



Australian Nurse Teachers' Society

Spring Edition 2009

ANTS

WORKING
TOGETHER FOR
THE FUTURE OF
NURSING
EDUCATION

SPECIAL POINTS OF INTEREST:

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Nurse Education Conference
Christchurch New Zealand

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The Regional ANTS Conference in
Canberra

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What the New Graduate Nurses
are doing

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Teaching Sociology to Paediatric
undergraduate students in
Ireland

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The Teaching Role of a Pain
Management Nurse

*

Book reviews, useful websites
and conferences to attend



A New Graduate Nurse's experience in ICU

Letter from the National President of ANTS



Dear members,

It has been a busy time with launching some new branches. We are excited to now have a South Australian Branch established and next week, Sandra will launch a Queensland Branch with some very enthusiastic members. The situation in

NSW is that they have now formed a NSW Branch and a group of 8 members have formed a committee to develop educational seminars for NSW members. Any members of other states who would like to form a committee, please contact me.

The National Executive for the present will consist of the current ANTS Council and consist of President, Vice-President, Secretary, Treasurer and Professional Publications Editor. Please refer to the website for details of the revised Constitution, which will give you a lot more detail.

Have you all been on the new ANTS website which has a new layout and uses Moodle to give us much more scope for interactive on-line discussion. We thank Stuart Taylor, an honorary member of ANTS for setting this up and who is our current webmaster. Please contact him directly if you are having any difficulties accessing any areas. Christine Taylor, our Executive Secretary will continue to be our Web liaison person. We would also appreciate any feedback regarding this new format.

The ANTS Research Team have posted the draft Nurse Teacher Competencies on the web for comments and we need feedback from all sectors of the nurse education community so please disseminate this information widely. Remember these competencies are generic for all nurses who teach whether in the tertiary sector, clinical areas or community. We plan to launch the new Competencies at the International Nurse Education Conference in Sydney in April.

The Secretariat has moved from the College premises and has a new part-time Secretary Kathy Howard and you will find the new business contact details on the website. The KJK Secretariat manages the database and assists in mail-outs to members. We thank Lesley for all the wonderful work she has done for ANTS.

Olivia, our Bulletin Editor has done a great job of putting together our hardcopy Bulletin. This is the last time it will be in that format. In 2010 it will come to you more frequently as an email attachment so make sure your details are up to date.

There are many challenges for us as educators and many issues that directly affect you both personally and professionally. We want you to feel that ANTS is an active voice for these concerns. Please contact us either directly through either the Executive or State contacts and log onto the Website frequently.

May you and your families have a wonderful Christmas and New Year!

Jacqui Guy

President

Email: Jacqui.guy@acu.edu.au

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ATTENTION ANTS MEMBERS

**Members are requested to please check out
the ANTS website to review the updated
Nurse Teacher Competencies
We urgently need your feedback**

Editorial



Colleagues,

I expect I am making ANTS history as the last editor of the hard copy of ANTS' Quarterly Bulletin Newsletter. We are now going electronic with the hope of giving our state branches the opportunity to produce their own E-newsletters. It has been both a pleasure and a challenging experience learning the nuances of publishing. Most of all it was a happy and fulfilling learning experience for me. I am truly a lucky person as I have been so well supported by my colleagues on Council and also with innovative members and friends who have contributed over the last six editions. Amongst them is the previous editor Pauline Murray - Parahi who totally redesigned the Bulletin. Pauline is a very creative and talented innovator who works as a Clinical Nurse Educator at Hoxton Park Health Center in NSW. Pauline has just completed her Masters in Education. Apart from supporting me with advice in design and proof-reading Pauline is also a whiz on marketing and in the area of e-learning and technology. She is preparing for her PhD (and is looking for a supervisor) and is very passionate about enabling learning and encouraging new graduate and neophyte nurses and, as she correctly points out *"they are our future"* I am also grateful for the opportunity to publish this newsletter and I have Jacqui Guy our National President who offered me this opportunity. Jacqui has had a very calming effect on me and is possibly one of the most motivating mentors I have ever encountered. Thank you Jacqui. Sandra Campbell our National Vice-President is our Queen of resources on almost everything. There is nothing she does not know or understand about our constitution, competencies, policies, ANTS history and membership. Sandra is always on the

end of a phone or email to answer a query and has been both an inspiration and a support for me in my position as editor and treasurer. Last but not least I am indebted to our present National Secretary and Webmaster Dr. Christine Taylor for her support and diligent attention to detail with proofreading this publication. I can always rely on her to read and analyse every single sentence. She is pedantic about it (her admission) but her professional approach has helped me very much to produce this publication, and I have learned much from her advice and guidance.

Now that I have said my piece on the amazing support I was privy to I can comment on the activities of our organisation. We had a busy few months. The reported National Nurse Educators Conference held in Christchurch new Zealand was simply wonderful from every aspect; the innovative papers, the interesting and passionate speakers, the welcome ceremony from the Maori people and entertainment from our colleagues in New Zealand was also awesome and hard to compete with. Most of all, we had a lot of fun as can be seen by the photos on the last page of this edition.

We also attended the Annual Regional Seminar organised by the Canberra members and Laurie Grealish who was outstanding in her contribution and support. It was a very interesting day with three very passionate and informed speakers. You can read the report in this edition.

I would like to ask you all to check out our website as we are still in the process of revamping it and improving the communications. Rome was not built in a day so to speak. Please examine the Constitution draft and alert us to anything that needs to be further included or omitted. The researchers have finally put the updated Nurse Teacher Competencies together and they are also on the website. Please

peruse and make suggestions. If you have any difficulties please email Stuart Taylor on forstaylor@bigpond.com and he will answer very promptly with solutions. We are planning to introduce the final published version of the nurse Teacher Competencies at the NETNEP International Nurse Education Conference being held here in Sydney in April 2010. You are all attending of course!

One other detail that I request is that you reflect on Emer Ward's short article (page 13) and ask yourselves the question *"Does this have any similarities with Australian attitudes and are the students encouraged to consider the family in every given context to avoid such marginalization"*. I thought it was an interesting aspect of nurse learning that is not discussed very often.

Again thank you to the wonderful people who supported me in this venture and in particular to all those remarkable individuals who readily subscribed to our modest newsletter. Your contributions were indeed welcomed as they shared knowledge, and motivated learning to all. My apologies for constantly reminding you and hounding you all when I was so very aware of the numerous commitments you all have. I have a firm belief that to ask a busy person for help is the way to go as these individuals generally come up trumps. I wish for you all; A very happy and peaceful Christmas and with the hope your lives and careers will continue to flourish.

Olivia Mulligan

Editor

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A report on the ANEC Nurse Education Conference Christchurch New Zealand 2009



Beautiful Christchurch in Spring



Christchurch was simply the most wonderful place to host the 14th Australasian National Nurse Educators Conference (ANEC) which opened on September 30th 2009 with panache. The springtime flowers, the colours, the scenery, the food and above all the people were in essence nectar for the flagging spirit. We were so privileged to have a traditional Māori welcome called a *pōwhiri*. The *whaikōrero* (a formal speech) was given by Mr. Hector Matthews the Director of Māori Health who represented the local people from Tekorowai Atawhai. This very formal speech was followed a *waiata* (song) called *Anei Te Whanau* and a subsequent religious Christian song called "How Great Thou Art" which was sung in the local language. The Pōwhiri was incredibly moving and the sweet harmonious singing of the small choir invaded the very core of our being. The ceremony was conducted in the Maori native language and again in English and certainly gripped both the attention and respect of a very large delegation (more than 400). This was then followed by the "hongi" a gentle pressing of noses which traditionally signifies the mingling of the sacred breath of life as the two sides become one. This lovely spiritual welcome

conference was "education and practice" and contained three broad themes namely *collaboration, innovation and integration*. The opening address was performed by Dr. Robin Youngson (pictured here on the left). He spoke initially in the native language acknowledging the local people. His address to us was a very profound and uplifting. We were asked to reflect on the sacred work we do. We were told a story about his colleague a Danish man called Toke Mööeller who visited a dying friend to ask for advice. His friend instead left him with a burning question which we can all deliberate on.



Dr. Youngson

"Where will you cast the pebble?"

We need to really think deeply about this question and as Dr. Youngson asked us. "Which Gods will we serve as nurse teachers? Will it be technology, disease, medicine, the clock, the dollar, the intellect, or are we here simply to serve the people? 'Our moral strength comes from purpose and we need to be clear about our purpose to care and to love. When we are clear about our purpose we can then teach the skills and technology to serve that purpose,' and, as he said not the other way around. He told some meaningful stories which served as reminders of the power we hold to do good work. We serve by listening, being gentle and patient, and respecting and believing in the innate power of every patient and seeing the beauty in all of our students and learners. This man's message was truly food for the soul. The next address came from Pamela Jeffries an Associate Professor and the Associate Dean of Undergraduate Programs at Indiana University School of Nursing USA who concentrated on teaching with simulation technology.

Ms Jeffries reminded us that nurse educators are scarce in the US because of the fiscal arrangements. Clinical work it appears is a better money earner. This was such a contrast to the aforementioned speaker. Apparently it



Mr. Hector Matthews



(L-R) Dr. Cheryl Moss Associate Professor Monash University Melbourne and Laurie Grealish Senior Lecturer from the University of Canberra who both participated in the conference



The ANTS desk

set the pace for the conference which promoted concepts such as humanity and teamwork.

The key message of this year's

Cont'd ANEC Christchurch 2009



Pamela Jeffries

is difficult to get clinical practice for American nursing students and simulation is now, according to Ms Jeffries, **"exploding worldwide"**. It is a safer method to use for the learners when making

clinical decisions. Ms. Jeffries made the comment that in many ways nurse educators in America had not changed their teaching methods as they still practice the same way they did in the 1970s with the didactic 3 hour lectures and then expect the students **"as if by magic"** to be perfect clinical decision makers when they qualify as registered nurses. She also made the point that health care professionals need to be prepared for safe and efficient practice. Simulation will, according to Ms Jeffries, only facilitate learning under the correct conditions and that today there are no standards set to do this properly. What about the higher order learning? 'How do we build a Simulation (SIM) based on constructivist learning theory? In teaching socio/cultural aspects of care we need the reality and complexity of the situation in order for students to learn how to introduce themselves, assess their patients, and to perform dressings.' We still need to bridge the gap in learning in clinical situations. The third speaker Ms. Debbie Tolson a Professor of Gerontological Nursing in Scotland spoke about *"The Caledonian Development Model"* a research project she was involved in.

This research was done in response to a national approach to improving the care of older people. She was given \$10,000.00 to complete her research. This was a 6 year project which turned into 9 years in which she and her colleagues managed to turn \$10,000 into \$1000, 000. 00. They asked a lot of people what was needed. Nurse Managers wanted brief interventions and cost effectiveness. RNs did not want courses, they wanted to take part in 'something'. The people responded with **"We want to know if the care is good and that their needs would be respected and that carers would promote our dignity"**. In the end they formed collaborative alliances and they chose as their research method

"Action Research" and worked with interested Communities of Practice (CoPs), which are basically groups of interested parties devoted to the same ideal and outcome to improve a situation. This project did well as they all worked as a team to ensure the improvement of the elders of Scotland. The other key note speaker of was Ms. Patrea Anderson an Associate Director of the School of Nursing and Health Studies at Waiariki Institute of Technology Rotorua, New Zealand.

Ms. Anderson spoke about her qualitative study based on grounded theory regarding the contemporary issues that influence and challenge the assessment of practice competence. One of the themes of monitoring learner behaviour was **"the letting out of the leash"**, which was a term used by nurses when supervising students to explain how students performed as they supervised their clinical practice. Many kept them under their wing until they knew they were ok and then they would let out the rope to practice. On the other hand if there were problems they would hold the leash and control the practice in order to protect the public. She spoke of nurses listening with their eyes as they gathered information from afar and watch if the students had the ability to have insight. Did they know if they were in trouble or would they bluff their way or would they put their hand out for assistance? The major issue in monitoring clinical competence for these learners was the inconsistency of preceptorship. The students as a result never got to test legs and as Ms Anderson pointed out **"that at the end of the day these learners need to be able to perform"**.



Jacqui Guy Australian Nurse Teachers' Society (ANTS) President takes the baton for Australia



((L-R) Lyn Slater Director of Clinical Education University of Newcastle Australia and Elizabeth Newham, Paediatric Nurse Educator, John Hunter Children's Hospital, Kaleidoscope, and Postgraduate Course Coordinator and Undergraduate Academic Tutor, University of Newcastle, Australia



Zaytoon Allie (L) Clinical Resource Nurse and her colleague Divina Diqap (R) from Sheik Khalifa Medical City in Abu Dhabi



Dr. Sharon Bourgeois

Senior lecturer/Associate Head of School in the school of Nursing and Midwifery at the University of Western Sydney

Christchurch ANEC Cont'd



The most interesting speaker was Cheryl Moss, Associate Professor of Nursing, Research Practice Development, at Monash University Australia.

Professor Moss shared some of her ideas on pedagogies in workplace learning. Her ideas were pragmatic in so far as she suggested we pay more attention to learning as a group. We learned what we do well in, such as: technical learning, competence based learning, protocol based approaches, the reliance on stories, published works, teaching learning and cognitive based learning. However, the suggestion was that we need to explore un-navigated territory as it is the challenge of the next 50 years. The workplace is a rich site of learning. It is essential that we pay more attention to social and cultural ways of learning. Professor Moss asked how do we look for education methods with fresh eyes. A lot of her ideas related to social learning. One suggestion was to expand Communities of Practice (CoPs), and build relationships. She also made the point of reminding us how change is difficult for some and that we need to create a more **"Evolution not Revolution"** approach to practice and be happy to change slowly, to advocate practice development, action learning and the use of CoPs as they have much to offer. In short we need to focus more on the **'how'** and not on the **'what'**. This was a very refreshing speaker as her ideas had so much to offer.

Some of the concurrent sessions were also rich sources of knowledge, ideas and learning. One that will stand out in my mind is the session by Natalie Hicks from Newcastle University Australia. Natalie spoke with such passion and conviction on a very simple yet ignored topic which



Natalie Hicks and family

face most clinical practitioners and learners on a daily basis namely bowel management. Natalie presented us with a case example which caused them to review the management of this very important issue. This required her and her colleagues to form a bowel management system and a review of the literature. She discovered that it was not a popular topic in the annals of research (11 articles). The texts were mainly medical and not very helpful. Hurst (1922) **"Sins and Sorrows of the Colon"** was the last well researched and discussed scientific article written. Natalie suggested there was no standardisation for bowel management. The Bristol Stool form Scale for the first time allowed nurses to discuss bowel management openly, and to ensure that patients were managed properly to prevent bowel problems arising. There was clearly more room needed for research, education, and in particular, attitude change, regarding this issue. The other topic that was well attended was Jo Grainger and Steve Guinea's theories of education for the **Y Generation** which provided fantastic ideas and a deeper understanding of their learning as well as

pragmatic approaches to teaching our future practitioners. Think of Avatars, stories, concept maps, inter-textual learning styles, and again social learning. A truly fresh approach

Jacqui Guy President of ANTS Australia presented the revised Nurse Teacher Competencies and a poster presentation of the same which gave food for



thought. The results of which will be presented at the NETNEP International Nurse Education Conference due to be held in April 2010 in Sydney

One of the most powerful and motivational speakers was Ms Marianne Whittington the iconference dinner speaker, an RN and humanitarian worker with the New Zealand Red Cross, who reminded us how every job, offers an opportunity to both teach and learn formally and informally.

The conference ended with most of the delegates present to hear the Maori farewell and singing. It was truly a conference well worth attending.

Olivia Mulligan
Editor



Cherie Kana.

A Maori Mental Health

Educator from the Puketiro Centre at The Capital & Coast District Health Board New Zealand



Marianne Whittington humanitarian worker for the New Zealand Red Cross and winner of the Florence Nightingale Medal who worked in Afghanistan, Darfur, Thailand, Angola, Kenya, Iraq and The former Yugoslavia.

Report of CoNNO Meeting 9th October 2009 Sydney

by Jacqui Guy, ANTS President

The Coalition of National Nursing Organisations (CoNNO) meeting was attended by 28 representatives to National Nursing Organisations including myself representing ANTS.

Belinda Moyes, Chief Nurse of Victoria, was the first guest speaker who outlined the major issues currently affecting nursing in Australia:

The health implications of health assistants.

Workload measurements

Definitions of nursing work

Working in partnership with National Health Workforce Taskforce.

Open disclosure.

Recruitment and retention of nurses in the public sector

National registration

The second speaker was Peter Fleming, Chief Executive Officer of the National E-Health Transition Authority (NEHTA). NEHTA has been funded by COAG of up to \$400 million to develop the infrastructure to make E-Health functional around Australia. Currently changes to the privacy legislative act are being discussed in Parliament to facilitate E-Health. All Australians will be issued with a unique health identifier that is linked to Medicare. Nurses will need education to access and use the E-Health information. More information can be accessed at the E-Health website www.nehta.gov.au.

The third speaker was Dr Chris Baggoley, Chief Executive of the Australian Commission of Safety & Quality in Health Care (ACSQHC). Currently the ACSQHC is refining the proposed National Safety and Quality framework. More information can be accessed at:

<http://www.health.gov.au/internet/safety/publishing.nsf/Content/home>.

The major achievements have been:

1. Sustained improvement in the National Hand Hygiene.
2. Australian Charter of Health Care Rights.

3. Surveillance and publication of

- a. Infection rates,
- b. Patient identification,
- c. Medication safety,
- d. Clinical handover,
- e. Recognition and response to clinical deterioration
- f. Falls.

- g. ACSQHC has worked in the development of the Clinical Practice Improvement Centre – CPIC in Queensland.

Introduction of the National Inpatient Medication Chart (NIMC).

After morning tea the Coalition spent some time examining the CoNNO strategic plan. This strategic plan can be accessed at www.conno.org.au.

Correspondence at the meeting announced that Adjunct Associate Professor Moira Laverty was appointed as the new Chairperson of the Australian Nursing & Midwifery Council ANMC.

An afternoon workshop examined the scope and utility of online software “Survey Monkey”. This online software can be used to examine both quantitative and qualitative nursing research questions. The software is leased online and can be located at www.surveymonkey.com. Questionnaires are easy to create. Survey Monkey analyses responses and sends these responses progressively to the Project Co-ordinator as the online questionnaire is completed by respondents.

Next meeting will be on 7th May 2010 in Melbourne

For more information on this National Organisation and reports see

<http://www.conno.org.au>

Pictured on the right are the members of CoNNO at their last meeting here in Sydney



A Baptism of Fire:

The experience of a New Graduate in the Critical Care Environment

By Tennielle Hockey RN

**Flatter me,
and I may not
believe you.
Criticize me,
and I may not
like you.
Ignore me,
and I may not
forgive you.
Encourage
me, and I will
not forget
you.**

William Arthur Ward

The beginning of the new graduate experience can be daunting. As you shed the comfort of your responsibility-free student uniform and don the title of registered nurse the nerves set in. You curse yourself for not studying harder at uni, for not listening those classes to go shopping with your mates.

For my first experience as an RN I was given the opportunity to become a part of the Liverpool hospital intensive care unit for six months. Still getting used to the fact that I didn't have to check and countersign all my medications and documentation, I was both elated and terrified at the level of responsibility it would entail.

The first few days in the unit were heavily focused on education as we paired with senior RN's to learn the ropes. This was underpinned by in-depth discussions and demonstrations throughout the day from the Unit's educators who probed our levels of understanding and answered

multitudes of questions. They carefully guided us through various milestones, such as our first patient on inotropes or our first ventilated patients, whilst still giving us the breathing room to stand on our own feet. Their hard work continued throughout the six months and provided great support to us as new, inexperienced staff. We were also given workbooks to sharpen our knowledge and to provide a resource for different situations we might encounter. These included an overall workbook

covering a variety of conditions as well as focused books on things such as inotropes and continuous renal replacement therapy.



As new graduates we also benefited from the informal teaching imparted by the staff members on the floor. Many of the nurses working in the unit also facilitated students or taught at the universities, which provided a great atmosphere for learning and developing

skills. From my experience all the staff were happy to help out with any problems that arose and often went the extra mile to explain the mechanisms surrounding the problem to aid my future decision making. This allowed me to find my strengths as a new nurse as well as to discover and improve on my weaknesses in a caring and helpful environment.



Given the high acuity of ICU patients as well as the ever changing medical advances, I found the support and encouragement of all the staff to be invaluable. I know I still have a long way to go and I am aware that any new graduate position in

ICU will be challenging, however the skills and knowledge I have gained from this six months has been far beyond what I could have imagined.

Though I understand the trepidation of some at the idea of new graduates in ICU, I am so grateful that I was given this incredible learning opportunity and to have the joy of walking through the doors to the unit and truly feeling like I'm home.

Tennielle Hockey

A Memorable Book Launch at UWS Parramatta



When it comes to literature and inventions Australia is a world leader. Think of the sophistication and dynamics of the boomerang designed thousands of years ago in a society devoid of the modern technology and science, and of a creative 19th Century indigenous designer and writer, David Uniapon, whose image fronts the Australian \$50 dollar note and who has been compared with Leonardo Da Vinci for his creative ideas and inventions. We now have in our midst a group of innovative nurse educators who worked together to both create, write and edit a superb introductory textbook designed specifically for the needs of neophyte nurses and midwives studying in Australia and New Zealand.

Going to a book launch can be a bit of a chore, however, this book launch proved to be an informative event as all who attended had a vested



interest in examining and hearing about this textbook.

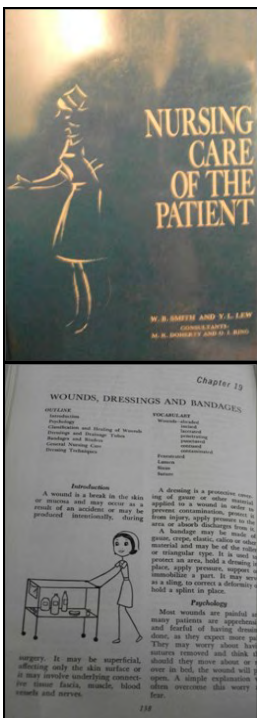
The launching of **"Fundamentals of Nursing & Midwifery : A Person-Centred Approach"** was a very pleasant social evening attended by equally friendly, conversant and interested individuals with a passion for nursing and nurse education.



Professor Rhonda Griffiths from UWS

"Think like a wise man but communicate in the language of the people."

William Butler Yeats
(1865-1939)



Professor Rhonda Griffiths Head of the School of Nursing and Midwifery of the University of Western Sydney launched the event. Professor Griffiths praised the writers and editors for their work. She also reminded us all how far nurses have advanced in both their care and attitudes to client assessment and management, which is reflected in this textbook.

Professor Griffiths compared the new text book to the nursing text available to nurse learners

so many years ago **"Nursing Care of the Patient"** pictured above which will stir fond memories in some of our Nurse Educators. We also had in our company one of the editors, Dr. Sharon Hillege, a senior lecturer from UWS who took us on

the journey of creating the book. (Reviewed page 16)



(L-R) Sally Rickards, Pauline Murray-Parahi, Dr. Sharon Hillege (Co-editor of textbook) and Jemimah Hudson from Avondale, a new graduate RN

The Teaching Role Of an Acute Pain Management Nurse

Charlotte Hall, Clinical Practice Consultant (CPC), Acute Pain Service, Modbury Public Hospital



Modbury Hospital (MH) is a 200 bed general teaching hospital serving the north eastern suburbs of Adelaide carrying out approximately 4000 surgical procedures a year. Services include an Emergency Department, General Surgical and Medical Wards, Hospice and a Paediatric and Adolescence Unit. An acute

pain management nurse (APMN) was employed on a part-time basis in May 2005 to set up and run a nurse led Acute Pain Service (APS).

The aims of the APS, when I entered the role, were to, provide an evidence-based service to promote the best assessment and treatment of pain; to introduce hospital-wide acute pain management guidelines to ensure safe and effective practice in acute pain management; to carry out regular audit ; and perhaps the most important role of all, to ensure the ongoing education of medical, nursing and allied health staff in the assessment and treatment of acute pain.

For an acute pain service to be successful and beneficial to a patient's care it must aim to facilitate and educate all members of the multidisciplinary team, patients, relatives and carers. This includes ensuring that the appropriate personnel are familiar with APS drug protocols, the safe monitoring of patients, and the recognition and treatment of adverse effects of acute pain management.

At MH we are fortunate to have a very dynamic and helpful Staff Development Unit (SDU), whereby the Education facilitators will more than happily offer their support to assist in the development of all staff within the hospital. Without their assistance my role and others would be made a lot more challenging.

Our busy year of teaching and training begins in January when a new intake of Interns and Medical Officers join MH. The APS is given a session with the arriving medics, and along with an Anaesthetic consultant who is one of two whom specialise in pain management, we give a presentation in the basics of acute pain management. This focuses on the difference between acute and chronic pain states and their differing treatment. All interns are given a laminated card with the correct dosages of both subcutaneous and oral opioids and the recommended timings of these drugs relating to a patient's age, which is recommended as good clinical practice in the prescribing of opioids. We also educate them on the correct monitoring of patients and best treatment of side effects, such as nausea and vomiting. We also make them aware that we are available as a consultative service if they require assistance with patients throughout their time at Modbury; we often find that we will be contacted by the Interns and RMOs as they make their way through the year at MH.

As a nurse-led APS we work most closely with the Anaesthetic Department and will aim to carry out our daily ward rounds with an anaesthetic registrar. As a teaching hospital there is a varying level of experience between the registrars, from those who are just starting out to the very experienced anaesthetist. As pain management forms part of the anaesthetic training all registrars are given the opportunity to go on the APS ward rounds and also assess more complex presentations of pain before presenting such cases to one of our two pain specialists. All registrars attend an orientation session with the APS nurse where they are introduced to APS policies and procedures as well as managing the patient with chronic or complex pain issues. Ongoing learning continues when they participate in APS ward rounds.

It could be said that our greatest allies in pain management are the nursing staff as they are the personnel who spend the most time with the patients and are charged with monitoring analgesic systems, drugs and the treatment of adverse effects. All nursing staff on APS accredited wards are required to undertake specialist further training in the care of a patients on analgesic systems, such as Patient Controlled Analgesia (PCA), epidural analgesia and more specialised drugs such as Ketamine and Lignocaine: both are given as continuous infusions by the APS at MH. The APS employs several methods for the education and training of staff, which also includes assessment criteria that monitor a nurse's understanding of pain management.

Both RN's and EN's may undertake the extra training and become APS accredited, although the EN has different learning objectives and is expected to report side-effects or safety concerns to a RN.

APS nursing education and training continues year round and includes self directed learning packages with assessment criteria that are available on the hospital intranet, teaching on formal education days such as the Graduate Nurses Programme, orientation programme to ensure all staff are aware of the role of the APS and become PCA accredited on induction to the hospital. The APS also speaks on the Annual Skills Update so that all nurses throughout the hospital regardless of where they work are exposed to pain management education. Of course the APS is available to speak on the wards in a more informal in-service setting as clinical need arises, and we endeavour to make the APS an approachable service where



nurses and medical staff feel they can learn while we are seeing their patients on the APS ward round or are encouraged to telephone or visit our office

Cont'd The Teaching Role Of an Acute Pain Management Nurse

for advice or clarification in any area related to pain management. We also have a pain link nurses group, whereby a nurse who is enthusiastic about pain management is a resource and representative for their colleagues from each ward in the hospital. Pain link nurse meetings are held monthly.

In collaboration with the SDU this year we have been able to offer extra initiatives for our nursing and allied health staff: This includes a Pain Management Study Day that we have run four times over 2009: with internal and external speakers. The topics have included the physiology of pain, cancer, neuropathic/chronic and paediatric pain.

The study days have been well received by the staff that have attended and has allowed MH to showcase the expertise we have for pain management within our own ranks.

For a small hospital we are very lucky to have two pain specialists within the Anaesthetic Department and a palliative care consultant who heads a multidisciplinary palliative care team.

The study day has also incorporated another major initiative of the APS in 2009 introducing pain as the 5th vital sign to all observation charts at MH, with the addition of pain scoring, functional activity scores, sedation and nausea scoring systems on the 4 hourly graphic and special observation charts. These initiatives have included training nurses in a large educational programme run in conjunction with the SDU and smaller ward in-service sessions. We hope that these programmes will allow the nursing, medical and allied health staff at MH to become more experienced and confident in managing patient pain and will encourage all staff to understand pain assessment and management as it is something that can and should be incorporated into daily patient care.

ANTS News from South Australia

The South Australian committee sends Christmas greetings to all other ANTS members. Since our launch in August we have been quietly working towards our first Education Seminar. The committee members decided that trying to fit a session in during the busy end-of-year time was not a good plan! We opted instead for a fresh start in the New Year.

Date: Wednesday 20th January, 2010.

Venue: Modbury Hospital

Time: 6 – 7:30pm (to be confirmed)

Program: Session should include one academic and one clinical presentation.

Cost: : Free for members and \$5 for non-members

Membership: Can be accepted at seminar

Some news from Modbury Staff Development Unit. Michelle McLay, our ANTS Chairperson, is on holidays in Bali this week with the female members of her extended family. We trust she is having a wonderful time. Members of Modbury's staff development unit have moved offices for the second time in a few months - we can now claim to be experts in the relocation field!. The Bigger Picture brings these changes to Modbury —

This week, Minister for Health, the Hon John Hill, announced the transfer of some services from the Lyell McEwin Hospital (LMH) to Modbury Hospital to ease some of the pressure on LMH's busy Emergency Department (ED). Six inpatient palliative care beds at Lyell McEwin Hospital will gradually be transferred to Modbury Hospital's existing, and highly praised, Palliative Care Unit. Pathology Services at Modbury Hospital have been provided by Gribbles for a number of years. The SA Government has made the decision that effective from the 2nd January 2010 SA Pathology will provide onsite pathology services for Modbury Hospital.

ANTS MEMBERS PLEASE NOTE CHANGE IN ADDRESS AND SECRETARIAT

Kathy Howard

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PO Box A103, Enfield South NSW 2133

We pay homage to

Dr. Irihapeti Merenia Ramsden who was remembered at the ANEC Conference in New Zealand



Dr. Irihapeti Merenia Ramsden gave voice of the indigenous peoples of the world. Dr. Ramsden belonged to the people of Ngai Tahu and Rangitane in New Zealand. Her PhD thesis on Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu, was completed just months prior to her death in April of 2003.

Dr. Ramsden trained as a registered general and obstetric nurse in Wellington Hospital and worked in a range of areas including general nursing, respiratory medicine and public health before moving into nursing education. She is known internationally for the development of Cultural Safety – an educational framework for the analysis of power relationships between health professionals and those they serve. This aspect of nursing has been part of the New Zealand nursing and midwifery curriculum since 1992, and comprises 20% of the state registration examination for all nurses and

midwives. Dr. Ramsden was instrumental in negotiating the foundations for developing a process of ownership of the Cultural Safety curriculum and it was recommended by The International Council of Nurses in 1995 that Cultural Safety be included in the education programmes of all national nurses associations.

Many pakeha New Zealanders (settlers and non-indigenous) felt threatened by her ideas. Many were totally ignorant of the Maori history. The notion of Cultural Safety was not initially accepted. Media coverage adopted a negative view which resulted in a threat of an inquiry into cultural safety by the Government's Education and Science Select Committee in 1995. Dr. Ramsden however, maintained her composure and continued to teach and work towards her goal of educating tutors, nurses, midwives and student nurses on the mental health, social and political injustices faced by the Maori community.

Dr. Ramsden worked in intellectual isolation during these times. She linked Cultural Safety with other contexts including ideas about citizenship and sovereignty. She also recognised and drew on the basic commonality between the experience of colonisation amongst indigenous peoples, that resulted in cultural and economic poverty which is evident both in New Zealand and amongst indigenous peoples internationally. Some of her contemporaries recognised the potential legacy of Cultural Safety including Moana Jackson a long time friend, lawyer and expert in the area of legal work on Maori rights. Sadly, Dr. Ramsden was diagnosed with cancer. She continued to work and speak at social functions. She firmly believed these were opportunities to increase public knowledge about Maori culture, history and in particular the Treaty of Waitangi. Dr. Ramsden essentially wanted all people to be proud of their culture, be true to themselves and to where they had come from. She leaves a legacy to be proud of.

WA Branch Education Forum "Current Trends for Nursing Students"

The second WA Branch education forum took place on 19th August. Again we had guest speakers. These speakers were Julie Dally from University of Notre Dame and Fiona Foxall from Curtin University. Julie Dally presented "Clinical hours and placements", and "Clinical supervisor / preceptor preparation". Notre Dame University WA support a mentorship rather than a preceptorship relationship between their students and clinical staff. Fiona Foxall presented "Clinical supervisor / preceptor preparation in the UK- mentorship in Practice". This is quite a different model to what is offered in WA. A Preceptor Module is incorporated into the Nursing degree in the UK. There was certainly lots of information and ideas for the group to digest. Again, attendance was high with staff attending from various WA hospitals and tertiary institutions.

October 28th 2009 saw the first WA Branch AGM. Julie Jackson and Lisa Gatzonis were nominated and accepted into the roles of Chair and Treasurer respectively. Kamaree Berry was nominated and accepted as Education Officer. Michele Zolezzi was nominated and accepted as Vice Chair. The position of secretary was not filled and Judith Wilson accepted the temporary position until filled permanently. At the end of 2009, WA branch has 41 members which is absolutely fantastic and we look forward to expanding further in 2010.

Julie Jackson (WA Branch Chair)

Staff Educator/EN Graduate Program Facilitator/CELO UNDWA

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Teaching Sociology to Paediatric Nurses in Ireland

"A bastard no ancestor has till parents wed"

By nuptial mass

Axiom used by Irish law students to remember family law
– (anonymous)

Background

Until relatively recently, Ireland was virtually a monoculture. Contraception only became legal in 1979. Divorce was legalised in 1995 and homosexuality was decriminalised in 1993. Gay marriage is still not recognised. The population was mainly white and Catholic as evidenced by the population census. The most prestigious nurse training hospitals were run by religious orders. Irish nursing had an apprenticeship-style training and those hospitals had a nursing school attached to them. General Nursing courses transferred to a university setting in 2002, with the Paediatric Nursing Course transferring as late as 2006. In the apprenticeship-style system the Principal Tutor was not totally autonomous, but was answerable to the Director of Nursing.

Within this context, sociology was starting to be taught in the nursing curriculum. A dilemma was instantly identifiable as follows: the Catholic Church only recognises marriages that are celebrated in church. Couples who were married elsewhere were considered to be *'living in sin'*, as were unmarried cohabiting couples and those in second relationships whose first spouse was still living. Children from non-church weddings were considered illegitimate.

Given that this was the perspective of the Catholic Church, and that sociology was being taught in a hospital school of nursing controlled by the church, one can readily see the dilemma. The structuralist functionalist approach of the 1950s (Parsons, 1951) saw society through a similar lense as the church. Single mothers bore the label *"unmarried"* and were seen as a societal problem by both of these groups. As a consequence of this, such *unmarried mothers* were problematised and routinely referred to social workers in maternity hospitals until very recently (Hyde, 2004).

Teaching Sociology and the Family to Children's Nursing students in this context

In discussing how sociology and the family was taught, there was a dilemma in relation to preserving, which has remained prevalent in the literature, and indeed in much public discourse on the topic. The feminist approach demonstrates many flaws in functionalist theory, that was espoused and somewhat idealised by the mainly male middle-class sociologists, who developed the theory.

In my sessions, the students were facilitated to identify the family in relation to the nuclear and extended family; impact of the industrial revolution on the family; and

whether the family was in decline, and ignore the reality of family forms as they exist in Ireland currently.

However, after first following this format I was dissatisfied with my evaluation. I believed that the students were no better equipped to understand and be sensitive to the social realities of the patients in their care following the sociology educational sessions. I searched the international literature on family forms, realising during the process that there was a political dimension in addition to the more obvious religious one. The political implications of presenting the conjugal, or two-parent, married monogamous family as the ideal may be reflected in public policy. If other family forms are less than ideal, perhaps they are less worthy of having governmental support for themselves and their children in relation to their education, health and general wellbeing. Every time politicians talk about bringing back family values, they refer to the married two parent family with offspring from that union. The subtext, therefore, is that this family form is supported by the government, whether the children, or indeed the couple involved, are happy or not.

By demonstrating the link between sociology and social policy, the students see how marginalised families can become who do not conform to this ideal. Thus, the study of sociology may lead the student to examine inequality in our society and start on the road to patient advocacy.

Emer Ward

RN, RSCN, MSc (Hons)

Nurse Lecturer

Dublin City University (DCU)

Email: emer.ward@dcu.ie



Emer Ward is a nurse lecturer at Dublin City University (DCU). She has extensive experience as a tutor and clinical teacher in general and in paediatric nursing and also has a wide-ranging experience in clinical nursing. She completed a Masters degree in E-Learning and has a particular interest in the intangible aspects of nursing, having created an educational film on expressing breast milk and one on the communication cues of anxiety in a child undergoing a stressful procedure. Her interests include tissue viability (for which she has received national and international awards), communication, intercultural nursing and non-violent crisis intervention.

(RSCN refers to a Registered Sick Children's Nurse)

ANTS Regional Seminar in Canberra

This year's ANTS Regional Seminar was held at the Australian Catholic University in Canberra on Saturday 14th November. The theme was *"Innovative Education to Promote Change within Challenging Workplace Learning Environments"*. It was an awe-inspiring learning experience to listen to the three very committed speakers who presented their projects with such passion. The three speakers were: Jo Gibson, the Course Convener for the University of Canberra; Anne Maguire, Clinical Nurse Consultant Community Dialysis ACT Health; and Jacqui Cross, Nurse Manager, Essentials of Care Program with Nursing and Midwifery Office, NSW Health. All speakers voluntarily gave their very valuable time and expertise to the benefit of participants.



Jo Gibson

Jo Gibson's presentation *"Enabling Strategies to Develop Active Learning for Nurses"* really grabbed our attention as her very effective creative use of symbolic graphics and a film of Mum and baby squirrel trying to learn from Mum demonstrated so vividly the processes of enabling learning. It demonstrated how the cooperation of numerous resources enabled a

baby squirrel to climb a very high wall following the mother as human witness to the mother's efforts to teach her baby kept failing. They intervened with help by providing extra supports against the wall in the form of different supports to make it easier for the baby. There was a strong message of caring and cooperation for learning. Jo's presentation was extremely powerful as she unfolded the importance of enabling learning which included notions of being respected, learning to take responsibility, working with diverse cultures and knowing self. Her presentation in essence was a unique learning experience for all present.

The second speaker, Anne Maguire, set the scene for



Anne Maguire

learning at the Canberra Community Dialysis centre where more than 85 clients aged between 20 and 90 years receive treatment 3 times weekly for 4 hours including weekends. They provide education and support for new graduate nurses and student nurses, which poses many challenges for educators. Their aim is to foster and nurture

independent practice by enabling the nurses to climb out of their silos and to encourage holistic person-centred care

by promoting lifelong learning. Anne reminded us how the clients know their disease well and the nurses teach the learners negotiating skills by moving with them and forming partnerships. One of the students' main challenges is that



Some of the speakers and attendees lunching in the gardens of The Australian Catholic University Canberra

technology has a tendency to take the focus away from caring and supporting patients. One of the interesting aspects of their enabling support to learning is to avoid generational clashes by focusing on workplace culture to

create a feeling of security by building up trusting learning relationships with the staff. A unit mission to prevent bullying is in action. Anne's main challenge is to be consistent in fostering active workplace learning and a culture of excellence by harnessing the potential of the different generations. Anne's presentation was very thought provoking and generated much discussion and debate which in itself proved inspirational.

Jacqui Cross the third speaker, flew in especially from Sydney to share her unique experience as Project Manager of Essentials of Care with us. Jacqui gave us the background of how this project began two and a half years ago when GP nurses



Jacqui Cross

were looking at nurse practice. It then came to the notice of Debra Thoms the Chief of Nursing and Midwifery at the Department of Health. The aim of "Essentials of Care" is to improve patient care through evaluating and celebrating what we do well. It is an emancipatory

practice development that is a person-centred, continuous process built on a 2 year cycle and then it is re-evaluated. Already there are good outcomes from this approach in reduced falls and a reduction in drug errors. Jacqui's presentation was clear and informative enabling us to understand 'Essentials of Care'. We thank her very much for her valuable contribution.

Essentially this regional seminar proved to be well worth attending for the simple, pragmatic, yet creative ways in which we can improve both our education practices and our service to patients.

Meet Lesly Regalado new Graduate Nurse



My name is Lesly Regalado and I am completing my second rotation of the transition nurse support program at Hoxton Park Community Center. Last year, during my university studies, I was placed in a community health centre as part of the clinical placements thus developing an interest in community nursing. At the Hoxton Park Community Centre I have had the opportunity to gain confidence and knowledge as a Community Nurse and to develop my nursing skills in different nursing areas. I have also established excellent working relationships with colleagues and clients.

At the beginning of the rotation I had expectations such as; gaining confidence with insertion and changing indwelling and suprapubic catheters, gaining knowledge to assess and treat wounds and to learn about wound products, and most importantly, to gain experience in Palliative Care. Those expectations had been achieved with the guidance, patience and support from the NUM, the CNE, and colleagues such as RN's, EN's and all the staff from the community centre. They have always been able to explain, guide and assist me during this transition process in order to achieve my expectations. The working environments at the center has been friendly and professional. I believe that community nursing is exciting and challenging, as the need to deal with clients' needs considering their own particular situations in their own private environment require the use of many professional skills in order to provide efficient and effective service, support and advocacy for them.

Editors Note !

I first met Lesly, in the Oncology ward at Liverpool Hospital. She was very keen to learn and be part of the team. Shortly after she moved to Hoxton Park Community Health Centre as part of her transition year experience she gained enough confidence to put together a case study of a young man with a very unusual condition. He had developed compartment syndrome in his leg as a result of his condition. Needless to say the wounds following an extensive fasciotomy were extensive and Lesly, together with her colleagues, attended to this man as he recovered at home. Lesly subsequently decided to take advantage of this very unusual diagnosis by presenting the case history together with numerous vivid pictures of the wounds in the various stages of healing (with the patient's permission) to the undergraduates nursing students during their clinical placement at Hoxton Park Community Health Centre. News of her proactive and positive attitude to learning and sharing her new gained knowledge reached us at the Transition Nurse Support Program's Office at Liverpool Hospital via her very supportive CNE Ms. Pauline Murray –Parahi and we were suitably impressed. Lesly was asked by the coordinator Mr. Andrew Smith, to present her case study to the Transition Nurse Support Program's study day on November 10th this year. Her presentation was excellent as it was very interactive and



resulted in her colleagues gaining new knowledge in wound care, how it was managed in the home, pain management, wound healing, the signs and symptoms of compartment syndrome, and its surgical and nursing management. As a newly qualified nurse Lesly needs to be congratulated on her valiant effort to both improve her knowledge and to have the courage to share it with both her colleagues and her peers at such an early part of her career. We wish Lesly good luck and happiness in her future career.

Book Reviews

Fundamentals of Nursing & Midwifery: A Person-Centred Approach to Care, Australia & New Zealand Edition

Editors: Jennifer Dempsey

Jill French

Sharon Hillege

Valerie Wilson

Imprint: Wolters Kluwer/ Lippincott Williams & Wilkins

ISBN: 978-1-920994-05-1

Published Date : 2009

Price: \$132.00 AUD

Fundamentals of Nursing & Midwifery is an introductory level textbook that has been designed to meet the needs of Australian and New Zealand student nurses and midwives. It also contains an excellent CD to enhance learning with lots of quizzes and learning opportunities, which is conducive to our younger, techno savvy learners. Unlike many other introductory textbooks this has a person-centred approach to care, which is essentially a much researched system of caring with a

healthier and more pragmatic attitude to the learning of student learners. It is also holistic in its approach. One of its redeeming qualities is the inclusion of a recently graduated nurse's reflection and aspirations on her future nursing career near the beginning of the textbook. This inclusive revelation is a reflection of the authors' respect for learner's opinions.

The textbook itself is well organised into seven units which include :

- An introduction to Nursing and Midwifery
- Foundations of Nursing and Midwifery Practice
- Thoughtful Practice and the Process of Care
- Promoting Health Across the Lifespan
- Promoting Healthy Psychosocial Responses
- Actions Basic to Nursing Care
- Promoting Healthy Physiological Responses to Nursing

There are 46 chapters, all of which are reviewed and written by Australia and New Zealand contributors.

Procedures explained in the various chapters are easily understood, and consideration is given for international students. The chapters flow well, for example chapter 26 on death, dying and loss commences with the illness experience, then moves on to palliative care, loss and grieving, the factors that affect grief and person - centred care in Australia and New Zealand. It is a compassionate, yet practical chapter that will aid the learner to weave his/her way through learning how to understand this difficult and sometimes taboo subject. Chapter 41 on pain management is a very welcome chapter as this real experience for so

many patients can be neglected. Anyone reading this chapter will become very aware of the management of pain, the different categories of pain and religious and cultural beliefs surrounding pain. It has the ability to truly inform the learner on this very subjective experience. It is an excellent chapter as are many including the very basics of person - centred care as it encourages reflection and critical thinking. Major themes running through the text include reflection and critical thinking. Clear explanations and processes are provided that guide a learner through these essential skills

Chapter 24 was illuminating as it discusses self-concept and how it varies across culturally and linguistically diverse groups, that is vital for person - centred care. Each chapter has review questions that enable the learner to remain focussed on the objectives. It also offers the rationale for answers that may be given to the questions, which is conducive to learning the "how" of things as opposed to the "what.", a deeper form of learning.

The diagrams, illustrations and photographs are clear and interesting, giving good visual experiences. The book also contains numerous up - to - date references, bibliographies, reliable web sources, for example Maori health strategy: www.maorihealth.gov.nz . Not only are they good resources for the learner but educators can also benefit.

There are also 4 excellent appendices conducive to the learner nurse and/or midwife that include.

Suggested answers to scenario questions chapter 15-19.

Medical Terminology essential for the beginner learner.

Commonly used abbreviations (a new language to learn).

Normal Adult Laboratory Values.

The only suggestion to improve this book would be to change the colours of the gloves in the photographs to skin colour as we use purple gloves in Australia for administering chemotherapy and for disposing of body fluids from these patients. This could cause confusion to learners. Another suggestion: As one in five Australians suffer from some kind of mental health issue I think it would be pertinent to have a sole chapter devoted to this area which would be in essence the 'icing on the cake' of holism and patient -centred care.

To the authors, editors, artists, photographers and the people who dreamed up this textbook I offer my congratulations on your wonderful creation. Time will tell, but I predict a much safer, happier learning experience for our future practitioners who have been lucky enough to benefit from the readings of this superb textbook

Olivia Mulligan. CNE

Transitional Nurse Support Program

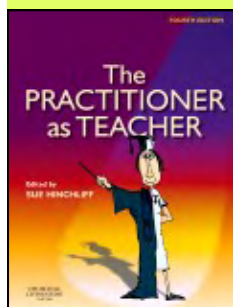
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Book Reviews cont'd.



The Practitioner as Teacher

Editor: Sue Hinchliff

Imprint: Elsevier

ISBN: 9780702029998

RRP: AU\$ 54.00

What an excellent little book (166 pages) for nurses, or indeed any practitioner who wishes to get a handle on education theory and practice – right NOW!

After literally just completing my Masters Education (UOW); at first glance of this book, I pondered, *where this book when I was tackling education theory?* Given its' recent vintage - presumably with the printers.

The Practitioner as Teacher is actually marketed for all healthcare practitioners and despite the disclaimer that it is not pitched at a particular academic level I am convinced even advanced teaching practitioners or readers with postgraduate qualifications in education will enjoy it's succinct and instructive style.

The use of 'Activities', which are interspersed throughout the book are

particularly useful in assisting the reader to apprehend the concepts and theories which can be difficult to grasp - yet are explained as well as they are referenced. Clearly the authors; Sally Thompson, Dave Barton and Sue Howard have a good understanding of each topic– if their bios do not convince you of their credentials- this book will. Likewise editor Sue Hinchliff has ensured this 4th edition delivers ...*"a text that is a joy to read and use"*.

Resembling a synopsis of a masters of education program this useful guide covers all the essential components of teaching in (or *for*) the clinical setting with particular relevance for nurse teaching.

It is well set out and user friendly; each of the 5 chapters have a contents page which is a boon for information seeking skimmers like myself (and indeed most clinical nurses I know). Yet every chapter is packed with a good blend of tips, activities and theory and even the occasional cartoon.

Even without consulting all my texts and notes taken over the past 2 or so

years I am still confident the core tenants of teaching and learning are covered in this helpful guide. Some of the themes that emerged from my recent studies included learning about learning; quality and effective teaching; supporting learners; assessing teaching and learning and a particular favourite in nursing– *competencies*. All are given adequate attention.

The Practitioner as Teacher reminds the teacher in us all that it is indeed a...

"privilege to help someone learn; it is also gratifying, fascinating and fun."

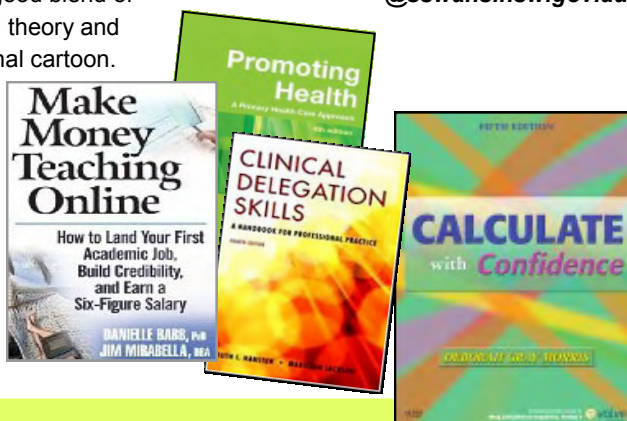
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More quality titles to watch out for...

Australian Nurse Teachers' Society launches the NSW Branch



It was an historic occasion as the National President of the Australian Nurse Teachers' Society, Mrs. Jacqui Guy, launched the NSW Branch of ANTS in November at Parramatta. It was well attended and the

passion and interest demonstrated by the members was evident. The following members were voted on to the NSW Branch Committee unanimously:

Chairperson: Pauline Murray-Parahi

Secretary: Anne Maree Davis

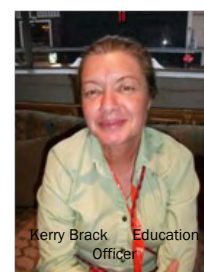
Treasurer: Benny Alexander

Education Officer: Kerry Brack



Pauline Murray-Parahi
Chairperson (NSW Branch)

The other members who volunteered for the education committee include Shushila Lad, Jan Whitney, Lynda Mitchell and Sally Rickards.



Kerry Brack
Education Officer

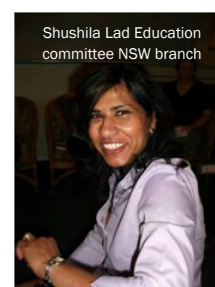


(L-R) Jan Whitney, Lynda Mitchell and (Secretary) Anne Maree Davis



Benny Alexander (Treasurer
NSW Branch ANTS)

The NSW branch will now be responsible for organising education activities and seminars for the NSW region and we wish them all the best on their new journey.



Shushila Lad Education
committee NSW branch

Conferences and Seminars



ANZAME

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Contact : www.jcu.edu.au/anzame10

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International Technology, Education and Development Conference

Valencia
8th-10th
March, 2010

The Annual Edition of **INTED 2010**, the International Technology, Education and Development Conference, will be held in Valencia (SPAIN), on the 8th , 9th and 10th of March 2010.

The objective of **INTED 2010** is to share experiences in the fields of **Technology, Education, Development and International Collaboration**. It is an International Forum for lecturers, researchers, professors, engineers, educational scientists and technologists.

Contact for information Email: inted2010@iated.org

UNESCO CHAIR IN BIOETHICS

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Contacts: Secretariat: ISAS International Seminars.POB 574, Jerusalem, 91004, Israel

seminars@isas.co.il

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Conferences and Seminars

Third National Palliative Care Education Conference

Building our workforce

11 - 12 February 2010, QUT, Kelvin Grove Campus,
Brisbane

For further information or to register your interest contact:

Catriona Bisset, Project Coordinator, PCC4U

catriona.bisset@qut.edu.au



The Nurse Education Conference will take place in the
Hilton Sydney Hotel, Sydney,

<http://www.netnep-conference.elsevier.com>



**Where in The World Do You
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Westin Bayshore as we celebrate
this unique experience for growth
and understanding. Be part of
"Building Global Connections in
Psychiatric Nursing."

RPNC World Congress for Psychiatric Nurses

USEFUL WEBSITES

The NMBA has put up a number of papers for consultation for those interested in giving input into national registration check out the site:

<http://www.ahpra.gov.au/>

A good site for learners with videos, blogs, articles
<http://nursespage.com/>

For the attention of all bloggers and fans of the avatar and making short movies on health on education please check out: Virtual World Innovations - Dave Taylor's blog on Web 2.0, Social Media and Virtual Worlds for Business Efficiency, Education, Research and Communication

<http://knowledgecast.wordpress.com/innovations/>

<http://nursing.advanceweb.com>

An American website providing good clinical information

Welcome to the following new ANTS members

George Robinson	Lyn	SA
Mason Elliott	Melanie	VIC
McPherson	Margaret	NSW
Rayner	Malcolm	VIC
White	Carol	QLD
Pearce	Gretchen	NSW
Lindsell	Karen	SA
Harris	Wendy	WA
Wilden	Katherine	WA
Ind	Jayne	SA
Lacco	Cheryl	SA
Farrell	David	SA
Warland	Alan	VIC
Branley	Jan	NSW
Keane	Jane	SA
Siva	Julie	WA
Ott	Carolyn	WA
Zolezzi	Olive	WA
Newsome	Joy	WA
Wilson	Michele	WA
Kelton	Lois	WA
Cox	Judith	WA
Insley	Maira	SA
De Bellis	June	SA
Hojem	Patricia	SA
Travers	Anita	SA
Morton	Tracy	SA
Simpson	Denean	SA
Manning	Jennifer	QLD
Gibb	Natalie	SA
Hughes	Cheryl	QLD
Tonkin	Tammy	QLD
Varndell	Helen	SA
Crawford	Carol	ACT
Flood	Wayne	NSW
Dalley	Michelle	NSW
Barallon	Julie	NSW
Cross	Kristine	NSW
Culbert	Helen	VIC
Hall	Robin	NT
Graham-Smith	Lauren	NSW
Williams	Wendy	SA
Kelly	Catherine	WA
Rogers	Dianne	WA
	Rebecca	NSW
	Julie	SA

Evolution not Revolution



A 1960s theme at the
ANTS Conference Dinner
held in Christchurch
New Zealand



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
SUMMER ELECTRONIC (THE FIRST) EDITION NO LATER THAN FEBRUARY 28th 2010

(exceptions: by prior arrangement with editor)

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