

**ANTS BULLETIN Spring Edition,  
September 2007**



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# INSIDE THIS ISSUE of the AUSTRALIAN NURSE TEACHERS' SOCIETY BULLETIN



Our Guest author and new member to ANTS is Associate Professor Laurie Grealish. Laurie was a keynote speaker at last year's ANTS National Conference. It is a privilege to present this work and timely with the International Nurse Educators' Conference (Wellington N.Z.) approaching this October.

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## President's Letter to Members

**Jacqui Guy**  
**President**

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It has been a busy 2 months for the council, and I thank them for their enthusiasm and support on a weekly basis by e-mail and at our meetings which are held every 6 weeks.

The Council members have sent a response questionnaire to The National Nursing Organisations' (NNO) draft of the Governance Framework and Constitution. A sub-committee of the Council is also reviewing our own Constitution. You can find this on the ANTS website. Please send us your comments on any changes that you consider worth discussion. This can be done by emailing me or writing a letter to the Bulletin. We are also drafting a response to the WHO Global Standards for Initial Nursing and Midwifery Education. The NNO Research subcommittee, of which I am a member, is formulating recommendations to the NHMRC regarding nursing research. It is often difficult to get research funding for nurse education projects, but don't forget that you can apply for an ANTS small research grant. Please give me feedback on any of your research issues you wish the sub-committee to address

Our Christmas in July Dinner was enjoyed by all who attended, and we were entertained by Margaret Coffee's accounts of nursing in the outback as well as in Alaska. On the first of September, 5 of the Council went to the ANTS rural seminar in Wagga and enjoyed typical country hospitality. Out special thanks to Ann-Marie Brown and all the speakers for an informative day followed by a Thai dinner in the evening. We now have some new members from Wagga and we were also able to conduct a focus group at the seminar as part of our Nurse Teacher competency research. The stage for collection of the research data is coming to an end, so if you haven't already completed a questionnaire, please download it from the website and send it in. We would like input from as many educators as possible.

I am unable to attend the New Zealand Nurse Education Conference next month, but several members of Council are presenting papers and are looking forward to seeing ANTS members there. Our past President, Mary Brigid-Naylor will be announcing the 2008 Nurse Education Conference which will be held in Sydney in September. Watch the website for details and the call for abstracts.

**I encourage you to let us know of any nurse education issues which concern you, or share any information or news items you have which may be of interest to ANTS members.**

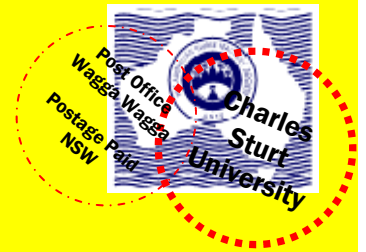
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**Jacqui Guy**  
**ANTS President**

**Post Script...** fortunately Jacqui has not seen the final draft of this issue of the ANTS Bulletin and since humility would prevent her doing so, I can now (safely) proclaim to you all her remarkable achievement in recently receiving the coveted **Carrick Award for Teaching Excellence**; *For pioneering an innovative model of experiential learning for nursing students in partnership with a healthcare system in a developing country.* Of course I'm referring to Jacqui's work in Vanuatu and her commitment to the nursing students and faculty in that region. We are indeed fortunate to have such talented teachers as part of the ANTS membership. Despite this wealth of talent, ANTS remains an inclusive organisation providing the best role models (see above) and the warmest of welcomes for nurse teachers from all backgrounds- neophyte to expert. Congratulations Jacqui on a most deserved award!



## Postcards from ANTS Rural Seminar Wagga Wagga NSW



The recent Australian Nurse Teachers' Society Rural Seminar, held at Charles Sturt University Wagga Wagga Campus, NSW was for me well worth the trip. Some of my colleagues flew in comfort, but we all arrived in one piece and thoroughly enjoyed the experience. It was my first ANTS rural seminar so I had no particular expectations.. Just a little healthy curiosity and an interest in networking and learning more about our hosts and their experiences as nurse teachers. Unfortunately I was unable to listen to all the speakers I was helping Sandra (our most capable ANTS Secretary) at the registration desk (see above *lower right*- I'm the one on the left with the perplexed look) but from the feedback I received from those who did attend I was indeed correct in assuming I might have missed out. We must video or audio tape next year's seminar! (If you agree please email me and let me know.... [Pauline.Murray-Parahi@sswahs.nsw.gov.au](mailto:Pauline.Murray-Parahi@sswahs.nsw.gov.au)) The consensus was that all the presenters were very informative and as usual the titles never quite capture

just how interesting some topics are going to be. Clearly all the speakers were well prepared and conveyed their enthusiasm. Perhaps the sessions I personally found most memorable were Wayne Rigby, who spoke with a passion and commitment as the director of Djirruwang program. If you would like to know more about the program please contact Wayne on [crigby@csu.edu.au](mailto:crigby@csu.edu.au). I spoke to Wayne on a few occasions during the day and it is clear he works very diligently advocating and promoting his program far and wide so much so he revealed his wife might even request a DNA test (to make sure he really is her husband)! Dr Basseer Jeeawody's talk was likewise most interesting and we will be featuring his full article in next issue of the ANTS Bulletin and his and Wayne's Bio profiles are available on pages 4-5 if this issue. The final session for the day was presented by Dr. Elaine Dietsch's, whose presentation had me in tears one moment and laughing the next. Elaine skilfully and sensitively told the

unique stories of the brave Congolese women for whom every night brings unimaginable terror. It was wonderful that Elaine was able to share their stories but truly heartbreaking to hear.

At the end of the day we enjoyed each others' company, conversation and some wine and cheese tasting... the cheese was flavoured with all sorts of authentically Australian bush herbs- surprisingly tasty. The event was well planned and catered, Anne-Marie Brown did a wonderful job of organising the event and was an excellent host. The Charles Sturt Campus is unique and blends well into the Australian bush... it's huge! (but fortunately well signposted). The evening was capped off nicely with a Thai banquet, but what I most remember was as Basseer refers to as **'connecting'** with colleagues who have the same passion for learning and developing their skills as nurse teachers.

**Pauline Murray-Parahi**  
ANTS Editor & CNE



# Bio Profiles & Members Only Forum

**This column, as the title suggests, is dedicated to showcasing new (and existing) members of the Australian Nurse Society. As more members provide their experiences, it will hopefully provide a forum for nurse teachers from all backgrounds to share and develop connections, network and promote a community of practice. So if you would like to share your bio with fellow members please email the editor- contact details provided on back page or ANTS website [www.ants.org.au](http://www.ants.org.au)**

**Dr A. Basseer Jeeawody  
RN DipN (London), BA (Hons) OUUK,  
Med (UWA), PhD (Latrobe),  
FANZCMHN**



Dr Basseer Jeeawody is originally from Mauritius. He speaks English, French and Hindi. He has studied and practised in the UK, Australia and other parts of the world. Basseer is a Nurse Teacher with an eclectic approach to his teaching in the undergraduate, postgraduate, continuing professional education and professional development programs. He utilises his expertise in nursing, mental health, psychology, global professional practice, multiculturalism, and community experiences, as well as his contributions to government and non-government advisory committees in his teaching, curriculum planning, development and innovation.

Basseer has a PhD "*Continuing professional education in mental health: Critical perspectives and emerging strategies*" from Latrobe University, a Master degree in Education by thesis "*A study of priorities in continuing professional education for mental health nurses using a Delphi Technique*" from the University of Western Australia, a Diploma in Nursing from the University of London, and a Bachelor Honours degree in Psychology from the Open University in

the UK. He is a Registered Nurse as well a Registered Psychologist specialising in Health Psychology in the State of NSW. He is a Member of the Australian Psychological Society, a Fellow of the Australian and New Zealand College of Mental Health Nurses, and a member of Australian Nurse Teachers Association. Basseer trained as a nurse in the UK achieving Registration as a General Nurse, Mental Health Nurse, as well as Developmental Disability Nurse. He was also a Registered Clinical Nurse Teacher, and a Registered Nurse Tutor in the UK, achieved through teaching courses such as Graduate Certificate in Education from the University of London, and Further Education Teachers Certificate from City and Guilds London.

Basseer is currently a Senior Lecturer at Charles Sturt University teaching in the undergraduate and postgraduate programs in the fields of mental health/ mental health nursing as well as professional issues in nursing, issues in nursing education and multicultural nursing subjects. He also researches in these fields and supervises PhD and Doctor of Health Science theses. He has successfully supervised two PhD theses, namely "*The influence of HIV/AIDS on the practice of primary health care nurses in Jordan*" and "*Towards a new paradigm of higher degree nursing education in Thailand: A discourse analysis*". He is currently supervising doctoral students in the arena of "*Connectedness in Case Management*"; "*Professionalisers in professional practice*"; "*promoting health through Creativity*". Basseer has also coordinated undergraduate and post graduate programs, namely Master of Mental Health, Master of Clinical Nursing, Bachelor of Health Science (Nursing), Bachelor of Health Science (Mental Health), and Clinical Coordinator of the Bachelor of Nursing program.

He has held a number of key positions such as Foundation Faculty of Health Studies Sub-Dean for international programs at Charles Sturt University responsible for international programs and initiatives (including nursing) in the Faculty. Basseer was also the Foundation Director of the Djirruwang Indigenous Mental Health Project at the University, a funded project conducted in collaboration with the Commonwealth Department of Health and Ageing, towards the development of a unique Bachelor of Health Science (Mental Health) Indigenous specific program which has been successfully implemented. This program was developed through a National Steering Committee and National Curriculum Development Group with a minimum of 65% of members with Indigenous background, thus building the capacity of Indigenous professional

practitioners. At Charles Sturt University, Basseer also contributed towards the establishment of the Riverina Rural Health Training Unit, and subsequently he was appointed Director of Nursing to the Unit.

In the UK, prior to settling in Australia in 1985, Basseer was the Foundation Director of the Continuing Professional Education and Professional Development Department for a Regional Health Authority in West Sussex. He established the department and set up strategies and processes for professional development and continuing professional education for nurses and allied health professionals. He was responsible for well over 1200 staff. In the UK, he also occupied the positions of Clinical Nurse Teacher, Nurse Tutor, and Unit Manager for an aged care setting.

Basseer has also made contributions to curriculum development, innovation and implementation through his governance involvement. Some examples are as follows: Chairperson of External Courses Advisory Committees (Undergraduate and Postgraduate programs in Health Sciences); Chairperson International Programs Advisory Committee; Chairperson of School Research Committee; Member of Senate Subcommittee (Admission); Postgraduate and Undergraduate Courses Coordinator; Member of University International Advisory Board; Member of Faculty of Health Studies Board; Member of School Board, Assessment, Courses, Ethics, and Teaching and Learning committees; Member of Faculty of Health Studies Research and Graduate Studies Committee.

Basseer has made substantial contributions to policy development. He has been an invited member to various governmental, non-governmental, community organisations and professional bodies' advisory committees (UK and Australia).

Basseer has attracted numerous grants to conduct research, projects and consultancies. He has published widely in the fields of Mental Health, Aged care, continuing professional education, Professional development, and Health Psychology. His publications include a book "*Successful ageing: Perspectives in health and social construction*"; 5 Book Chapters; 34 Refereed papers; and 53 other papers and technical reports. He is currently developing a book title "*Therapeutic-self in the health and human services*". He has undertaken national and international projects and consultancies in health and health related fields, continuing professional education and professional development, accident prevention, and capacity building in countries such as Mauritius and Papua

New Guinea. Some of his significant projects in Australia have been the development of preceptorship programs, evaluation of the emergency Accessline system for Greater Murray Area Health Authority; development of clinical education program in mental health for general medical Practitioners. He has just embarked on a funded project *"Embracing equity and responding to students with mental health and wellbeing difficulties at CSU: A Toolkit towards best practice"*. Basseer has also received an Australian Research Council Linkages Development Grant to undertake a project *"Diversity, humanitarian entrants and social and emotional wellbeing: Strategies for rural and remote Australia"*.

Basseer has been an invited speaker at Regional, National and International conferences, workshops and public forums in subject areas such as, *'Mental health is everybody's business'*; *'Positive ageing: A multicultural perspective'*; *'Mental health issues in the community'*; *'Contemporary multicultural issues'*, *'Issues of ageing'*, *'Depression and socio-cultural diversity: Implications for professional practice'*; *'Addressing Indigenous social and emotional issues through a professional preparation program'*; *'Embracing therapeutic skills of male rural health practitioners'*; *'Emotional and social wellbeing of Indigenous Australians'*; *'Human factors in road traffic accidents'*; *'Mental health and professional issues in the field of policing'*; *'Forensic mental health'*; and *'Leadership in the new era: Positive ageing: A multicultural perspective'*. He has also been guest speaker at Rotary Clubs, Men's Groups, Girls Guide, Civic Trust, and Kurrajong Early Intervention Centre. He was the guest speaker at the Riverina TAFE graduation ceremony in 2006.

Basseer is deeply involved in community work making diverse contributions in Australia through his role as the President of the Multicultural Council of Wagga Wagga, Member of Regional Advisory Board for the Community Relations

Commission for a Multicultural NSW, and a key member to set up a consortium with St Vincent De Paul and Centacare to assist settlement of humanitarian entrants (Refugees) in the Riverina region of NSW. He is a member of the Schizophrenia Fellowship and of the Wagga Wagga Civic Trust. Basseer has been a recipient of numerous awards, including the Vice Chancellor's Award for Teaching Excellence for the Faculty of Health Studies at Charles Sturt University; Awards of special recognition for contributions made to professional development of senior police officers in Mauritius; Ivy Manton Research Award for his research in mental health nursing in Western Australia; Chief Nursing Officer's Award for his contributions to Disability Nursing in the UK. Basseer was a Nominee for the 2007 Australia Day Citizenship of the Year Award.



### **Colin 'Wayne' Rigby RN, B Soc. Welfare, MHSc.**

Colin, commonly known as Wayne Rigby started his psychiatric nursing in the late sixties at Kenmore Hospital Goulburn, following completion of this certificate he moved to Sydney and obtained a certificate in Mental Retardation, he moved back to Goulburn and completed his General at Goulburn Base Hospital, he worked for a short time as Nurse Unit Manager of the Emergency Department

before returning to mental health. Wayne developed the first rural mental health service in New South Wales at Young, 1973, a most innovative move as it was also a shop front centre, Wayne was promoted as a Gazetted Welfare Officer (Accredited Person under the Mental Health Act), he believed then that health should be focused on whole populations instead of individual focus. During his time at Young he developed an integrated service which focused on a community development model, Wayne moved on to pioneer services at Bowral, the south coast of New South Wales. He developed the Extended Hours Services and Residential services in the Shoalhaven Area in 1987. Shortly following he completed a Bachelor degree in Social Welfare and a Masters in Health Science. Wayne moved to Canberra in 1990 and was employed as a Senior Staff Counsellor with the Australian Bureau of Statistics for 6 years, his work focused on co-ordinating the national staff counselling units, policy development and facilitating work design projects and issues. Wayne then decided to have a career change and worked as a Child Protection Casework consultant, following this short period of employment he moved back into mental health and was a Clinical Nurse Consultant and Project Officer for the old Southern Area Health Service. He developed high standard of clinical practice both in in-patient care and Mental Health Triage Service, he also was Acting Director and Senior Educator of Aboriginal and Torres Strait Islander Mental Health Training. 2004 and 5 Wayne transferred to the Mid North Coast as the Health Service Manager for the lower sector, he managed a large team including an in-patient unit, his port folio was Aboriginal Mental Health for the whole Area Health Service. He moved back to Greater Southern Area Health mid 2005 to work as a Senior Clinician in the Queanbeyan and Monaro Mental Health Service. Currently, Wayne has been seconded to the Charles Sturt University as again Director of the Djirruwang Program (Aboriginal and Torres Strait Islander Mental Health Training).



**Congratulations**  
to  
**Valerie Edgar, Wayne Rigby & Basseer Jeeawody**  
**NEW ANTS Members & Winners of**  
**Professional Portfolios & Long-term care assisting...**  
courtesy of  
**Elsevier & the Australian Nurse Teachers Society**

# Learning at Work

**Paper delivered at the  
Australian Nurse Teachers'  
Society Conference  
September 2006**

**By Laurie Grealish, University  
of Canberra**



## Introduction

Learning in the workplace plays an important part in nursing education, both before and after registration as a nurse. Accommodation of learning in the workplace is a significant challenge in health generally, but in nursing specifically. Increased shortages of experienced nurses and changing patterns of care delivery contribute to complex contexts for practice. This paper provides a post-modern critique of learning at work and suggests a paradigmatic alternative to standard learning theories. I aim to show how teaching practice changes when the theoretical perspective known as Communities of Practice is applied.

## Context: Workplace values and practices

Workplaces are complex organisations of systems and individual thought processes. The scope of this paper does not permit a thorough analysis of workplace culture. However, some recent trends are worth noting when considering best practice in supporting learning at work. Today, workplace values and practices from traditional or Fordist models of work organisation are being replaced with more contemporary practices, founded on the principles of liberal governance.

Fordist models of work organisation refer to the production line practices that were used in car manufacturing. This organisational model dominated

management theory due to its effectiveness in producing enough cars to meet consumer demand. In this model, the world is pre-given or concrete. Production is improved with better understanding of the world through accurate representation of processes and practices, where each stage of production is clearly broken down into parts and described (Beckett & Hager 2002).

These descriptions of processes and practices are the tools to achieve improved production and are found in manuals, induction courses, procedural policy and role descriptions. In traditional workplaces, a hierarchy exists between the workers and management, where the work of one group is closely supervised through the work of the other. Communication travels downward, and workers are expected to follow orders and rules. In traditional practice contexts, change processes are usually achieved by coercion; changes are initiated by managers for implementation by workers. While the traditional model of work organisation does not exist as a dominant model in health workplaces today, elements of the model continue implicitly as assumptions in how work should be undertaken and improved.

The globalisation of information has accelerated changes in the workplace more this century than ever in the last century (Wenger, McDermott & Snyder 2002). Through globalisation, information has become increasingly valued by organisations keen to improve practices that result in improved economic and production performance. This applies to public health organisations as well as private industry. In this environment, learning at work is valued by organisations because it is through learning, and its associated changes in practice, that economic advantage for the organisation is advanced and evident in increased productivity and improved services (Wenger *et al* 2002).

In response to the challenges of globalisation, the worker as a change agent holds the organisational key to innovation and market edge. Contemporary workplaces are operating in an environment of constant change and innovation, where

the changing nature of the world is accepted. Knowledge is reified or momentarily stable, rather than accepted as a universal truth; it is questioned and tested in everyday practice. Rather than information that can be collected and held in electronic databases for access by all workers, knowledge is valued in the ways that it is lived in the worker. Knowledge is embodied, where the worker casts a knowing gaze, rather than an innocent eye, over practice. In contemporary workplaces, worker creativity, problem-solving and judgement are valued for their contribution to increased productivity and improved service.

Rather than providing direction and orders, managers in contemporary models utilise liberal governance mechanisms to control creative workers. Mechanisms such as policy, feedback, evaluation and audit provide evidence to focus practice change on organisational outcomes. In these models, collaborative rather than supervisory arrangements are nurtured for management and workers – sometimes known as shared governance (O'May & Buchan 1999). In contemporary models, change occurs through persuasion and logical argument, rather than executive direction.

In summary, in our globalised world, management practices have shifted from stable and closely prescribed supervisory practices to dynamic and supportive practices that work to harness worker creativity whilst ensuring positive organisational outcomes. This shift has implications for workplace learning.

## Learning theory and practice

Standard learning theories, derived from cognitive psychology, underwent a period of rapid development in the post-war period (1950 to 1980). Many of these models share conceptual assumptions as outlined below (Bandura 1986, Skinner 1993, Piaget 1950).

- ✦ Learners are represented as isolated individual minds;
- ✦ Knowledge is universal and context-free;
- ✦ Knowing is a transparent process, where learning (content) can be brought to the mind; and



## Learning at Work by Laurie Grealish (continued)

✦ The product of learning is performance.

In these standard approaches to learning, there is usually a beginning and an end to the learning, with formal learning goals and assessment. When there are no learning goals or assessment, it may be assumed that no learning has occurred. Standard approaches to learning inform many 'front-end' curriculum models in vocational education

(including nursing). In front-end curriculum models, students are introduced to theories and these are then applied to practice (Heath 1998). For example, students learn about paediatric nursing and then undertake a paediatric practice placement. For the purpose of analysis, a vignette from recent collaborative research will be used (Figure 1).

When thinking about the vignette, the reader is asked to consider what is happening for the student, Anne, and the nurse. In particular, "what is being learned?" and "how is it being learned?" When thinking about learning, nurse teachers are influenced by theories of learning and teaching, gained from our personal experiences as a learner as well as our education as teachers.

When used by clinical nurse educators or facilitators in the workplace, standard approaches will lead to particular strategies. Consider the vignette from Anne (Figure 1) and recall the key questions: "What is being learned?" and "How is it being learned?" From a standard learning approach, learning is about performance and the knowledge necessary to achieve that performance. In this vignette, Anne is learning about the poor hand washing practices of some staff in other disciplines and the role of peer review. She is learning by observation and personal reflection. The clinical educator or facilitator listening to Anne's experience may begin to consider teaching strategies that would support practice development in the unit. Possible practices or strategies that might be employed include:

✦ An Inservice session - perhaps with the agency's infection control nurse as guest speaker to discuss specific content such as cross-contamination or nosocomial infections;

✦ Skill development sessions - where all staff attend a hand washing demonstration and complete a hand washing competency assessment;

✦ Role play with Anne and other students or newly qualified nurses on

challenging (Grealish, Mowbray, Ranse & Vanderheide 2006).

In thinking about these comments, it appears that for clinicians using standard approaches to learning, learning is conceptualised as a separate activity to working. Learning is content and rationale that can be transferred from the nurse to the student through explanation. What students learn by participating in care delivery, as a team member, is often

not counted. Further, when attempts are made to make the theory-practice links explicit through rationale, they often degenerate into ineffective examples of technical rationality, with a focus on the relationship between knowledge (sometimes expressed as research evidence) and practice, in the form of specific skills - the individual nurse or student is rendered invisible.

Learning strategies grounded in standard learning approaches are limited and a theory to practice dichotomy develops. There is little account of the relationship between the knowledge of the individual and the group (collective knowledge) and accounts of informal learning are easily dismissed.

In summary, there are concerns about the limits of standard learning approaches. Increasing evidence suggests that standard approaches are not sustainable in a rapidly changing work environment (Guile & Young 1998). The focus of standard learning theories is limited to the individual, and the individual's cognitive abilities, potentially ignoring the social and cultural processes that contribute to learning. The focus on developing knowledge and learning skills for existing work practice dominates so that the development of new forms of capability, that may be needed in the future, is largely ignored with few opportunities for creativity. To sustain practice change in a rapidly changing work environment, such as health, other models or approaches are required.

### Learning theory and curriculum change

Nursing curricula are constantly

***That scenario reminds me of when I was talking to one of the RNs in our ward who was a very experienced RN who was doing a round with some of the doctors and ... and he [the doctor] was looking at a wound that was rather sloppy and messy and he actually picked at the wound with his fingers and then he went on to the next patient and he didn't wash his hands. And the RN said "I should have said something but I just couldn't", and there's times I felt I should have said things, but as a student I felt that my position there was as the lowest of the low....***

**Anne (3rd year student nurse) as reported in Grealish & Trevitt 2005**

Figure 1. Third year student narrative

possible responses to the situation - this could be facilitated by a clinical psychologist or other suitable expert; and

✦ Identify another preceptor for the student - someone who is recognised as a clinical expert with the ability to undertake peer review and provide unsolicited feedback on practice.

Although this list is not exhaustive, it does demonstrate that common educational strategies used in health facilities are informed by the assumptions that knowledge of infection control and communication techniques can be applied to practice, once they are understood and that practising the skills such as hand washing and communication will lead to mastery.

Recent evaluation of clinical nurses' experience of working with students, conducted in Canberra, suggests that they are comfortable with standard theoretical approaches to learning and teaching. Common staff comments include:

✦ I want to know 'what' I should be teaching students;

✦ There is no time to 'explain' practices due to service commitments; and

Students who were 'unprepared' are

## Learning at Work by Laurie Grealish (continued)

developing to prepare the graduate nurse for a complex and evolving workplace. To prepare nursing graduates who can work in the post-globalisation health workplace, an increasingly diverse group of standard approaches have been implemented in curriculum development. Adult learning theory (Knowles 1990), case study analysis, and problem-based learning (Creedy, Horsfall & Hand 1992) have been advanced as teaching strategies to support student learning. These approaches continue to focus on theory and its application to practice. Because the feelings and thoughts that are experienced by nurses in the workplace cannot be replicated in the classroom, students see these learning events as 'pretend' and inauthentic.

I am suggesting that a new theoretical approach, grounded in the workplace with support from the curriculum, can be developed collaboratively by industry and the academy. At the University of Canberra, a recent curriculum redesign has incorporated the "Communities of Practice" (CoP) theory (Wenger 1998) as the framework for the curriculum. CoP is a social theory of learning where learning occurs within communities that have a shared interest or focus – in our case the focus is health work.

There are four key concepts in CoP and these are depicted in Figure 2. Wenger (1998, p4) defines each concept as:

- ✦ **Meaning** is a way of talking about our (changing) ability to *experience* our lives and the world as meaningful;
- ✦ **Practice** is a way of talking about the shared historical and social resources, frameworks and perspectives that can sustain mutual engagement in *doing* practice;
- ✦ **Community** is a way of talking about the social configurations in which our shared enterprises are defined as worthy of pursuit and how participation (*belonging*) is seen as competence; and
- Identity** is a way of talking about how learning changes who we are and creates personal histories of *becoming* in the context of our communities. In CoP, learners are considered to be social beings. Learning is not a specific activity, with a beginning and an end. Rather, as human beings, we are continually learning as we engage with

others and with our environment. Knowledge is embodied as competence, in respect to those activities that are valued by the learner. Knowing is developed while pursuing these valued enterprises by participating in the activity of work as a nurse. Finally, meaning, the product of learning, is in terms of who I am and my contributions to the organisation. These assumptions about the learning process are similar to those underpinning transformational learning approaches (Mezirow 1990; McAllister 2005).

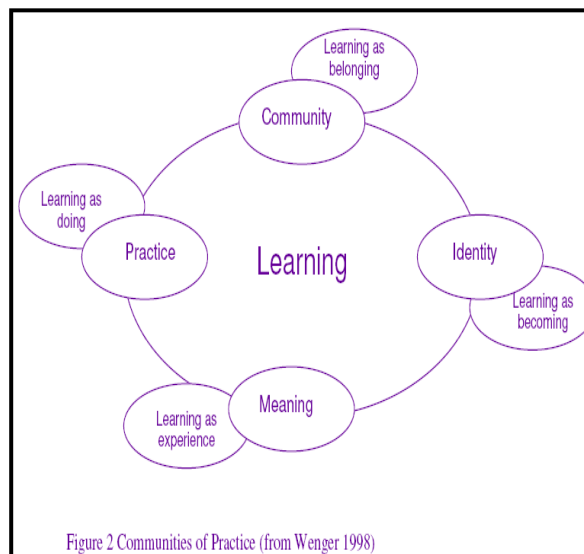


Figure 2 Communities of Practice (from Wenger 1998)

This model can be implemented in workplaces without the academy. Multinational corporations value the model's usefulness as they are seeking to build teams of workers to solve difficult problems (Wenger *et al* 2002). As a model to guide undergraduate nursing education, CoP assumes that learning is a lifelong endeavour and supports learning from practice, and analysis of that practice, as well as developing competence as a nurse.

When the earlier vignette (Figure 1) is considered from CoP perspective, different teaching and learning strategies emerge. The teacher might facilitate a practice development learning set (Walsh, Moss & Fitzgerald 2006) where a group of interested staff discuss their experience of witnessing poor infection control practices. Questions to guide this type of discussion might include:

- ✦ What are we doing?
- ✦ Why are we doing it this way?
- ✦ What comes next?

How can we do it better? Together, the group can identify the

support that is required to intervene when others exhibit unsafe practices.

Providing the student nurse with the opportunity to work alongside a range of staff, as a member of the work team, can lead to new practices and perspectives. When the learner works with more than one person, she or he can see different ways of engaging with that work. Although we often talk about working in teams, nursing work is quite isolated. Clinical nurses work 'behind the screens' (Lawler 1991) where practice is not widely observed or open to critique. In CoP, students are encouraged to work with a range of staff rather than one preceptor. Preceptorship models, where the students are exposed to the practice of only one nurse over an extended period of time, do not provide adequate opportunity for critical analysis of practices. Whereas, multiple work relationships can lead to comparisons and analysis of contributing factors for differences and similarities. Facilitation of such analysis would require more in-depth questions such as found in critical reflection techniques

(Titchen 2003) or theorising from practice (Eraut 1994).

Tackling challenging tasks, such as providing feedback to peers, requires on-the-job learning. If supported and successful, this type of learning leads to motivation and confidence – learning as becoming. The student nurse and the RN can work together with others to develop practices to support peer review in day-to-day practice. The skills of providing feedback, both solicited and unsolicited, improves with critical thought and a focus on practice and outcomes. The focus on the social environment associated with the social theory of learning provides a framework for multiple factors to be considered rather than focusing upon the individual only (as in cognitive models).

### Early evidence of support

Early evaluation work at the University of Canberra suggests that students learn more effectively when they are included as team members, participate in work, and receive feedback on their performance (Ranse & Grealish 2007).



As team members, students are engaged in the work of the team and seek feedback on their performance from a range of staff. Through participation in the work, students carry responsibility for some aspects of service delivery. Students report this responsibility as a rewarding outcome of practice. Finally, students consistently report that specific feedback on their practice is essential for their learning.

Work being conducted in the United Kingdom (Miller & Blackman 2003) is investigating the learning that occurs during the first three years of post-graduate employment. Miller and Blackman (2003) report that newly qualified nurses experienced four main areas of concern. Each of these concerns appears to relate to the four concepts central to CoP (refer to Table 1). When the experiences of newly qualified nurses are more closely examined, it is clear that the focus of their learning is on the work of nursing, not the theory, nor necessarily the actual skills as suggested by cognitive educational theory. This provides early evidence of the possible value of CoP theory for workplace learning.

### Developing a community of practice

Although communities already exist in the workplace, communities of practice, where staff share their focus on practices within the community, can be developed. By focusing upon change and evolution, consistent with globalised workplace values, communities of practice can be developed to support learning. Rather than viewing change as another thing to do, it can be seen as learning and those who facilitate change can be seen as people who understand learning - teachers. Only people within the practice community know the requirements for the team and can appreciate the issues at the heart of its domain. However, it often takes an outsider's perspective to help members of the team see the possibilities. In CoP, different levels, or degrees, of participation are invited.

There is a coordinator, who organises events and connects the community. Active community members work on the core issue or practice puzzles and peripheral members of the community, who are involved in the practice, as well as intellectual neighbours, customers and suppliers are kept informed of the community's work. A conceptual map of the degrees of participation is found in Figure 3.

Communities of practice require time to develop. What is important to the group must be developed over time - it is not

The real value of these exchanges is not evident until someone shares with you how your insight was applied (useful).

There are many rhythms in a community that contribute to its overall evolution (Wenger *et al* 2002). Combinations of whole group and small group gatherings create a balance between the thrill of exposure to new ideas and the comfort of more intimate relationships. A mix of idea sharing forums and tool-building projects fuels the community and supports learning from work, and creative approaches to practice.

### Conclusion

Contemporary workplaces have changed significantly in the globalised era. Management and teaching approaches need to shift in order to provide the necessary supports for creativity and practice evolution to ensure competitive and efficient health services. This paper has outlined one social theory of learning, CoP, as a possible activity to standard learning theories, based in cognitive psychology. The CoP theory provides fresh ways of examining practice issues, and acknowledges the values of embodied knowledge in a socio-political practice environment. CoP provides guiding principles for supporting practice change in work teams (communities). While the model has provides a framework for one undergraduate nursing curriculum, its value needs to be further researched in undergraduate, postgraduate and workplace contexts in order to fully appreciate its potential usefulness.

Finally, CoP is not about destroying traditional learning theory and starting over. Rather, as workplaces are confronted with rapidly accelerating change, CoP

provides a model or a key to tackle what is a significant problem for teachers in today's healthcare environment. The model requires the community to come together and use its embodied knowledge of practice to advance practice and make health care the best it can be.

(continued on page 11)

Miller and Blackman (2003) findings	Communities of Practice Concepts
To be engaged in a task was equated with successfully getting on with the job of being a nurse.	Developing a sense of IDENTITY and competence as a nurse.
Newly qualified nurses wanted to orient themselves to their new setting and learn the language used there.	Seeking to participate in the COMMUNITY.
Newly qualified nurses felt responsible for the total care of the patient - they believed that they must do everything and do it well.	Valuing PRACTICE where learning occurs through doing.
The increase in accountability and responsibility that came with qualification as a nurse was overwhelming.	The MEANING of practice changes on qualification and the loss of the safety net of being a student, without the burden of ultimate responsibility for the patients.

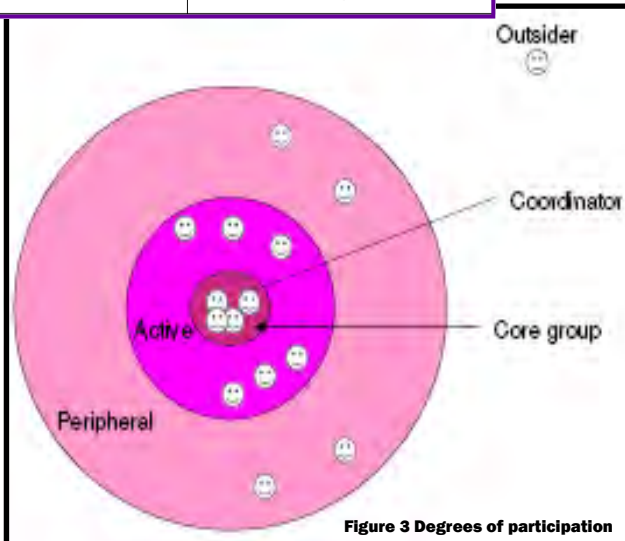


Figure 3 Degrees of participation

ascribed immediately. Communities need to create events, activities and relationships that help their potential value emerge. The most valuable community activities are the daily informal discussions to solve a problem or one-on-one exchanges of information about a new tool (Wenger *et al* 2002).

# Ants Christmas



The Australian Nurse Teachers' Society (ANTS) annual Christmas in July dinner held at the Bowels Club York Street in Sydney was a memorable event despite a smaller than usual attendance.

It was a chance for us all to relax and enjoy the company of fellow members, colleagues, family and guests. The fare was well presented, tasty and washed down by numerous glasses of very palatable wine and fruit drinks for those who did not imbibe in alcohol. The staff were courteous and went the extra mile by providing an alternative dessert for those with special dietary needs unable to tolerate the delicious Christmas pudding. Last but not least the evening's entertainment was enhanced by the very picturesque, and well articulated memoirs of Margaret Coffey a retired nurse who regaled us with her very moving and often hilarious accounts of her very eclectic nursing career.

Very often guest speakers are tolerated as a necessary component of professional social gatherings. However, this year's choice was a wise one, as it was a stark reminder of what we truly represent as nurses. Margaret's topic covered many aspects of our lived experiences as professional nurses and teachers. Initially the introduction of Gadamer's definition gave the impression that this talk would be too high brow and academic but it only served to remind us of who we are and what we can do as advocates for the people we serve and the individuals we work with.

Margaret's simple message had a very human touch. Regarding the students, Margaret requested that we go the extra mile for learners that might appear slow to learn and she told us a very touching story of a young immigrant nurse who benefited from such nurturing and went on to be a very successful practitioner who was well respected for her professional

performance and attitude which she had obviously imitated from her supervisor. Margaret emphasized that having good role models to learn from is such an important aspect of the neophyte's learning experience. Margaret also touched on topics such as empathy, understanding and learning about the varied needs of our very diverse population.

Her story about the Vietnamese woman reminded us how easy is for us to come to the wrong conclusion about the behaviour of individuals from a culture different to our own. This mother was perceived to be not interested in nurturing her newborn infant. It was subsequently discovered that this young mother was in pain following a caesarian section. This mother was very young woman and a recent immigrant with no English language skills with a very simple rural life experience. She was also being cared for in a community so foreign to her own understanding of the



culture of childbirth. It was a very moving story. Perception it seems is not always reality. We learned the importance of questioning behaviour different from our own as there is usually a very rational and good reason for this different type of behaviour. The other story that had a deep impact was the story of a young Turkish woman who was a victim of domestic violence and how the simple act of referring her to a woman's refuge and requesting a friend to give her a job changed that woman's life for the better. Margaret met this woman 20 years down the line as she graduated from university with her son. Margaret reminded us of the impact we can have on the lives of our patients without knowing it. On this occasion the outcome was remarkable.

We were also privy to the secret life of

one of our esteemed senior colleagues who shall remain nameless. This very hilarious anecdote of how this very experienced individual's advice was ignored by an all knowing member of the medical fraternity had us howling with laughter. Margaret's vivid descriptions of the pompous medic who insisted on removing deep tension sutures following a caesarian section prematurely on a very obese, gravida sixteen, heavy pipe smoking lady of the Inuit Community which Margaret had the honour of serving. The white lies and discrete manipulations used by this venerated nurse and backed up by a very nervous Margaret served to remind us the lengths we nurses have to go to advocate for our



Past & Present Presidents Janet & Jacqui with guest Speaker Margaret Coffey



patients. Margaret's slide show revealed pictures of her experiences working with the first Australians and was revealing and compassionate with evidence of how paternalistic we tend to be regarding housing for these people. They were not just pictures of sadness and poverty that one would expect but pictures of success stories. We saw the pride in the eyes of Aboriginal graduate nurses. We saw a picture of a successful and happy Aboriginal family whose father received an OBE for his services to the community. They were stories of hope and survival and how the ancient domestic customs blended so nicely with the modern world as the women cooked the meals in the traditional



# in July Dinner

fashion while listening to tracks from the Beatles. Margaret's experiences also included stories about the Inuit peoples of North East Canada. We learned about the high incidence of dislocated hips (clicky hips) of the infants who were tightly bound up on the papoose carriers to keep them warm. There were also stories of the ingenious ways these people had to allow for disposal of the infants excrement and how nappy rash was rare. We also got insight into some of the Australian nursing history. We learned about Vivienne Bullwinkle and her courage during the last war and how

she and her starving emaciated colleagues kept their old raggedy nurse uniforms to present themselves upon release from their prisoner of war state. Stories serve as a valuable learning tool as they tend to be listened to. Everybody loves a story. They also expose us to other lived experiences of other nurses which provide us with ideas and insights on how we nurses manage under difficult circumstances by advocating for the people we have the honour to serve both nationally and internationally. It was truly a memorable and very humanistic experience of which I was privy to be



part of. All I can say is thank you to the individuals who organized the event as I truly enjoyed the evening.

**Contributed by  
Olivia Mulligan  
RN ANTS Education Officer**

## Learning at Work (continued from page 9)

### Acknowledgements.

**I would like to acknowledge the support of my colleagues, Kristen Ranse and John Darvill, of the University of Canberra who kindly reviewed earlier drafts of this paper.**

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**Laurie Grealish PHD  
Senior Lecturer ANU**



**Congratulations to Selvi Naidu,  
Laurie Grealish & Ninialuna Padilla  
New ANTS Members and Winners of the  
Australian Nurse Teacher's Society  
Membership Promotion  
courtesy of  
Therapeutic Guidelines**

# Book Reviews

## Nursing & Midwifery Research, 3rd edition

### Methods and Appraisal for Evidence-based Practice

By Zevia Schneider, Dean Whitehead, Doug Elliott, Geri LoBiondo-Wood and Judith Haber



**ISBN:** 978 0 72953 791 9  
**Publisher:** Elsevier  
**Publication date:** May 2007  
**Availability:** Published  
**Extent:** 448  
**Format:** SOFTCOVER  
**Edition:** 3  
**Price:** AUD\$68.00

Florence Nightingale (1820-1910) extolled the virtue of a systematic rigorous collection and analysis of nursing data to provide evidence for the introduction of reforms in health practice. There is no doubt that nursing

research is the catalyst which has catapulted nurses and midwives world wide from being exclusive bedside managers to that of becoming more proactive members of the health care team. It does this by encouraging all practitioners to question their practice, find answers and implement their scientific evidence based findings into their areas of practice. Following in the footsteps of our esteemed nursing predecessor Schneider, Whitehead and Elliott's text book on Nursing and midwifery research do an outstanding job of providing the neophyte, through to the postgraduate nurse researcher with updated guiding principles to successfully weave their way through the culture of contemporary nursing and midwifery research.

This, the third updated edition has been written and edited by the most senior and experienced nursing clinicians and academics practicing across Australia and New Zealand with one contributor from Hong Kong. The text is divided into three sections with 21 chapters. The authors address the notions of research awareness, research appreciation and conducting research with such clarity that it would convince the potential nurse/ midwife researcher to immediately set about instigating a research project. The text is very readable and the first section eulogizes the value of the significance of nursing research by justifying how nursing research is an integral part of our role, and has become an important part of the nurse/ midwife education curriculum. The issues of research theory and process, searching and reviewing the literature, identifying research questions alongside ethical and legal issues are

also discussed and clarified thus clearing the path for research appreciation and application. Section 2 contains a comprehensive account of the common methods of research used namely, quantitative, qualitative and mixed methods. The authors elucidate the difficult concepts of phenomenology (Husserlian, Heideggerian and Gaddamerian) as well as Grounded Theory and Ethnography used in qualitative research. Equally persuasive are the guidelines and discussions on a multiplicity of quantitative research methods. Their section on mixed methods aid in reducing the paradigm tension historically created. The provision of many samples of all methods of research ensures comprehension in order to comfortably initiate a research project. Section 3 guides the learner through the process of conducting primary research. This valuable guide directs learners in choosing a pertinent topic, write and submit a justifiable proposal and also to ethically manage a research project. Provision of funding is also discussed with the provision of government, and non-government resources. This final Section is also a very useful guide on disseminating and publishing conducted research findings.

Each chapter takes the learner into consideration by the provision of key terms, a list of learning outcomes, key points and learning activities. The boxed formats such as "tutorial triggers" "points to ponder" "evidence based practice tips" "researches in brief" are thought provoking for the learner as they promote critical thinking. The reference and resource sections in



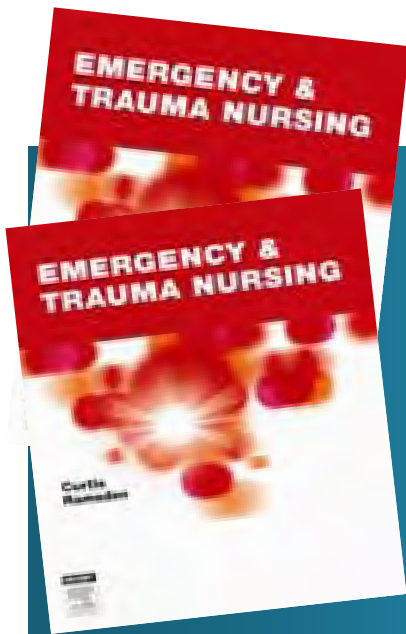
## The Australian Nurse Teachers' Society Membership Promotion, courtesy of Elsevier

are offering a free copy of **Nursing & Midwifery Research** to the first 2 new \*memberships to ANTS!!!

New membership only- may be awarded to a new member or referee of a new member- Winners will be announced in the next ANTS Bulletin Summer Edition and notified by mail, therefore details of prospective recipient must be clearly stated. New members or referees must refer to book title and use promotional membership form\*. ANTS decision is final. No correspondence shall be entered into.



**Book Reviews** (continued)



To Help Celebrate the Launch of  
**EMERGENCY & TRAUMA  
NURSING**

**Elsevier**  
& ANTS

are offering a free copy of  
**Emergency & Trauma Nursing** to  
each of the first 2 \*new memberships to

**The Australian Nurse Teachers' Society**



(two) The authors celebrate their well-earned accolades

Right to left: Olivia Mulligan, ANTS Secretary, Sandra Campbell, ANTS Education Officer and ANTS launch

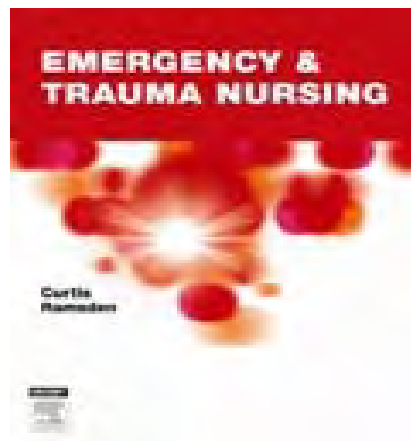
each chapter provide lists of interesting and innovative journals, books and websites relevant to contemporary nurse research practice.  
The only complaint I have is that I did not have a copy of this intelligently planned nurse/midwife oriented research text during my undergraduate and masters studies. I therefore, have no hesitation in recommending this text as an essential component to all nurse/midwifery learning institutions. Congratulations to the authors on their excellent and enjoyable introduction to nursing and midwifery research.

**Olivia Mulligan RN  
Campbelltown Hospital ICU/HDU  
Department.**

**Emergency and  
Trauma Nursing**

**By Kate Curtis, Clair  
Ramsden and Julie  
Friendship [US edition by  
ENA; edited by  
Newberry]**

**ISBN:** 978 0 72953 769 8  
**Publisher:** Mosby  
**Publication date** May 2007  
**Availability:** Published  
**Extent:** 928  
**Format:** SOFTCOVER  
**Price:** AUD\$129.00



It was with some misgivings that I opened the text to begin perusing it for this review. I was concerned that a text titled Emergency and Trauma Nursing would only be relevant to nurses working in the actual emergency department and not to those who look after trauma patients in the ward based setting. I did not need to be concerned as this text would appeal to both.  
The book has a number of strengths. It uses a body systems approach and is set out in parts **A- Foundations of Emergency Nursing, B- Professional Practice, C- Clinical concepts, Practices and Systems, D- Medical and Surgical Emergencies, E- Unique Population Groups** and **F- Major Trauma**, with each part containing a number of chapters.  
While the whole text is relevant to emergency department nurses, part C onwards is relevant to all areas of

nursing in particular ward based trauma nursing.  
This text is well and widely referenced as well as having a large number of contributors. Being written by Australian and New Zealand based contributors the statistics and pictures provided in the text are for the most part Australian, thus making them seem all that more relevant. Written in easy to understand language, this text would be useful to not only the undergraduate and postgraduate student but as an everyday resource for the ward based nurse. The easy to explain language, easy to read tables and figures provide prompts for the clinical nurse educator to use when explaining complex concepts. Each chapter is summarised and has its own set of review questions which the clinical nurse educator can utilise to assess understanding of the topic. Relevant websites are also provided at the end of most of the chapters so that the clinical nurse educator can access further teaching materials as well as direct others to further educational resources.  
I really enjoyed reading this text book and have little criticism other than the fact it wasn't around when I was training or my "calling" may have been emergency department nursing instead!

**Katie Laing  
Clinical Nurse Educator  
Liverpool Hospital  
Orthopaedic Trauma**

# Editorial



**Back page:** The personal touch... Senior Nurse Manager, Azilda hands out lanyard to Selvi CNC Contingence Advisor. (and new ANTS Member!) It never ceases to amaze me how little things make us happy.

I laughed aloud when I heard the following quoted by Margaret Coffey (a very wise nurse teacher) at the recent ANTS Christmas in July Dinner... and I thought of all the excellent (and relentless) CNEs/ nurse teachers who might underestimate their effectiveness ...

**"If you think you are too small to matter.. You've obviously never gone to bed with a mosquito!"**

**Why is it that the simple things in life are often the most treasured? A kind word, a smile or perhaps a gentle touch... and yes even fluffing the pillow's... NEVER discount the fluffing!**

**Which is probably why I love and have adopted as my own, the palliative care philosophy...**

### To comfort always

When I considered the concept of providing comfort, of course I had to do the obligatory search on the word comfort... as you can imagine many words and themes emerged but I think the ones I was most drawn to were, reassurance, cheer, bolstering, security, relief from distress and my personal favourite...**encouragement**.

This perhaps won't be a news flash to anyone involved in nurse teaching, whom by the way (with the notable inclusion of my colleagues two of whom are pictured above left) are arguably **the** most encouraging group of nurses I have ever had the pleasure to associate with..) but this concept of providing comfort needs to extend to our colleagues, whatever level or discipline.

Which brings me to another phenomenon which never ceases to astound me- those nurses who seemingly demonstrate the utmost care and empathy to their patients but literally in the next breath can publicly (verbally) eviscerate their colleagues, frequently citing their care or advocacy of patients as the justification-something I personally find even *more* offensive than the behaviour...

On reflection, logically, such encounters must be the exception rather than the rule since the majority of nurses whom I have had the pleasure of working with, demonstrate a far more collegially generous and balanced approach, behaving in a respectful and professionally accountable manner to clients and colleagues alike. Unfortunately it is a sad fact that such painful encounters leave their mark on us. And for those of us who are in a position to just *get on with it...* we simply lick our wounds in private, try to mend our shattered egos and attempt to find some comfort in rationalization... find some plausible justification for such behaviour. Maternal

deprivation?... or perhaps a horrid-life defense, although we know there is none.

Following the obligatory post-mortem... generally of the events and not the perpetrator, hopefully with regular clinical supervision (and occasionally *therapy*) the experience may form a strong resolve in the survivor to *never* treat a colleague in such a disrespectful manner. Indeed it may even instill a fervent determination to demonstrate converse behaviour thereby introducing comfort and encouragement rather than modeling the same behaviour.

I am frequently reminded of the relevance of providing comfort and encouragement to colleagues - something it seems is needed most by those whom one might expect *have it all together*, such as senior clinicians, senior staff or managers, particularly given the filtering effects on novice nurses and inevitable horizontal violence.

These are the same people who actually look shocked when you mention, sometimes in passing.... "I think you did a good job"... or "Gee I really enjoyed your talk (or paper)" etc. If they are really caught off guard or so comfort-deprived they might simply respond with an open mouthed expression (*just an observation*).

I've witnessed first hand how encouragement and positive attitude can change a whole work culture and environment and unfortunately I have also seen how a negative attitude can virtually desiccate morale and extinguish enthusiasm.

Fortunately for me I have been blessed with the privilege of working in an **encouragement-rich environment** where even my sometimes over the top wacky ideas are considered and everyone is treated and appreciated for their unique individuality and talents which are well-utilised for the good of all rather than envied. Generosity rather than self-interest and new ideas or changes are often viewed with interest rather than suspicion. This environment wasn't always like this but also was no accident, it has developed over time through hard work and determination. It was more like intelligent design, which has to start with benevolent and

innovative leadership, clinical reflection and supervision and the contributions of many talented individuals- people who decided over time they simply preferred encouragement over negativity and committed to become connected and *people-centered* (clients *and colleagues*) as apposed to *self-centered*.

**Dr Basseer Jeeawody**, senior lecturer from Charles Sturt University (CSU) has kindly agreed to present his paper entitled *Continuing Professional Development in Nursing: A Transformative Model*, for publication in the next issue of ANTS. His article highlights the importance of clinical reflection, he also speaks of **connectedness** - The sort of thing that happens when you immediately 'click' with someone.... Which is why I relish the opportunities afforded me by membership to such a supportive organisation as the **Australian Nurse Teachers Society**.

I have experienced this sense of **connectedness** many times in my career but particularly when attending events and functions, like the recent **ANTS Rural Seminar** hosted at **Charles Sturt University in Wagga Wagga, NSW**. Facilitated by Anne-Marie Brown, yet another very talented member of CSU faculty, many of whom presented on the day, are also members of ANTS and hopefully will soon be sharing their stories and articles with you in subsequent issues in our new column- **Bio Profiles & Members Only Forum**- This issue features 25 members from CSU; Dr Basseer Jeeawody and Wayne Rigby our first (of hopefully many) indigenous nurse teachers to be profiled in the ANTS Bulletin.

It is hoped by developing a *community of practice* (as described in **Dr Laurie Grealish's** article : **Learning at Work**, p6-11) and by establishing a forum for members of the ANTS community - we might also provide a platform for a **Nurse Teachers' Peer Review Journal**. I would welcome *any* suggestions or feedback on this or indeed any other issue related to the **Australian Nurse Teachers' Society Bulletin**.

**Pauline Murray-Parahi**  
**ANTS Editor**

(*& occasionally relentless*) **CNE**



## Society Calendar

### Conferences & Events

**OCTOBER 3-5**  
Australasian Nurse Educators' Conference.  
Wellington New Zealand

**OCTOBER 3-5**  
Australasian Nurse Educators' Conference.  
Wellington New Zealand

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Wellington New Zealand

## October 2007

MO	TUE	WE	THU	FRI	SAT	SUN	MON	TUE	WE	THU	FRI	SAT	SU
1	2	3	4	5	6	7				1	2	3	4
8	9	10	11	12	13	14	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28	29	30		







## December 2007

MO	TUE	WE	THU	FRI	SAT	SU	MO	TUE	WE	THU	FRI	SAT	SUN
					1	2		1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28	29	30	31			
31													

## January 2008

MO	TUE	WE	THU	FRI	SAT	SUN	MO	TUE	WE	THU	FRI	SAT	SUN
					1	2		1	2	3	4	5	6
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17	18	19	20	21	22	23	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28	29	30	31			
31													

## Winners! NEW ANTS Members

Name	Position	Employer	State
Christine Denise SMITH	Lecturer	University of Western Austra-	NSW
Ninialuna PADILLA 	Registered Nurse	SSWAHS Campbelltown Hosp.	NSW
Jill JONES	Nurse Educator		VIC
Valerie Edgar 	Clinical Nurse Educator	Bankstown CHC SSWAHS	NSW
Mary-Bridget Lingane	Manager EN Education Unit		NSW
Robyn Ladd	CNS Surgical Education		NSW
Selvi Naidu 	Clinical Nurse Consultant	Hoxton Park CHC SSWAHS	NSW
Shaneen Piggott	Nurse Educator		QLD
Kristen Graham	NA recently overseas		SA
Laurie Grealish 	Assoc Professor Nursing	Australian Capital University	ACT
Basseer Jeeawody 	Senior Lecturer	Charles Sturt University	NSW
Wayne Rigby 	Director Djirruwang Program	CSU Wagga Wagga	NSW

Australian Nurse Teachers' Society was first established in 1972 in response to a groundswell in New South Wales of nurse educators who wanted a forum where they could discuss nurse education issues. These nurse educators believed that it was important that the Society be an autonomous body and that it function as a unifying voice for nurse educators on nurse education issues. This was a definitive step forward for nurse education in that it provided a mechanism for engaging directly with governments and their instrumentalities as well as the health services systems about nurse education.

The Society seeks to foster the professional development of members within all sectors and contexts of nurse education while providing opportunities for members to network and act to support professional interests in nursing and nurse teaching, research and scholarship. In the early 1970s most nurse education was hospital based however, it was agreed at that time, not to restrict membership to hospital educators and today it is this aspect of ANTS that makes it unique in representing nurse education in universities, TAFE's, hospitals, professional colleges, private practice and including all those who contribute to the education of nurses.

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 SUMMER EDITION 2007  
IS NO LATER THAN NOVEMBER 1ST 2007** (exceptions: by prior arrangement with editor)

**Next Issue...  
Report on N.Z.  
Conference !**



**Please email or write to...**

Postal address for Bulletin submissions

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