



ANTS *W*

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

Conferences

Nurse Teacher Competencies

Collegiality & Networking

Seminars

Research & Scholarship

**Promoting a Culture of
Professionalism and Supporting
Nurse Educators Working in a
Variety of Settings**

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The Australian Nurse Teachers' Society
Working Together for the Future of Nursing Education
Karen
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September
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**NEW ANTS
Membership Cards**

INSIDE THIS ISSUE of the AUSTRALIAN NURSE TEACHERS' SOCIETY BULLETIN



Our Guest author this issue and new (International) member to ANTS is Dr Karen Ousey from Huddersfield University England. Karen's member's profile appeared in last issue's Members Only Forum... Cheers Karen!

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President's Report

PRESIDENT'S REPORT AGM March 7th 2008

1. The Council this year consisted of: **The Executive:** President Jacqui Guy, Vice-President Nicole Brooke **Secretary** Sandra Campbell **Treasurer** Vasiliki Betihavas. **Council Members;** **Bulletin Editor** Pauline Murray- Parahi **Web Co-ordinator** Christine Taylor, **Educational Seminar Manager** Olivia Mulligan.

Meetings of the Council were scheduled on a 6 weekly basis and held at UWS Parramatta Campus. Nicole Brooke has submitted her resignation due to work commitments so there is a vacancy for Vice-President.

2. **Membership** is increasing, with a total of 170 from all states of Australia and one new membership from the UK. The majority of our members are in NSW at this time, but we plan to offer more support and seminars for the other states, to meet the National needs of educators. Our recent member survey will indicate strengths and weaknesses of the Society, a summary of the results will be included in the next Bulletin.

3. **Review of the Nurse Teacher Competencies.** There has been strong interest in our Nurse Teacher Competency Research, questionnaires have now been collated, focus groups were held at the Canberra Conference and seminars, and those who have indicated follow-up on the questionnaires have been given opportunities for phone interviews. The research team is now embarking on qualitative analysis and we are planning to present the findings at the Nurse Education Conference in September. There will then be given opportunities for feedback and the team will develop and publish a new set of Nurse Teacher Competencies by next year's AGM.

4. **Educational Seminars:**
 4.1 **The Annual Rural Seminar** was held at CSU Wagga Saturday 1st September, attended by council members and lecturers from CSU and educators from surrounding district.

4.2 **The Christmas in July Dinner** was held on the 20th July at the Bowler's Club, Sydney. Our guest speaker, Margaret Coffee entertaining us with her stories of nursing and education in rural and remote areas of Alaska and Aboriginal Health in outback regions.

4.3 **Our first ANTS Breakfast** was held



at ACU on the 9th February. Jenni Hardy, as guest speaker gave us an overview of the impact of technological change that has affected nursing education.

5. **Education Conferences:**
 5.1 New Zealand Nurse Education Conference, September 07
 5.2 The National Nurse Education Conference will be held on 9-11th September 08 at the Showground at Homebush Olympic Park. Mary Bridgid-Naylor will present at this meeting the WSAHS committee plan for the conference. A link to the Conference website is at www.ants.org.au. We hope you will put in an abstract and join us at the conference.

6. **The Bulletin**
 The Council has had good feedback from members that they are finding the new format colourful and interesting. We still need to encourage members to submit articles.

7. **The Website** is increasingly being utilised by members for information regarding ANTS activities. It is also the "face" of ANTS to both professionals and others. It has links to many professional sites and contains "back copies" of Bulletins. It is planned that that the Council in the coming year investigate use of discussion board, chat forums in increase active discussion and critical thinking on current nurse education issues.

8. **Professional Contributions: Council input**
 8.1 Membership of the National Nursing Organisations (NNO) ANTS has been actively involved in the review of the NNO Governance Framework and Constitution and Research Subcommittee
 8.2 RCNA Review of Code of Ethics and Code of Professional Conduct
 8.3 ANMC Review of Competencies
 8.4 NSW Health - NSW Nursing and Midwifery Forum- Westmead Hospital October 16

President's Report

(Continued)

8.5 College of Nursing Partnership- attendance at Oration and Cocktail Party

9. Review of Constitution. A sub-committee is reviewing the ANTS constitution. Following completion, members will be given the opportunity for feedback and voting on the amendments to the Constitution.

9. Establishment of Branches. A letter has been received by Council from a

group of ANTS members in Perth to establish a branch in Western Australia. The Executive have established guidelines for establishment of this branch and are liaising with WA in the next few months.

Over the next 5 year period, ANTS Council envisages establishment of branches in every state with provision for sub-branches in regional areas. The primary purpose of the state branches will be to provide educational seminars. All state activities will be authorised by the National Executive.

10. Membership Card. The Council is developing a membership card with

member's unique number. This will be used for educational seminars and access to certain sections of the website. We will send this out to you by mail shortly.

Thank you to a wonderfully enthusiastic and hard-working Council. We hope ANTS will contribute to your professional development and networking in nursing education.

**Jacqui Guy
President
02-97392034**

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ANTS 32nd Annual General Meeting



Meet the New Australian Nurse Teacher's Society Council for 2008.

(Top Left) Renee Pinkney, one of two new additions to ANTS Council. Renee currently works at the NSW College of Nursing and will head ANTS marketing, (Top right) Jacqui Guy continues as ANTS President.

Middle left 'Vix' Vasiliki Bethivas continues as Treasurer. Middle right, Sandra Campbell continues as Secretary, (below right) Christine Taylor, whilst continuing as Web controller is also taking on the role of Vice President and Below left: Olivia Mulligan has withdrawn as Education Officer and now takes on the role of the Bulletin Editor.

The last but certainly not least new member of ANTS council (not pictured) is Bronwyn Smith who has taken over from Olivia the role of Education Officer.

The 32nd Australian Nurse Teachers' Society Annual General Meeting was held on Friday 7th March in the executive board room of the NSW College of Nursing in Burwood.

The atmosphere of the evening was congenial and the boardroom was an excellent choice for the event.

Sitting at the enormous table together gave a sense of collegiality and informality. The delicious food was prepared by Kwee Bee Lindrea, Kwee, is also a Nurse Educator from NICU Royal Woman's Hospital... Talk about multi-talented! I wasn't aware at the time Kwee was a nurse educator, I suggested she open a restaurant... I have to tell you her Beef Rendang was to die for! I must get the recipe. Now that would be an

Our guest speaker for the evening was Sandy Eager (SSWAHS) (pictured below-far right) who presented her research on *Measuring New Graduate Nurse Competency...*

But the part I was totally focussed on was the portion of her research dedicated to the perceptions of newly graduated nurses. Sandy has kindly provided a web link for one



of the resources she used in her presentation as well as the executive summary from the research she and a number of co-authors published in 2006.

This research, which you can access via ANTS web site,

was a topic that certainly generated a great deal of interest, the robust discussion during and

proceeding the presentation was a testament to the topical and interesting content.

Like the ANTS seminars and functions... ANTS AGMs just keep getting better!

Pauline Murray-Parahi
(outgoing) ANTS Editor



- Member's Name
- Membership Number
- Logo or photograph (Council Members only)
- Member Since

article I could really get my teeth into!

History in the Making... ANTS Inaugural Breakfast Seminar.

On a very wet Saturday morning of February the 9th a small group of fervent nurse educators gathered together at the nursing school of the Australian Catholic University to attend The Australian Nurse Teachers' Society's first Breakfast Seminar. It was an early start for the organizers (4am) but the stimulating lecture on the implications of technology both in the workplace and in the education of neophyte nurses by Dr. Jennifer Hardy kept us awake, alert and interested. We were zoomed into the world of technological expertise by a very passionate advocate.

Dr. Hardy first of all reminded us how contemporary nurses need to be techno savvy in the workplace. Hospitals in NSW are now using CERNER an information technology (IT) system where nurses and doctors can access computerized clinical systems on patient's records. Keeping up with technology is in essence essential for anybody involved in nurse education as today's student nurses are comfortable with technology because they grew up in a technological era. Dr. Hardy spoke enthusiastically about some of the technology now commonly used in the education of student nurses which included Personal Digital Systems (PDAs), Wikis, blogs, digital stories, chat rooms, e-portfolios and simulators. We learned for example how Wikis are server software that allows individuals to freely create and edit Web page content using any Web browser. A Wiki is unusual because it allows the organization of contributions to be edited in addition to the content itself. It has open editing which allow everyday users to create and edit any page in a Web site. Students can for example create a wiki space for their group where they post their work so that their teachers and classmates can

correct, improve and discuss their work. Alternatively, we learned about the convenience of PDAs which offer portability and accessibility.

The use of PDAs are becoming more popular because they are flexible and small enough to be taken anywhere with little limitation and the user is not tethered to one place. Information is accessible at any time. PDAs, have evolved over the years. They manage personal information and can also connect to the

processes. Learners must act immediately on orders and results, and document the care and treatment given. Simulation in essence promotes better learning because it reinforces the idea that they are actually caring for real patients and instruction is taken more seriously. Students have to make judgments about the patient's state of health based on their observations and assessment which aid in the



development of their critical thinking skills. The other important aspect of nurse practice is reflective journaling which can be posted on a blog.

Blogs are now a common method used to journal everyday activities. A blog is a website in which items are posted on a regular basis and displayed in reverse chronological order. The term blog is a shortened form of weblog or web log. Learners authoring a blog, maintaining it or, adding information to an existing blog are 'blogging' and individual articles on a blog are called 'blog posts'. The person posting them are called 'bloggers'. A blog generally comprises of text, hypertext, images, and links (to other web pages and to video, audio and other files). Blogs use a conversational style of documentation. Often nursing blogs focus on a particular "area of interest", such as cardiac nursing and some blogs discuss personal experiences which can constitute their reflective practice journal. Reflective thinking is not a new concept it was advocated in the early part of the twentieth century

Internet, act as global positioning system (GPS) devices, and run multimedia software. Manufacturers have combined PDAs with mobile phones multimedia players and other electronic gadgetry. The effective, pedagogical benefits of this mobile piece of technology, also allows students to carry lecture notes around as opposed to, carrying a pile of papers and books. Technology also allows the creation of reality in the workplace

Many teaching institutions are now using high-fidelity human patient simulators to simulate management of the patient with different disease

Role of the Mentor in Helping UK Students Learn While in Clinical Practice. By Dr Karen Ousey



This brief paper explores the role of mentors in supporting students learning and assisting them to bridge the theory-practice gap while they are on clinical placement.

In the United Kingdom student nurses are able to access a variety of support mechanisms during their 3 year training programme whether they undertake the Diploma or Degree training and educational course. The support they receive is available from:

- Personal Tutors** – based within the University and who support the student throughout the 3 year programme
- Link tutors** – members of academic staff who link with clinical areas on a regular basis
- Module leaders**
- Course leaders**
- Mentors**
- Peers**

Education v Training

The teaching of theory has often been equated with 'education' while the teaching of practical skills has been called 'training'. Education has been regarded as a high status process and training as low status. Yet, Jarvis (1983) and Pring (1993) argue that with the emergence of the idea of practical knowledge training may also be educational. This highlights the importance of the academic and practical settings working in partnership to bring together the theory and practice elements of the programme for students.

An effective learning environment

According to Ogier (1989, p.67) in order for learning to occur, the clinical area has to be managed by a leader who is in touch with the needs and abilities of subordinates and who is able to create an atmosphere which is conducive to learning. With the support of the ward leader, other staff feel

comfortable in taking on the mentor role and developing the learning environment. To create an environment conducive to learning the ward or unit must have support from the ward leader.

To create this environment the students must be allowed to identify and observe specific skills, observe communication skills, observe problem-solving and prioritising strategies and decision-making strategies. The members of the ward team need to act as role models for the students and to make time to involve the students in these activities, allowing them time to question the practices. Orton (1981) and Ogier (1982) undertook studies examining the preparation for practice for students who were then undertaking an 'apprentice' style of training approach. Although these studies may now be dated they did ask the students the pertinent question of whether or not they viewed themselves as learners or workers, a question that is still being asked today.

Support mechanisms for students in clinical placements

Support for students in clinical placement areas is provided primarily through their mentor/mentors in practice. Students may well be assigned more than one mentor during their clinical placement to allow for the covering of days off, annual leave, sickness and night duty commitments by the mentor. The intention is that the mentors support students in their experiential learning. The mentors are expected to have a recognised teaching and assessing qualification and to attend yearly updates on the role of the mentor and changes in the nurse education/training systems. However, the preparation and continued development of the mentors can often prove to be problematic, with practitioners finding it difficult to secure time away from the clinical areas to attend the relevant study sessions. The role of the mentor is paramount in supporting the students with the NHS Executive (1998) stating the role of the mentor was to allow the student nurse the ability to integrate theory to practice and to plan their occupational futures.

Furthermore the Department of Health (DH) (1999a) stated that there should

be more opportunities for experienced clinical staff to combine teaching and patient care thereby allowing students to acquire better practical skills. The Nursing and Midwifery Council (NMC) (2002) highlighted that mentors should support students in the clinical areas providing advice thus creating an environment that was conducive to learning. The NMC (2002) were clear as to how the role of the mentor should be integrated into the students learning. They maintained that the mentor should be able to demonstrate sufficient knowledge of the student's programme to identify current learning needs; be able to demonstrate strategies that would assist the integration of learning from practice and educational settings; be able to create and develop opportunities for students to identify and undertake experiences to meet their learning needs and be able to ensure effective learning experiences and opportunities that would achieve learning outcomes by contributing to the development and maintenance of a learning environment where research findings were identified, applied and disseminated in the clinical areas.

Earnshaw (1995) suggested that the key to an effective mentor/student relationship is an equality of contribution to the partnership and reciprocal recognition of strengths and weaknesses. Indeed, Spouse (2000) stated that mentors were crucial in a student's development particularly in relation to communicating with patients and relatives where they could observe their mentor undertaking the skill and relate this to good practice. However, Taylor (1997) argued that this is a form of copying and is not limited to the mentor, but that the students may well copy other members of staff, including the unregistered and other students.

Role of the mentor in enabling students to learn

Spouse (1996, 1998) investigated the relationship between learners and their mentors. She identified four characteristics, *befriending*, *planning*, *confederation* and *coaching*. The befriending characteristic would appear to be the most complex issue according to Spouse and Redfern (2000). This is also the characteristic that can help the student to understand the

importance of using underpinning evidence to support their practices. Spouse (2000, p.138) states that *'the affiliation between the learner and the mentor is based on social interaction initiated by the mentor and designed to promote trust and a sense of warmth and interest, thus establishing a feeling of security for the student'*.

Furthermore, there should be a willingness of the learner to be open and to acknowledge feelings as well as to undertake preparatory work to identify learning needs. This in turn will promote the learners personal and professional development within the social and professional context of the placement.

If the mentor is able to offer a befriending relationship then the student will be encouraged to assess their own learning needs and seek advice and information to fulfil those needs while on clinical placement. Similarly, with effective affiliation the students feel comfortable in their placement areas and will not be afraid to ask questions regarding practices that they observe. Additionally they will feel a valued member of the ward team and will enjoy working and learning in the clinical areas. In fact, Titchen (1998) compared the student/mentor relationship to that of a therapeutic relationship when caring for patients, in so far as the nurse and the mentor will develop a counselling relationship. This will help the students to bond with the ward team, thus allowing them to understand what is happening in the ward areas and learn.

Planning of learning experiences

The role of the mentor remains important in planning for the students' learning experiences and encouraging them to link theory to practice while in the clinical areas. Spouse (2000) identified four areas where the mentor could benefit the student's learning experience:

- To provide a menu of experiences available in the clinical areas
- To help the learner identify areas of the curriculum which are of special relevance
- To help the learner organise learning opportunities or to organise visits (to clinical areas or other departments)
- To select suitable patients and members of the clinical team for

the learner to work with thus developing identified skills.

These are areas where the mentor can help the student understand their own personal learning needs while in clinical placement. The students enter their clinical placements with learning contracts/action plans that have been developed in conjunction with their personal teachers. It is vital that the mentor in practice can help the student to relate these identified learning needs to the practice areas which, not only enables the student to be able to link the theory learnt to the practice settings, but also highlights that the academic and practice settings are working together in a partnership fulfilling both learning needs and curriculum demands. Through encouraging the student to identify their own learning needs the concept of lifelong learning is being promoted and the students are becoming autonomous in assessing their own learning needs. Indeed, Rogers (1983) emphasised the benefits of encouraging students to be autonomous and to follow areas of interest as a means of promoting motivation and effectiveness.

The role of the mentor therefore, is to help the student enjoy their placement and to enrich the learning experience, thus allowing an understanding of the nature nursing and the rationales underpinning their interventions. Morton-Cooper and Palmer (1993, pp.62-64) suggest the mentor has a number of functions in developing the students' experiences:

- * Adviser
- * Coach
- * Counsellor
- * Guide/networker
- * Role model
- * Sponsor
- * Teacher
- * Resource facilitator

These will enable the student to reflect on their own practice, to learn from experiences, to improve their practices and to develop themselves both experientially and academically.

Sociological factors affecting learning

Language, social class and culture may be factors that influence the learning process for student nurses.

Language

In relation to language the students

have to learn the new *'nursing jargon'* language when they enter each new practice placement area. When they learn the language they begin to feel a part of the ward team as they can communicate with other members of the staff in their own language. Bernstein (1962) identified what he termed as 'a restricted language code' that is closely linked to education. He argued that people from a working class background used a limited vocabulary compared with the middle and upper classes. He continued that this affected the way in which people thought and made sense of the world around them. This can be linked to the student experiences of learning the language in the clinical environments they visit during their training programmes. As the students progress through the programme their knowledge of terminology relating to nursing and medical conditions increases, allowing them to speak the same language as the registered staff and other members of the multi-disciplinary team.

Language as a form of power

In the field of psychology there are two types of analysts who have studied the use of language as a form of power. Discourse analysts study the way in which various forms of language work. Critical discourse analysts are concerned with the way in which these forms of language serve social, ideological and political interests. The term discourse comprises of the many ways that meaning is conveyed through culture. It includes speech and writing, nonverbal and pictorial communication, and artistic and poetic imagery. Parker (1997) argues that people develop and express their identity through the use of verbal, nonverbal and other symbolic means of communication, such as art. Indeed, Spouse (2003) in her research surrounding student nurse learning and the role of the mentor, used student nurses' examples of art to describe and discuss their learning needs and experiences in the clinical areas. The use of art portrayed how the students felt as they progressed through their training. The artwork changed in its nature as the students felt they were being accepted as a team member and as a part of the clinical culture.

The language of nurses

This new language can become quite exclusive in the sense that the general public, and at times, the

Members Only Forum

**Lyn Bowen, RN, MN, BEd.
(Nursing), Dip. Teaching
(Nursing), FRCNA, FCN.**



Lyn Bowen completed her general nurse training at the Royal North Shore Hospital, Sydney at the beginning of 1981. It was an exciting time to be forging a career in nursing, as the struggle between tradition and contemporary nursing knowledge was becoming a stronger issue.

There were many aspects of nursing that were great, but there were also aspects of nursing built on culture and tradition that had not rational explanation. Lyn was concerned about how to bring about change in nursing practice.

She had often been heard to say, "There are two ways to bring about change. You can impose change from above through management, but it never lasts. Alternatively, you can breed a bunch of self-thinking rebels from the masses who will create lasting change".

With a rebel spirit herself and a strong interest in education as a way to bring about change, Lyn initially completed a teaching diploma through Newcastle C.A.E. This was not without its challenges as she worked full-time night duty, mainly in Emergency while studying.

Her entrée ticket into a career in education came when she was appointed as the Nurse Educator/Infection Control Nurse at the then Hastings District Hospital in Port Macquarie. She

Members Only Profile

If you would like to share your unique bio or nurse teacher story with fellow members please Email me at...

Pauline.Murray-Parahi@sswahs.nsw.gov.au

Or contact details can be found on the back page or ANTS website... ants.org.au

Who knows who you might encourage or inspire another nurse teacher to do great things. You may even be rewarded with one of the quality titles reviewed in the **ANTS Bulletin.**

recalls being asked how long she would be willing to stay and she promptly answered "Three years".

Lyn didn't count on falling in love with both Port Macquarie and the man she then married. Those plans to move on after three years are now over 20 years old. While they have never been fulfilled, she has still achieved her career goals to date.

Further study converted her Diploma to a Bachelor of Education (Nursing) through UNE. This was followed a few years later with a Masters in Nursing (Professional studies) through UTS. Her fellow students at UTS remember her as the lady who drove from Port Macquarie for an intensive day of lectures every couple of weeks. She made the return trip all in one day each time!

When Port Macquarie Base Hospital opened and the old Hastings District Hospital closed, Lyn transferred to the new site. She orientated about 400 staff to the new premises. As her role expanded, she became aware of the lack of local opportunity for people to study to become registered nurses. With little prospect of a university offering nursing in Port Macquarie, she supported the introduction of the Trainee Enrolled Nurse program at the hospital. She saw the potential in this as a pathway to registration for those who wished to continue to study by distance education.

Over the next few years the demand for a nursing program leading to registration was continuing to increase. Every opportunity to share the need and her vision for a nursing program

in Port Macquarie was taken. Workshops to consider a tangible university presence were just one forum, while another strategy was meetings with the Director, North Coast Institute of TAFE to identify further pathway opportunities and their support. When a project manager was appointed to progress the concept of a tangible university presence in Port Macquarie, Lyn soon set up meetings to provide data and ideas related to the possibility of including nursing in the blue print.

The outcome of this lobbying for a nursing degree course in Port Macquarie was the announcement that the University of Newcastle had been successful in obtaining funding for 30 part-time student positions. When the university advertised for a Bachelor of Nursing Site Coordinator, Lyn applied. Her rationale was that if she was successful, she would have the privilege of realizing her vision into reality.

She was successful and in 2004 commenced working part-time with the University of Newcastle. Twenty four students, mainly enrolled nurses commenced studying. They were co-located on the Port Macquarie TAFE campus.

The vision is certainly a reality now with a total of 21 graduates to date and a further 150 plus students studying. The majority of graduates have chosen to work locally providing a much needed boost to nursing workforce numbers.

As for the future, Lyn is currently enrolled in a research higher degree program and is researching the experience of registered nurses who mentor undergraduate nursing students. When asked why this topic, she answered "We rely so heavily on our registered nurse workforce in the provision of clinical experience for undergraduate nursing students. Understanding what it is really like for them and what makes a positive difference will be mutually beneficial for both the university and health sectors.

EMMI GODAU, MRCNA



Emmi has worked in a variety of health care agencies public and private in Australia and Germany over the last 40 years. She studied nursing in Germany and had to complete a Refresher and re-entry program before she started working as a Nurse in Australia. She has both experience in clinical nursing and education. She has postgraduate qualifications in nursing and has the Certificate IV in Workplace Training and Assessment and the Diploma of Training and Assessment systems. Emmi is responsible for night staff education at all areas of Austin Health. Emmi is a member off the Aggression Management Committee and actively involved in teaching aggression management policies and procedures thru out the different sites at Austin Health. She is coordinating 4 specific night duty study days and has one hour education session at each site every month. She is a member of the Northern Exposure **Toastmaster Club*** and acts in different roles during the meetings. Emmi is enrolled in the Certificate IV in Professional Writing and Editing at NMIT Greensborough. In 2006 she has presented at the Night Duty Conference coordinated by Ausmed in Melbourne. She is enrolled in the Life Long Learning Program with the Royal College of Nursing, Australia. Emmi writes articles for the Night Duty Staff News "Midnight Press" news letter at Heidelberg Repatriation Hospital. She joined the Nurse Teachers Society after she was appointed the Nurse Educator Out of Hours to use

this as networking opportunity to find someone working in the same position but at present has not found a college which has the some or a similar role.

Emmi was appointed as Nurse Educator Out of Hours in July 2001 at Austin Health, which is an 840-bed public teaching health service. Austin Health consists of Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre as well as a numbers of community facilities.

She covers all areas of Austin Health and taking into account the clinical requirements of each Hospital, to reach a minimum of 200 EFTs nursing staff plus a floating pool of bank and resource nurses etc 25 to 30 EFTs.

A structured program did not exist when she commenced in the role 2001. An extensive needs analysis was undertaken at all three Hospitals. The results were comprehensive and provided a framework for construction of an educational plan.

Priorities were:

To develop a comprehensive education program that meets the needs of each Hospital.

To ensure competency attained in mandatory skills.

To provide education for new products or techniques

To provide practical teaching support when and where needed, especially for junior staff rotating onto night shift.

To increase education opportunities for nursing staff working weekends and nurse bank/ resource staff.

Outcomes:

One-hour night duty specific tutorials are offered once per month at each Hospital.

Taking education to the individual wards by establishment of a roving 'mini in-service' program.

Provision of night duty 'study days' whereby night staff can attend an entire day dedicated to their learning needs

Mandatory education is carried out, as well as attending to specific education sessions requested by staff.

Achievements:

Average of 42 nurses attend the specific night time tutorials each month

Competencies attained for 85% of night staff for mandatory skills such as BLS, No Lift.

Coordinating and successful



implementation of four night duty study days with 25 to 33 staff attending each day.

Conclusion:

The Out of Hours Nurse Educator role has become widely accepted and embraced by the night staff at Austin Health, and is now viewed as an indispensable team member at Austin Health by Management.

Personal:

In her spare time Emmi likes to get her hand dirty by working in her garden for relaxing and distressing, going for a walk with her little dog, reading and attends yoga classes two times a week.

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* Toastmasters Clubs offers education and support in the area of leadership and public speaking. I recently joined Toastmasters to conquer my fear of public speaking and found it a very safe environment. For more details about Toastmasters check out... <http://www.toastmasters.org.au>

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unregistered staff do not always understand what is being discussed. In itself, the use of jargon reiterates the differences in social status and can create barriers to communication. Roberts *et al* (1992) comment that through the use of language a social reality is created, in the sense that relationships are made, roles established and identities created. When the students learn the language they are able to communicate with the registered staff on a more equal level and feel a welcome and valued member of that team.

Common sense

Howitt and Owusu-Bempah (1995) argue that the tension between common sense and expertise causes us to become aware of the context and the use of theoretical resources. The students may well have been taught the research and evidence underpinning a certain procedure in the school, but when in clinical practice they may experience some forms of ritualistic practice that do not reflect what they have been taught. Common sense would lead them to question the appropriateness of the clinical practice, yet they may well be aware that there is a lack of resources available to undertake the procedure in the manner they have been taught. They, therefore, have to decide whether to question the clinical practices and discuss with the staff their knowledge base, or to accept that the reality of practice does not always mirror the idealistic theoretical base.

Although students are encouraged to question practices while in clinical placement they are aware of the hierarchical structure of the nursing staff on the ward and often perceive that as students they do not possess the authority or power to ask questions.

Culture

Culture is related to the shared beliefs, values and understandings shared by a particular group. Any student group will link into a culture or subculture of one type or another. The students learn to understand the culture on each ward they visit, for example, they learn the ward routine and as such they begin to form a rapport with the staff members. As they become established in the culture they learn what behaviour is acceptable and what is not while they are on placement. This may be exemplified by the theory-practice gap. Students often comment that they have been asked to 'lift' patients up the bed, without the help of moving appliances. They are taught in school that they should only 'move' patients using the appropriate manual handling devices. However, when in the clinical areas they tend to emulate what their peers are carrying out, as they want to complete their practice assessment documents successfully. Their relationship with their peer group and seniors is important to them and as such they will be reluctant to question practices so that they can be accepted into the culture.

Conclusion

The role of the mentor is vital in assisting the students to 'learn' while they are in clinical practice. The mentor is in an enviable position to be able to support students and assist them in learning the routine and culture of the clinical areas.

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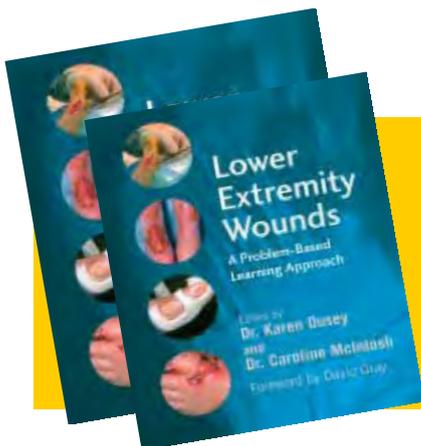
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For your chance to win a FREE copy of Karen Ousey's (and co-author Caroline McIntosh new book due to be reviewed in the Next Issue of the ANTS Bulletin

Lower Extremity Wounds

(see page 12 for details)...

Book Winners Announced Next Issue of the ANTS Bulletin.



Humour In the Workplace

Many years ago as a young enough to know everything serious minded team leader of a busy pediatric high dependency unit, my younger less experienced colleagues unintentionally provided me with some insight into learning. Upon returning from a much needed lunch break they breathlessly informed me that a 2 year old boy with 3rd degree 70% burns was being admitted to the unit. I quickly sprang into action organising the necessary equipment inclusive of paperwork, intravenous fluids, dried plasma (a long time ago) sterile sheets, Flamazine, intravenous fluids, gowns, masks, hats, gloves and pumps. This was followed by an impromptu lesson on the management of burns. When all was ready my colleagues gathered around me and laughed uproariously informing me that it was all a joke because they wanted me to 'lighten up'. There was no burns patient. Initially I was so shocked that I did not know whether to laugh or cry. In the end I laughed and passed it off as a stress buster and saw the funny side of it. Two weeks later while I was off duty their bluff was called and a young boy with significant burns was admitted to the unit.

One of my colleagues later admitted that they knew exactly what to do because of what they learned during that mock scenario. While I am not advocating setting people up to make fun of them the realization that learning took place prompted me to use more creative ways to facilitate learning. Hence, my interest in using humor to facilitate learning.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. - Maya Angelou. American poet b.1928

Using Humor to Facilitate Learning

I am a bit (a lot) older and wiser and am firmly convinced of the benefits of learning through humor. A literature search supports this notion. The abiding principle is that humor must be appropriate and not hurtful or offensive. Jokes that discriminate against people must be avoided, and aggressive sarcastic 'put downs', together with topics that center on sex, illegal activity, or other taboo topics are better left to the clubhouse comics. Encourage a climate of reciprocal humor. It is always best to keep the



Ninia Padilla RN (Left) from Campbelltown ICU with nursing students Amanda and Wendy (laughing) during their critical care learning journey. A technological environment can be a terrifying experience for a learner, but Ninia like many of her colleagues create a relaxed learning environment

humor relevant to the topic and applicable to the audience. The use of self-effacing humor works well if you have good credibility, otherwise avoid it. Always attack the position and never the person's dignity, and don't take yourself too seriously (Kher, Molstad & Donahue 1999). Lecturing for example, is a very serious business and the critics argue that mass lectures encourages passivity and encourages shallow learning.

Lecturing can be fun too!

Lecturalgia (painful lecture) according to McLaughlin & Mandin (2001) is characterized by heightened emotions (agitation, frustration, and anger) or by suppressed emotions (apathy and somnolence) and the three sources that contribute to the development of lecturalgia are; the audience, the setting, and the lecturer. However, while there is no consensus about the best ways to lecture, research by Murphy (1998) of Curtin University of Technology espoused that the use of appropriate humour breaks down barriers between the lecturer and the students.

Berk (2000) (no pun intended) in Powers (2005) states that students report retention of more information from humorous lectures and class discussions. Story telling aids explanation of concepts. Reminding students that you were once young and foolish tends to create an open atmosphere in the class. For example, when teaching the importance of **the five rights** in the administration of medications I often relate an episode in my career where to my horror I gave 16 children 5 milliliters of Epilim instead of a multivitamin preparation (they survived I nearly died).

Teaching is one-fourth preparation and three-fourths theater. — Gail Godwin (The Good Husband, 1995)

Teachers are powerful role models. Their use of appropriate humour fosters openness, respect and a safe learning environment where learners can actually enjoy learning.

All references provided upon request: Olivia Mulligan RN. RM. RSCN. Dip Communications. Grad Cert PICU. BA (Hons). MEd.
Email omulliga@bigpond.net.au

"Education is not the filling of a pail, but the lighting of a fire"
- William Butler Yeats

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13th National Nurse Education Conference Sydney 2008

Book Reviews

Since taking on the role of the Editor for ANTS Bulletin in 2006, I have reviewed and organised the reviews of many good titles. Not all titles are reviewed in the ANTS Bulletin... Just those the editor or members feel might be relevant to members of the Australian Nurse Teachers' Society. Having said this, as a bibliophile I love collecting and browsing through all books, and although I never seem to have enough time to read from cover to cover (I'm always getting interrupted) ... hence rarely read for pleasure. But I do love to skim for information and get such a kick when I find that "perfect reference" for an assignment or a resource for a colleague. I suppose this propensity for fast information has been born out of necessity; limited time, busy schedule finding a home/work-life balance (if you have any pointers let me and your new editor know...

Now that *would* make an excellent article!

Perhaps the books I enjoy the most are the ones written by our own.... Our talented colleagues and members of Australian Nurse Teachers' Society.

In this issue I have the distinct privilege of indulging in some shameless bragging... I say shameless because I'm proud to extol the accomplishment of some very talented ANTS members; Tracey Levitt-Jones (with co-author Sharon Bourgeois-also an ANTS member) and Karen Ousey (with co-author Caroline McIntosh).

Tracey and Karen have kindly agreed to write their reflections about the experience of publishing a book. I mentioned to Karen a good title might be....

'Publishing for absolute dummies'... since I love those types of resources—those which reduce complex ideas down to the simple and fundamental issues... Lets face it anyone can write gibberish... but if you really know your stuff (and clearly these authors fit into this cohort), you can explain it (the fundamentals at least) to a six year old! This is not to say these books don't stimulate— they do, but they also are enjoyable, well set out and interesting to read.

Upon reflection (and so as not to offend the sensibilities of some)... I thought perhaps a safer title might be...

"Get Published!"...

and perhaps have this column as a regular feature, offering a forum through which we might share resources and ideas to facilitate the process of getting published. Those who have done it and survived (and flourished) can help those colleagues who are just starting out... share those gifts and like Tracey and Karen practice some of that collegial generosity!

Although I would like to tell you more about Karen's new book (pictured right)... I won't steal Kerry Florio's thunder, as Kerry will be reviewing Karen and Caroline's book... **'Lower Extremity Wounds'** in the next issue of the *ANTS Bulletin*... which is hot off the presses in the UK, is now available in Australia.

Kerry, is an ANTS Member, Nurse Educator, book consumer, mentor and passionate advocate of teaching nurses best practice wound care as well as an active member of the Advance Practice Wound Care Committee for SSWAHS. It is interesting that this book becomes available now, as I have only recently become passionate about wound care myself... Serendipity? Probably more to do with Kerry's encouragement and enthusiasm actually... (I did mention she was one of my mentors didn't I?)that and a situation which highlighted to me the importance of keeping up with best practice and

desiring to improve my own skills in order to better facilitate and prepare new graduates to practice quality wound care in the community. Kerry and I will both be attending the National Wound Care Conference in Darwin next month. ANTS, Elsevier and Wiley would like to give you the opportunity to enjoy one of these titles for yourself!

For a chance to win a copy of **The Clinical Placement** or **Lower Extremity Wounds**...

Simply join ANTS, sign up a friend to ANTS ...or write a short article about your ideas and/or experience about publishing or teaching wound care... email it to either Olivia omulliga@bigpond.net.au , or myself at... Pauline.Murray-Parahi@sswahs.nsw.gov.au



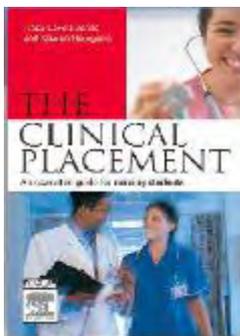
Get Published!

Frustrated writer? Ever thought about putting pen to paper and sharing your thoughts or research? Try submitting an article to ANTS. Who knows where it could lead?

This new column was originally presented in *FYI*, a community health journal, I originally developed for team building and sharing information. I thought.... why not start something similar in the ANTS Bulletin. So this column is to encourage nurses like you to start or continue in your literary career or perhaps encourage you to simply share your experiences.

Get Published will highlight the experiences of ANTS members who have either been published... or would like to *Get Published*! In next issue Karen Ousey will share her experiences about publishing her latest book about Lower extremity wounds which will also be previewed in that issue.

becoming a competent professional nurse. Although a theoretical and research-based education is essential for contemporary nursing, on its own it is not enough. Learning in the clinical setting provides the real world context where nursing students develop the knowledge, skills, attitudes and values



of a registered nurse.

Students have experiences on

clinical placements that cannot be realistically provided in a classroom or simulated setting. They communicate with patients and their families, interact with and learn from the health-care team, practice skills under

supervision and learn to deal with the complexity of competing priorities. However, health care contexts are not always ideal learning environments. They are focused on workplace goals rather than student learning goals and present dynamic situations that students and faculty have no control over. Additionally, the current climate of the nursing workforce shortage has led to increased workloads and stress for nursing staff. The presence of students, with their need for teaching and support, can sometimes increase this stressful situation.

Against this background and after many years of working with students in clinical and academic contexts Sharon and I realised that too often students

are inadequately prepared for the 'messiness' and complexity of contemporary practice. The unwritten 'rules' and cultural norms of clinical environments are often overlooked in favour of teaching the skills and knowledge required to be safe practitioners. It became apparent to Sharon and I that students need a 'map' or a travel guide that would illuminate the path they needed to travel in their clinical placement journey and help them to navigate what is sometimes perceived to be a strange and alien terrain. Essentially, we wanted to cast light on the way ahead, warn of lurking dangers and point our unexpected delights along the way, and we wanted to do this in a way that engaged students and captured their attention.

Feedback about the book from academics, clinicians and educators has been overwhelmingly positive. However, it is the response from students that has been so encouraging. This is a typical student comment:

This wonderful book was able to prepare me for placement and answer pretty much all my questions. It covered topics relating to practical matters, expectations, acceptable behaviours, emotions, communication and even included some really helpful insights from people who had walked in my shoes. Once I began reading it I couldn't put it down. Each section answered yet another question and my confidence began to build to such a degree that I have taken to asking my fellow students "have you read Clinical Placement yet"?

**Tracey Levitt-Jones
ANTS Member**

Next Issue: Dr Karen Ousey explains what it took to publish,

'Lower Extremity Wounds'.



In this issue Tracey Levitt-Jones (above), ANTS member and co-author (Sharon Bourgeois) of the *Clinical Placement* shares her reflections about writing this book.

Reflections on writing the 'CLINICAL PLACEMENT: An Essential guide for nursing students ...'

Sharon and I are of the view that clinical placements are essential to

Lovely Lesley....



Have you ever wondered what Lesley Saunders looks like? Me too! ... For new members, Lesley is the sweet and very helpful voice at the other end of the phone- ANTS Secretary... I have been conversing with Lesley for almost 2 years but had not actually seen her until the AGM. Fortunately I had my trusty camera on hand to snap her smile.

Lesley truly does a amazing job for ANTS and I wanted to take this opportunity... My last opportunity as

editor to acknowledge what great job she has done and how helpful she has been to me in particular. Since I accepted the position of editor in 2006, I have relied on Lesley for almost everything related to memberships and advice about publishing. Lesley has always been encouraging and literally nothing is too much trouble for our Lesley. Remember Lesley (and fair warning to CON)... PGMP Consulting (you've got to dream)... is not above headhunting!



Dear ANTS Colleagues,

This will be my last editorial and Bulletin contribution (at least in my capacity as Editor for the Australian Nurse Teacher's Society). I have decided to step down from my role on the ANTS Council and as Editor.

Some time ago I approached a friend and colleague, and fellow ANTS Council Member, Olivia Mulligan and asked her if she would be willing to take over the role of Editor if I decided to step down... I don't think she was expecting it so soon but she was true to her word.

The decision wasn't easy since I enjoyed the role so much and was reluctant to hand it over, but I came to the realisation I had achieved most of what I had set out to do, which was to make the Bulletin fun, inclusive, entertaining, colourful and although not quite self funding yet, it is on the way. I felt... (besides needing to spend more time being entertained by my husband Ranui (see above), I also needed to allow another ANTS member the privilege of that same experience. The experience has certainly enriched my personal and professional development and I would highly recommend it to anyone.

Maybe when Olivia has achieved what she wants as Editor you might like to try your hand at it too. All council positions including editor are available (open to nomination) every year, they are also voluntary positions and require a commitment but the effort is definitely worth it. I will certainly be putting up my hand in the future... probably after I finish my masters of education. Who knows, if I specialize in ICT I may even offer my services on the web page ... I know very little but I want to. Life long learning- I love it!

Then again, I probably know as much about web design as I did about being

Editorial

an editor when I first began. But you don't have to be a great writer, or indeed have any experience - just a willingness to learn and a passion for nurse teaching... Perhaps you might like to start small and send in your profile.

I have to admit I have a soft spot for the member profile column, I started a few issues ago. Highlighting the talent of ANTS members was especially enjoyable for me, and gives other members a chance to learn about your experiences and what you are doing.

ANTS Membership Cards

Long before I joined ANTS, the Council had decided that members should each be given a membership card. My personal goal was to have the means to create professional Membership cards for ANTS Members - I found it (thanks to a very helpful employee from the Bowlers Club, the venue of the last ANTS Christmas in July)... he kindly supplied me with the details of the distributor of the card printing machine and after some price haggling (Bali has ruined me for all unsuspecting salesmen)... suffice to say I got a bargain and ANTS can now supply its members with quality membership cards.

You will find your new ANTS Membership card in this issue of the ANTS Bulletin. The membership card sample I have used (page 3) is our first international member, Karen Ousey (U.K.).... Thanks Karen.

You might notice your card may not have a photograph as Karen's does. For reasons related to verification of identification and as decided at the 2008 ANTS AGM, at this stage, only Council members will have their photograph on the membership card. The design of the card was also chosen by majority of members at the AGM. Of course this may be changed in the future.

The purpose of the cards is to identify members by assigning individual membership numbers and eventually provide the means to access online services such as members only

section, online chat forum and even purchases... but those sort of strategies are up to the new Council, marketing manager and web controller.

ANTS Satisfaction Surveys

Olivia has been working hard on the ANTS surveys and I must say thank you to all those who participated. However the number of returns was somewhat disappointing, a mere 14%. Some of the comments were not constructive and many respondents did not bother to make suggestions. I get the whole... "I'm too busy" mantra but logic would dictate if you are going to go to the trouble of putting pen to paper you might spend the few moments it takes to render your suggestions and provide constructive comments. Of course I do not include all those collegially generous members who took the time to provide constructive suggestions. I thank you again for your trouble and rest assured ANTS Council will take on board your suggestions and make the changes necessary to continually improve this service to you.

I want to also take this opportunity to heartily thank all those ANTS member who have contributed their work and member profiles... who are willing to participate in this community of practice and put themselves 'out there'... it is only when we step out in vulnerability do we truly share ourselves (I read something like that somewhere- can't remember the author but it made sense to me).

I would especially like to thank past and present members of council and presidents whom it was my great privilege to serve with on council. The enthusiasm was truly palpable and their examples encouraged me to go the extra mile.

So I would earnestly encourage you to now support Olivia as the new editor of the ANTS Bulletin- or contact Olivia via the ANTS website... (the email address is on your new ANTS membership card). Moreover I would urge you to get involved in **your** Society- make **your** mark- **make a difference!**

Kindest Regards

Pauline Murray-Parahi (ANTS Editor)

Society Calendar

April 2008

Mo	TUE	WE	THU	FRI	SAT	SU
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
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28	29	30				

May 2008

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June 2008

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30						

Conferences & Events

7th–10th May, **National Australian Wound Management Association Conference**, Holiday Inn, Darwin N.T.

17th May **ANTS Rural Seminar... Bridging The Nexus (Newcastle)**, Beachcomber Hotel Toukley, NSW

19th May 2008 Closing date for Abstracts for **The 13th National Nurse Education Conference**

9th-11th June **2nd International Nurse Education Conference**, Dublin, Ireland

25th July **ANTS Christmas in July** (Venue TBA)

9th-11th September 2008, **The 13th National Nurse Education Conference** at the Showground, Homebush Olympic Park.

27th -28th November, **Leadership & Practice Development in Health**. Hotel Grand Chancellor, Hobart, Tasmania

"Education is not the filling of a pail, but the lighting of a fire"
- William Butler Yeats

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13 NNEC
13th National Nurse Education Conference Sydney 2008

Winners!

NEW ANTS Members

Name	Position	Employer	State
Alison Trivella	Nurse Educator	Queensland Health	QLD
Elizabeth Dator	CNS	Concord Hospital	NSW
Flora He	Lecturer	Australian Catholic University	NSW
Jeanette Robinson	Academic lecturer	Australian Catholic University	NSW
Felicity Fernandez	Clinical Facilitator	University of Western Sydney	NSW
Yvonne Muir	CNE	Mersey Community Hospital	TAS
Ann Digiglio	Nursing Lecturer	ACU National	NSW
Judith Ibister	CNE	Liverpool Hospital	NSW
Tina Potter	RN	Nowra Private Hospital	NSW
Gloria Allen	Nurse Educator	The College of Nursing	NSW
Donna Crossweller	Lecturer	Australian Catholic University	NSW
Cheryl Ussia	CNS Community	South Sydney Area Health Service	NSW
Rattavady Luangrathrajasombat	RN	Nepean Hospital	NSW
Warren Stewart	RN	Prince of Wales	NSW



Perhaps you would like to have your research published, share your experiences educating nurses or comment about an article? If you have a story about nurse education or an innovative idea you would like to contribute we would like to hear about it.

DEADLINES FOR SUBMISSIONS & ADVERTISEMENTS FOR INCLUSION IN ANTS WINTER EDITION 2008 NO LATER THAN MAY 1ST 2008

(exceptions: by prior arrangement with editor)

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