards of Education in an undergraduate nursing program.*
- Andrea Reid - *Vital Signs and the early warning systems for nurses: An overview*
- Associate Professor Kerry Reid-Searl/Mathew Johnson – *Simulation: An update of innovations in our region*

Brisbane Metropolitan 15th July

Our metropolitan members had opportunity to attend a 'Christmas in July' themed event. Christmas music played and Santa hats were the flavour of head dress! Tables were decorated and lucky door prizes were handed out. Our Royal College of Nursing colleagues attended also and feedback from attendees showed they found the evening an excellent way to network and discuss nursing issues.
Speakers were:

- Associate Professor Stephanie Fox-Young; SONM, UQ – T*he International Nurses Conference, Malta*
- A/Chief Nursing Officer Cheryl Burns - *Nursing in the Queensland Context*

New members

The Queensland Branch committee would like to welcome our new members!

Catherine Carmody	Elizabeth Standford	Joy Jung	Katie Wort-Field
Katrina Sankey	Michelle Materne	Leisa Brown	

We look forward to meeting you at our up coming meetings and events.

Queensland A.N.T.S. "Find one-join one campaign".

Don't Forget! We are asking every Queensland member this year 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 (Committee member) know who you have been instrumental in assisting to join.

Up coming education

On Saturday 10th September at the 'Unara Conference Room' at Toowoomba Hospital, we will be holding our first western area education day. This is being held when Toowoomba is at its spring best, preparing for our 'Carnival of Flowers'. The day commences with Morning tea at 09:30 with a 10:00 am start. Speakers for this event are:

- Judy March, District Director of Nursing & Midwifery Services - *Educating in the Bush*
- Kate Jurd, Medical Education Officer- *Teaching with Technology*

Includes a 2 hour workshop on 'Getting evidence into practice'.
Cost $38.00 members, $45.00 non-members.

Regards

Michelle Cameron

ANTS QLD Secretary

Innovations in Nurse Education in Practice

THINKING ALOUD
THINKING AHEAD

Australasian Nurse Educators Conference 2011

Laerdal
helping save lives
Principle Sponsor

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

NSW Branch Report

Dear Members,

NSW recently held their Christmas in July event. The guest speaker was Professor Tracy Levett-Jones from Newcastle University. Professor Levettt-Jones is also the recipient of the Pearson and ANTS Educator of the Year Award for 2011. Her insightful and poignant speech centred on the theme of "Wondrous Journeys and Brief Encounters". Professor Levett-Jones introduced the audience to her family; discussed how paths in life and particularly ones nursing career can alter by a brief encounter; and of her experiences as a clinician working in Nepal. The evening included games and raffles with numerous prizes. ANTSNSW would like to acknowledge and thank the sponsors of the evening for their donations, prizes and ever continuing support of ANTSNSW. The sponsors included: ArjoHuntleigh; Brightsky; Elsevier and Pelikan Artline. I would also like to acknowledge the efforts of the NSW committee who worked diligently to ensure the event ran smoothly. Benny Alexander, Carolyn Ellis, Sandra Krpez , Shushila Lad, Lynda Mitchell, Sally Rickards, and Lynne Slater, thank you.

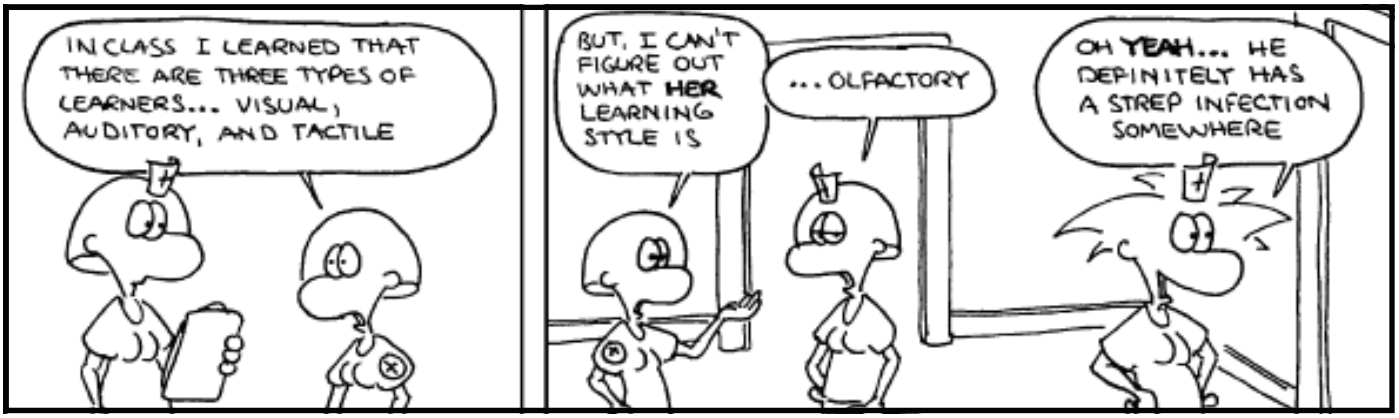
ANTSNSW is currently planning the November workshop. Once a venue and date have been established, written confirmation will be sent to our NSW members via email. The information will also be made available via the ANTS website.

Please note the AGM of ANTSNSW will occur following the closing of the November workshop.

ANTSNSW will conduct its annual data gathering in November. NSW members will be emailed and asked to identify what workshop topics they

Vasiliki Bethavias

ANTSNSW Chair



VIC Branch Report

Committee members have been particularly busy over recent months and we are keen to attract new Victorian members willing to join the Committee. The committee nomination form is being emailed to members to encourage involvement and help to grow the branch activities. We are also eager to deliver education in various places around the state and welcome input from members who may be able to assist with facilities in their workplaces.

Skills Victoria has been recently engaged in reviewing delivery of provision of tertiary education in rural areas. They have just released their discussion paper Tertiary Education Plan for Gippsland, Victoria which makes interesting reading. The discussion paper can be accessed at

http://www.skills.vic.gov.au/__data/assets/pdf_file/0007/355966/A-Tertiary-Education-Plan-for-Gippsland,-Victoria-Discussion-Paper-August-2011.pdf

Lisa McKenna

ANTS VIC Chair

Nurses Education Fund: A Local Initiative

Mount Gambier Hospital Nurse Education Fund

Mount Gambier is situated in the lower south east region of South Australia, far from many of the educational opportunities available to our city colleagues. To address this issue, in March 1990 senior nursing staff with a passion for education met and formed a committee to facilitate access to more educational opportunities for nurses.

Two months later on International Nurses Day the Nurses Education Fund was launched. We were fortunate to receive a donation of $5,000 from the Ogden Blight Fund to assist in establishing our fund. Initially $4,500 dollars was invested with $500 left in the operating account. Within the first year we had 120 members contributing $1 per fortnight in 1990 and now there are 90 members contributing $3 per fortnight which can be by either payroll deduction or annual subscription.

As an original member of the fund and having served on the committee for many years, I have found the fund to be a valuable source of sponsorship when attending the ANTS Conference in Sydney in 2000 and a few years later at Hepburn Springs. Last year I attended the Elsevier NETNEP Conference in Sydney. These have been fantastic opportunities to gain knowledge and network with educators from interstate and around the world. Other members have also received sponsorship to attend conferences, and for those undertaking tertiary studies, the fund has helped with purchase of study books.

In 2004 we recognized a need for additional Stomal Therapists within the health service. The fund decided to sponsor four staff to complete the course. Not all four applicants were members of the fund at that time however all subsequently joined the fund. The committee provides educational evenings for members and we also invite nurses working in GP Clinics, Aged Care Facilities, Industry and Hospitals from the surrounding regions. These evenings have proved to be very popular and valuable for networking. We have also used the fund to pay travel, accommodation and presenter fees to bring in specialists with expertise in their particular fields to provide educational sessions. In the past we have had Professor McClelland present on wound care. This was one of our early seminars and was extremely successful.

RN Sue Szopory, Chair of NEF and Senior Stomal Therapist. Jessica Scanlon RN and Stomal Therapist (recipient of sponsorship)

Several years ago two Nurse Lawyers conducted a very interesting seminar when an audience member was placed in the witness box with a hypothetical chart and asked to explain "*why the temperature and pulse were the same all day* "and "*were they sure they had taken the observations, surely the observations must have varied during the day*" were "*they sure they had not just made them up*". This gave everyone an insight into how important accurate documentation is when they may be subpoenaed to attend court. In March 2011 we were also fortunate to have Virginia Martindale, Managing Counsel from the Crown Solicitors Office speak on Nursing Documentation and The Law. These are only a few examples of educational opportunities that the fund has been able to provide for our members. A dedicated committee with representatives from all areas of the hospital manages the fund for the benefit of the members. The patients we care for ultimately benefit from the knowledge gained by the nurses who care for them.

N.B. The Ogden Blight Fund this fund was made up of profits from a small shop run for the benefit of the nurses living in the nurses' home in the 1960's. Molly Ogden was the Matron of the hospital at that time and Monica Blight was her deputy.

Heather Ashby
Staff Development Consultant & Coordinator, Transition to Professional Practice Program.
Mount Gambier and Districts Health Service.
ANTS SA Member

SA Primary Health Care education opportunity

Over the past 15 years, Primary Health Care (PHC) courses have been delivered in the Country Health SA Mid North cluster to improve PHC practice. A challenge for the PHC courses are the new major global changes in PHC and health promotion practice field and health structural changes which are filtering to the local level via SA Health and Country Health SA (CHSA). This has generated the need to continually identify new requirements for the workforce to enable constant quality improvement in PHC practice.

The PHC learning and development is among various mechanisms to enable a cultural shift in the health system to assist with health reform. This is part of change management focusing on building the capacity by providing specialized PHC learning for internal community and acute sectors staff, external agencies and community members. The PHC courses and sessions, where possible, have been linked to the national health training package, Public Health qualification (Community Services and Health Industry Skills Council 2007), Australian Health Promotion Association (2009) and the Australian Nursing and Midwifery Council (2009) core competencies and standards to endeavour to provide competency based PHC training within the Country Health SA Mid North Cluster.

A career pathway for staff interested in PHC has been created with all PHC learning and development courses and or sessions linked to the national accredited Certificates called Population Health. The PHC courses encompass the compulsory and some elective unit's of the Certificate II, III IV and Diploma in Population Health with a streamlining of the recognition of prior learning process with Country TAFE for staff wishing to peruse a career in PHC or health promotion.

For Further information contact:

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Education consists mainly of what we have unlearned. ~Mark Twain

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

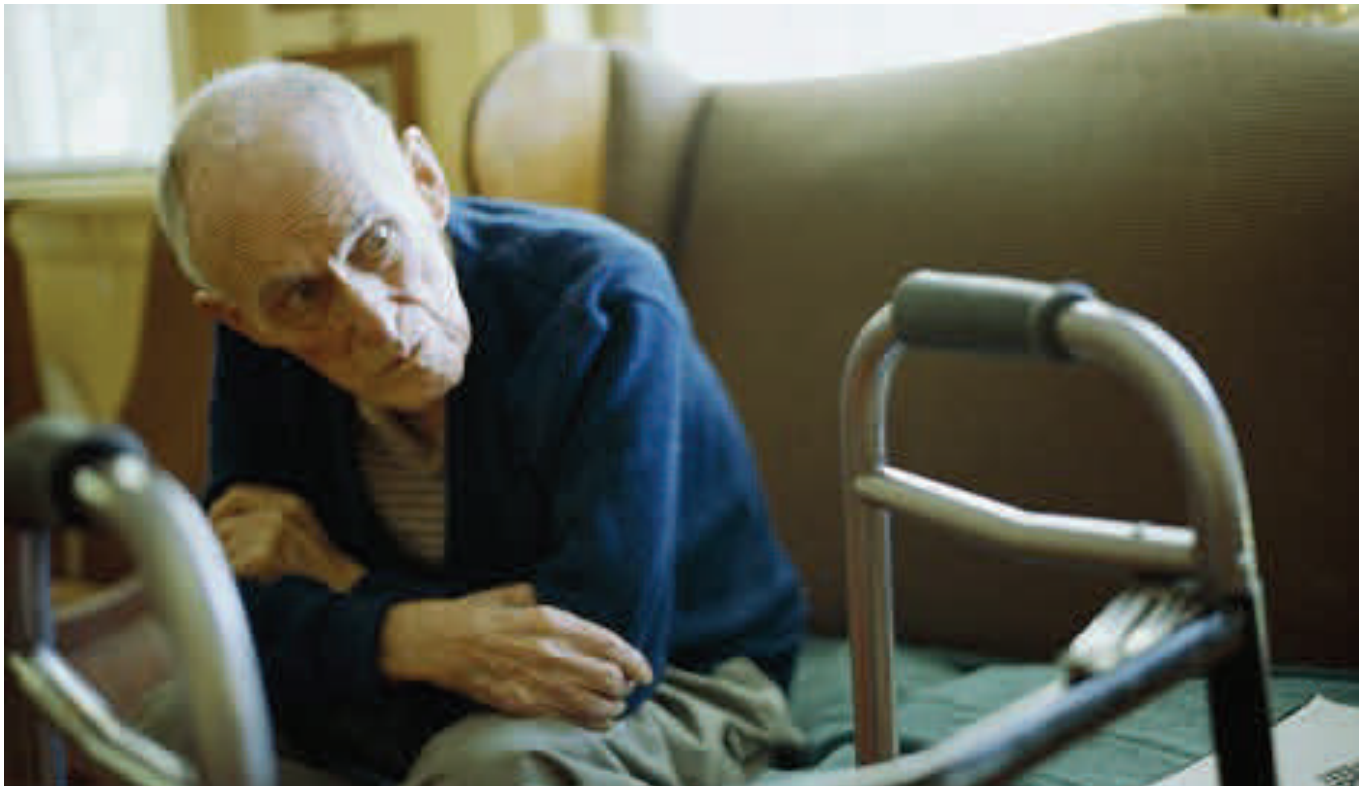
September 29-30, 2011

Wrest Point Casino, Tasmania

For more information go to

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

Call Bell response times: Strategies for improvement



It would be rare to find a hospital in Australia that doesn't have an electronic call bell system, however very little has been done to research best practice in call bell response times, despite the fact that it is a clear indicator of our ability to respond to the patients' needs. One of the reasons is that in older non-computerized systems it is only possible to measure call bell response times manually or by observation. Newer call systems are computerized and we are able to collect accurate data on the number of calls and the time it takes to respond. Consumer satisfaction surveys regularly show that patients expect that their needs will be met in a timely manner and that they are unhappy when this is not the case: timely response is seen as a demonstration of caring. The relationship between patient falls and call bell response has not been definitively established, despite the logic that if a patient's needs are met they are less likely to take risks to get what they want (which may include ambulating unassisted).

A small study was undertaken at a 60-bed Geriatric Evaluation and Management facility in outer Melbourne using the computerized call bell system to examine the time of response to patient calls. Despite having no other studies against which to compare our results, it was felt that we could improve our response times. Strategies were introduced and then post-intervention data was examined six months later to compare.

The modifications implemented to improve response included various tactics to increase the staff presence at the bedside. The meeting room-based nursing handover which often took 45 minutes – 1 hour was changed to a bedside model. At the commencement of the shift there is now a brief discussion between all nurses and the nurse in charge. This is followed by the nurse going off-duty handing over at each bedside with the oncoming nurse. The patient is included in the discussions. This is a more person-centred approach and it gives the nurses an additional opportunity to check the patient's condition and requirements as well as the charts and equipment. 'Hourly rounding' was introduced to increase nurse/ patient contact. Every hour the nurse approaches each patient to ensure that their needs were met, that they have adequate pain relief, are comfortable and don't require toileting. Both of these changes in practice are aimed at decreasing the need for patients to use their call bells, and help us to maintain adequate surveillance of the at-risk patients. The nurses' meal breaks were rescheduled so that only two are absent from the ward at any one time, making the ratio of staff to patients more consistent. Allied Health Assistants are rostered to ward duty during the peak time in the morning when the patients are waking and getting ready for breakfast.

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The AHAs assist with call bell response, and supervise patients ambulating to the toilet.

It was noted that before this project commenced, responding to call bells was seen as purely a nursing responsibility. Allied health, medical and support services staff rarely participated. However, once awareness was raised and the expectation of a 'whole team' response was discussed, non-nurses contributed to the task of responding to call bells. Much of the time, patients call for reasons that don't require a nurse – they can't find their glasses, want the TV channel changed, are enquiring about the next meal etc – these issues can be addressed by any member of staff; however if the patient requires a nurse, the staff member is expected to locate one to attend to the patient.

A key strategy to improve the response to patient calls was regular discussion with the various teams at staff meetings and other forums. The results of the collated call bell response data was displayed to them each week so that they could see what percentage of the calls were answered in <5minutes, < 10 mins and over. The results were graphed so that they could see the improvement, and this was a strong motivator. Before the project commenced the time taken to respond to patient calls was not something that was 'on the radar'.

It was envisaged that following the initial data collection we would be in a position to improve our response times, and this proved to be the case. The data continued to show improvement, and in the post-intervention period, 92-4% of our patient calls were answered in <5 minutes. It was anticipated that there would be a decrease in the total number of calls after the implementation of hourly rounding, however this was not demonstrated.

It would be worthwhile to study the link between call bell response and patient safety. At this facility there was a small decrease in the number of falls and falls with harm over this period, however the change was not able to be directly attributed to the improvement in call bell response times as some other falls prevention initiatives were introduced at the same time. Many of the patients at this facility have dementia which makes patient satisfaction more challenging to calculate - more work could be done in the future to determine the relationship between these two factors.

A new solution to an old problem

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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, Assessm... Learning... University & Clinical Practice

NETNEP 201... Conference

Technology, Simulation and Education

Faculty and Practice Partnerships

Research for Education, Policy and Global Developments

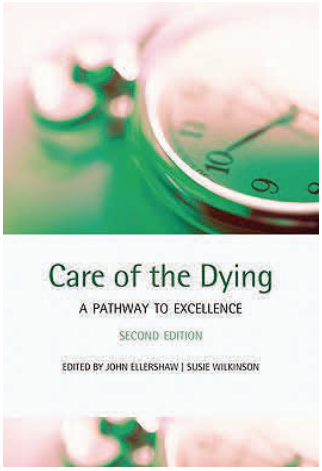
New texts on death and dying

Supplied by Oxford

As a PhD student, I am researching the care delivered to patients who die in the acute hospital setting, in particular, those who die in general wards without the involvement of palliative care services. The current reality is that the population is ageing and chronic illness is now the leading cause of death. Also, society's unrealistic expectations of health care has resulted in many people being admitted to the acute hospital for active resuscitation, when in fact they are dying. Recent Australian statistics revealed 140,000 people died in one calendar year, and 70% of those died whilst an inpatient in hospital, many still receiving active and invasive treatment right up until death.

The literature supports the notion that death is still often seen as a failure in treatment, and clinicians have a degree of 'death anxiety', even when it is known that death is the likely outcome of a long disease trajectory.

The following three new release texts are a valuable source of information, and I would recommend them to all nurses who care for patients who are dying, and especially those working outside of Palliative Care Units. Its normal and common to feel uncomfortable in providing care to a dying patient, but regardless of where you work, we all owe it to our patients to ensure we provide the best care possible , extending to the family. Thank you to Oxford University Press for supplying these texts.



Care of the Dying: A Pathway to Excellence (2nd edition)

Edited by John Ellershaw and Susie Wilkinson

Oxford University Press 2011

ISBN 9780199550838

With the development of palliative care/hospice care as a specialty area, the way that the dying process is managed, focussing on holistic care for the patient and extending to their family, has significantly changed the quality of care delivered to the dying patient. The early vision was to create an environment where patients could die a dignified death, with symptoms controlled and their spiritual, psychological and family needs met. Now, the push is to replicate the care delivered to dying patients in other clinical settings, such as acute medical wards on palliative/hospice care.

The development of care pathways is also not a new development, in fact, the idea of prescribing care and promoting uniformity in care delivery has been around for a long time. But in the late 1990s, the 'Liverpool Care Pathway' (LCP) was developed, using previously tested care pathway methodology, as a way of transferring 'best practice' concepts and techniques from the hospice setting to the acute hospital setting.

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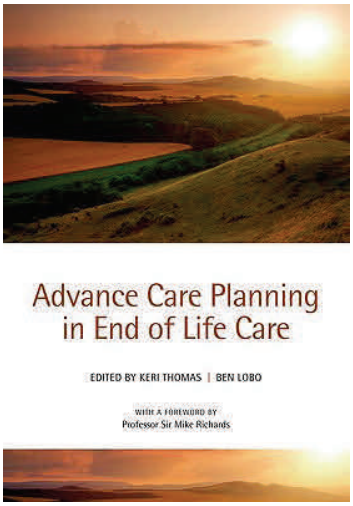
This book is an excellent resource for those interested in improving care for dying patients, as it comprehensively covers the development of the Liverpool Care Pathway, symptom control, ethical issues, communication, spiritual care and care of the family.

As a PhD student, I have read some literature that criticises the use of an LCP or other iterations, however, the criticisms of this pathway are actually reflective of all pathways; that is, they can be seen as too prescriptive, and may not encourage clinicians to think outside of the prescribed care. But what is good about the LCP is that it is comprehensive, person-centred and holistic, and empowers clinicians to act in the best interests of their patients.

For those interested in care pathway development and quality patient care at the end of life, then this is a very worthwhile read.



Advance Care Planning in End of Life Care

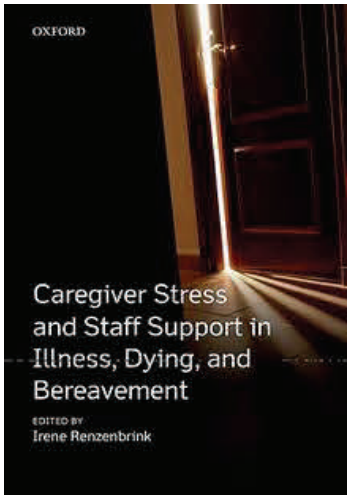
Edited by Keri Thomas and Ben Lobo

Oxford University Press 2011

ISBN 9780199561636

This is a great book for those interested in Advance Care Planning. While it is written in the UK context, this book does consider other international perspectives such as Canada and Australia. The development of ACP in Australia is detailed, along with discussion of the development, limitations and recommendations for ACP in Australia. This is particularly relevant with the promotion of the Respecting Patient Choices Program.

Advance Care Planning is an important part of care for people approaching the end of their lives, and is essential if an individual wants to retain some self-determination in the decision making. This book helps the reader to understand the complexities and implications of advance care planning for the clinician and those in health care management. It is a worthwhile read for anyone who is passionate about delivering quality patient centred care at the end of life.



Caregiver Stress and Staff Support in Illness, Dying, and Bereavement

Edited by Irene Renzenbrink

Oxford University Press 2011

ISBN 9780199590407

As I have mentioned earlier, providing care to dying patients is not an easy task, and many clinicians feel underprepared for the job, and others feel that death is a failure of care. This book acknowledges that caring for dying patients can be very confronting and difficult for clinicians, carers and families, and it can be a source of significant stress, resulting in compassion fatigue, burn-out, and even symptoms of post-traumatic stress. It is essential for clinicians to feel supported, and that the difficulties associated with care of the dying are acknowledged by others. This book highlights some of the ways in which the needs of clinicians and carers can be met through the exploration of some specific examples from around the world, such as clinical supervision , self-care and self-awareness and education and training. I would recommend this book particularly to managers whose workplaces have high death rates, in fact any clinical area where death occurs.

For more information on these and other texts, please go to

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Necessary but not sufficient: Barriers to accessing clinical information for Australian Practice Nurses

Introduction

This short paper is derived from a presentation given at the ANTS SA Branch symposium held on 14 May 2011 at The Queen Elizabeth Hospital (TQEH) to examine the question of 'How Australian Practice Nurses are meeting essential clinical information needs to support evidence based patient care in their work sites'. With Practice Nurses playing an increasingly important role in Australian public health, and experiencing a significant expansion in numbers and functions over the past decade, this is a question that is assuming growing importance for the national health system.

The Australian literature on Practice Nurses is limited, but overall of a high standard, in that it largely complies with the best critical appraisal evaluation criteria. The findings are patchy in scope though valid in terms of analysis and coverage. They shed at least a partial light on the current understanding and uptake of the principles and resources of EBP (Evidence Based Practice) by Australian Practice Nurses.

Australian Practice Nursing – Definition and Context

The definition of Practice Nursing by the Federal Department of Health and Ageing in 2008 is in part as follows: *"A practice nurse is a RN or EN employed…. by a general practice. Practice nurses assist GPs by contributing to a range of services including chronic disease management and population health activities. The role is diverse and influenced by … practice population, qualifications, practice structure, professional standards and national… programs"* (Primary Health Care Research & Information Service 2008).

According to the APNA (Australian Practice Nurses Association) website in March 2011 there were 9000 Practice Nurses employed by 60% of all Australian general practices. Between 2003 and 2008 the numbers of Practice Nurses rose from 3,255 to 8,575, a 130% increase nationally. In South Australia during the same period the figures were even more spectacular with an almost 300% increase from 253 Practice Nurses in 2003 to 736 in 2008 (APNA, 2011).

Clinical information for Practice Nurses- Literature Review

In her review of education and career pathways for Australian Practice Nurses Rhian Parker observed that Australian nurses are often not educated in their pre-registration years to meet primary care needs, yet increasingly complicated problems are being managed in primary health care (Parker, 2009).

The Federal Government has provided financial incentives to employ Practice Nurses. During the first decade of this century over $28 million was allocated to Practice Nurses training, however no policy framework exists to support career development in a systematic manner. Although the ANF created relevant competency standards in 2005 as of late 2010 no literature reviewing either these standards or outcomes studies for federal expenditure on Practice Nurses training could be located (Parker, 2009).

Lin Bowers-Ingram in her survey of the communication preferences of 197 Tasmanian Practice Nurses noted that their tasks varied with different models of practice and responsibilities. Working in small business environments they were generally isolated from their peers and greatly preferred telephone or personal communications over electronic which reflected the strong oral culture of nursing. Some 68% of respondents preferred to communicate by phone and the remainder preferred communicating in person where possible. Electronic devices such as fax, mobiles and computers were the least preferred modes of contact suggesting a lack of access and/or confidence in using the technology (Bowers-Ingram 2009).

During 2009 Elizabeth Halcomb undertook an extensive descriptive survey of the professional/educational needs of 231 Practice Nurses in 12 NSW Divisions of General Practice. The survey found that the three highest educational requirements (all of an EBP nature) identified by respondents were wound care updates (83%), Diabetes (81%) and Immunisation (79%). The next three priority topics were Legal issues (76%), Triaging (72%) and First Aid (72%).

An intriguing insight into information seeking behaviour of Practice Nurses surveyed was that 73% had not read the RACGP Red Book on preventative activities and 75% wanted a copy, yet it is *Cont' over page*

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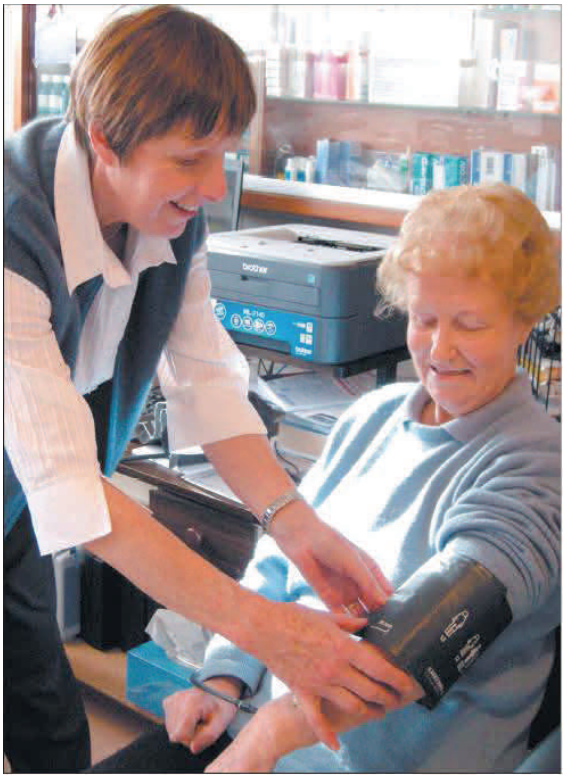
freely available to download from the Internet. Equally intriguing 57% of respondents indicated they did not want more training on interpreting evidence based data. It was unclear from this survey if the Practice Nurses felt they already possessed sufficient EBP skills or they did not consider such skills to be a pressing need (Halcomb 2009).

In her study Halcomb concluded the hospital training of many Practice Nurses had prepared them for neither the importance nor use of evidence based practice. The availability of online learning opportunities, especially via the APNA website, to address the skills needs of Practice Nurses is conceptually alluring. However online learning demands a commitment to deliver appropriate resources with tailored training methodologies and ready Internet access (Halcomb 2009).

In 2009 Jane Mills undertook a major examination of the place of knowledge and evidence in Australian General Practice nursing with the circulation of an evidence based practice questionnaire to 1800 Victorian Practice Nurses which elicited 590 returns, a 33% response rate. The questionnaire asked Practice Nurses to identify barriers for them to change their practice based on best evidence principles (Mills 2009).

This survey revealed a wide divergence of opinion as to both the significance and character of perceived barriers. Some 42% of respondents stated insufficient time was the primary barrier to changing their clinical practice but another 37% disagreed with that view. Only 25% of Practice Nurses surveyed considered lack of authority, inadequate resources or team culture to be significant impediments whereas no less than 72% had confidence in their capacity to change their practice. As in the Halcomb New South Wales study there was a marked ambivalence amongst Practice Nurses about barriers to finding and reviewing research information. In this instance 61% of Practice Nurses cited a lack of time as the primary obstacle to finding evidence to support changes in clinical practice and 40% expressed doubts about their ability to either locate evidence or in their confidence to judge the quality of any research they did find (Mills 2009).



This ambivalence became even more discernable in the responses to locating and using clinical knowledge. 55% of those surveyed believed they could retrieve appropriate clinical or organisational information but 50% considered themselves novices at translating evidence into practice or even finding the evidence in the first place. By contrast 80% viewed themselves as competent in using the Internet and 70% as competent in using libraries although 30% did not. There was a significant association between age and perceived ability to access the Internet and libraries with younger nurses being far more confident in their Internet and library skills. Intriguingly the possession of higher qualifications did not improve the degree of self perception amongst respondents in their capacity to effectively translate evidence into practice. The oral tradition of nursing shone through the finding that 88% of Practice Nurses relied on conferences or in-service training as the most frequently accessed sources of knowledge (Mills 2009).

The Mills study revealed a clear gap between the perceived ability of Practice Nurses to change practice based on best evidence and actually translating that evidence into practice. Generally speaking they considered themselves competent in utilising library and web resources to locate research resources, however they were far less assured in their own ability to clinically apply any information they did retrieve or to use such information to alter their clinical practice.

In order to place these findings in a broader context Kate Gerrish (2008) reviewed earlier studies on the uptake of EBP by nurses in Australia, UK, Sweden, USA and Canada and then conducted a cross sectional survey in two British hospitals of nurses' experiences in developing EBP at senior and junior levels.

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The studies reviewed showed a remarkable consistency in their conclusions. The principal barriers identified to applying evidence based practice were: lack of knowledge, lack of time, lack of institutional support to review research, lack of relevancy of research to nursing care, failure to communicate research findings to nurses (Gerrish 2008).

The Gerrish study of nurses in two UK hospitals revealed that 50% of the nurse rated themselves novices at applying evidence based practice to change clinical care. Verbal sources of information such as peers, in-service training and protocols were listed as the most important means pf gaining knowledge whereas formal sources like journal articles were ranked as the least important. Senior nurses were more inclined to use information derived from the printed literature or the Internet and were more confident in their ability to convert research into best practice.

Gerrish argued that it would be more realistic for nurses to develop skills to appraise research products along the lines of protocols and online point of care (POC) tools where the information has already been synthesised according to evidence based principles (2008).

Conclusions from the Literature

The literature on Australian Practice Nurses accessing evidence based information to influence clinical practice is indicative of a dichotomy between self perceptions and actual practice. Generally speaking the reported literature suggests the following conclusions:

- Practice Nurses feel reasonably competent in using informal and formal information resources to locate needed evidence.
- They see themselves as lacking the necessary skills to critically appraise original research or to understand the application of evidence based principles to the literature.
- Practice Nurses perceive the requirement to find and use evidence based research in their own clinical practice as a low professional priority.
- They consider they have the capacity to change their practices, yet they lack the confidence to translate evidence based information into professional clinical practice.
- Practice Nurses feel constrained in using evidence based practice by a lack of time, a perceived irrelevance of research to practice and insufficient comprehension of the concept of evidence based practice.
- They desire more access to information but are ambivalent about using formal sources owing to work pressures.

In view of these circumstances it would seem more productive in the day to day work of Practice Nurses to avoid accessing primary information resources and attempting to utilise critical appraisal techniques in time pressured environments. Instead it would be more clinically effective to make greater use of Point of Care (PoC) tools which contain pre-synthesised reports of critically appraised evidence and offer readily digestible summaries of the evidence.

The findings of this literature review suggest that to enhance the professional knowledge and confidence of Australian Practice Nurses it would be of far more value to promote the uptake of evidence based practice by facilitating universal access to PoC tools like UpToDate, Mosby's Nursing Consult, MD Consult, Best Practice and Clinical Evidence.

Recommended PoC tools for Practice Nursing

UpToDate, for example, covers over 8,500 topics in 17 medical specialities including emergency medicine, has a focus on hospital medicine, has continuously revised and peer reviewed content, provides concise summaries of diseases and treatments and is easy to read with a simple search screen. Its drawbacks are that it is expensive to buy at the institutional level (less so for General Practices), it does not permit offsite Internet access for institutional subscribers and it has a North American bias.

Mosby's Nursing Consult is a purpose designed evidence based data base for nurses. It features, inter alia, the latest drug information, customisable patient education materials, professional journals and Medline, reference books, clinical practice updates, care planning tools and an image collection. It is quite easy to search across all or selected parts of the database.

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MD Consult Australia, the medical companion to Mosby's Nursing Consult, has over 50 fulltext books and over 80 journals. It holds more than 1000 peer reviewed practice guidelines, regularly updated, organised by topic and corporate author and has over 90 Australian and New Zealand guidelines. There are some 10,000 customisable patient handouts, an image collection and drug information derived from the Australian Medicines Handbook. Like Nursing Consult it is quite easy to search across all or selected parts of the database.

Best Practice is a British equivalent to UpToDate. It is more comprehensive in coverage and uses higher levels of evidence but it is not as easy to navigate nor is it as intuitive to search as UpToDate. Best Practice acts as a clinical assessment tool with over 10,000 diagnoses and 3000 diagnostic tests. It contains more than 4000 fulltext diagnostic and treatment guidelines from international organisations. An especially attractive feature is an integrated drugs database with 6000 drug monographs. Unlike UpToDate Best Practice is accessible offsite via the Internet and can therefore be used by isolated practitioners.

Best Practice includes Clinical Evidence which can also be subscribed to separately. Clinical Evidence has systematic reviews of over 3250 interventions in more than 660 clinical situations. It accesses the latest and most relevant research, ranks by grade the quality of the evidence presented, is updated monthly and a PDA edition is available. It also has patient information leaflets. The main disadvantage to Clinical Evidence is that the detailed process of evaluating the evidence means it does not yet have the range of topics to be found in other PoC tools.

Conclusion

The literature reveals a clear dichotomy between the perceptions of Australian Practice Nurses in their belief at finding evidence and the reality of Practice Nurses applying such evidence in their clinical settings. They are confident in their capacity to retrieve research and influence practice in their workplaces. However, they lack confidence and/or skills to apply evidence based practice at the clinical level. They have only limited time and/or knowledge to search information sources or to critically appraise the literature. Furthermore they see acquiring such skills as a low work priority.

It is suggested that facilitating universal access to PoC tools that provide concise, critically appraised summaries of relevant research offers a far more effective and realistic strategy to promote the adoption by Australian Practice Nurses of best clinical practice. The professional and working environment of most Practice Nurses militates against the application of extensive research, let alone critical appraisal techniques, to inform and guide their daily clinical practice. These constraints ought to be recognised as inevitable and unavoidable. Primary health services are assuming an ever larger share of patient care in Australia. Practice Nurses are likewise facing an ever more complex clinical environment in which to work, often in conditions of isolation. They are as equally deserving of ready access to reliable, evidence based information resources as their professional colleagues in acute care settings.

(References available on request to lindsay.harris@health.sa.gov.au)

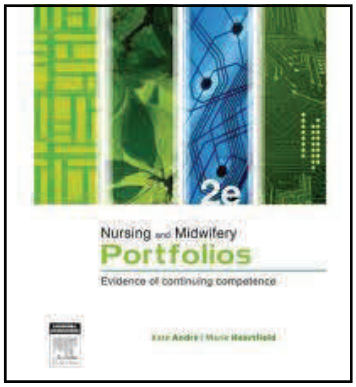
Lindsay Harris

Library Manager

The Queen Elizabeth Hospital

Book Reviews

(All books supplied by Elsevier)



Nursing and Midwifery Portfolios: Evidence of Continuing Competence

Authors: Kate Andre & Marie Heartfield
Publisher: Churchill Livingstone (2011)
ISBN: 9780729540780

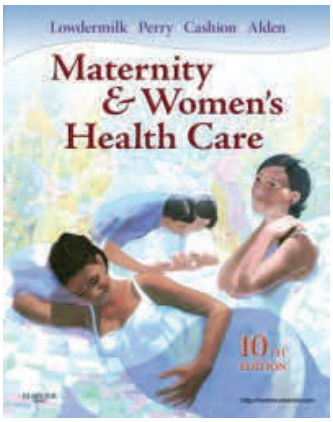
The maintenance of a professional portfolio is now a condition of registration for nurses in Australia. These professional portfolios can also be used for educational use, job application or promotion purposes. This book will certainly be a useful and thought provoking tool for nurses of all levels as they embark on, or continue with their professional portfolio collation.

The book guides the nurse in understanding and developing a professional portfolio throughout their career. Useful web based links are provided to guide nurses in finding legislative requirements specific to Australia and New Zealand, along with career planning and 'e-tools'. The concept of 'tagging' is introduced, highlighting how one component of a portfolio can be tagged to meet more than just one requirement of a portfolio.

The value and importance of reflective practice and its place in professional portfolios is emphasised, guiding the nurse with activities and examples to a style of reflection that is most valuable to them. A chapter also details evidence requirements, what to collect, how and why, what not to collect, and how to compile your portfolio.

Not forgetting the very useful, clear and concise and welcomed glossary, the book is concluded by sharing insight into how different types of portfolios may be assessed, whether they have been written for education, registration or promotional purposes, thus shedding more light for the reader on how they can improve their own portfolio even more.

Jackie Williams
ANTS VIC Member



Maternity and Women's Health Care

Authors: Lowdermilk., Perry, Cashion and Alden (10th Edition)

Publisher: Elsevier Mosby

ISBN: 9780323074292

Having reviewed the book chapter by chapter, the content is comprehensive with excellent diagrammatic representations of anatomy and physiology, allowing the student to visualize anatomy in context. Questions at the end of each chapter were good as they allowed a good summary of what was in the chapter. The use of the NANDA nursing process could also the student to be explore the delivery of care in the clinical setting.

References made to the Joanna Briggs Institute and the Cochrane reports are also good as many students may not be aware of them. Reference to standards of care, professional standards, and the ANMC are useful. The language used throughout the book is clear, and the differentiation between the scope of practice for clinicians in Australian and America is very interesting. There was good linkage to cultural diversity and how this affects the family, pregnancy, delivery and maternal car, although further exploration focused on the American context.

The information in the text was broad and informative covering all aspects of maternity and women's health care, with logical links between chapters. Overall the text is a good resource for basic information, easy to read, and would assist the student's understanding in Women's health care.

Siglinde Jenkin

ANTS VIC Member

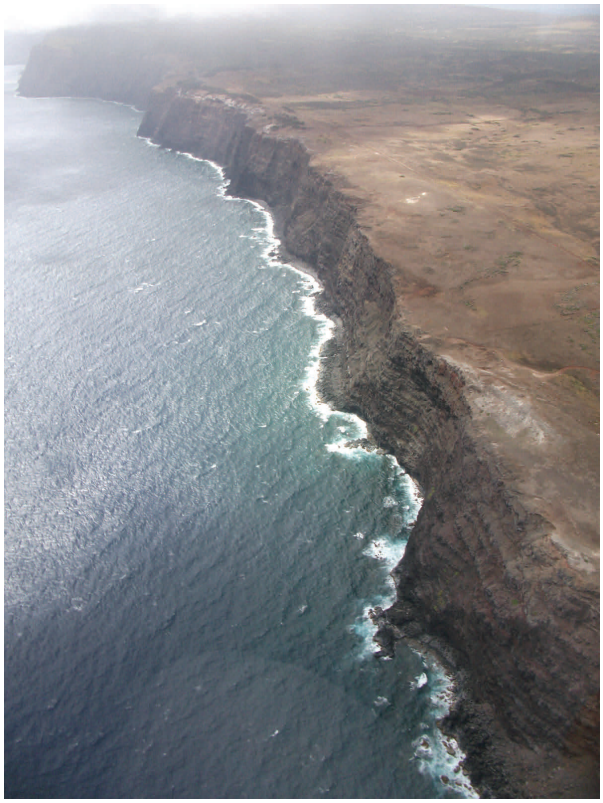
Travels of an Agnostic

While I remain uncertain about the existence of a God/Goddess I am, for some unfathomable reason drawn to places of spirituality, faith and devotion. I have found such peace of mind and derive a feeling of positive energy from the exceptional people who have left an indelible mark of self sacrifice, love and devotion to their fellow human beings. Imagine for example living in the 19th Century in Hawaii a beautiful group of islands where the breeze of the trade winds ensure a most welcome climate all year round. Despite its beauty and seductive climate these islands harbor a sad human story. Individuals, young and old alike, who were diagnosed with Hanson's Disease encountered banishment and separation from home, friends and family forever. Imagine... Forever…. Never, to have the support and love of family and friends because you were deemed by society as an untouchable. These unfortunate people were offloaded in a most undignified manner by the authorities to a remote island called Molokai. Sometimes they were tipped overboard and expected to swim ashore in their weakened condition. There was no support services, no potable water, no housing and no food. The victims were expected to organise their own social and health services without the basic essentials of life namely shelter, safety and nutrition.

As stated I remain sceptical regarding religious beliefs as I feel they have done nothing but create mayhem historically. Consider the Crusades a series of Holy Wars launched by the Christian states of Europe for the soul purpose of rescuing the holy places of Palestine from the hands of the Mohammedans. Then, there was the Spanish Inquisition where the instigators of this terrible cruel regime (somewhat akin to the Taliban in Afghanistan) who, on the pain of a cruel death forced others to accept Catholicism. Their sole purpose was to maintain Catholic orthodoxy in their kingdoms and ensure the prevailing attitude of recent converts, especially Jews, Muslims and other skeptics. Despite this sad history I continue to have faith in humanity and relish visiting places of deep religious faith to walk in the footsteps of the individuals who made their mark in society through love and sometimes sacrifice of their own lives.

I went to Hawaii last year. The main reason for my visit was to experience the space and mood of a place cursed with the sad history of neglect and ignorance, and to listen to the story of one man who had the courage and sensitivity to support and care for the banished people of Molokai.

I had great difficulty organising such a trip as the authorities have very strict rules about visiting the island of Molokai. This is to protect the dignity of the residents who still bear some of the scars of this disease. Kalaupapa a peninsula in Molokai is a National Historic Site, and access, is by law, strictly regulated. Unless invited by one of the residents, the tour offered by Damien Tours of Kalaupapa (about US$ 60) is one's only means of getting on the island. Presently the peninsula can only be reached by air. The trail way from upper Molokai has collapsed and is being repaired. Visitors can, in the future when the trail is made safe hike in and out by riding one of the Molokai mules, which will add about $125 to the cost. The other rule that is strictly adhered to is that all visitors must be at least 16 years old.



Molokai cliffs—the highest in the world

I eventually tracked down one company who agreed to fly me on an organised trip. The plane afforded me a wonderful view of the island inclusive of magnificent sea cliffs... The highest in the world, and a tribute to the wonders of nature.

The Hawaiian islands are about 3540km from the western shores of America. The island of Molokai lies somewhere in the centre of these picturesque islands. Part of the island consists of a peninsula called Makanalau which extends into the Pacific Ocean. The Makanalua Peninsula is divided into three districts: Kalaupapa, Makanalua and Kalawao. It was in the district of Kalawao that people suffering from Hansen's disease were initially banished.

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Hansen's disease is the more fitting term for Leprosy and is believed to have spread to Hawaii from China. The Hawaiian people were isolated from the rest of the world for eons and therefore considered very vulnerable to the diseases experienced by the new inhabitants. They simply had no immunity. Their numbers have dropped significantly since they have been inhabited by different nationals who introduced so many diseases.

The first documented Hawaiian case of leprosy occurred in 1848. It spread rapidly, and because there was no known cure it was decided that there was a need to isolate the victims. Kalawao was deemed suitable as an isolated spot because it is surrounded by the ocean and cut of from the rest of Molokai by sheer 1600 foot cliffs and considered an ideal environment to place the people afflicted by Hansen's disease. (The sufferers were later moved the warmer area of Kalaupapa). The first casualties arrived in 1866. The area had no amenities conducive to comfortable living , not even suitable drinking water and the first arrivals were forced to live in caves, and basic shelters built by themselves from sticks and dried leaves. Listening to the stories from the local tour guide we were informed that many of the people who arrived were ordered to jump overboard and swim ashore. Sometimes a rope was run from the ship to the shore and these unfortunates were forced to pull themselves through rough salty waves. The crew would shove the meagre supplies overboard in the hope that the currents would wash them ashore or that some of the stronger victims could retrieve them.

I tried to imagine how some of these people managed getting ashore as Hansen's disease affects the nervous system. The effort of having to get ashore would have been very difficult for many as their grip and fine motor abilities would for many been sorely affected by the disease making it very difficult to grip. It must have been a terrifying experience. They existed in this disorganised society alone with very little support until the arrival of a very rare and compassionate individual called Fr. Damien deVeuster, a Catholic missionary priest from Belgium. He was only thirty three years of age and had served nine years in the Hawaiian missions.

He was a member of the Fathers of the Sacred Hearts, who had pioneered Catholicism in the islands. He not only provided spiritual guidance but he organised funds from Honolulu to provide homes, churches, coffins and medical services. Fr. Damien also physically built hospitals and orphanages (he was a carpenter by trade)as many of the residents were children placed there without family. While Hansen's disease was feared and the suffers isolated Fr. Damien was very aware of the need for human touch.

When he arrived in Molokai his nostrils were assailed by the smell of rotting flesh from lost limbs, noses and ears, their entrails crawled with maggots and their undernourished bodies bore many suppurating wounds. Initially he found it very difficult to cope with these horrors. He wrote- "*Many a time in fulfilling my priestly duties at the lepers' homes, I have been obliged, not only to close my nostrils, but to remain outside to breathe fresh air. To counteract the bad smell, I got myself accustomed to the use of tobacco. The smell of the pipe preserved me somewhat from carrying in my clothes the obnoxious odour of our lepers.*"

Fr. Damien as a young man

Despite these feelings and difficulties he very often invited people into his house and allowed those with no homes to stay with him.

He was an amazing young man. According to the story he fashioned flutes for the people to play music, held races for the children and designed special holes to be cut in the floor of St. Philomena's church to allow the sick to spit into the ground. Sadly some of the other Christian denominations resented his work and popularity with the residents. He also suffered loneliness and was unable to go to confession regularly. We learned that he had to make his confession from the shore by shouting to a priest on a ship and only then could he receive his much needed absolution. Eventually a priest by the name of Fr. Andre Burgerman, a Dutchman, was sent to help.

Another priest called Fr. Albert Montiton, a Frenchman who was assigned to help believed that leprosy was transmitted by sexually immoral people and he also accused Fr. Damien of sexual immorality, and he was removed. Fr. Damien was alone again.

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Sadly Fr. Damien not only suffered the anguish of loneliness and rejection from his superiors he also began to experience pain in his left leg and his feet. By 1883, Fr. Damien had lost the feeling in his leg and redness appeared on his foot he had contracted leprosy. He also had a small leprous tubercle appear on the left lobe of his ear and his eyebrows fell off. In the meantime Walter Murray Gibson, a doctor became the primary political leader in Hawaii under King David Kalakaua and allocated a measly five percent of the nation's resources to control the disease.

Eventually Fr. Damien became bedridden and died peacefully at the age of 49 in his beloved Molokai. He spent the last years of his short life caring for those rejected by society. His body was exhumed and now lies in Belgium. Only his heel remains in his grave near St. Philomena's church adorned by the Hawaiian Leis a symbolic ring of native flowers that honours the notion of peace.

Fr. Damien aged 49 showing signs of Hansen's Disease on his fingers, ears and face

Hansen's disease is not a very contagious disease, has a long incubation period, and is difficult to transmit. It has been known since biblical times and is characterized by disfiguring skin sores, nerve damage, and progressive debilitation. Unfortunately children are more susceptible than adults to contracting the disease. There are two common forms, tuberculoid and lepromatous and both forms produce sores on the skin, but the leprombothatous form is most severe, producing large, disfiguring nodules. Individuals with long-term leprosy may lose the use of their hands or feet due to repeated injury resulting from lack of sensation. Hansen's disease is common in many countries worldwide, and in temperate, tropical, and subtropical climates. It can be cured but the scars remain.

Hansen's disease is a rare disease in Australia. The majority of cases occurs among Indigenous communities and migrants to Australia from Hansen's disease endemic countries. The transmission of this disease continues to occur in parts of Australia particularly in the Kimberley region of Western Australia. It is a notifiable condition. The disease can be cured but there are reactions according to Thompson 1998 (International Journal of Leprosy and Other Mycobacterial Diseases) Some patients develop acute inflammatory episodes due to an adverse immune response to bacterial antigens, and the detailed clinical descriptions of these reactions, their immunopathological sequences and complications are beyond the scope of this article, but there are some publications available which can be requested.

The treatment is commonly known as Multidrug therapy (MDT) as it interrupts the transmission of infection and prevents disabilities through early cure. MDT was developed against a background of growing primary and secondary resistance to dapsone and is based on two or three drugs (rifampicin, clofazimine, and dapsone), used in combination to prevent the development of resistance. For purposes of treatment, leprosy is divided into two types : (1) Pauci-bacillary (PB) leprosy : 1-5 skin lesions – Regimen of two drugs – Rifampicin and Dapsone for 6 months; (2) Multi-bacillary (MB) leprosy : >5 skin lesions – Regimen of three drugs – Rifampicin, Clofazimine and Dapsone for 12 months.

According to the WHO medications are provided in different blister packs for PB and MB leprosy and for Adults and Children in each type. The advantages include compliance which can be easily monitored. The global supply is made through WHO, the MDT blisters are not available in the open market which means there is no scope for misuse. WHO has been able to provide these medications free of charge to all endemic countries since 1995. From 1995-2000, the free supply was sponsored by The Nippon Foundation of Japan and from 2000 to date by the Novartis Foundation for Sustainable Development who assured the continuation of the free supply until 2010. Then What?

Olivia Mulligan
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ANTS National Treasurer

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Welcome to ANTS

What I wish I knew about nursing

Allie and Marty Wilson (2011)

ISBN: 9780980857412

Get a copy: http://www.rcna.org.au/publications/wish_i_knew

The authors collaborated with the Royal College of Nursing, Australia to write this book, interviewing over 200 nurses from all backgrounds asking one simple question: *"If you could turn back the clock to when you just started in nursing and give yourself one piece of advice, what would it be?"* and she ensured that each interviewee's wonderful insights were next to a slightly daggy photo of them in their younger days and the book contains some hilarious photos of nurses encased in capes, gloves and flying nun like caps. The photos show the humanness and humour found within the nursing culture. Her aim was to touch all nurses in light of the ever increasing demands on nurses at work. Many are stressed and sometimes get disheartened because they feel they do not have the time to provide the level of care their vulnerable patients deserve. She asks the question: "*What if many of them quickly leave our wonderful profession because it's all too much?"*

This little paperback is a ***'Must Have'*** for all practicing nurses and especially for undergrad and new graduate nurses. This collection of mantras, positive affirmations and stories will have the effect of effortlessly immersing neophytes into the culture of clinical nursing, uplifting the flagging spirits of the overwhelmed practicing nurses to cope with the issues they face on a daily basis. It is written by real down to earth ordinary experienced nurses for all nurses. Ideally all wards, departments, education centres and universities should have copies. You will laugh uproariously and be touched to the very core of your being by the reflections, advice and short stories written so candidly. The author has received some very positive feedback. **"***Allie, you have to get this book into the hands of as many nurses as possible. The stories, the quotes, everything, are just what we all need to stop so many of us leaving. Your book could literally save the government and private health care organisations tens of thousands of dollars. You should ask every single nurse you know if they can help you spread the word!"*

'What I Wish I Knew about Nursing is like having a mentor in your pocket or on your coffee table and should be required reading for anyone thinking of joining the profession.' Review in The RCNA Magazine.

Be sure to get a copy of this very insightful, honest book that reveals all.

Olivia Mulligan
Nurse Educator
Liverpool Hospital, NSW

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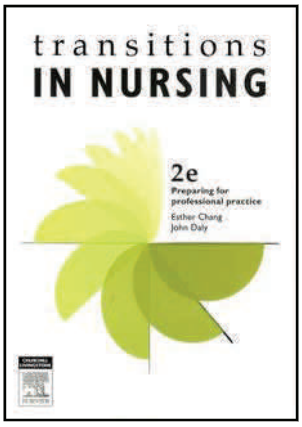

Transitions in Nursing

Book supplied by Elsevier

Esther Chang & John Daly (2008)

ISBN: 9780729538367

Publisher: Churchill Livingstone

This book is aimed at final year nursing students to help with the transition into the nursing workforce. It is set out in a clear and easy to read text, and focuses on professional issues and the different stages of development during the transition from student to a new graduate. Each of the 21 chapters is comprehensive and explains each of these stages. It is set out in twenty-one chapters which deal with organisational structure, self-care, and ethical issues in nursing practice, establishing and maintaining a professional profile and many more. Each chapter starts with learning objectives and finished with exercises to work through with the assistance of the many references.

The book allows the reader to pick out topics relevant to their current state of transition; e.g. dealing with technology in nursing, reflecting on practice and changing roles and work environments.

This book is a well written reference guide for students preparing to enter the workforce or any nurse moving from clinical work to any other area or position within nursing. Nurse educators in clinical settings and academics could use this text to enhance the teaching for undergraduates during the pre-registration course. ***Emmi Godau***
Night Duty Educator, Austin Health
ANTS VIC Member

NSW Branch
Christmas in July Celebrations

The NSW Branch of ANTS Christmas in July celebrations got off to a great start. The venue, Liverpool's Catholic Club (LCC) was an impressive choice of venue. The food, a gourmet's delight was delicious, well presented and in abundance. The staff were attentive, helpful and friendly. Eclectic genres of music chosen by the DJ sponsored by David Stoneham of Arjo Huntleigh and Denise Fewtrell from Brightsky for continence products had the effect of creating a relaxed atmosphere as well as whipping up high spirits in order to celebrate in style. The concept of giving was also well and truly present as this wonderful team of workers organised lots of surprises for the members and their guests. The excitement was palpable as unsuspecting participants searched under chairs for a note informing them of useful prizes won which were supplied by Antun Krpez from Pelikan Artline. Ticket sales also provided textbooks, office equipment, notebooks and white boards (sponsored prizes by Pelikan Artline). These were presented by the very vibrant and energetic committee member Sandra Krpez. Lynda Mitchell the entertainment Queen provided the fun and laughter as she organised the participatory fun games and had the complete cooperation of a very willing audience as everybody joined in with the slapping of heads and bums in order to win a prize for a very funny cooperative and listening skills game. Her unusual table puzzles encouraged the use critical thinking as all took part in teams to solve the puzzles which were contained in very attractively designed boxes which were placed on each table, and the whoops of delight from the excited participants as they solved their problems was hilarious. However, the real treat of the evening was the very heartfelt presentation by the guest speaker Professor Tracy Levett-Jones. Professor Levitt-Jones as many of you have guessed is the ANTS 2010 winner of Nurse Educator of the year. Guests were riveted to their chairs as she spoke so eloquently and so passionately on the topic of **'Wondrous Journeys and Brief Encounters'.**

Professor Tracy Levett-Jones, Pearson/ANTS Nurse Educator of the Year 2010

We were initially presented with ingenious symbolism as she asked us to look at our life's journey. The photo presentations asked the question. "*Did a peaceful amble through a colourful tree and flower lined country lane represent one's life journey or was it more like the scattered lines , dead ends and the mazes similar to that of the London underground train lines*? "

Professor Levett-Jones pointed out that it is the people that share the journey who make the difference. Sometimes, we are accompanied throughout our journeys, and sometimes we have brief encounters with significant individuals.

She shared her interesting nursing journey with us. Professor Levett-Jones is hospital trained and so proud of it, and her family has supported her through a further period of 20 years of study. Her next venture is to complete a senior Doctorate as she continues with her journey in contributing to Nurse Education.

She spoke of her children how she has vicariously accompanied each of them through their individual and successful journeys. The spell binding part of her presentation was her description of her experiences in Nepal one of the poorest countries in the world.

Lynda Mitchell, NSW Committee member surrounded by her husband and friends

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The majority of the population survive on a $1 a day and the staple food in rice and spices. Only 4 out of 10 are literate and the majority are male. Many are stunted because of malnutrition.

The team ranged in ages and the most experienced and energetic was an 80 year old. They set up clinics the very day they arrived. They had absolute commitment from the whole team. There was no hierarchy, no bureaucracy and everybody got on with the job in hand as all had a common goal. She praised the Nepali nurses for their due diligence and despite the differences in language and culture plus their lack of formal nurse training she discovered what a wicked sense of humour they possessed as they cared for their patients. They watched intravenous drips like hawks as they had only 2 pumps. Nobody was over or under hydrated. She told us the story of caring for a man who was coughing up blood when she saw a rat the size of a bunny overhead.

Shushila Lad and Troy Boswell, Antun and Sandra Krpez, Shirley Magua, Mary Van den dolder, Denise Fewtrell and David Stoneham

Sandra Campbell-Crofts and Bob Crofts

The Nepali nurse simply banged the ceiling with a broom to get rid of it while laughing uproariously. They performed over 200 operations and nobody died, got an infection or had any form of complication despite the 9PM curfew imposed on them because of the potential Maoist rebel attacks. The average life expectancy for the Nepali people is 47-49 years which amused her as she was considered very old. The people walked for up to 2 weeks to avail of their services and they had complete trust in the team. We also learned of the unusually high number of children with hare lip and cleft palate deformities as well as a significant number with club foot deformities. We listened to the sad story of a family who had two children with cleft palate and hare lip deformities that were shunned by their villages.

Sandra and Antun Krpez

One of the Professor's favourite occupations was to watch the local children playing cricket. They all adopted famous international cricket names and one little fella introduced himself as Dennis Lilley. He had a foot deformity and was unable to play and he was their commentator. They played with crushed ping pong balls. She bought them a tennis ball and to her surprise there was a reluctance to accept it. She felt she may have caused a major cultural error but it was simply that they felt they owed her and wanted to reciprocate. They did accept it but insisted in presenting her with daily bottled water.

Sally Rickard, Lyn Slater, Benny Alexander, Lynda Mitchell, Sandra Krpez, Caroline Ellis, Vix Bethavias & Shushila Lad

Her story regarding the support of disadvantaged and inexperienced students in their journeys through training was heartfelt. The lovely Aboriginal woman with 2 little girls who

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stated that their father said she was stupid and how she nearly quit her training because he destroyed her laptop during an episode of domestic violence. Professor Levett–Jones's encouragement and the surreptitious loan of a laptop which the woman returned upon completion of her training helped her through her journey of learning and when she qualified she informed Professor Levett-Jones that she got through because someone believed in her.

Professor Levett–Jones's encouragement and the loan of a laptop which the woman returned upon completion of her training helped her through her journey of learning and when she qualified she informed Professor Levett-Jones that she got through because someone believed in her.

Then there was Todd who nonchalantly informed her he was simply doing nursing so that he could train as a paramedic. He begged her to let him change from his placement in palliative care to the emergency department. She stuck to her guns and advised him that it would be in palliative care he would truly learn the art of nursing. She heard nothing from him for ages. He was a diamond in the rough with all his tats. Then at his Masters ceremony he gave her a little wave of recognition. Then came the hug of thanks as he informed her that that her decision had changed his life forever. He was now a CNS in palliative care and that he had found his calling. He sent her a quote from our old friend Florence Nightingale on the art of Nursing.

"Nursing is an art: and if it is to be made an art, it requires exclusive devotion as hard a preparation as any painter's or sculptor's work; for what is having to do with dead canvas or marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said the finest of Fine Arts".

Selvi Naidu Continence CNC Hoxton Park and Charmaine Rungan, Continence advisor with a private company

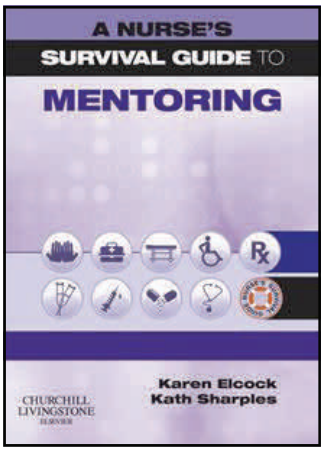
Shushila Lad and husband Troy Boswell

Shirley Magua, Nurse Educator (community health) and Mary Van den dolder, Area Nurse Educator SSWAHS

Professor Levett-Jones also spoke on the importance of mentors and hopes that she can mentor successfully. A good mentor can remind us that we can indeed succeed in our journey... We were also reminded that while we have to deal with the obstacles of bureaucracy and politics we do not make journeys alone. We work as teams and together look at goals beyond the mountain range. To ensure we understood this comment a beautiful picture of the Himalayan mountain range the highest in the world became a powerful symbol of the challenges faced by all of us.

Book Reviews

(All books supplied by Elsevier)



A Nurse's Survival Guide to Mentoring

Authors: Karen Elcock & Kath Sharples

Publisher: Churchill Livingstone (2011)

ISBN: 9780702039461

Whilst this book is based on the more formal UK model for preparing clinical mentors, the differences between the UK and Australian model does not detract from the relevance of information that can be used in the Australian context. The chapters act as guides and could easily be discussed and adapted to the clinical educator-mentor/preceptor model used predominately in the Australia clinical setting.

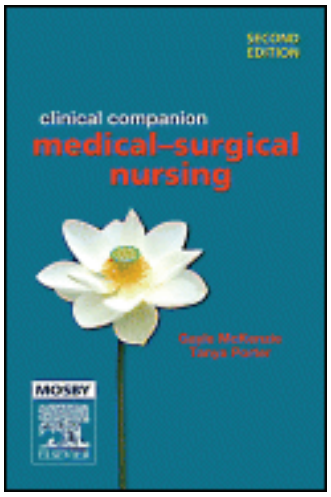
The book is a good concise resource, it has easy to find topics of interest and subject areas that reverberate with the challenges clinical nurse educators sometimes face in finding and allocating the correct mentor/preceptor to nursing students. Advice and tips for preparing mentors/preceptors in the clinical setting are also included.

The book reminds us what it felt like to be a student, grounding you in what is important to help the student to learn 'the job'. For clinical educators, the book also addresses many aspects of being a mentor, as well as describing different learning styles, learning outcomes, giving feedback and identifying and dealing with the failing student. Other really useful chapters are centred on conducting interviews throughout the student placement.

I have already recommended this book to colleagues as I feel it addresses important practical elements that can arise in mentoring students and I think each clinical educator will find prompts in the book that are relevant. This book will not be enough if you have limited exposure to mentoring. It is what it is, a 'survival guide'.

Sue McDermott

ANTS VIC Member



Clinical Companion Medical-Surgical Nursing

Authors: Gayle McKenzie & Tanya Porter

Published: Mosby, Elsevier Australia (2011)

ISBN: 9780729539968

The book consists of 443 pages, and there are 14 chapters started with a preface and Appendix. The A5 format makes the book very convenient to carry around. It contains essential clinical systematic knowledge and supportive materials. The language is mainly highly professional and may have to be modified and simplified when used in the patient's presence. This book is a compendium and is a nursing handbook manual.

Written for students attending clinical placements, there is also a survival tactics chapter to assist nursing students during their clinical stay. This book would assist undergraduate nurses to develop understanding of their professional role and gain professional competence and confidence, while encouraging further investigation using current references.

Overall I would highly recommend this clinical companion text for students and experienced nurses/educators because a title reflects what is under front cover of the book.

Grace Stankiewicz

ANTS VIC Member

SCHOOL OF NURSING AND MIDWIFERY
CONTINUING PROFESSIONAL DEVELOPMENT

At the University of Queensland School of Nursing and Midwifery we are aware of the importance of Continuing Professional Development (CPD) for health care professionals and understand CPD is now a mandatory requirement for registration, enrolment or endorsement as a nurse or midwife.

The University of Queensland School of Nursing and Midwifery now offers Continuing Professional Development to health professionals including registered nurses, enrolled nurses, nurse practitioners, and eligible midwives.

The Saturday Series will run on selected Saturdays and will offer CPD courses on maintaining your CPD portfolio, First Aid, Clinical Teaching and Cannulation and Phlebotomy.

DEVELOPING AND MAINTAINING A CONTINUING PROFESSIONAL DEVELOPMENT PORTFOLIO

Summary

- Learning mode: Intensive
- Date: 1 October 2011 9am - 12md
- Location: The University of Queensland, St Lucia
- Course Duration: 3 hours
- 4 CPD hours
- Cost: **$65** payable in advance, includes notes, certificate and all refreshments
- Provided by: School of Nursing and Midwifery

Overview

Under National Law, which governs the operations of the Australian Health Practitioner Regulation Authority (AHPRA), all registered health practitioners must complete Continuing Professional Development (CPD) annually to maintain their professional registration. This requirement applies to all registered and enrolled nurses, registered nurses endorsed as nurse practitioners, midwives and eligible midwives, all of whom must complete a minimum of 20 hours CPD each year.

Description

This short course will demystify the requirements for participants by providing an introduction to the new national registration system and covering concepts such as what constitutes CPD; what is required for you to complete 20 hours CPD; various ways by which you can meet these requirements; the APHRA standard for CPD; keeping a portfolio and much more.

Who should participate?

Participants in this course should be registered or enrolled nurses, registered nurses endorsed as nurse practitioners, and eligible midwives.

No other prerequisites are required.

Course Content Areas

- National registration and applicable legislation
- Mandatory CPD
- What constitutes learning?
- Maintaining a professional development portfolio
- What is reflection?
- Understanding competency standards, scope of practice, regency and relevance of practice
- Writing your own learning objectives
- Evaluating your objectives
- What constitutes evidence and how to demonstrate this
- Other relevant aspects

Assessment

There is no formal assessment for this course.

On successful completion of this course, participants will be issued with a Certificate of Completion which can be used to demonstrate 4 CPD hours.

This course has been endorsed by APEC number **110202001** as authorised by Royal College of Nursing, Australia according to approved criteria.

ROYAL COLLEGE of NURSING Australia

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THE UNIVERSITY OF QUEENSLAND AUSTRALIA

SCHOOL OF NURSING AND MIDWIFERY
CONTINUING PROFESSIONAL DEVELOPMENT

At the University of Queensland School of Nursing and Midwifery we are aware of the importance of Continuing Professional Development (CPD) for health care professionals and understand CPD is now a mandatory requirement for registration, enrolment or endorsement as a nurse or midwife.

The University of Queensland School of Nursing and Midwifery now offers Continuing Professional Development to health professionals including registered nurses, enrolled nurses, nurse practitioners, and eligible midwives.

The Saturday Series will run on selected Saturdays and will offer CPD courses on maintaining your CPD portfolio, First Aid, Clinical Teaching and Cannulation and Phlebotomy.

CANNULATION AND PHLEBOTOMY

Summary

- Learning mode: Intensive
- Date: 3 September 2011 9am - 4pm
- Location: The University of Queensland St Lucia Campus
- Duration: 6 hours
- CPD hours: 8
- Cost: **$200** payable in advance, Includes notes, certificate and all refreshments
- Provided by: School of Nursing and Midwifery
- This course is designed to provide participants with introductory knowledge and skills required for competently performing intravenous cannulation and phlebotomy. Course participants will also have the opportunity to practice the skills under supervision.

Who should participate?

Participants in this course normally should be registered or enrolled nurses, registered nurses endorsed as nurse practitioners, midwives and eligible midwives.

Assessment

Demonstration of practical skills, case studies, short multiple choice exam.

On successful completion of this course, participants will be issued with a Certificate of Completion which can be used to demonstrate 8 CPD hours.

Course Content Areas

- Applied anatomy and physiology
- Assessment of veins
- Asepsis and safety
- Indications for and contraindications of cannulation and phlebotomy
- Sample collection
- Prevention and management of complications
- Techniques for cannulation and phlebotomy
- Care of the site
- Other relevant aspects

This program is delivered by registered practicing clinicians through the University of Queensland School of Nursing and Midwifery.

This course has been endorsed by APEC number **110202001** as authorised by Royal College of Nursing, Australia according to approved criteria.

ROYAL COLLEGE of NURSING Australia

Email nursing-midwifery@uq.edu.au
Phone +61 7 3381 1165
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THE UNIVERSITY OF QUEENSLAND AUSTRALIA

SCHOOL OF NURSING AND MIDWIFERY
CONTINUING PROFESSIONAL DEVELOPMENT

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The University of Queensland School of Nursing and Midwifery now offers Continuing Professional Development to health professionals including registered nurses, enrolled nurses, nurse practitioners, and eligible midwives.

The Saturday Series will run on selected Saturdays and will offer CPD courses on maintaining your CPD portfolio, First Aid, Clinical Teaching and Cannulation and Phlebotomy.

CLINCIAL TEACHING (NURSING/MIDWIFERY)

Summary

- Learning mode: Intensive
- Date: 8 October 2011 9am - 4pm
- Location: The University of Queensland, St Lucia Campus
- Duration: 8 hours
- CPD hours: 8
- Cost: **$140*** payable in advance, includes notes, certificate and all refreshments
- Provided by: School of Nursing and Midwifery

This course is designed to provide participants with the specialised knowledge and skills to confidently deliver quality teaching in a variety of clinical contexts from the acute hospital to the community setting.

*Registered nurses and midwives who are currently employed by The University of Queensland or its clinical partners and are engaged in clinical teaching may be eligible to complete this course without charge.

Course Content Areas

- Basic principles of adult teaching and learning
- Introduction to assessment – basic principles
- Clinical assessment and assessment tools
- Counseling 'at risk' students
- Individual learning styles
- Supporting students in difficult or confronting situations
- Navigating the relationship between clinical teachers, mentors and preceptors
- Other relevant aspects

Who should participate?

Participants in this course should be registered or enrolled nurses, registered nurses endorsed as nurse practitioners and eligible midwives. Those practitioners currently engaged in clinical teaching will benefit most from this course.

No other prerequisites are required.

Assessment

There is no formal assessment for this course.

On successful completion of this course the participant will receive a certificate of completion which can be used to demonstrate 8 CPD hours.

This program is delivered by registered practising clinicians through the University of Queensland School of Nursing and Midwifery.

This course has been endorsed by APEC number **110202001** as authorised by Royal College of Nursing, Australia according to approved criteria.

ROYAL COLLEGE of NURSING Australia

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THE UNIVERSITY OF QUEENSLAND AUSTRALIA

SCHOOL OF NURSING AND MIDWIFERY
CONTINUING PROFESSIONAL DEVELOPMENT

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The University of Queensland School of Nursing and Midwifery now offers Continuing Professional Development to health professionals including registered nurses, enrolled nurses, nurse practitioners, and eligible midwives.

The Saturday Series will run on selected Saturdays and will offer CPD courses on maintaining your CPD portfolio, First Aid, Clinical Teaching and Cannulation and Phlebotomy.

FIRST AID

Summary

- Learning mode: Intensive
- Date: 10 September 2011 8am - 4pm
  This course will also be offered in January and February 2012
- Location: The University of Queensland St Lucia Campus
- Duration: 8 hours
- CPD hours: 8 (if applicable)
- Cost: **$200*** payable in advance, includes notes, certificate, take home text book and all refreshments
- ***a 10% discount applies for students and group bookings of 5 or more***
- Provided by: School of Nursing and Midwifery

Overview

First aid is the initial care of a suddenly sick or injured person. How would you respond? Would you know what to do in an emergency?

This course will provide the knowledge and skills you need to respond effectively to various emergency situations such as choking, burns, bleeding, cardiac arrest and more. Feel confident in the knowledge that you could render appropriate assistance to a person in need of first aid.

Who should participate?

This course is suitable for students, registered or enrolled nurses, AINs, registered midwives, carers of young children or the elderly, fitness trainers or owners of gyms, owners of swimming pools and members of the general public.

This course **will meet the First Aid pre-requisite requirement for students entering School of Nursing and Midwifery programs at The University of Queensland**, including but not limited to Bachelor of Nursing, Bachelor of Midwifery, Bachelor of Nursing and Midwifery Dual Degree, Master of Nursing Studies (Graduate Entry).

No other prerequisites are required.

Course Content Areas

- chain of survival
- assessing the situation DRSABCD
- victim assessment - signs of life
- performing CPR
- use of an automated external defibrillator (AED)
- care of the unconscious person
- special techniques for children and infants
- resuscitation
- trauma
- medical emergencies
- poisoning, bites and stings
- emergency child birth
- legal considerations
- Other relevant aspects

Assessment

Demonstration of practical skills, case studies, short multiple-choice exam will take place on the day.

On successful completion of this course the participant will receive a certificate of completion.

This program is delivered by registered practising clinicians through the University of Queensland School of Nursing and Midwifery.

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THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

PEARSON

ANTS

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

Pearson Australia is pleased to announce that the Pearson/ANTS Nursing Educator of the Year Award will be offered again in 2011. The aim of the award is to encourage and recognise innovative teaching practices in Nursing Education.

Nominations will be accepted from registered nurses, whose primary activity is teaching nursing students. The Pearson/ANTS Nursing Educator of the Year Award is judged by a panel assembled by ANTS.

The award consists of a cheque for $3,000 and a plaque. This will be presented at a convenient nursing event, local to the winner, in December 2011.

Selection Criteria

- Interest in and enthusiasm for teaching, and for promoting student learning.
- Ability to organise innovative course material and media resources and to present these cogently and imaginatively.
- Command of subject matter, including the incorporation into teaching of recent developments in a specific field of nurse education.
- Provision of appropriate assessment, including the provision of worthwhile feedback to students on their learning.
- A professional and systematic approach to teaching development.
- Participation in professional activities and research relating to teaching.

To apply for the Pearson/ANTS Nursing Educator of the Year Award simply download the Rules, Criteria and Nomination Form (PDF) and complete it using the Rules of Entry as a guideline. Nominations must be submitted to David Hobson at Pearson using the Nomination Form, with all details complete. Three copies of all materials should be submitted. They should be received no later than 5:00pm, Friday October 28, 2011.

For more information, click here to go to the ANTS website www.ants.org.au

- Nominees must be current financial members of ANTS.
- No correspondence will be entered into.
- The judges' decision is final and they reserve the right not to make an award if the criteria are not met.
- Entrants must be currently employed within an Australian health facility or teaching institution.
- The teaching being evaluated must have taken place during 2010/11.
- The winner may be requested to be available for publicity purposes.
- The winner will be requested to have a profile published in the ANTS Bulletin.

ANTS Website - Moodle2.1 is coming

From Stuart Taylor

The past couple of months have been busy for us as we prepare to move the ANTS Web Site to Moodle 2.1. This process started in Nov 2010 with the release of Moodle 2.0, however we decided to wait for Moodle 2.1 to ensure key Moodle Modules were available and stable. The Moodle team has been doing great work and with the recent release of Moodle 2.1 educators have access to great functionally suitable for individual educators through to large tertiary institutions. It is a major step forward from our Moodle 1.9.x

I hope the upgrade will happen without interruption, but it is a big upgrade. If there is an interruption I hope it will be minor.

Moodle is self described as an Open Source Course Management System (CMS), also known as a Learning Management System (LMS) or a Virtual Learning Environment (VLE). It has become very popular among educators around the world as a tool for creating online dynamic web sites for their students. Have a look around http://moodle.org and see what the fuss is about.

BUT why are we using Moodle? Can't we just go and buy a simple web site tool?

As a voluntary organisation the cost of commercial software is prohibitive and too restrictive for ANTS. We can't go a commercial route even if we wanted to and arguably the use of an Open Source community driven system is not only a pragmatic response it is compatible with our community aims. That said if we wanted a good web site tool we could use something like Drupal (http://drupal.org) or Joomla (http://www.joomla.org), both great community driven solutions. So why use an LMS and why Moodle? Some of the reason is that we can't run multiple systems (cost mainly) so we need one that can be used to do most things and hopefully one that aligns with our core aims.

As an organisation with an education focus there is a self evident link between our aims and the role of a LMS. Prior to adopting Moodle the ANTS web presence was static with very little interactivity and there was a need to host more of our activities online. This change was not to remove our focus on face to face seminars, workshops, etc, rather we wanted this good work to have a wider audience. We wanted our face to face activities to have a long term "presence". There was a call for forums, discussion groups, blogs, wikis, event management, etc. We wanted to create more online resources and not just a pretty web page. We wanted to give our members the ability to conduct focus groups, surveys, and even conduct online education activities, either for ANTS or to support individual member needs. We have the ability to support research efforts with access to key tools. Used Survey Monkey (http://www.surveymonkey.com)? You can do the same thing with the Moodle Questionnaire Module, and beyond that you can link the questionnaire/survey to an online discussion forum, you can provide access to key resources, track progress, etc.

Arguably an LMS has become a core tool for educators of all types and we want our members to have an opportunity to explore the use of LMS technology by using the same tools to manage our own seminars, conferences, workshops, professional debates, etc. An LMS centric solution seemed a good fit, although not a perfect fit. Could we make it work? We thought it was worth a try. The reason we picked Moodle rather than other great LMSs, eg ILIAS (http://www.ilias.de), Sakai (http://sakaiproject.org), etc, was the significant community support Moodle has achieved, and by the way, it's based out of Australia!!!

We have been using Moodle since 2009 to mixed acceptance. Some have been put off by the "Course" centric terms used by Moodle, although the main challenge has been the freedom it has given ANTS as an organisation and indeed the freedom it has given our members. We have struggled to get our event coordinators to use an LMS approach to our events. We are still not capturing events in a way that provides content, both informative and pretty. Some of this is because we are all so busy to learn yet another thing. Some of it is because we need to view the "administration of events" as secondary to the "educational" value of the event. We have at our disposal a great LMS being used by individual educators in private and public practise,
area health services, commercial

Continued over page

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training organisations, universities, and vocational institutions. There is a good chance that some of your children will be able to teach you how to use Moodle as it is being adopted by many secondary and primary schools. Not sure about something? Visit the Moodle site, Google it, YouTube it, or just ask another ANTS member by posting a question.

Want more pictures on the site – then get out the digital camera at the next event. Want a different colour, learn how to develop a Moodle theme and see what people think.

Moodle 2.1 will provide ANTS with great functionality, remove some existing restrictions. Yes it can do online registrations, online payments, online etc if that what is required. I think it can support our efforts to encourage professional debate and the exchange of ideas in a way that helps us achieve our aims as an organisation as well as helping everyone understand the role of LMS technology as a tool for educators. You have the freedom to learn how to use Moodle and you have the freedom to use Moodle. Moodle 2.1 will give you more to learn about, but it also will give you more to use.

We aim to have Moodle 2.1 deployed by the end of Aug 2011.

Do you have a view on the subject or not sure where to start? I am happy to help and I am sure other ANTS members are also happy to help.

Regards

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Are you undertaking research?

Then why not apply for an ANTS Research Grant?
Grants of up to $2000 are available

More details and eligibility criteria are available at

www.ants.org.au

Are you planning to attend a conference or seminar?

Scholarships of up to $500 are available for members

More details and eligibility criteria are available at

www.ants.org.au

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2011-2012 National Executive

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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

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(exceptions possible with prior arrangement)