The Australian Nurse Teachers' Society Bulletin Autumn Edition 2009

ANTS

WORKING TOGETHER FOR THE FUTURE OF NURSING EDUCATION

New Graduate Nurses Learning Supported in Acute Care Areas

In This Issue

President's Letter to Members
June 2009

"The most important practical lesson than can be given to nurses is to teach them what to observe..."

Florence Nightingale, 1859

Hi to all ANTS members,

Several reports have been released since our last Bulletin. Some of those worth looking at are: the Garling report with its reorganisation of work practices, and "Primary Health Care in Australia" (ANF 2009) which addresses PHC education. Flexible delivery modes appear essential to meet the learning needs of nursing students and nursing staff, particularly in busy, low resourced environments. The increased use of E-learning provides cost-effective and flexible learning but many senior staff have not kept pace with the technology and lack confidence to pursue these programs so need more support.

The other issue which is gaining momentum is trans-disciplinary learning. This will change the nature of courses and teaching both in the academic and clinical arenas.
I attended a seminar at UTS in Sydney in April, attended by all health professionals. We will be reporting on the progress of the research by UTS and Sydney Universities.
I also attended the CoNNO meeting in Melbourne in May and you will see the report of this on this edition. For the first time, as a part of International Nurses' Day I was invited on behalf of ANTS to Admiralty House, Kirribilli for morning tea with Quentin Bryce and all the representatives of National Nursing Organisations. It was such a beautiful sunny morning looking out over the Harbour.

We are still finalising the constitution with legal consultants and as a result of our research we are developing the reviewed nurse teacher competencies. A draft will be available by the next Bulletin and will be posted on the website. We need to circulate the draft widely to all members and stakeholders for feedback.
In regards to state branches, Western Australian committee have submitted their first page for the Bulletin and are busy planning educational seminars for their state. Queensland and South Australian members have shown great enthusiasm for starting up ANTS branches. We are planning meetings with members and hope to launch their branches before the end of the year.
One of our members, Jan Sayers, is undertaking her PhD in researching Nurse Educators in Acute Settings. Christine Taylor and I are on the Advisory Committee and support wholeheartedly her research. She is asking for volunteers for her research so we have put the NEACH newsletter on the website and encourage your participation in this project.

ANTS has partnered with Pearson Education who are offering an Educator Award to ANTS members- see the flyer on page 20 and check the ANTS website for application details. This is a great initiative to value nurse educators from all sectors of Nursing Education.
Don't forget the Nurse Education Conferences coming up! We hope we can meet up with you at Christchurch for the New Zealand Conference and we are very excited about the International Conference in Sydney in April 2010- start preparing your abstracts!
Let us know if you are preparing innovative learning experiences for students or staff, we'd love you to share ideas and concerns with us about nursing education, either by email, phone or in our Bulletin. We are also planning to introduce ways that you can have discussion on the ANTS website so check it weekly.
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ANTS Announces the Pearson Prize $3000.00 for Nurse Educator of the year.

Please check the website for details.
http://www.ants.org.au/

EDITORIAL

There was so much to reflect on and celebrate this last few months. ANZAC Day the 25th of April a very special occasion for the Australian nation as we remember the people who served their country. Nurses played a large part in war and need to be remembered with equal fervour. The Royal Australian Army Nursing Corps is according to Major Roslyn Bell (RANNC) the least publicised of all Army services which has given over a 100 years of dedicated work to caring for Australian servicemen. The Corps dates back to the Boer War 1898. Imagine as Major Bell suggests a hospital to be suddenly extended to 2000 beds as it was in France in 1917 and compare this to a large Australian metropolitan hospital today where there are 700 beds and 670 nurses excluding i.e. 'administration and education staff'. It really makes one think about the work done under such shocking conditions without antibiotics and the technology we take so much for granted. They truly deserve to have their special day.

This was followed by Nurses Day on May 12th the birth date of Florence Nightingale (1820-1910) the founder of modern day nursing. It is our day to celebrate who we are and what we have achieved in the last 200 years. This year's theme chosen by the ICN was: Delivering Quality, Serving Communities: Nurses Leading Care Innovations. Nurses have come a long way since he days of Ms Nightingale. Education has improved. She was however, a woman of the very conservative times and she did despite the recent bad press provide some very good advice on the caring of sick and vulnerable people . With regard to contemporary nurse education I urge you to read Dr. Janet Rodin's excellent report. I found this uplifting and spurned me on to utilise some of the suggested methods when sharing knowledge and encouraging learning .

Dr. Angie Titchen's Critical Creativity for example, which according to Dr. Roden creates conditions for human flourishing. How wonderful is that? Last but not least is Dorothy Johnson's article which exudes a passion for mental health nursing and student education. I also wish to thank the people who contributed to this edition of the Bulletin and to welcome our new members. We look forward to our next big celebration which is Christmas in July where traditionally ANTS members come together as a group to enjoy themselves. Check the ANTS web page for details and join us and our friends and family.

Olivia Mulligan

Editor

'It is impossible to soar like an eagle if you are surrounded by turkeys'

Anon

JOHN DEWEY PHILOSOPHER PSYCHOLOGIST AND EDUCATIONAL REFORMER

John Dewey (1859 - 1952) was a remarkable individual. He has influenced many of the modern day educational theorists including Kolb, Lindeman, Rodgers, Boud and Schön. He believed for example that learning was an active thing and that schooling was too long and restrictive. He believed that children should be involved in real live tasks for example when learning maths they could learn during cooking by figuring out proportions of ingredients, and history could be learned by experiencing how people lived. According to Smith (2001) Dewey is very often associated with child-centred education which is not the case. His work is not easily slotted into any particular educational tradition but his influence on educationalists involved in informal education has been phenomenal. Dewey believed that education must engage and enlarge the learner's experience. He also encouraged the learner to think and reflect on what he/she learned. Critical thinking is in essence a process of analysis and making judgements about an event and reflecting on this, and reflecting on this according to Dewey is an active and persistent method of assessing present knowledge, what is needed to be learned and how to go about this to fill the gap between the two especially during a learning situation.

Dewey was a diligent campaigner for reform in education and argued that the educators were more concerned with delivering knowledge instead of understanding the learners' experiences. He advocated experiential education and has been credited with having great influence of project based learning which encourages learners to be in the role of a researcher. An interesting and pragmatic educator who continues to influence and impress.

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LEAST WE FORGET

IN FLANDERS FIELDS

In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.
We are the Dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders fields.

Take up our quarrel with the foe:
To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep,
though poppies grow
In Flanders fields.

By
John McCrae, May 1915

It is believed that Major John McCrae a Canadian military doctor drafted this famous poem after the burial service of his friend Alex Helmer whom he officiated. Alex was killed by a German artillery shell on the 2nd of May 1915.

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ANZAC stands for Australian and New Zealand Army Corps. The 25th of April is ANZAC Day which is one of Australia's most important national occasions as it marks the anniversary of the landing at Gallipoli. Gallipoli is a strategic peninsula positioned at the opening of the Black Sea near Constantinople in Turkey (now Istanbul) which was the capital of the Ottoman Empire. War had broken out in Europe in 1914 and as Australia had been a federal commonwealth for a short period the new National government was eager to establish Australia as a nation. The plan was to capture Constantinople and get the Turks out of the war. The ANZACS as they became commonly known landed with the allied forces at Gallipoli on 25th April in 1915 and they were met with strong resistance from the Turkish army. The whole campaign very quickly became a stalemate and both sides suffered heavy casualties. After 8 months of heavy fighting where 8000 Australian soldiers were killed the allies were evacuated. The news of this failed campaign had a profound effect on the Australian community back home and the 25th of April quickly became the day which the Australian nation remembered that sacrifice of those who had died at war. The Australian population at that time was fewer than five million of which 416,809 men enlisted, over 60,000 were killed and 156,000 wounded, gassed, or taken prisoner during that war which lasted from 1914 to 1918.

It is important to remember and celebrate the nurses involved in this and other conflicts of which Australia took part. According to the archives of the government war memorial 2,139 Australian nurses served in World War I and twenty five died in other countries. Nurses became indispensible in the busy operating theatres as well as running the military hospitals. Many worked under squalid conditions, lacked supplies and did a lot of physical labour. Sister Pearl Corkhill pictured above for example, was the first to receive a Military Medal for her services. It was doubly hard for these women as they were also expected to be cheerful and feminine as well as look after the casualties in a pre-antibiotic era.

Matron EJ Gould, Sister Penelope Frater and Superintendant Julia Bligh from the Boer War 1902. Image courtesy of Australian War Memorial: A03962.

The involvement of Australian women in war started in 1898 when the formation of the Australian Nursing Service of New South Wales started. Sixty nurses served in the Boer War. Matron Nellie Gould served as superintendent of a contingent of the NSW nurses and which was subsequently incorporated into the newly formed Australian Army Nursing Reserve (AAANS) in 1902.

Let us remember Frances Hines born in 1864. Frances or Fanny to her friends was a trained nurse who went to South Africa in March 1900 with a group of 10 Victorian nurses who accompanied the Third Bushmen's Contingent. Sr. Hines died on the 7th August 1900 from pneumonia. According to her friend Sr. Julia Anderson Fanny contracted the illness from nursing as many as 26 patients at a time with no possibility of assistance and without proper nourishment. (Woodman 1997)

According to the Oxford Campanion to Australian Military history (p,2 in Australia's cultural portal) nurses recruited for the First World War served in Egypt and Lemnos during the Gallipoli campaign, in England, France and Belgium in support of the fighting on the Western front, and in Greece, Salonika, Palestine, Mesopotamia and India. The second world war commenced in 1939 and finished in 1945 and true to form nurses again were at the forefront and many lost their lives.

It is hard to imagine that out of the 'sixty-five' Army Nurses evacuated from Singapore when it fell to the Japanese in 1942 only 24 survived. Twelve died when their ship the Vyner Brooke was

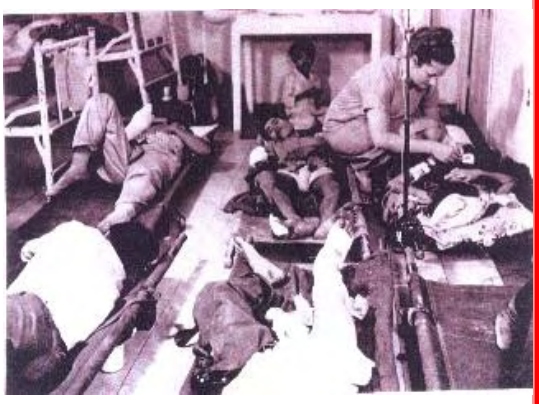
LEAST WE FORGET CONT'D

bombed and sunk on February 12th 1942, and a further twenty one of those surviving nurses were shot by Japanese soldiers when they landed in Bangka Island on lifeboats and another eight died as prisoners of war.

Let us remember Vivian Bullwinkle a nurse and survivor of the Bangka Island massacre who concealed her wound to protect the other survivors of the Vyner Brooke and survived as a prisoner of war to give evidence of the massacre at the war crimes trial held in Tokyo in 1947. This recollection is held by the Australian War Memorial in Canberra. In another incident in Darwin harbour an Australian nurse was killed and many injured when the Japanese dive bombed their clearly marked hospital ship in 1942 and a further eleven nurses died when their brightly lit hospital ship the Centaur was torpedoed by a Japanese submarine off the Queensland coast in 1943. During World War Two, 3,400 Australian nurses served, and 71 never returned, losing their lives during active service overseas. Many of the returning nurses could not return to their work because of war-related injuries and psychological trauma and had to fight very hard against bureaucratic indifference to acquire an adequate pension to support themselves and their dependents. It was only in 1999 that Australia's Army Nurses received recognition with the dedication of the Australian Service Nurses' National Memorial in Canberra (Kenny 1986). Let us also remember the 45

indigenous sisters of Vunapope (pictured above) in New Britain who stayed as a group to keep missionaries supplied with extra food regardless of the risk of reprisals from the invading Japanese army. These women carried food down the sheer side of a canyon to deliver it to their starving colleagues.

Nurses also served in the Korean war 1950-53 but the data on Australian women veterans is very scarce. The Vietnam war (1962-73) which followed had 212 nurses serving and conditions were extremely poor. According to Maureen McLeod a nursing sister ***"There was nothing that prepared us for the filth of that hospital. And the smell - the smell will never leave me! They didn't tell us about how, when it rained (the Monsoon season), when we walked through the water in the hospital compound all the dirty bandages and dressings would be floating past you in the water. Horrendous."***



Sr. McLeod nursing patients on the floor of Bien Hoa hospital, Vietnam.

Another ANZAC memorial day has passed and we have remembered them. Today ANZAC Day not only remembers the Gallipoli campaign but remembers all wars and all those selfless people who served and continue to serve their country many of whom still serve in Afghanistan and Iraq. Our admiration for those people who placed their lives in danger for others holds no bounds. Let us not only remember them on ANZAC Day but remember them daily by our actions in having a real desire to care for others less fortunate than ourselves. This is what they did. This is what they continue to do.

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The very well known Ode below is repeated on a daily basis in all RSL clubs comes from the poem

"For the Fallen,"

It was composed by the English poet and writer Laurence Binyon. The Ode used is the fourth stanza of the poem and was written in the early days of WWI. There were severe casualties by mid September 1914, which was less than seven weeks after the outbreak of WWI. Long lists of the dead and wounded appeared in British newspapers and it was against this background theat Laurence Binyon wrote his immortal poem.

The Ode

**They shall grow not old, as we that are left grow old:
Age shall not weary them, nor the years condemn
At the going down of the sun and in the morning
We will remember them.**

REPORT ON SOME PRESENTATIONS FROM THE CONFERENCE – LEADERSHIP AND PRACTICE DEVELOPMENT IN HEALTH: QUALITY AND SAFETY THROUGH WORKPLACE LEARNING, HELD ON 27-28TH NOVEMBER 2008 AT HOTEL GRAND CHANCELLOR, HOBART, TASMANIA.

By Dr. Janet Roden

On the first day of the Conference program Dr Heather Wellington presented the first Plenary paper titled: 'A culture of disclosure to improve health outcomes and quality and safety in relation to education of health professionals and learning in the workplace.'

Wellington stated that 16.6% of hospital admissions were associated with adverse events over 14,000 admissions in NSW and South Australia, identified from a paper in the Medical Journal of Australia before 1995. By reference to a more recent 2007 paper in the same journal she supported her statement that Australia had not come to terms with medical error because fault seeking or a culture of blame was tolerated.

Wellington made the point that we need to design and monitor sustainable, well designed clinical systems, those covering service delivery processes, departments and professional groups, so that we can prevent medical errors caused by someone's mistake. In order to do this we must have an open culture which is about open communication by people. People need to be open and honest about their mistakes and there needs to be open communication between professional groups. We need to be open enough to tell our patients but we don't want to be seen as incompetent – this could involve being sued. It was noted that repercussions resulting from clinical incidents involve families, the Department of Health and Human Services (DHHS) and the Minister, the Coroner, Insurers, Defendant Lawyers, Plaintiff Lawyers and the Media, to name a few.

Wellington suggested that some medicos did not want their profession being closely scrutinised and wanted to keep this role to themselves. Things had changed though,1 as governments were not in favour of this approach by medicos. A journal article addressing attitudes of doctors and nurses towards incident reporting published in 2004 noted that the qualitative research had identified that nurses were good at incident reporting where as doctors were not. Wellington noted here that nurses need to work with doctors to address their cultural differences on this issue.

A barrier to the openness culture was highlighted as being that of confidentiality, especially in Tasmania. Nevertheless Wellington acknowledged the importance of leadership which supported a commitment to effective disclosure at all levels when things go wrong, and the establishment of a culture of questioning and reflection and the education of people about investing in safety. At this point Wellington spoke of the five elements of a learning organisation and learning culture according to Peter Senge. Important aspects of this were expecting people to understand safety and quality theory and practice, the need to teach people the importance of Systems Theory and the need to break old habits, and also the need to learn to communicate effectively with peers, patients and families.

Wellington closed with a quote from John Menadue who noted that hospitals were highly dysfunctional systems in which the legal and policy landscape was confused and that only sometimes was there support for open disclosure!

The second Plenary Paper was presented by Dr Richard Ladyshewsky and was titled: 'Overcoming workplace learning barriers: Building leadership and practice development strategies through social learning systems.' This paper addressed Leadership Practice and Development, firstly identifying the person, the program and the work environment (Cromwell & Kolb, 2004). He also spoke of Peter Senge et al. (1994) and the life long process associated with systems thinking; personal mastery, mental models, building a shared vision, and team learning. He compared people's career development with organisations who have productivity goals, their statistics and the lack of the value of learning for organisations. This had caused people to move away from 'open' learning – they were actually punished for learning. This meant that people resigned and had problems.

Ladyshewsky went on to compare Single-Loop Learning and personal mastery with Double-Loop Learning and questioning practice which enables much better solutions and insights. Ladyshewsky conceptualised overcoming workplace learning barriers as involving people, their work environment (Single Loop Learning and Double Loop Learning) and programs such as peer coaching, communities of practice and active learning. How can we do this? The answer is by breaking down barriers as well as reducing what we learn. Things that detract from overcoming workplace learning barriers are the need to make patient care productive; competency standards which emphasise lack of engagement with others and scare people because they feel they don't know everything; risk management and the question of how we manage, as well as evaluation and the delivering of feedback. According to Senge et al (2004) facilitation is about the time that is given; low blame with regard to critical incidents

DR. RODEN CONT'D FROM PAGE 6

and learning opportunities; the core values of trust, vulnerability and learning; performance management; and coaching. Interest in work place culture and how you reward people so that they move into the Double Loop Process (questioning practice which enables much better solutions and insights) is important to Ladyshewsky. When learners engage more with peers in peer coaching using Blogging there was increased clinical productivity, it was noted. Ladyshewsly also addressed Learning Set Methods which involved action learning, cross cultural supervision and a chain of activities starting with action, critical reflection, generalising, planning and then coming full circle back to action again. Finally Ladyshewsky went on to mention servant leadership which is about a person who is a leader and who serves the person who works for them. Reference was also made to different leadership styles such as consensus, democratic and autocratic.
After lunch I was in the position of being Chair for two important presentations. They were firstly that of Professor Judi Walker & Mira Haramis: 'Master of clinical supervision and clinical leadership: A new approach to developing a critical mass of clinical leaders within an organisation.' This presentation was about health services, and in this case, The Sydney South West Area Health Service (SSWAHS) looking actively to Universities, and the University in question being University of Tasmania (UTas).

It was acknowledged by Professor Walker that Universities have not always responded well to workforce needs. Nevertheless clinical leadership has become a problem in Health Services. There are tensions, Mira Haramis noted, from resourcing a very large inpatient population. It was also noted that the population would grow to become an increased ageing population, there would continue to be a large Aboriginal population, and there would increasingly be large numbers of disadvantaged people, particularly affecting the Liverpool Hospital. It was therefore, important to harness the potential of staff and provide increasing amounts of professional development.

The Health Services and Workforce Education Unit was, the presenters pointed out, able to drive the University of Tasmania's response to workforce needs, through the development of a strong, innovative partnership. UTas had been referred previously at the Conference, as a 'quirky' University according to its Vice Chancellor, Professor Daryl Le Grew. UTas was embracing the Edge 2 Agenda, he commented, and would be able to provide growth potential, a compatible environment and an appropriate philosophical focus which promoted client needs.
'The Pathway of Progression,' as it was described in the presentation, started with a search for managers and clinical leaders. This came about through junior clinicians coming through and feeling supported and empowered by senior colleagues. The course is still developing, according to the presenters, through the Action Research approach and Work based Learning, which is local and contains work performance management. The delivery of the program encompasses a Master of Clinical Leadership and Clinical Supervision. It was noted that this course could work well with UTas senior staff delivering the program and SSWAHS staff undertaking the clinical teaching. This new course is innovative, has a top down engagement, it is affordable as it only costs $9,000 and is fully subsidised; it has supervisors and last but not least – it promotes safe clinical practice.

The second afternoon presentation titled: 'Peer Learning and its Influence in Leadership and Practice Development: Evidence from the field, 'was again undertaken by Dr Richard Ladyshewsky. He provided evidence in support of cooperative learning as well as referring to the Theoretical Basis of Peer Learning which he described as Cognitive developmental theory (For example, that of Piaget); Social Learning Theory (For example, that of Bandura); and Metacognition and constructivist Learning (one example is that of Higgs and Jones, or Schon). It was important, Ladyshewsky noted, to be very clear on purpose and objectives of peer coaching in contrast to that of mentoring (D'Abate, Eddy & Tannenbaum, 2003).
Peer Coaching programs for physiotherapy students and managers use a Cooperative Learning Strategy. Ladyshewsky addressed Grant's (2003) Structured (Peer) Coaching Model which firstly defined the issue, then set the goal, developed an action plan, started acting by monitoring Observational and Practice Coaching, then evaluating and celebrating. However if this approach was not working then there would be a need to change and one would have to go back to 'acting' before 'monitoring' or 'evaluating' could be addressed again. Ladyshewsky then talked about power and distance in coaching so that vertical coaching or mentoring was defined as working with a status difference, whereas horizontal coaching was regarded as someone coaching who has equal status. Coaching techniques were listed as open ended questions, silence, active listening, paraphrasing, summarising and initiating action.

In a small research project Ladyshrewsky evaluated two models of clinical teaching – Individualistic and Reciprocal Peer Coaching. Questions that needed to be asked here were how student performance differed across the two models, and secondly, how clinical reasoning and problem solving were influenced by the two models. The methodology of this study was determined as 62, 3rd year physiotherapy students who were controlled across two groups (individual compared to paired cohorts) for science grades, gender, age, and experience. Results in bar chart form indicated that students who received Reciprocal Peer Coaching (RPC) from a paired cohort were superior in their performance to those students who followed an individualistic (IND) or individual coaching approach. The learning outcomes of the peer coaching process have been identified through research and are that of 'knowledge expansion' or increased insights that have come out of the structured reflective listening process; 'perspective sharing' or knowledge transfer - obtaining knowledge from another; 'verification of knowledge' through techniques which help explore current thinking; 'cognitive conflict' through heated discussions, allowing the person to see that others have very different opinions; and 'alternative perspectives' are created when a person is coached by another person, creating a shift in their views and strengthening their philosophical beliefs as a result.

Cont'd on page 12

Mental Health: Never a dull moment

Having been a teacher for 16 years, I wanted a career change. As a teacher I had achieved the status of Head Teacher and I still felt I hadn't reached to the top, which Maslow refers to in his theory of "Hierarchy of Needs" as self-actualisation. I needed something new rather than feeling like I had reached the sell by date of my career.

Making a decision on another career was difficult. To quote Seligman (2002), "The key is not finding the right job, but finding a job you can make right by re-crafting it to fit your 'signature strengths.' As a people person, who likes making a difference to people, and needs to be challenged all the time, I saw this opportunity in mental health nursing. I moved to the UK in 1998 where I did my training in mental health nursing, which turned out to be the best career decision of my life.

Being a registered mental health nurse started me on a journey, working in different roles of Clinical Nurse Educator, Clinical Nurse Specialist, Nurse Unit Manager, and Clinical Nurse Consultant in the UK and Australia. The career development prospects for this exciting specialist field of nursing are excellent.

During my practice I have had experiences in different mental health settings, ranging from psychiatric emergency assessments, liaison work, adult general acute, eating disorders specialist treatment and group therapy. The discipline is rapidly developing with new models of care being developed in areas such as rural mental health, child and adolescent, mental health in emergency department and mental health in primary care (General Practice).

In my current role as CNC for Campbelltown Mental (Acute Services) I am committed to improving the quality of care for our clients and promoting mental health to the public, health professionals and most important, to undergraduate students on placements. Apart from providing a consultancy service, clinical leadership, my role involves welcoming students and new nurses to mental health in order to influence their attitudes towards mental health. I also provide them with good learning opportunities in order to have insight into mental health.

Clinical experience is recognised as the core of nursing education. Quality clinical placements are vital to the development of capable and competent professionals.

However, available evidence clearly demonstrates that undergraduate nursing students typically hold unfavourable attitudes towards mental health nursing as a career, Stevens JA and Dulhunty GM (1997) and supported by Brenda Happell and Karla Gough (2007). In order to understand students' attitudes, fears and beliefs I have developed a student package with feedback evaluation on their experiences of the placement and if this experience has changed their perception of mental health. This is also designed to improve the quality of placements and Mental Health Services in Campbelltown.

I believe students are gaining valuable knowledge and insight during their placements in Mental Health as evidenced by their comments in the student package evaluations. These are some of the comments made by students in regards to their experience in mental health; *"Mental health is very interesting and never predictable." "I would absolutely consider working in Mental Health." "I found Mental Health extremely exciting and interesting and I didn't know that there were so many services." "This placement has widened my horizon."* Given the above responses it is evident that with positive clinical experiences, students' attitudes towards mental health nursing can be influenced.

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Dorothy Johnson (CNC Acute Services)
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Reminder
Changes to ANTS Annual Fees

ANTS Council are pleased to introduce a three year membership fee of $200. Members are encouraged to take advantage of this discount

Gaye Bishop revisits Goma in the Democratic Republic of the Congo (DRC)

My first impressions of Goma in April 2007, were of a community struggling to survive through years of war, disease, volcanic eruptions and poverty. I felt overwhelmed and helpless and desperately wanted to assist the staff to ease their patient's pain. The patients at HEAL Africa hospital were cared for with compassion and concern by staff who devoted their time, skills and energy into saving and mending broken bodies, minds and souls any way they could.

HEAL Africa's purpose; to train leaders and promote healing in DRC and Africa through a wide range of programs. These include: Medical education and clinical training for doctors and health care workers, programs for women victims of sexual violence, programs for HIV/ AIDS sufferers, intensive farming programs.

I am a Palliative care nurse educator and I saw an opportunity to assist HEAL Africa staff to provide palliative care for their patients. Lyn Lusi invited me to return to support and teach palliative care to doctors and nurses at the hospital and to those from the home based care teams.

On 9th October 2008 I arrived in Goma excited at the chance to renew friendships and partner with devoted nurses in relieving suffering. I was hoping to make more of a difference to people's lives. I came with a team of 4 nurses and 1 doctor who worked at the hospital with other volunteers and HEAL staff. I met Roger who coordinates the home based care teams, and we discussed how HEAL partners with other organizations to visit patients suffering with HIV/AIDS. We planned to visit patients from 5 organisations to assess and evaluate their care. We visited 17 families in total. We were unable to visit the 6th team as they were outside of Goma in a dangerous area. The situation in north Kivu and Goma was under constant threat from Rebel forces and I saw victims of this conflict daily.
My background in Community palliative care nursing never prepared me for seeing patients living in such poverty and suffering. The staffs, patients and their families were very appreciative of my visits as they want the developed world to acknowledge their suffering and to advocate for them. I felt moved to tears knowing that I could only offer temporary relief to a few but encouraged that the Congolese nurses and HEAL team were committed to their patients needs and keen to learn how to use a Palliative Approach to care.

The educational aims were:

- to teach the health care teams the principles of applying a Palliative Approach to care.
- to observe clinical practice in this cultural setting
- to contribute to this learning environment in a practical way

After 5 days of home visits I prepared the workshops. I discussed the topics with Roger and we agreed to the most suitable program. I needed to adapt my presentations to the local needs and included Palliative Approach, pain and symptom management, symptom management in HIV/AIDS, assessment and care planning, case studies. We had presentations, group discussion, question time and case study review.
Some challenges in educating in a war torn society included:

- Access to resources – staff (many needed travel costs) medicines, diagnostic tests, food, educational resources (paper, internet etc)
- Availability of medications – limited supplies and often the medications are costly.
- Hospitalisation – too costly, poorly resourced and understaffed. Home based care needs more support.
- Nurses strike – ongoing. Nurses are on strike because they have received no pay for many months.
- Regular power blackouts – I was glad for the laptop battery!!
- Poverty – patients need adequate nutrition and housing. Not available.
- Security – staff and patients too afraid to leave their homes even if they are sick.
- Language and Translation – I needed to think and respond creatively to communicate effectively. My translator was very patient!
- Cultural issues – complex and delicate at times. My learning continues!

The nursing staff from the home based care teams

This experience has changed my nursing practice and challenged my world view. To relieve human suffering is everyone's responsibility and I hope to continue advocating for those communities who struggle to have safety, adequate water and nutrition, shelter, basic health care and education.

Sincerely
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Reporting from Goma DRC October 2008

Celebrating International Nurses Day

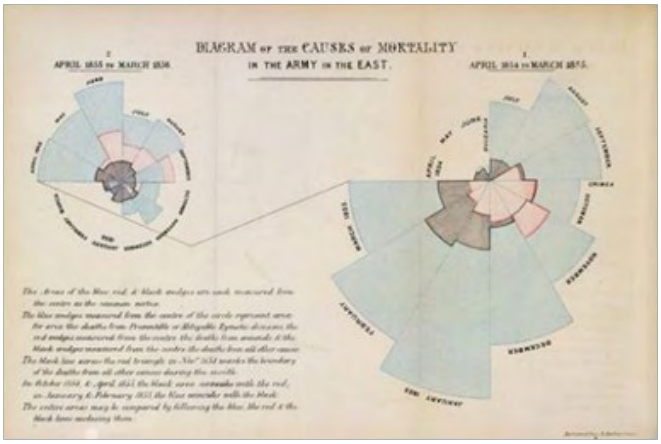
International Nurses' Day is celebrated world wide on the 12th May which is the anniversary of Florence Nightingale's birth (1820-1910). In 1953 Dorothy Sutherland of the United States Department of Health, Education and Welfare sent a proposal to President Eisenhower to declare a "Nurse Day" in October of the following year which would have commemorated the 100th anniversary of Florence Nightingale's mission to the Crimea. This was declined. In 1954 National Nurse Week was observed from October 11 - 16 thanks to a bill sponsored by Representative Frances P. Bolton. Again in 1955 a bill for a National Nurse Week is introduced in Congress, again it was declined. In 1965 The International Council of Nurses (ICN) began to celebrate "International Nurse Day" (Gillies, H. 2003).

A young Ms Nightingale (Media Storehouse)

Ms Nightingale's fame arose from the annals of history where she is held responsible for dramatically lowering the mortality rate of British soldiers who fought in the Crimean war . It was in a place called Scutari, at the Barrack Hospital that Ms Nightingale and a group of 38 handpicked women, volunteered to go nurse wounded soldiers. Her aim was to demonstrate the value of female nurses in a military setting. Initially her proposal was not welcome by the army command. These women scrubbed the wards, laundered bloody uniforms, changed bedding and prepared meals. According to the widely accepted story, two years after her arrival, the death rate at the hospital had plummeted from 40 % to 2%.

Ms Nightingale in her bed in 1906 (Curtsey of Media Storehouse)

Ms Nightingale is mostly remembered as a pioneer of nursing and a reformer of hospital sanitation methods. She pushed for reform of the British military health-care system and with that the profession of nursing started to gain the respect it deserved. Ms Nightingale had great mathematical abilities and she plotted the incidence of preventable deaths in the military by her development of the "polar-area diagram. She thus was able to demonstrate how social phenomena could be objectively measured and subjected to mathematical analysis. She was an innovator in the collection, tabulation, interpretation, and graphical display of descriptive statistics (Lipsey 2007).



Polar Diagram designed by Florence Nightingale courtesy of http://www.popsci.com/files/imagecache/article_image_large/files/articles/Nightingale-mortality.jpg

Photograph of Florence Nightingale surrounded by her nurses and with Sir Harry Verney, at Claydon House, 1886 (Media Storehouse)

Ms Nightingale is not popular with all nurses internationally, and in 1999 a group of British nurse delegates at the annual conference of Unison, Britain's largest trade union representing nurses and other public service workers, unanimously declared that nursing was long overdue for a more contemporary role model. Their request was rejected and Ms Nightingale maintains her venerable place as a role model in nursing history. In her article on Florence Nightingale, Nelson (2003) suggests that we need to think of the broader woman and not the mythical angel with the lamp ministering to soldiers. She was first and foremost a reformer, a politician, and a statistician and she also helped to improve sanitation not only in the Crimea but in India and in Britain.

The argument that nursing is seen as a less than prestigious position stems from the fact that Nightingale opposed professional registration (a system of accreditation, similar to those of many trades at the time, seeking to legitimize the vocation). D'Antonio in Nelson (2003) argues that Ms Nightingale resisted this change because she felt that registration could never capture the qualities of a good nurse. Nor was it planned that nurses would be impoverished as Ms Nightingale believed first in education, and then as an educated, respected group, that would be paid accordingly. Contemporary problems suggest the author are inherited from 19th and early 20th century training school models because they frequently had students working long shifts and performing cleaning chores that could have been performed by support staff. It was in essence free student labour for hospitals as nurses' training schools were funded and operated by hospitals to meet their staffing needs, and not the educational needs of nursing students. A barter system was used, three years' work for a nursing qualification.

Today we have so much to celebrate as circumstances have changed so dramatically in Nursing since the days of the Crimea. Nurses now are provided with a professional status where basic nursing education is made available at tertiary level here in Australia. As stated by Bloomfield (1999) nursing has gone through significant changes since its early colonial origins when caring for the sick was considered to be a task suitable to those with a disreputable criminal and or social background. In Australia nursing has progressed gradually through a social, educational, technological, political and professional revolution. Modern nursing represents this progression, and as a result, the role of the contemporary nurse has expanded significantly from what was once traditionally the execution of basic domestic duties performed under the direction of a doctor.

Ms Nightingale would indeed be jubilant with the progress nurses have made in society. She would indeed be proud of the recent 2007 Gallup pole where a survey on honesty and ethics, demonstrated how nurses topped the list of most trusted professionals in the United States. The survey showed that 81 percent of Americans described nurses' ethics as "very high" or "high."Nurses have earned the annual survey's top spot for nine of the last 10 years. In the aftermath of Sept. 11, nurses relinquished the top ranking to firefighters in the 2001 survey. This is truly a reason for us to celebrate our professional status.

As part of Nurses' Day Liverpool hospital had a poster presentation and nurse educators like their nursing counterparts throughout the hospital presented their own poster to thank the clinical staff throughout the hospital for supporting the new nursing graduates. Pictured here are (L –R) Ms Vikki Aquilar Area Nurse Educator, Zendy Galindo TENS Coordinator Nurse Educator. Mr. Scott Mc Grath the Workforce Manager. Mr. Andrew Smith the Coordinator for the Liverpool Transition Program and Ms Grace Ip Clinical Nurse Educator

Nurses at Liverpool Hospital like many other national and international hospitals also took time to celebrate this special day. They had a special cake and barbeque set up for them and were served at lunch time by the senior staff and members of the community. The atmosphere was warm and friendly. What was very notable and especially exciting were the achievement awards for their contribution to the hospital. These were presented during a special ceremony held in the main auditorium which was very well attended.

Last but not least Nurses are now being officially recognised by the Australian Mint. Pictured on the left is a specially designed coin which the Royal Mint launched in their new series *"Australia Remembers"*. This links up with ANZAC Day in so far as the series pays tribute to all the Australian nurses past and present who played important roles in caring for the sick and injured during all the conflicts Australia has been part of with this commemorative themed 20c coin. To purchase the coin contact

Michelle Napoli
Royal Australian Mint
Phone: 02 6202 6974/0418 164 769
Email: michelle.napoli@ramint.gov.au

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CONT'D FROM PAGE 7 DR. JANET RODEN

The next amazing paper was that of Dr Angie Titchen: 'Critical creativity: Spiralling through turbulence to human flourishing.' Dr Titchen talked about how we can help people flourish by creating conditions for human flourishing. We need to engage in Active Learning by bringing our health, mind and body into our learning. A reflective walk will enable us to facilitate reflection and meditation. Titchen also addressed understanding of culture and acknowledged that people like herself and her colleagues could take transformative action.

When Dr Titchen talked about human flourishing for patients and carers she was discussing the end and means of practice development (McCormack, Manley & Wilson, 2006). Critical creativity is about transforming and creating new information. Being critical allows us to focus on deconstructing a situation; re-constructing in order to develop new understandings; reflexivity or explaining the past but acknowledging the present and deconstructing a strategic plan; articulating assumptions and engaging in debates; and being creative, so that expression and imagination can come together in meaning.

The last important speaker of the first day was Professor Mary Fitzgerald. Mary spoke about pride and professionalism. She also referred to the need to energise people! Professor Fitzgerald spoke of her Conjoint appointment as Professor of Nursing Practice Development in the Teaching and Research Unit. She stated that her brief was to : 'Go forth and Practice Develop in Tasmania!' Her next question was – "How can we practice develop in a changing agenda. .. to produce a continuous process of improvement towards increased effectiveness in patient centred care?" Mary reiterated that health care teams need to develop knowledge and skills, and transform culture and the context of care. Imperative in this was the need for facilitators to be committed to emancipatory change (McManley, McCormack & Wilson, 2008). Professor Fitzgerald stated that practice development was associated with Action Research and the Critical Paradigm and that from critical reflection knowledge is generated.

Although I was involved with work related activities on the 2nd day and was unable to listen to such quality plenary papers as the amazing presentation by Dr Marcus Watson on developing effective teams through simulation, but I was really impressed with the quality of the concurrent session papers. There were many varied papers but the one I have chosen to address was presented by my colleagues from the Sydney South West Area Health service: 'Developing an environment that facilitates clinical nurse leaders.' This presentation was undertaken by Sonya Jones, Merrita Richardson and Kay Robbins from the Concord Repatriation General Hospital, Concord NSW. It focused on Models of Shared Care. For Shared Care to work the presenters stated that workloads had to be sustainable if they were aspiring towards staff development of staff, motivated staff, succession plans for all levels of nurses and producing strong competent nurses mentors. The important thing about professional development associated with new experienced junior nursing staff, was that responsibilities needed to be shared (ie. everyone teaches and everyone learns) and that core values should be changed to reflect familiarity, trust, common practice goals and clinical leadership.

When the staff work as a team, patient care continuity demonstrates increased satisfaction and care and reduced stress. The Shared Care Model has two teams, three nurses and provides care for twelve patients. Features of Shared Care are self directed leadership, and transition to the team approach. Positive features of the Shared Care approach are cohesive teamwork; team leaders motivated to upskill team workers; active bedside teaching; role modelling opportunities; improving communication and two way feedback; trust; and pride in workplace and self. Outcomes of the Shared Care approach are therefore coordination of all patient care by the most competent RNs; decisions made at the lowest appropriate level; the matching of patient needs with nurse competencies, and the increased supervision of all care levels; as well as shared responsibility between all team members.

The final excitement for me was chairing the workshop "Leadership in turbulent times" by Siobhan Harpur. First of all Siobhan asked all participants to provide a challenging problem/issue related to their nursing area – she got them to put their issue/ problem on the wall. It was interesting to note how participants put themselves into groups through their 'wall work!' Siobhan noted that participants in the workshop would share the experience of an action learning approach using the principles of Open Space to explore leadership capabilities which could improve practice. This, she believed, was important for nurses to retain a vision and to engage others in it, as well as hold a commitment and passion for health care services.

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'I imagine a school system that recognizes learning is natural, that a love of learning is normal, and that real learning is passionate learning. A school curriculum that values questions above answers… creativity above fact regurgitation…individuality above conformity.. and excellence above standardized performance….. And we must reject all notions of 'reform' that serve up more of the same: more testing, more 'standards', more uniformity, more conformity, more bureaucracy.

Tom Peters Author
'Re-imagine' www.tompeters.com

Nurse Educators – Are we an endangered species?

As contemporary health care systems continue to operate within a dynamic state of change and flux, hospitals and health care services are under increasing pressure and scrutiny from both the public and administrators. Simultaneously the Australian nursing profession has undergone considerable restructure. The impact of these changes on the nurse educator role has been significant. Nurse education is no longer the exclusive mandate of the nurse educator as clinical nurse specialists, nurse consultants and nurse practitioners independently engage nurses in education in the clinical practice environment. However, acknowledgement of the impact of these changes on the hospital based nurse educator role has been minimal.

Historically, the hospital based nurse educator role was pivotal in preparing nurses for their professional role although this position is largely invisible in the contemporary discourse. Today's nurse educator is responsible for learning needs assessment, education program development, the delivery of quality educational experiences to staff and patients and action research initiatives. As other nursing roles (clinical nurse specialists, nurse consultants and nurse practitioners) have adopted an educative role, the nurse educator mandate has been eroded perhaps in response to the blurring of the role with the educative components of these other nursing roles within the clinical setting. Critically, role ambiguity and confusion herald the potential for intraprofessional discord and professional isolation. Nurse educators may feel undervalued, experience job dissatisfaction and consider their intent to remain within the role and importantly, within the nursing profession. The potential also exists for the nurse educator role to become invisible within the clinical arena. Unless this conflict is resolved the role may be undervalued and negatively effect job satisfaction and staff retention.

The advancement of nurse education practice and importantly patient outcomes is contingent upon the clarification of role boundaries and exploration and articulation of the nurse educator role.

A ground breaking research study is being conducted to generate insight into the Nurse Educator role in Acute Care Hospitals (NEACH Study) in Australia. The study will examine the role and the inherent relationship between education, practice performance and patient outcomes. An expert reference group comprising representatives from acute care and private hospitals, the University sector, the Australian Nurse Teacher's Society, the NSW Nurses Association, Australian Nursing Federation, the Royal Australian College of Nursing and the College of Nursing, will also serve to guide and inform the study. Jacqui Guy and Christine Taylor are the ANTS representatives for this group.

This research will significantly contribute to the future development of the educator role as a key nursing specialty and also to the development of a sustainable nurse educator workforce in Australia.

As nurse educators are informed of their impact on patient and organisational outcomes they may be empowered to establish and maintain effective collaborative partnerships in nurse education and actively engage in the transformation of education and nursing practice. Role development may also support nurse educators to carve a niche in the professional practice environment and enhance their recognition as clinical leaders and strategic stakeholders within the health workforce.

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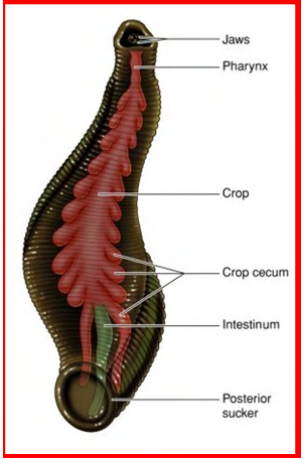
'Reason can answer questions, but imagination has to ask them.

' Ralph Gerard

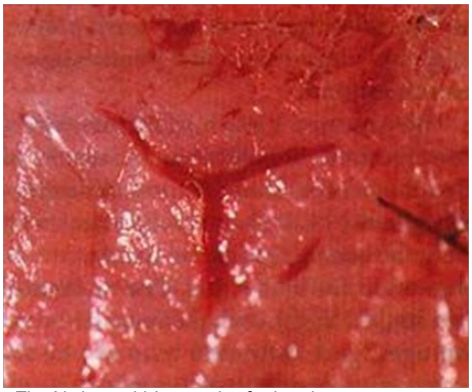
An Unusual Learning Experience

Anatomy Of a leech



Leech therapy also known as Hirudotherapy (Latin hirudo-leech) has been used in medicine for more than 2000 years. Several hospitals in Australia and other countries utilise leeches in wound healing, microsurgery and in plastic surgery. The main species used in Australia are called *"Hiridu Richardsonianus Australis"* and are exclusively bred. These medical leeches are shipped in from Melbourne to Liverpool Hospital in NSW. Clinical Nurse Educator (CNE) Katie Laing from Liverpool Hospital NSW is an expert in Hirudotherapy.

Katie has been teaching this therapy now for 12 years and the leeches have been in Liverpool Hospital now for more than 20 years. Katie explains that she provides the supporting education both by the bedside and over the phone. Some of the nurses are keen to learn this therapy while others are disgusted by it. The use of leeches in medicine has made its comeback in the last 20 years with the advent of micro, plastic and reconstructive surgeries. One of the biggest problems with these surgical techniques is venous congestion because of poor venous drainage. The leeches provide a solution to this problem. Not only are leeches economically beneficial costing very little and studies have shown that Hirudotherapy doubles the success rate of transplanted tissue flaps. This is a much higher success rate than that brought on by drugs or further surgery. The leeches stated Katie need to be at least 6months old before they are of benefit to the patient. They are, as Katie explained hard to spot until they are 6 months old and to the trained eye baby leeches look like small strands of hair.



The Y shaped bite mark of a leech.
(Photo by Geoff Tompkinson from Science Photo Library

One of the new graduate nurses Mary Paradeza who is completing her new graduate transition course at Liverpool hospital learned Hirudotherapy from Katie and some of the other nurses on the ward and the following paragraphs in this article are a reflection of her Hirudotherapy learning experience.

The purpose of this article is to explore my experience with leeches during my first rotation as a new graduate registered nurse. Leech therapy is a therapeutic treatment used primarily in plastic and reconstructive surgery for the treatment of venous congestion. The leeches drain the congesting blood out of the tissues until an adequate venous blood flow from the affected area is re-established. Their saliva contains Hirudin, an anticoagulant, which prevents clotting. Leech saliva also contains a large number of biologically active substances which also contribute to the re-establishment of venous blood supply.

Richardsonianus Australis leeches swimming freely in their tank at Liverpool Hospital

I looked after a 50 year old female patient who had an accident at work resulting in a bleeding partially amputated left distal phalanx, a blue thumb tip and exposed soft tissue at the lacerated area. I obtained consent. AA was admitted to the ward following "Open Reduction Internal Fixation" (ORIF) to left thumb, RDA repair debridement and nail bed repair procedures. Postoperatively, she presented with an oedematous and venously congested thumb that the doctors recommended leech therapy.

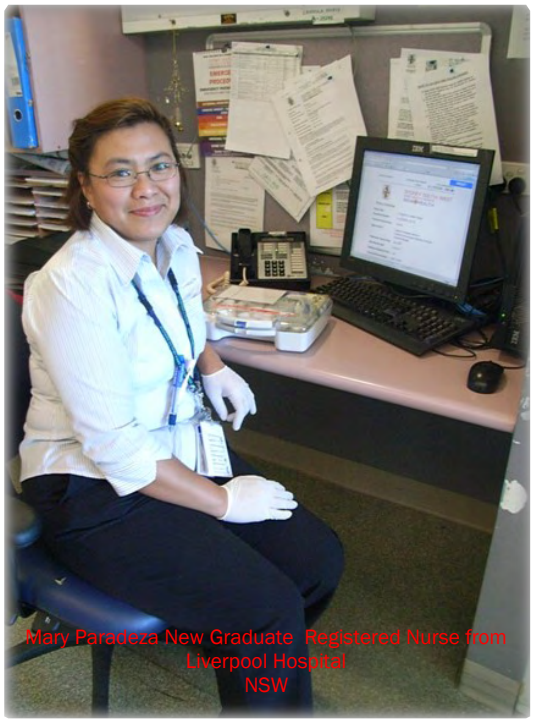
AA was apprehensive when first told of the therapy and was worried about the contact with the leeches. Even her family was surprised at the use of the ancient treatment but they all agreed that "anything is good if just saves the thumb".

Even though I lacked knowledge regarding leech therapy it did not deter me in looking after AA. This was also my first clinical experience of such a treatment. I was hesitant about handling the slippery hermaphrodite leeches due to camping horror stories.

Cont'd

Mouth of the leech. Photo: EYE OF SCIENCE/SCIENCE PHOTO LIBRARY . The ridge on top of each hillock like protuberance contain over 100 sharp teeth that razor the skin

I was however, reassured by the ward Clinical Nurse Educator (CNE) that I would be able to conduct the tasks skilfully and without any complications. It was also an opportunity that I did not want to miss as not all new graduate nurses will experience leech therapy.



From reputable journals and resource folders from the ward, I learnt that leech therapy is guided by an established protocol in Liverpool Hospital. Six leeches were already separated in numbered individual specimen jars, with a small amount of water from the leech tank. The jar lids have been punctured with holes made by a 19-gauge needle. Another nurse showed me how to apply the leeches. AA's thumb was cleaned using water for injection. To prevent the leeches from escaping the area, a barrier of gauze soaked in normal saline was placed around the base of the thumb. Removing the leech from its jar was tricky and I was glad for the availability of plastic forceps. There was no need to apply 5% Dextrose (recommended to aid attachment) as the first leech attached immediately. The leech falls off when sated and this was placed in another container with normal saline and a pinch of table salt to remove the blood it had eaten. Then, the leech was cleaned in tap water and returned to its original container. The leeches were used continuously for 48 hours of therapy. After the leech was utilized and disgorged it was rested for 24-hours.Only AA could use them and when the therapy ended, the leeches were destroyed and disposed into the contaminated waste bin.

I knew my major task was to perform circulation observations to the digit hourly. As AA was susceptible to infection, I practiced standard hospital infection control procedures and aseptic technique in every nursing intervention. I assessed her upper limb for signs of pain, swelling, necrosis and numbness from thumb to arm. Her left arm was kept elevated above the pillows to reduce the pain and swelling that occurs postoperatively. AA felt discomfort rather than pain as her left arm was out of commission. Circulatory observations were recorded and haemoglobin levels were regularly checked. When the thumb had changed its colour from purple to a pinkish hue and the capillary refill of less than 3 seconds occurred, the doctors recommended that the thumb did not require the therapy anymore.
I found that handling the leeches have provoked a feeling of amazement of how these little hermaphrodites could save a digit. As a result of my experience, I now advocate the therapy. The realization that it could result in quick patient recovery brings an increased awareness and heightened knowledge on my part. However, in order to be more confident of my newfound skill, I need patients who would agree to this treatment. Sadly, many patients do not share my enthusiasm and would rather have surgery than have contact with the leeches (this is not my experience. I have not had a patient refuse leech therapy when it is explained to them properly).

Mary Paradeza RN. Liverpool Hospital NSW

Acknowledgements

I would like to thank Katie Laing Clinical Nurse Educator Liverpool hospital for her time and expertise in the area of Hirudotherapy and also Mary Paradeza for her written reflection of her unusual learning experience

Olivia Mulligan (editor)

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Leech Photographs;www.pka.com.my/fall%20and%20rise.html

The Case for Interprofessional Education

Members of the Australian Nurse Teachers' Society (ANTS) were invited to attend the launch of Australia's Learning and Teaching for Interprofessional Practice (L-TIPP) on the 4th April 2009 at UTS . This "*Interprofessional Health Education in Australia: The Way Forward" was well worth attending and encourages the notion of learning together as health care teams.* Interprofessional Health Education (IPE) is in fact the education of two or more health professions engaged in working and learning together.

It was a traditional day which acknowledged the Indigenous people of the area namely the Giringi and the Gaddaga people. It was launched by the NSW Governor Ms Marie Bashir who reiterated the notion that the old medical model is inappropriate in the present climate and is perpetuating problems. Ms Bashir proposed that health professionals need to work together as teams as it is essential for sustainable safe practice. IPE is not a new concept and according to the IPE document "The Way Forward" (section 2 p,5) prepared by Learning and Teaching for

From L-R Jan Sayers Lecturer at UWS, Jacqui Guy Lecturer ACU (President ANTS) Lyn Stewart lecturer UWS and Professor Tania Gerzina from The University of Sydney

Interprofessional Practice Australia (L-TIPP Australia) early reports of these programs date back to the early 1970s where two programs described by Davidson and Lucas (1995) from the university of Adelaide commenced. One of these was an elective for final year students that focused on translating community health principles into practice. It regrettably was not part of the core curriculum and ceased when the funding dried up in the 1990s. As suggested by this document health systems internationally are under increasing pressure to improve because of consumer expectations, an ageing health workforce, existing workforce shortages, increasing incidence of chronic illnesses and a better focus on patient safety.

This calls for the establishment of a work health force that has well developed interprofessional

ANTS members Pauline Murray-Parahi (CNE Hoxton Park Community Centre) catches up with her old friend Mr. Colin (Wayne) Rigby the Director of the Djirruwang Program of Mental Health Training (Wayne was ANTS first Indigenous Member)

capabilities and that work well together as a team. The final report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals published in November 2008 (The Garling report) also acknowledges these challenges. Garling also reports a breakdown of good working relations between clinicians and management, which he likens to the great Schism of the church in 1054. His model for reform which has four pillars recommends that the Institute of Clinical Education and Training should drive effective training of junior doctors, nurses and allied health professionals (Skinner, Braithwaite, Frankum Kerridge and Goulstone 2009).

In order for us to move forward there has to be a significant cultural change or a change in attitudes if we are to work as a team to ensure the safety and quality of the care we give the consumers. The literature on the barriers and challenges to IPE according to the document are well documented. Gilbert (2005) suggests for example, that the fear of IPE will lead to a loss of status or a loss of professional identity. Mead (2007) in the same document suggests that IPE requires cultural changes if it is to be sustained and this requires a move away from territorial and professional rivalries and a bottom up approach to development .

The debate that followed was very positive and some of the suggestions were that we need champions at a national level and also we need to learn from other areas and engineering was given as an example. We also need to put students in the learning environment together to authenticate IPE. Most of all students need to be supported in the real environment if this is to succeed. For more information contact: Cheryl Bell. Project Manager, Cheryl.Bell@uts.edu.au

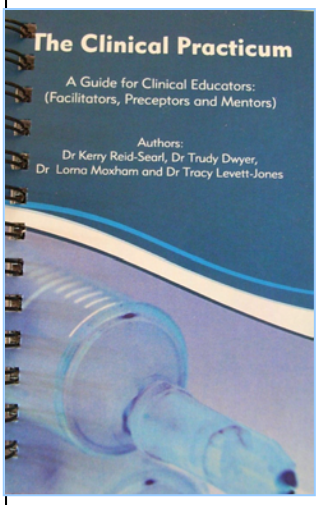
'Ten geographers who think the world is flat will tend to reinforce each others errors....

Only a sailor can set them straight'.

John Ralston Saul, 'Voltaire's Bastards'.

BOOK REVIEW

"The Clinical Practicum".



A guide for clinical educators: (facilitators, preceptors and mentors)".

IBSN: None noted

Authors: Reid-Searle, K., Dwyer, T., Moxham, L. & Levett-Jones, T. (2009)

Publisher: CQ University Publishing Unit. Rockhampton. Queensland.

Published; 2009

Price: $5.95 .

This pocket-sized booklet is recommended by the authors, who are all senior members of nursing faculty in Queensland and NSW, to be a guide for those in positions of facilitation, preceptoring or mentoring which should complement teaching and health facilities protocols. Content gives guidance about how to prepare and orientate students for their professional experience, facilitate student learning with advice on how to assist students with documentation and handover experiences. One important section is devoted to assessment technique, which enables the assessor to provide objective, accurate and honest assessment of student competence. Further on there is information on how to support the challenging student and the international student. Finally the book contains some creative resources to assist student learning. I believe that this booklet is a valuable resource and is highly recommended for all nurse teachers or for any nurse who temporarily fills a teaching or assessment role. The booklet is easily obtained by contacting CQUnibookshop at http://bookshop.cqu.edu.au and is priced at an affordable $5.95 (now on special offer).

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WEBSITES OF INTEREST

Edna.edu.au is Australia's free online network for educators. This site is a very useful and a growing community of educators. There are search lists of international and Australian resources. One can browse by different categories which includes government and non-government schooling systems, early childhood, vocational and technical education and also adult and community education. It also has a video tour which explores technologies and tools.

HTTP://WWW.EXCEPTIONALNURSE.COM/ THIS IS A WONDERFUL SITE FOR NURSES WITH ANY KIND OF DISABILITY. THE SITE IS AMERICAN AND IS A NOT FOR PROFIT ONE. IT HAS A MENTORSHIP PROGRAM AND INCLUDES MANY VOLUNTEERS TO AID INDIVIDUALS.

http://www.worldwidewounds.com/ This is a very useful website for those interested in wound care. It is an Internet-only electronic wound care journal, which is edited by Suzie Calne and published by the Surgical Materials Testing Laboratory in association with the Medical Education Partnership. Fantastic pictures and articles very useful for teaching

http//:www.minoritynurse.com This is a really good American website devoted to the education and career paths of minority nursing professionals, students and faculty.

http://nursingadvanceweb.com This American biweekly site provides succinct, practical information on clinical, management, professional and career development issues for an eclectic areas of nursing practice. In each issue, offers so much to nurses book clubs, blogs, poetry corner. Please check it out as the ideas abound here.

http://www.dearnurses.com/ An ongoing series of clinical situations designed to help new and inexperienced nurses with their clinical skills. They have some videos of clinical situations that are linked to youtube

http://www.nurses.info/ This is a good site for information and resources for nurses world wide. It has an eclectic mix of information which can be helpful which includes advice on self care, bullying, mental health issues, travel and jobs.

Minutes of the Coalition of National Nurses Organisations (CoNNO) Meeting held at Radisson, Melbourne Friday 15th May, 2009.

This meeting was attended by Mrs. Jacqui Guy (ANTS Representative).
The meeting was attended by 23 representatives of the 52 member nursing organisations who must have members in most states..

The meeting opened with a presentation by Mr Peter Carver, Executive Director of the National Health Workforce Taskforce (NHWT), who is heading the project to develop a National Clinical Placement system. This database will allow stakeholders to determine the National demand for undergraduate and post graduate clinical placements for all health faculties and the capacity of health facilities to accommodate that demand. The timeline for implementation of the National Placement is at the beginning of the academic calendar in 2010. One question asked was from the Bradley report where payment for clinical placement would be attached to the student requiring professional experience, rather than the organisation. Implications are that curriculums that favour a predominance of clinical will be disadvantaged compared to those that do not require so much clinical. Eventually, all curricula will have the same amount of clinical attached to units due to National budget limitations. Further information can be found on the NHWT website: http://www.nhwt.gov.au/nhwt.asp

One dominating issue at the meeting was the announcement that Nurse Practitioners (NP) and Midwife Practitioners (MP) have been given authorisation for the Medical Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS). The representative from the Australian Nurse Practitioner's Association informed the meeting that their members were delighted with the announcement made in the Federal Budget on Tuesday 12th May, 2009. Rosemary Bryant, Chief Nurse and Midwifery Officer informed the meeting that NP's and MP's could not access the MBS and PBS at this time but has been delayed until after the National Registration process had been completed in mid 2010. Legislation needs to be updated to include NP's such as the Roads and Traffic Acts. Prescriptions will be for repeats and will be limited in the number of repeats that can be offered. Consultation is now being sought from Nurse Practitioners and Midwife Practitioners as to the scope of pharmaceuticals that will be prescribed by NP's and MP's.

The location for the National Registration Board will be 55-57 Little Collins Street, Melbourne.

The Australian Nursing Federation completed a project by the Primary Health Care Working Group which was funded by the Department of Health and Ageing. The document entitled "Primary health care in Australia. A nursing and midwifery consensus view" was released at the meeting. This 71 page document was applauded by all the members and can be accessed by contacting the ANF at www.anf.org.au/.

Rosemary Bryant informed the meeting that The International Council of Nurses will hold their annual conference in Melbourne in 2013. 10,000 nurses are expected to attend.

All 23 Organisations had sent written reports and in the afternoon presented a short report of the activities of their organisations. Organisations varied dramatically in size and support, but with similar issues such as accreditation, competencies, name changes etc. Discussions following the reports included format of future meetings. It was decided that presentations of reports should be succinct to allow group discussions on pertinent issues.
ANTS website has a link to CoNNO website, check out the organisations and news items.

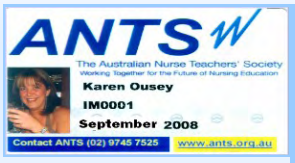
The next meeting will be held in Sydney on Friday 9th October, 2009.

LESLEY ASKS

All ANTS members should now have received their Australian Nurse Teachers' Society membership card. If not please contact :

Lesley Saunders
Administrative Assistant
The Australian Nurse Teachers Society
Locked Bag 3030, Burwood NSW 1805
Street address: 14 Railway Parade, Burwood. NSW 2134

Tel Direct: 02 97457525 Fax: 02 97457502



PLEASE NOTE———THIS ADDRESS IS ONLY UNTIL THE END OF JUNE 2009. PLEASE CONTACT EDITOR AFTER THIS TIME FOR DETAILS OF CONTACT.
MOB: (0402091903)
EMAIL:MMOM51@GMAIL.COM

OFFICE HOURS : *TUESDAY, WEDNESDAY AND THURSDAY BETWEEN 09.00 AM AND 15.00*

Ground Breaking Research Study on Nurse Educators in Acute Care Hospitals

Newsletter Winter 2009 Enquiries:
jan.sayers@postgrad.curtin.edu.au
Nurse Educators in Acute Care Hospitals Project.
Welcome to Neach news! This newsletter will keep you informed of the progress and outcomes of research being conducted on the role of the nurse educator in acute care hospitals across Australia by Curtin University.

Background to the study

Acute care hospitals are under increasing pressure and scrutiny from both the public and administrators. In addition, the Australian nursing profession has undergone considerable restructure over the last three decades. However, there has been minimal acknowledgement of the impact of these changes and the associated potential for role ambiguity and conflict within nursing roles. The nurse educator role is largely invisible in the contemporary discourse. Potential explanations for this situation are the blurring of the role between other nursing classifications, including clinical nurse consultants and clinical nurse specialists, as well as the delineation between the academic and clinical setting.

Why do we need guidance for the nurse educator role?

As a consequence of role ambiguity, the potential exists for the nurse educator role to become invisible not merely in scholarly discourse but importantly within the clinical arena.

What form and characteristics will such guidance have?

The guidance will be:
1. evidence driven: using key Australian studies and other relevant literature to form the basis for role development
2. a consensus statement: stakeholder input is critical to validate the nurse educator role and practice and is a key purpose of the project
3. relevant to the practice, policy and regulatory context in Australia.

Who will provide guidance? An Expert Advisory Group has been established to
1) ensure the study's scope aligns with the requirements of the stakeholder groups;
2) provide guidance on issues and matters pertaining to the study;
3) address any issue that has major implications for the study;
4) monitor the scope of the study as emergent issues compel changes to be considered; and
5) provide advice regarding differences in opinion and approach.

The Expert Advisory Group comprises:

Professor Patricia Davidson, Curtin University of Technology; Dr. Alan Barnard, Queensland University of Technology; Ms. Michelle Crawford, St. Vincent's & Mater Health, Sydney; Professor John Daly, Australian Council of Deans, Nursing & Midwifery, Australia; Dr. Michelle DiGiacomo, Curtin University of Technology, Linda Gregory, St. Vincent's Hospital Sydney; Ms. Jacqui Guy, Australian Nurse Teacher's Society; Ms. Sarah Leathwick, St. Vincent's & Mater Health, Sydney; Ms. Dee Maguire, Westmead Hospital Sydney; Dr. Margaret McLeod, Royal College of Nursing Australia; Ms. Tracey Osmond, The College of Nursing; Ms. Jan Sayers, Curtin University of Technology, Sydney; Mr. Jon Rihari-Thomas, St. Vincent's Hospital, Sydney; Dr. Christine Taylor, Australian Nurse Teacher's Society; Ms. Susan Taylor, NSW Nurses Association

Project Stages

The stages of the project are outlined below:
Phase 1:
Broad consultation and engagement April 2009 – April 2010
Input will be sought from Expert Advisory Group representatives to inform the study.
Phase 2:
National survey June 2009(Pilot) July - August 2009 National Survey
A survey of nurse educators working in the field will be conducted to identify their role, scope of practice, career intentions and professional practice environment.
Phase 3:
Consensus Conference – December 2009 Phase 4: Communication and dissemination – 2009/2010
A communication, dissemination and evaluation strategy will be implemented to raise awareness and facilitate adoption of the study findings and recommendations in Australia.

How can you be involved?

Register your interest to be part of the national survey to comment on the nurse educator role in acute care hospitals in Australia.
Register by emailing your name, organisation and professional designation to:
jan.sayers@postgrad.curtin.edu.au
Registration is open now until 30 August 2009. Surveys will be sent to the email address provided.

Provide information

The project working group is seeking relevant information, such as position descriptions, to inform role development. If you have any relevant information/resources that you would like to forward to inform the research, please email these to:
jan.sayers@postgrad.curtin.edu.au
Please forward this newsletter to anyone who may have an interest in this project.

Thank you!

The Australian Nursing Educator of the Year Award

The purpose of this $3000.00 award is to recognize outstanding nurse educators whose contributions to teaching nurses fulfill the goals of the Australian Nurse Teachers' Society constitution.

Criteria

1. Nominees must be a Registered Nurse involved in Nurse Teaching
2. Nominee must be an active member of The Australian Nurse Teachers' Society (ANTS) for a period of 2 years.
3. Application must be accompanied by a letter of support from nominator and one other individual (peer, faculty or clinical leaders) who is familiar with the nominee's accomplishments.
4. Nomination form and supporting documents are due to the selection committee by Friday 31st October 2009 of each calendar year.
5. The winner receives their award from a member of Pearson staff at a convenient nursing event, local to the winner, in December.
6. The winner is announced on both the Pearson Australia and ANTS websites.

See nomination form for specific submission requirements.
Nominees will be considered based on their contributions.
Please check our website for application forms

http://www.ants.org.au/

ANTS CHRISTMAS IN JULY NSW BRANCH

Come and help us celebrate our Traditional Christmas in July

On the 24th of July .
At: The Sydney Mercure Hotel, Parramatta
Address: 106 Hassall Street, Rosehill

Drinks : 1830-1900. **Speaker: 1900-1930** **Dinner: 1930-2030**

Guest Speaker : *Ms.* Jan M Sayers
Senior Lecturer UWS
On her Groundbreaking Nurse Education Research Topic
"ARE WE AN ENDANGERED SPECIES"

3 course meal with drinks: Complimentary parking:

$55-00 Members (Tax deductable)
$65.00 Non-Members (Tax deductable)

Download application from the ANTS page on the Internet
http://www.ants.org.au/

RSVP: before 17th July 2009 to ensure place, and remember to email any dietary requirements

Biography: Julie Jackson
Chair of ANTS W.A. Branch

Julie Jackson has been an RN since 1991 working in the UK until 2003. In the UK Julie worked in orthopaedics and general surgery and soon developed a passion for nurse education. She was involved in developing and implementing education programs for student nurses on the ward. After moving to Australia in 2003 and orientating herself, Julie gained the position of Staff Development Nurse in Orthopaedics and Neurosurgery at Royal Perth Hospital, working with Graduate Nurses and then moved onto General Surgery again as SDN.

In 2006 Julie moved to Joondalup Health Campus as SDN in Orthopaedics and General Surgery and now works in the Education & Research Unit as EN Graduate Program Facilitator and Staff development educator.
For further information contact via
wa.ants@gmail.com

'Do not go where the path may lead; go instead where there is no path and leave a trail'.

Ralph Waldo Emerson

Western Australian ANTS Branch Mid -Year Report

After a very successful branch launch in November 2008, the WA Branch committee of The Australian Nurse Teachers' Society (ANTS) now had to begin planning their follow-up for members in 2009. It was decided that the format of meetings would comprise of an education forum followed by a branch meeting. There had been a phenomenal response to the training needs analysis given out at the launch so the Committee had a vast choice of education topics to present which would meet the needs of their members. The next big decision as a committee was where to hold the meetings. As a committee we were conscious that not all members and interested parties lived north of Perth and so decided that Kamaree Berry, Vice-chair and education officer would use her contacts at Murdoch University to provide a central venue for meetings.
The first education forum is taking place on Wednesday 17th June. Speakers from local Universities have been invited to present their educational opportunities for educators. Universities further afield have also been contacted to provide literature on their educational opportunities. There will also be an open forum on roles and qualifications and how they differ between organisations. An update on the national regulations on accreditation is also to be discussed. All attendees will receive a certificate of attendance. Other important dates in the WA Branch calendar are Wednesday August 19th where it's planned to discuss current trends in education for nursing students, the national curriculum and courses provided for both RN and EN students. Wednesday October 21st will see the first WA Branch AGM, where committee positions will be voted upon. The committee are looking forward to a very busy second half of 2009.

Julie Jackson
Chair of the Western Australian Branch of the Australian Nurse Teacher's Society (ANTS)

Staff Educator/EN Graduate Program Facilitator/ CELO UNDWA
Joondalup Health Campus
PO Box 242, JOONDALUP WA 6919
Tel: 9400 9870

email: jacksonj@ramsayhealth.com.au

Welcome to the following new ANTS members

On behalf of my colleagues in the Australian Nurse Teachers' Society I offer a very warm welcome to our new members. We hope your experience with us proves to be rewarding in some way for your career. We do however, encourage all members to contribute any learning or teaching experience they wish to share with other members.

Carolyn Rose	SA
Michelle Cruse	SA
Poonam Prasad	NSW
Suzanne Rogan	NSW
Michael Guerin	QLD
Carylin Lenehan	VIC
Jacqueline Aguiar	WA

CONFERENCES AND SEMINARS

4th International Orthopaedic Conference 2009

Stamford Grand Hotel, Glenelg | Adelaide | South Australia | 21 - 23 October, 2009

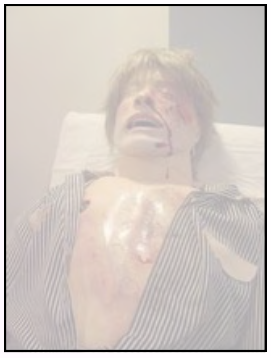
To register and for details: www.sapro.com.au/ANZONA/welcome.htm

GETTING STARTED WITH HEALTHCARE SIMULATIONS

Laerdal helping save lives

UNIVERSITY OF TECHNOLOGY SYDNEY

UTS: Nursing, Midwifery & Health has designed this workshop for academics and educators who are responsible for or involved with planning /delivering health care simulations.



EVENT DETAILS
Date Thursday 13 and **Friday** 14 August 2009.
Time 8.15am to 5pm. **Venue** UTS Nursing SIM labs.
Level 7, Building 10
235 – 253 Jones St
Ultimo NSW
RSVP by 7 August 2009
Cost. $700.00. Registration Fee *includes GST, morning tea and lunch, afternoon tea, workshop materials and recording of a team simulation activity.*
Enquiries Ms Priya Nair
Phone 02 9514 4834
Fax 02 9514 4835

Register online at...
http://www.healthintransition2009.org.au

HEALTH IN TRANSITION
RESEARCHING FOR THE FUTURE
The 4th international conference on community health nursing research
16-20 August 2009 Adelaide South Australia

ANEC

Education & Practice
WORKING TOGETHER
Australasian Nurse Educators Conference 2009

Principal Sponsor
Laerdal helping save lives

For details on cost visit our sponsors website at: http://www.laerdal.co.nz
Australasian Nurse Educators Conference 2009
30 September – 2 October 2009
Christchurch Convention Centre, New Zealand

National Leadership and Learning in Nursing and Midwifery

Mercure Hotel Brisbane Queensland. 10-11 September 2009

Conference will address: How to engage the part-time workforce. Empowering the voice of Nursing and midwifery . Leading and learning with passion

Website: http://www.matereducation.com.au/conf2009/cindex.html
Contact name: Sue Worsfold

ANZICS/ACCCN
Intensive Care ASM
Expanding the frontiers of Intensive Care...GO WEST!
PERTH 2009

The 2009 ANZICS/ACCCN Intensive Care ASM will be held at the Perth Convention & Exhibition Centre from 29th –31st October 2009.
EECW Pty
PO Box 749
WEMBLEY WA 6913
Ph: +61 8 9389 1488
Fax: +61 8 9389 1499
Email: info@eecw.com.au

A Little Bit of Humour

The As

Accident and Emergency ~ Unplanned pregnancy followed (nine months later) by unplanned birth.
Airway ~ The flight path.
Analgesia ~ Paracetamol suppository.
Anus ~ A Latin word for 'year'.
Appendix ~ At the end of a book.
Arsenic ~ Incision for pilonidal sinus.
Artery ~ The study of Painting.
Art Line ~ Route to the galleries.
Ascites ~ Failure to ensure pre-operative marking of the site.
Aspergers ~ No nonsense bowel preparation.
Asphalt ~ Rectal problems.
Astigmatism ~ Not feeling left out at all.
Asymmetry ~ Matching buttocks.
Ataxia ~ Mode of transport with complimentary political commentary.
Atopic ~ The focus of the conversation.
Atrophy ~ We won the cup!
Auto-Eroticism ~ Got a thing about cars.

The Bs

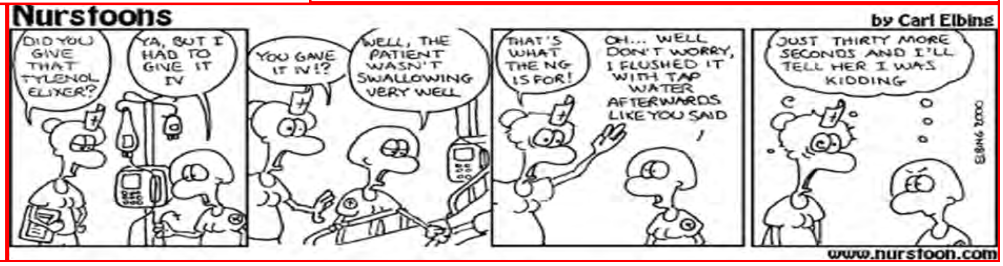
Bacteria ~ The back door of the cafeteria.
Barium ~ What undertakers do best.
Bile Bag ~ Sharp-tongued woman.
Blood Test ~ Confirming paternity

The Cs

Caesarean Section ~ A ritzy neighbourhood in Rome.
Cannulation ~ Preserving food in vacuum-sealed pots
Cardiology ~ Study of front-fastening knitwear.
Cat Scan ~ Searching for Kitty.
Cauterize ~ Made eye contact with her.
Charge Nurse ~ One with a certificate in defibrillation.
Chest Drain ~ Breast reduction.
Cholera ~ Arrest That Woman!
Clinical Director ~ Receptionist at the outpatient area.
Clotting Time ~ Time to assess that idiot.
Colic ~ A sheep dog.
Colonoscope ~ Device for checking punctuation.
Coma ~ Punctuation mark.
Compound Fracture ~ Interesting fracture generating more interest.
Computed Axial Tomography ~ Scanning system for male cats.
Condom ~ An apartment complex.
Congenital ~ Friendly.
Copulation ~ Sex between two consenting policemen.
Cunnilingus ~ Can speak LOTS of languages.
Cytology ~ The study of vision.
Cytotoxic ~ Can be irritating to the eyes.

Patient: I keep thinking that I am Tom Jones am I ok?

Nurse: It's not unusual



Lest We Forget

Mother ANZAC

Perhaps you would like to have your research published, share your experiences educating nurses, 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 2009 **NO LATER THAN August 31st 2009**

(exceptions: by prior arrangement with editor)

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