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

ANTS BULLETIN Summer Edition, December 2006



CAPITAL ISSUES: ANTS Conference Australian Capital Territory, September 2006

Nurse educators from across the world put aside their demanding work schedules in September to converge on Canberra for the Australian Nurse Teacher's Society 12th National Confer-

The sense of freedom was exhilarating as I hit the road and left Sydney on Septem-

ber 13. In no time I was in the nation's capital, thanks to the new motorway system out of Sydney.

ACT
Health's
Staff Development
Unit hosted the conference.
The Australian
National University proved to be an excellent venue for presentations,

workshops and networking.

Educators from all States and Territories, as well as from New Zealand and America, gathered to learn, teach and inspire by sharing stories and research findings.

Networking began when I arrived late for the pre-conference dinner and sat on the one vacant chair in room, opposite a lady with an American accent. It took me a moment to realise I was having dinner with Patricia Benner.

Leadership can be difficult to define but you know it when you see it. Throughout the conference, educators of all ages experienced similar exciting and surreal moments as Patricia mingled with confidence and curiosity and we got to know her through the jovial conversations nurses create with ease.

"Here's to excellence in caring!"
Patricia wrote on my Conference
Program and Abstracts Handbook
when, unlike others, I could not produce a copy of Novice to Expert for
an autograph.

The excellent atmosphere at the conference was enhanced by the Keynote and Invited Speakers who discussed teaching and

side" approach to research, conducted collaboratively by scientists and clinicians, was advocated. Such an approach recognises that issues are often interdisciplinary. We took home a number of messages, such as making collaborative research part of every unit, realising

following through with publication.

A multidisciplinary "bench to bed-

the importance of thinking about measurable outcomes, and highlighting the need for 'action sets' to

integrate evidence or theory into practice.

On the final day, we faced the future. Sessions on elearning, where virtual classrooms allow the audience to take part, demonstrated the impact of multimedia as a teaching and learning method.

ACT Health and Conference Logistics certainly showcased capital issues in education, excellence, innovation, and research, and succeeded in re-energising participants for innovative and quality nurse education.



learning from different perspectives, covering undergraduate, postgraduate and practice development.

Vision and reality in learning under-

pinned every workshop and presentation on the ever-changing and challenging clinical environment. Educators were encouraged to take part in research and they learned 'tips' to facilitate the process, such as developing policy review statements to take to executives, and



On behalf of ANTS, I congratulate the Canberra team for an excellent experience: L. Chapman, T. Conley, J. Darvill, B. Dromgool, S. Ferguson, T. Gwynn-Jones, B. Harvie, D. Hughes, S. Majeed, D. McKennay, L. McNally (Convenor), E. Renton, M. Tolley, V. Walker, J. Carter & Shephard.

Mary B. Naylor, President ANTS.



WORLD TEACHERS' DAY - FRIDAY 27 OCTOBER 2006

Hello everyone, I thought I'd send this lovely message. It's aimed to TAFE teachers but the sentiments are relevant to all teachers at all levels. Sandra Campbell ANTS Secretary....

I wanted to take this opportunity on World Teachers' Day to recognise the dedicated work you do as teachers in our public schools and TAFE Institutes. Of all the professions, teaching is the one that can truly make a difference - not only to the individual lives of students but to

society as a whole. Nowhere is this more important than in public education and training.

Both the challenges you face and your achievements are not always readily identifiable or publicly acknowledged. I have learnt that teachers are a very rare and special job you are doing for our stugroup of people. What you achieve in one day may go unrecognised but the work you do makes a real and lasting difference to the lives of your students.

At a system level we celebrate achievements that reflect world standards, but it is in schools and TAFE Institutes that the benefits of public education are reinforced daily and take on most meaning.

I sincerely thank you for the great dents.

Please ensure all teaching staff receive a copy of this message.

Andrew Cappie-Wood.

TEACHERS' AT ALL LEVELS

Indeed Sandra's statement is most valid... Teachers are at all levels. I have found in my own experience as a neophyte (literally: newly planted) teacher, I frequently learn the most from those I am teaching, students in particular.

Recently I asked a colleague to write about her experiences as a preceptor...Pauline Murray-Parahi (Editor)

I Once Met An EN Called My name is Cheryl and I would like to tell you of my experiences helping to teach students and undergrads.



I started nursing in 1977 as a Student Nurse at Wollongong Hospital. After three years of study I was unsuccessful in gaining my registration so I worked as a Staff Nurse (a nurse who is qualified but needs supervision). for another six months. After I had to find other work so I was employed as an AIN and then did full training to become an Enrolled Nurse. My training hospital was very good to me and I was accredited with more skills than most other Enrolled Nurses .I continued to explore my boundaries and took on as much education as I could to make my career interesting and fulfilling. I have also worked as a PCA, so I have worked in most roles and believe that Professional Courtesy and good work ethic and a willingness to learn

are essential tools in becoming a good nurse.

Over the years at most of my workplaces I have educated and trained a lot of staff with either on the job training inservices or a quiet chat at the workplace. I have

found that learning comes from all avenues in life.

Nursing is one career that is never stagnant. I continue to learn everyday. It is a great feeling to teach a skill to someone and I will always listen and encourage new staff to gain skills because our profession is slowly diminishing. School leavers are choosing professions that are easier.

I presently work at Hoxton Park Community Centre as a PHN and absolutely love my job. It offers me so many aspects for job satisfaction. I recommend community work to anyone who likes a challenge. My colleagues are the most outstanding team.

I can ask anyone for support or ad-



vice, but at the end of the day they're wonderful Friends

Kind regards Cheryl Butlin E.N. (...and excellent Teacher)



CLINICAL FACILITATION: BRIEFING THE NURSING STUDENT

Much has been written on debriefing students during their clinical placements, but little has been written on the importance of preparing students for their clinical placement: the briefing. Lynette McKenzie, in a study of OT students (2002) found that first year students did not know what to expect in clinical placements and were concerned about asking "silly" questions. Mid-course students were most concerned about the assessment, and the potential impact a negative relationship with their facilitator may have on their assessment. Final year students were concerned with their performance as health professionals and had high expectations of themselves. I believe these results can be easily applied to nursing students. A good briefing should help allay students' fears and misconceptions and help build a good foundation for learning and develop positive collegial relationships with facilitators.

What is a briefing?

Consider the briefing to the ward or health facility as a teaching session, as it is orienting the students to the area. It may be a once-only session at the beginning of the students' placement or it may be the beginning of every day/shift.

Preparation

As with everything in teaching, preparation is the key to smoother teaching sessions. I have found the following to be really helpful in planning facilitation for students.

- ♦ Know the learner. If possible before the briefing find out which year the student is in and their learning objectives for the placement. Note that students from different universities may have different clinical knowledge and skills, e.g. don't expect every student to be taught BGL testing in first year.
- Know the setting. You will also need to be familiar with the ward or unit's patient mix and procedures commonly encountered. In this way you can plan some activities for stu-

dents, e.g. observe a certain procedure, or plan questions to ask the student during the placement.

- Know the health facility: You will also need to be thoroughly conversant with the health facilities' rules and regulations about what the students can and can't do, e.g. medication administration.
- ♦ Know the staff: Liaising with nursing staff and NUMs: This is probably the most important skill a clinical teacher needs to have. It is essential that you have these people on your side, and really get to know them. They will be working with your students and can give you valuable assistance and feedback on student performance.

The Setting

It is best if you can choose a nice quiet environment for the briefing, where interruptions are minimal. This promotes an environment in which students can listen and attend to your session, as well as ask questions.

Briefing

- Know each other. It's a good idea to introduce yourself and swap names. This softens the strangeness of the experience and, hopefully, will set the terms of a friendly collegial atmosphere.
- You will need to know who is present and check on your list, not only to comply with university requirements, but so you are also aware of any student who may arrive late.
- Know the aims/objectives: This is where you can clarify the purpose of the placement. The students should have a set of learning objectives for the placement.
- It is important both you and the students are aware of the goals. You can discuss with the students ways they can achieve these goals, and it helps you plan activities or strategies to help them achieve their learning objectives.
- ♦ You can also ask the students their own personal learning objec-

tives-what does each student want to achieve. A student may want more experience at IMIs, or follow someone to theatre, and it can help you plan this experience if possible.

- ◆ Know the boundaries and expectations: I think this bit of the briefing is best left till near the end, starting with the friendlier bits first to give a collegial atmosphere.
- This is where students need to be reminded about professional behaviour and expectations, e.g. being on time, uniform, actions to take when sick.
- You could address this by asking them to identify professional behaviours expected of a registered nurse at that facility, rather than it seeming to be a dictatorial edict from you.
- To be fair you also need the students to identify the behaviours they expect of you. This part of the session is the negotiation of the roles you will all play in the relationship.

Any questions?

Always ask if any student is unsure of anything

Finish on a high

Try to end with some positive comment so the general feeling of the students from the briefing is positive.

Final Comment

As you can see, a good briefing will take around 30 minutes, and will require some planning. However, this will provide the foundation of your relationship with the students and is well worth the effort. The goals and expectations delineated in the briefing will provide a basis upon which to build your later sessions. Good Luck.

Christine Taylor RN PhD

MacKenzie, L. (2002). Briefing and debriefing of student fieldwork experiences: Exploring concerns and reflecting on practice. Australian Occupational Therapy Journal, 49, 82–92.

FOUNDATION CLINICAL FACILITATORS:

The experiences of two first-time clinical facilitators.

We are two Clinical Nurse Educators who were, to our surprise, successful in being selected to become Foundation Clinical Facilitators for The University of Notre Dame Australia.



Vicki Davies

Vicki has 25 years experience in nursing, the last six of those years as an educator, she is of the 'old school', a hospital trained nurse and midwife.

Joanne has had 17 years nursing experience and was one of the first of the university trained nurses gaining science and midwifery degrees. Both of us have gained our Certificate IV in Workplace Training and Joanne has also completed an Adult Education diploma as a way of better understanding how adults learn.

Both of us see the role of facilitator as a chance to assist the next generation of nurses in a positive way. The support we received from our management and peers greatly assisted us in stepping into our new role. We were both pleased to receive the university's resource material which was explicit and easy to follow. The university facilitator management and staff were excellent in the way they assisted us, keeping the communication channels open so that were able to quickly sort out any problems.

Joanne found moving into the role of facilitator reasonably easy as she had been through the process herself, however Vicki had a few apprehensive moments which quickly dissipated after the first day.

We recently discussed our personal experiences and found that through the process we had become better skilled due to the wide gamut of roles we had taken on in fulfilling our roles as facilitators. We found that we became liaison people, supporting managers, negotiators, researchers, editors, assessors, mothers and counsellors.

In Joanne's case she became an athlete by covering the kilometres between ward areas in a very large hospital. Vicki's students were all in the same ward at the same time and did not have the distance to cover.

There was a great deal of discussion that took place between students and ourselves and much reflective listening however, on some occasions we had to become dentists when trying to encourage open discussion (at times like pulling teeth). With Joanne, discussions and debriefs took place each Friday afternoon for one and a half hours and on a daily basis as she assisted students during their daily routine. Vicki on the other hand, found it easier to have daily discussions during morning tea or lunch breaks. This proved to be an interesting experience as discussions were peppered with social happenings.

We were both pleased at the professionalism that the students showed as they went through their daily routines and many staff members commented on their positive attitude, this appreciation by the staff for the students resulted in the staff of one ward holding a morning tea for their students prior to them moving to another ward.

The student's experiences have ranged from managing a demented and aggressive patient to the care and loss of a palliative care patient and seeing the birth of a baby and then visiting the first time mother in her own home, all this along with the other more mundane duties that nurse's carry out daily.

For us as facilitators, there have been many rewarding experiences such as the looks of amazement and joy on the student's faces when witnessing their first birthing experience, the look of confidence when carrying out a new skill competently or when they have been complimented by staff member for a job well done.

There was however, the occasional negative incident for a student, such as a staff member being less than welcoming and being unwilling to spend time supporting the future member of our profession. For us as facilitators it was the extra hours



Joanne O'Callaghan

spent either travelling to a distant hospital or discussions on the phone after hours to solve student's problems which we willingly undertook.

As you can see, we are two nursing/ midwife educators with different training backgrounds but who share similar goals, beliefs and agendas which is to see patients receive the best outcomes possible through best policies and practice which we as nurses deliver through advancement of positive training for new and younger nurses entering our profession. We both hope that we have in some way achieved this with the students we have supported during this year and we hope that we will have the opportunity to continue this positive beginning.

> Vicki Davies & Joanne O'Callaghan

Certificate IV Information & Special Offer to ANTS MEMBERS

Through The Department of Education, Science and Training (DEST), The National Review of Nurse Education, (2002) has made a recommendation that any person involved in nurse education should have appropriate qualifications in adult education in order to ensure quality education of the nursing workforce. The minimum qualification is the Certificate IV in Workplace Training and Assessment. I elected to undertake the Certificate IV in Workplace Training and Assessment < TAAO4 course, as although I hold a Master in Nursing (by Coursework), and been involved in undergraduate nurse education for over 10 years. I did not have any formal qualifications in adult education and therefore did not comply with the DEST directive.

After much contemplation and searching for a course that suited my needs, I decided to complete my Certificate IV in Workplace Training and Assessment at the International Training Centre (ITC) Chatswood, Sydney in January 2006, which is a private Registered Training Organisation (RTO). I found this course appealing because at that time, the commitment was only five days face-to-face teaching and completion of the 14 assignments was as a distance education package. Students were given up to 3 months to complete all the requirements of the course.

During the face-to-face sessions, students must demonstrate competency in providing three simulated teaching sessions on any topic of their choice. The first teaching session must be of 10 minutes length; the second for 20 minutes and the third teaching sessions.

sion must be held over 35 minutes. Each teaching session must include teaching a competency skill. Students have to provide lesson plans for each of the simulated teaching sessions. My first 10-minute lesson covered how to take a pulse. The second lesson in-

ITC is offering a \$100.00

discount for ANTS

Members who enrol in their CERT IV

7 (lien ozav

volved instruction on

the role of oxygen in the respiratory system with the skill being how to take a respiratory rate. The third 35-minute lesson covered types of anaemia with the skill of how to examine the body for signs of anaemia. Students are given immediate feedback on their teaching skills with a short interview with the assessor after each simulated teaching session. The 14 distance education package/ assignments covered how to assess competence; plan and organise assessment tools; plan and co-ordinate distance education packages; foster and promote an inclusive learning culture and Occupational Health and Safety (OH & S) issues in education. Assignments can be emailed to ITC or can be sent by snail mail with prompt responses from the assessors.

Currently ITC offers the course as a 10-day face-to-face teaching schedule broken up into three blocks. Students are given six months to complete the required 14 assignments and the cost is \$1995.00. which can be paid in instalments when attending each of face-to-face teaching blocks. This fee includes a full set of books to assist in the completion of the assignments as well as proforma assignment templates on CD. The cost of the course can be recovered as tax deduction for selfeducation expenses.

The ITC teaching and administrative staff are very friendly and helpful to student needs. Tutors were available to provide direction for the assignments by both telephone and email support. The contact details for ITC are: Phone 9411 2688. Email: enquires@itcAustralia.com.au.

Additionally, ITC is offering a \$100.00 discount for ANTS members.

Completion of the course has given me a deeper understanding of the learning needs of undergraduate nurses and has strengthened my technical teaching skills. I highly recommend completion of the Certificate IV in Workplace Training and Assessment for any nurse who currently has any role in either nurse or patient education.

Report compiled by: Sandra Campbell, Associate Lecturer, University of Western Sydney & ANTS Secretary.

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NATIONAL REVIEW OF NURSE EDUCATION. (2002). RE-TRIEVED FROM

HTTP://WWW.DEST.GOV.AU/
ARCHIVE/HIGHERED/
NURSING/PUBS/
DUTY OF CARE/
DEFAULT.HTML
ON 19TH OCTOBER 2006.



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

Book Review: Just Released & A Quick Quality Reference

Levitt-Jones, T. & Bourgeois, S. (2006) The Clinical Placement: an essential guide for nursing students. Elsevier:

This paperback meets the gap in students' need for pertinent information relating to supporting their clinical placement experiences. This book, although primarily aimed at students, will be of interest to all nurse educators and clinicians who have contact with students on their clinical placements

The authors are 2 NSW academics, both former directors of clinical education, Tracy from Newcastle University and Sharon from UWS. They have a wealth of

Tracy Levell Janes

and Straron Bourgeois

An essential guide for nursing stud-

knowledge and experience in the issues for students. staff and facilitators related to clinical education and they both continue to have leadership roles in tertiary education. There are 6 chapters: Chapter 1: "The rules of engagement" gives

an introduc-

tion to clinical placements and the health care context, concepts which need to be understood. Chapter 2: "Great Expectations" covers patients', clinicians' and professional expectations of the students whilst on clinical and their right to be supported in their learning needs.

Chapter 3 & 4: "How you act" and "how you think and feel" describes the attitudes and behaviour needed to survive in the clinical world.

Chapter 5: "How you communicate" discusses the importance of effective communication skills in nursing practice.

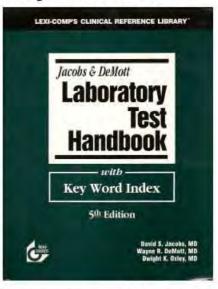
Chapter 6: "Insights from experts" explains the different specialties within nursing with experts from the field telling their stories.

The book's main strength is in its easy to read format. Each chapter contains stories and scenarios which make the clinical practice experience more tangible to the students. Reflection is also encouraged by a section on "something to think about" and reflection exercises. There are also coaching tips listed in "plain English" This book appears to support the authors' aim to guide students on their clinical journeys. It

is great that it is Australian, and it explains many of the concepts that students may miss in their preparation for their clinical placements and may assist in lessening their anxieties. I think that it will be particularly helpful to students whose first language is not English. I recommend it as a text for all nursing students, and as interesting reading to all nurse educators. Jacqui Guy Lecturer ACU School of Nursing (NSW and ACT).

Jacobs, D.S, DeMott, W.R. & Oxley, D.K. (2001) Laboratory Test Handbook. 5th (Ed), Lexi-Comp: Cleveland OHIO.

This book is an excellent reference and resource for clinicians at all levels trying to comprehend the myriad of clinical tests available (some I have never heard of). The provision of the abstract (for each and every test) is most helpful. If like me you



appreciate instant informationit provides the rationale and background to each test, without the hassle of looking up multiple sites. The use of cross referencing & key words in the body of each test section and appendix makes it easier locating information (specific or related tests) than finding a solicitor in the yellow pages! As a clinical nurse educator I found the ease of use and the format very helpful not only for nurse education but also for patient education. This 'handbook' (don't let the term or date fool you...it's relevant and huge)- it has to be! It is so cleverly formatted that it manages to provide the reader with large amounts of potentially complex information, thoughtfully reduced into easy-to-comprehend portions, without compromising quality. Great for teaching and evaluation tools such as crossword puzzles or examination aimed at testing specific or advanced knowledge.

The only criticism I have is that this reference wasn't available when I was studying Oncology nursing- can't wait for the next edition!

Pauline Murray-Parahi Clinical Nurse Educator. SSWAHS (NSW), Editor ANTS.

Report on the Seminar: "Clinical Teachers: are you a key factor in optimising learning in the clinical learning environment?"

ANTS held an educational seminar on Saturday 17th June, 06 at UWS Bankstown campus. This seminar was conducted as a request from academics responsible for clinical coordination at UTS, UWS and ACU who stated a need for a specific generic seminar aimed at clinical facilitation.

Jacqui Guy and Lyn Stewart were the chief organisers of this seminar, and the ANTS Council members assisted in the running of the seminar.

There were 96 attendees, the majority of whom were facilitators, and represented rural areas such as Wagga and Bathurst, as well as metropolitan areas.

Our guest speaker was Dr Lynette Stockhausen, Associate Professor and Head of School of Nursing and Health Science at CSU Bathurst. She presented on "The clinical learning spiral" and research on "students' reflections on their clinical experiences"

Other topics included:

- "Clinically speaking" by Frances Rogan and Caroline San Miguel (UTS), who presented an interesting collaborative program between nursing and academic skills unit to assist CALD students with English language preparation for clinical.
- 2. "Maximising learning in the clinical environment "was the topic discussed by Lyn Stewart and Mary

Goldsmith with ther seminars tips for facilita- • Role of CN

tors in how to use opportunistic teaching and learning opportunities in the clinical environment.

 Peta Drury (ACU) discussed "How to utilise resources for evidence-based-practice in clinical teaching", describing the importance of facilitators and clinical staff in accessing appropriate resources to support development of nursing competence.

Jacqui Guy (ACU) identified the concept of assessment management as "a source of conflict" in the facilitator's role and discussed how the facilitator needs to move between coaching support and evaluation of competence. This often promotes tension in both the student and facilitator.

Evaluation of the Seminar

Evaluations were extremely positive regarding the benefit of the seminar. Educators stated that the seminar was well organised and met their needs, as well as being enjoyable and interesting. Educators also gave good feedback on the catering

Comment "A very informative day and I benefited immensely from attending today. This is my first attendance at ANTS and I am so happy I made the time to attend. Very friendly, informal day. Thank you for this pleasure. It was a great idea to have other Universities attend"

Suggestion from educators for further seminars

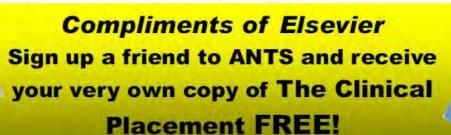
tips for facilita- . Role of CNC in providing special-

ist information in their field- often not trained educators but with a responsibility for education

- Role of Clinical Educators on wards
- Adult learning and clinical teaching for RNs, RMs, first year grads, ENs
- Challenges with AINs/ENs: directions, skills
- Clinical Nurse Educators- midwifery
- Maximising learning/ assessment management for beginner facilitators
- Assessment criteria and issues; competency assessment
- Management of "difficult students"
- Cultural considerations
- How are RNs and ENs engaged on the novice to expert continuum after BN graduation? (there is no accredited framework for continuing professional development)
- Reflective learning and how to facilitate it.
- Practical ideas about motivating nurses to improve nursing standards, deliver holistic care, improve communication with patients and improve teamwork

ANTS Council will take these suggestions into account in the Planning of 2007 seminars. Please contact Jacqui Guy at

j.guy@mackillop.acu.edu.au with any comments or request for further information on the presentations.



Conditions: 2 copies only available. First two paid subscriptions received including name and postal address of reterring ANTS member (san also be a new member). On confirmation, ANTS Secretary will advise Elsevier of vinners to receive a free copy by post.



Christmas In July Grace Hotel Sydne

ANTS Christmas in July dinner 2006.

ANTS held a Christmas in July this year as an alternative to a dinner in November or December, Having another Christmas function to attend took its toll on numbers in the last few years so we tried something new. When you attempt something new it can be disastrous or surprisingly successful. Fortunately for ANTS members the Christmas in July venture was a resounding success. We managed to secure a fantastic speaker so all we needed was a suitable venue. How difficult could that be??!! Trying to find a venue with a Christmas theme in a central location for a reasonable price became a real challenge. I was surprised at how much some clubs were charging and other venues that were reasonable were not in the best location. After much deliberation and emailing we finally decided on the Grace hotel in York street in the city and it was well worth the deliberations. The décor, service, staff, food and wine, and Christmas decorations were all excellent.



Even the unique Aussie Christmas music was as theme.

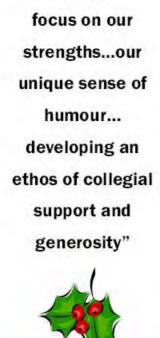
Mary's presentation was stimulating, challenging, entertaining and relevant and we want to express our appreciation to Mary for giving of her time so generously. The following is a brief synopsis of the themes in Mary's presentation; As nurses we need to increase our collegiality and be respectful and supportive of each other. Nurses are leaving the profession due to feeling undervalued and not respected. They also feel unable to care for clients properly. Communication breakdown is the major cause of SAC 1 events. We need to be effective communicators and to stop living in a 1970's and 1980's world of task orientation and "the typical nursing day". Mary stressed the importance of focusing on our strengths including our ability to accept uncertainty and engage with the unpalatable. We need to have fun and to embrace our unique sense of humour. Mary emphasised the need for "an ethos of collegial support and generosity and to foster a "practice zone of mutual trust and collaboration".



The dinner was well attended with nearly 30 guests. Nurses from a variety of professional backgrounds came together to reflect on and celebrate nursing practice in its many forms. One of the highlights of the evening was enjoying time out with colleagues which demonstrated the benefits of social events in relation to building professional community.

Besides enjoying each other's company we also enjoyed a delicious meal with traditional and modern cuisine.

The guest speaker was Mary Chiarella, Professor of Clinical Practice Development and Policy Research, who spoke on "Leadership in Education -Thinking Outside the Square". A special thanks to Karen Patterson, (SESIAHS Area Nurse Manager for Clinical Practice Development and Education) for contacting Mary for us.



"We need to





Christmas In July, Grace Hotel Sydney

I am including this poem Mary shared with us. Take time to reflect on its profound truths of who we are.

Gaye Bishop, Nurse Educator Palliative Care, CHCS (Calvary Health Care Sydney).

I'm just a Nurse

I just make the difference between life and death I'm just a purse

I just have the educated eves that prevent medical errors, injuries and other catastrophes

I'm just a purse

I just educate patients and families about how to maintain their health I'm just a nurse

I just make the difference between dying in agony and dying in comfort with dignity

I'm just a purse

I'm just the real bottom libe in healthcare

I'm just a purse

I just make the difference between pain and comfort

I'm just a purse

I just make the difference between healing coping

and despair

I'm just a purse

I just work in a major teaching hospital managing and monitoring patients who are involved in cutting edge experimental medical or pursing research

I'm just a purse

I'm just a professor of pursing who educates future dependious of purses

I'm just a purse

I'm just a long term care purse who makes the difference between staying in ones own home and going to a pursing home

Don't you want to be "just a purse" too?

Suzanne Gordon "From Silence to Voice"

Expressions Interest

Brain the size of a planet and feeling underappreciated?... Talents underutilised?..

If this in some small way describes you or if you simply want to be stimulated, bask in collegial generosity, meet interesting (and grateful) colleagues, or perhaps widen your professional network?

Then you need to contact ANTS immediately with your expression of interest. I did and now I am the editor of the Bulletin!

The next ANTS Annual General Meeting will be held on the 9th of March at Burwood RSL (see Society Calendar, page 11) you don't have to wait for the AGM to express your interest however.

Vacancies exist for the following positions,

- ANTS President
- ANTS Treasurer
- ANTS Council Members

The following Subcommittees are also in need of members

- Editorial Committee
- Marketing/Network Committee

Please forward expressions of interest with relevant background/ CV to the Editor (contact details on back page).

The ANTS Council ANTS Members and

would like to wish all their families a Very

Happy Christmas & A Prosperous New Year

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

Society Calendar & Events/Seminars

JANUARY 17TH - Next ANTS Council Meeting

FEBRUARY 1ST- Submission of abstract (*CCS May 17-18)

MARCH 9TH - ANTS AGM - Burwood RSL

MARCH 22ND & 23RD - Clinical Decisions, Ethical Challenges.

APRIL 1ST-Last day for early bird registration for 2007 Conference N.Z.

MAY 10TH & 11TH-improving the Delivery of Emergency care: Sharing the lessons learnt.

MAY 15TH & 16TH- Improving the delivery of Palliative Care for Older Peoples (*CCS)

MAY 17TH & 18TH-Innovations in the prevention and clinical management of obesity (*Change Champion Semihar)

AUSTRALASIAN NURSE EDUCATORS CONFERENCE Wellington N.Z.

3-5 October 2007 Te Papa Tongarewa, Museum of New Zealand, Wellington



WITH AWARENESS COINES CHOICE

www.tepapa.govt.nz

December 2006						January 2007							
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NEW ANTS Members

Fiona Cameron	ACT Health Canberra Hospital	Clinical Development Nurse	ACT
Denise Amie Coulton	SWS Institute of TAFE	Nurse Teacher	NSW
Tamera J. Gosling	Avondale College	Clinical Coordinator/lecturer	NSW
Helene Johansen	O.T. Liverpool Hospital, SSWAHS	Clinical Nurse Educator	NSW
Sandra Krpez	Brain Injury Unit, Liverpool Hospital.	Clinical Nurse Educator	NSW
Barry McCarthy	District Emergency	Nurse Educator	Qld
Lynda Mitchell	O.T. Westmead Hospital	Nurse Educator	NSW
Pauline Murray-Parahi	Hoxton Park CHC, SSWAHS	Clinical Nurse Educator	NSW
Belinda Jane Pervis	Queen Elizabeth Hospital	Clinical Nurse Educator	SA
Alison M. Smedley	Avondale College	Assist. Clinical Co./lecturer	NSW
Carolyn Smith	Sydney Children's Hospital	CNC resuscitation training	NSW
Natalie Wall	University of Wollongong	Lecturer	NSW

