ANTS

The Australian Nurse Teachers' Society

Working Together for the Future of Nursing Education

ANTS BULLETIN Summer Edition, December 2007

- Conferences
- Nurse Teacher Competencies
- Collegiality & Networking
- Seminars
- Research & Scholarship

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

www.ants.org.au

REPORT: Nurse Educators' Conference Wellington NZ

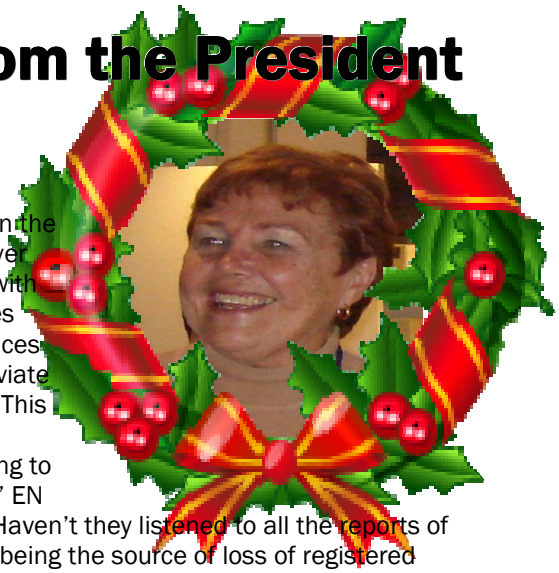
INSIDE THIS ISSUE of the AUSTRALIAN NURSE TEACHERS' SOCIETY BULLETIN

Our Guest author and new member to ANTS is

Associate Professor Basseer Jeeawody.

Basseer's bio profile was featured in last issue's Members Only Column.

Letter from the President



Dear Members,

There has been a lot in the press about nurses over the last few months, with the Federal candidates thinking that extra places in the system will alleviate the nursing shortage. This is on top of the shock announcement of trying to get a "hospital-based" EN program introduced. Haven't they listened to all the reports of workplace conditions being the source of loss of registered nurses? What of the lack of clinical places for students? What of the lack of adequate clinical supervision? We'd love to hear YOUR views!

I was unable to go to the New Zealand Conference in Wellington, but several council members attended and there was general agreement that it was a very exciting conference. Mary Brigid-Naylor presented a video and announced the next Nursing Education Conference which will be held in September 2008 in Sydney- see details on page 3. We have always had a strong affiliation with New Zealand, and many delegates expressed that they will be coming to the Conference.

We have also had a request from a keen group of members from Perth to form a sub-branch in Perth, so the Council are planning to discuss the feasibility over the next few months. They are also keen to put in a request for holding the 2010 conference. Remember we have tried to set up a branch in Victoria twice before, we need a large group of committed educators to make a sub-branch work. I'm throwing the gauntlet out to the other states to consider forming a group with the intention of developing it into a branch. Please email me if there is interest. I attended the 2nd NSW Nursing and Midwifery Forum on the 16th October at Westmead Hospital and an ANMC Continuing Competence Forum at the NSW Nurses Association on the 3rd October. See my report on page 15. I submitted the National Nursing Organisations' questionnaire regarding ANTS Governance Framework and Constitution. Nicole Brooke, our Vice-President attended the NNO meeting in Melbourne on the 19th October. Nicole's report is on page 13.

We are reviewing the ANTS Constitution over the next few months, and will give you feedback at the AGM in March. The Research Team are now commencing analysis of the data on the Nurse Teacher Competencies. We are also designing membership cards to enable you to quote membership numbers and access to some areas of the database.

We have had wonderful feedback regarding the "new look" of the Bulletin- Congratulations Pauline! I would also like to thank all the members of Council for the committed and enthusiastic work for ANTS this year. Some of these positions will be vacant next year, so we would love to receive nominations for Council before the AGM .

A Happy and Blessed Christmas!

Jacqui Guy President

02-97392034

j.guy@mackillop.acu.edu.au

Aroha from Aotearoa

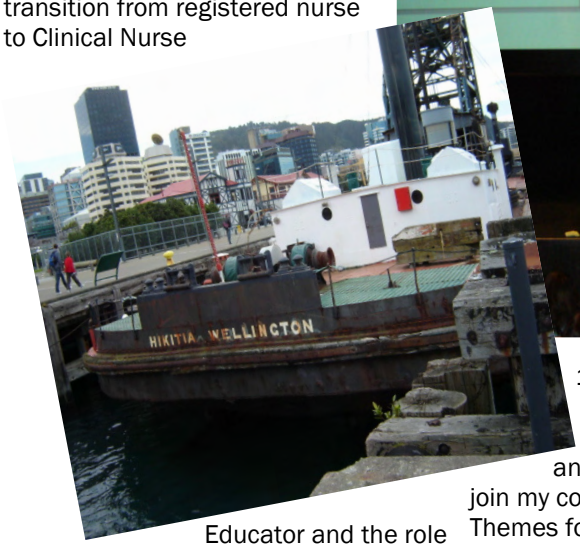
Aroha from Aotearoa... love from New Zealand... island of the long white cloud.
What an *awesome* (another word you pick up in New Zealand) conference! These Nurse Teacher conferences just keep getting better all the time!
The hospitality of the Maori people is renowned and understood by anyone who has experienced it but was particularly manifest in Wellington at the Australasian Nurse Educators' Conference held at *Te Papa Museum (see *front & back covers of this issue for additional photographs).
Past President & ANTS Member and NZ conference delegate, Mary Brigid Naylor kindly shares her experiences of the 13th Australasian Nurse Educator's Conference.

CONFERENCE NEWS BY MARY BRIDGID NAYLOR

The 13th Australasian Nurse Educators Conference hosted by the Nursing Centres of Learning at Whitireia Community Polytechnic, Wellington, New Zealand was a resounding success. At the Te Papa Museum, delegates were greeted with a Powhiri, a traditional Maori ceremonial welcome. Delegates were privileged to have the opportunity to participate in this ceremony where food or beverage is blessed at the conclusion of the Powhiri. Traditionally women wear a skirt and men wear trousers for the ceremony and managing the skirts in windy Wellington was a challenge. The Powhiri set the scene for a conference rich in culture where singing became an impromptu moment of celebration. Adding to the warm atmosphere was the 'fairy-in-boots' who hopped onto the stage unexpectedly and awarded spot prizes.

Colleagues from Australia and the USA joined delegates from different New Zealand localities and engaged in academic and clinical nursing conversations around the themes of cultural safety, academic and clinical education.

Presentations were excellent and topics included specialty education, the novice and expert nurse and clinical decision-making. Sessions on the transition from registered nurse to Clinical Nurse



Educator and the role of Nurse Educators were complemented by different delivery mode sessions on E-Learning, the internet, flexible or blended, and transcultural considerations. Teaching bioscience or the needs of patients living with chronic illness highlighted the connection between both academic and clinical nursing perspectives. Finally a wide variety of papers and posters explored collaboration, preceptorship, mentoring, building capacity, teamwork, reflection, language and philosophy.
The learning experience in New Zealand and the traditional Maori blessings and song gave meaning to Yeats' words "Education is not the filling of a pail, but the lighting of a fire" and has also paved the way for the next conference.
The 13th National Nurse Education Conference will be held in Sydney from 10-12th September 2008. Sydney West Area Health Service will host the event and you are cordially invited to join my colleagues and I in Cumberland. Themes for the conference are *clinical governance, learning environment and leadership*. It is time to prepare an abstract with April 18 as the closing date for submissions. More information will be uploaded to the ANTS and SWAHS Internet sites in the near future. Should you require further information concerning this matter, please do not hesitate to email or telephone Mary Bridgid Naylor,

mary-bridgid_naylor@wsahs.nsw.gov.au
or call **(02) 9840 3626**.

CONTINUING PROFESSIONAL DEVELOPMENT IN NURSING: A TRANSFORMATIVE CONVERGENT MODEL

by Basseer Jeeawody & Phillip Ebbs

Abstract

Continuing professional development (CPD) in many fields is riddled with the problems of mixed paradigms such as those of technical rationality, enquiry evidence (critical rationality), and innovative artistry (practical reflexivity). CPD begs for a transformative model. Nurses aim to ensure that CPD occurs at individual and systemic levels within the professional context. Such ambition requires the ethos and practice of holistic CPD to be dynamic and synergistic with the broader professional context. A transformative convergent model for holistic CPD, also referred to a professional artistry model, within the nursing professional context is proposed. This paper examines approaches to CPD and proposes a sustainable framework of holistic CPD within the nursing context.

Introduction

It is observed that CPD in many fields is riddled with the problems of mixed paradigms, such as those of technical rationality, enquiry evidence (critical rationality), and innovative artistry (practical reflexivity) (Jeeawody 1997, 1999, 2003). This contrasts with a professional artistry model, which lies at the centre of the reflective practitioner and an emancipatory approach to practice. It is, therefore, determined that a Transformative Convergent Model (TCM) is constructed as this framework is approached from a holistic perspective, encompassing the three ideologies, namely, technical rationality, enquiry evidence (critical rationality), and innovative artistry (practical reflexivity). In the absence of a clear understanding about the purpose and methodology of holistic CPD, there is a risk that CPD programs could adopt routinised systems of practice and merit recognition that become ends in themselves, rather than focusing more broadly on the holistic development of nurses within changing professional contexts. In this paper a context is set towards a TCM for CPD for nurses. The processes of technical rationality, enquiry-evidence (critical rationality), and innovative artistry (practical reflexivity) are critiqued at the outset, followed with solutions towards developing a model supported with rationale. A conclusion is then drawn for further reflection.

Context

The 'Technical Rational' approach to CPD.

It is perceived that the current thinking and theorising of CPD can invariably be dominated by technical rationalism and this can obstruct the enhancement of professional practice (Jeeawody, 1997, 1999, 2003). Authorities, such as educational institutions, continue to make judgements and assessments about what professional practitioners' CPD needs are and put in place arrangements to meet those perceived needs (Jeeawody 1997. 1999, 2003). The process may not be totally participatory or collaborative. A lack of an empowering process may exist. A current dilemma which can be faced by many CPD providers relates to their attempts to maintain freedom within the curriculum that caters more for the institutions' needs rather than the professional practitioners' learning needs. The process can be provider orientated.

The educators act as the 'subject' to the learning process, thus potentially confusing the authority of the knowledge. In relation to the educator's role, the participants 'are taught' because their knowledge and skills are limited. Participants passively learn, and they comply with what choices are presented to them, whether these are the program contents, policies and directives, and they passively adopt these. While the teachers are 'subject' of the continuing educational process, the participants are 'mere objects'.

Few teachers wish to be humanist educators and would give an impression that they are encouraging dialogue between authorities and the people concerned. When applied to clinical education programs, such an ideology defines the skills, knowledge and attitudes required by practitioner's and establishes mechanisms for mastery and regular reappraisal of such competencies (Saunders 1998). In the clinical practice setting, the processes can be obsessed with the dissemination of clinical guidelines, rote compliance with these guidelines, and ongoing development of algorithmic frameworks which negate contextually informed decision making (Brookfield 1995; Haycox, Bagust & Walley 1999; Woolf 1999). In turn, workers and practitioners engage in professional development activities which address the needs of the production line, rather than engaging in professional development activities which assist holistic professional self-actualisation (Jeeawody 1997). Such a process has the tendency to negate education and knowledge as processes of inquiry.

Whilst sources indicate that the technical rational ideology may instigate the journey, of professional self-actualisation by empowering practitioners with specific skills and knowledge sets (Bell 1983; McDonell 1999), such a system cannot be solely used as a sustainable method of holistic professional development at local or macro levels. The dehumanising technical rational ethos would potentially conflict with a holistic transformational process (Jeeawody 2003; Brookfield 1995; Gould 1995).

The 'Enquiry-Evidence (Critical rationality)' approach to CPD

The enquiry-evidence ideology focuses on reason. This ideological system enquires into why practice is performed, and demands that evidence should be used to develop professional concepts and practices (McDonell 1999; Guyatt 1997; Sackett 1996). At the practice level, nurses embrace this approach when they engage in evidence-based performance improvement methodologies such as peer review, structured reflective practice (Driscoll 2000; Johns 2000), or literature review for a report they may

be compiling. At the macro level, however, enquiry-evidence is embraced when organisations comprehensively collate data, feedback and information for the purpose of performance monitoring, review and development. Under this system, collated evidence forms the basis for the planning of macro professional development initiatives. There are, however, some key problems that exist in the relationship between the technical rational and enquiry-evidence systems of development.

Firstly, when evidence based discoveries are made at the macro level, these discoveries are generally communicated in the form of recommendations, new guidelines for operational procedures, or policy; nurses are then provided with the knowledge and skills required to embrace the concepts and practices associated with these directives; and as a result, professional practice is developed at the localised practitioner level. Unfortunately, this is the process by which macro enquiry-evidence initiatives are translated into technical rational development systems at the localised practitioner level. This contradiction of ethos supports the false notion that, whilst providers and research organisations at the macro level are able to develop using enquiry-evidence systems, localised practitioner professional development still remains a technical rational phenomenon.

The second problem regarding the technical rational and enquiry-evidence ideologies is that these systems of thought and practice are generally reactive in nature, whereby practices must first be identified as problematic before they can be improved.

Innovative Artistry (Practical reflexivity) approach to CPD

The innovative artistry (practical reflexivity) ideology focuses on creativity. Such artistry asserts that individual and macro development is a process intrinsic to human activity, therefore the key tenets of innovative artistry ultimately relate to the establishment of creative environments which may be conducive to professionally meaningful development (Fish & Twinn 1997; Hawkins 2004; Hassan 2006; Gans 2006).

The first tenet of innovative artistry is that development occurs through unknown processes which are intrinsic to human activity. The second tenet is that innovative artistry (practical reflexivity) embraces professional development as a necessarily human activity. Within the innovative artistry system, the understanding of knowledge requires the interpretation of knowledge through the human context (Dewey 2000), this rationale abolishes the notion that the human practitioners understanding of knowledge can be objective (Guille & Griffiths 2001). The creation of new professional concepts and practices occurs when objective knowledge is understood through the uncontrolled, undefined, dynamic and complex human context.

Innovative artistry directly confronts the foundational tenets of the technical rational and enquiry-evidence systems. Technical rationalism attempts to define development in terms of its processes and outcomes, thereby allowing development to be controlled and reproduced; innovative artistry directly avoids the notion that development can be defined in these rationalised terms. In the absence of such definitions regarding what comprises CPD, the innovative artistry system forfeits control over CPD processes and outcomes. Innovative artistry development is therefore not the product of a defined sequence of actions, but is rather an uncontrolled by-product within a particular environment. This perspective also confronts the enquiry-evidence system of development. If the outcomes of innovative artistry are neither defined nor controlled, then correspondingly, it is impossible to measure the efficacy of this ideological system using predetermined indicators.

Proposed solutions

A paradigm shift to a Transformative Convergent paradigm encompassing technical rationality, enquiry evidence (critical rationality), and innovative artistry (practical reflexivity), therefore, becomes necessary, as it would enable an empowering and critical analytical approach to learning leading to professional self-actualisation. A confluent system of CPD, construct of an effective nurse practitioner, the milieu for CPD, and the process for CPD should be carefully considered.

A confluent system of CPD

A confluent system of CPD needs to exist for nurses. Confluent education, "is the term for the integration or flowing together of the affective and cognitive elements in individual and group learning - sometimes called humanistic or psychological education" (Brown 1971, pp. 3-4). Affective refers to the feeling or emotional aspect of experience and learning. How nurses feel about wanting to learn, how they feel as they learn, and what they feel after they have learned and how they feel after they have learned, are all essential factors to consider in CPD. Confluent education describes a philosophy and a process of teaching and learning in which the affective domain and the cognitive domain go hand in hand. A confluent culture would allow stakeholders "to grow toward authenticity, communication, and productivity" (Brown 1971, p. 9).

Construct of an effective nurse

It is essential to conceptualise that nurses under authority, are integral to the health system. They have always been part of the system, and as Freire (1968) has stated, they have been 'made beings for others', that is always serving others under directives. It is important that they become 'beings for themselves', that is, more involved in their personal and professional development, and not be integrated into the structure of suppression. They need to set their own professional goals and must become proactive in the process of their professional development. This process of thinking and collaboration should not take place in isolation and through individualism but through effective communication, fellowship and solidarity.

Nurses need to develop power to perceive critically the 'world' in which they find themselves. True and critical reflection would lead to action which should "constitute an authentic praxis ... the new *raison d'étre*" (Freire 1968, p. 41). The *raison d'étre* of authentic praxis lies in its drive towards reconciliation between professional practitioners and educational institutions. Establishing self-reflection and reflection-on-action would create the conditions for exposing behaviours, such as the 'professionaliser', 'traditionaliser' and 'utiliser' attitudes, allowing nurses to become aware of

CONTINUING PROFESSIONAL DEVELOPMENT IN NURSING: A TRANSFORMATIVE CONVERGENT MODEL (continued)

their theories and philosophies in use. How nurses can learn and improve their competence in the 'reflection-in-action' paradigm is referred to as the 'reflective practitioner'. Reflection-on-practice is seen as a way to empower nurses to become fully cognisant of their own knowledge and actions, their professional histories which have shaped them, the myths and the metaphors which sustain them in practice, their nursing experiences, and the potentialities and constraints of their work setting.

Milieu for CPD for nurses: Numerous philosophers, educationalists and pragmatists have explored the notion of 'praxis'. For Aristotle, praxis is "those sciences and activities concerned with knowing for its own sake" (Aristotle, cited in Pearson, 1988, p. 210); while Freire took this notion further by describing it as 'the action and reflection of people upon their world in order to transform it' (Freire 1972). Habermas (1971) saw praxis as the centre of human activity. Lumby (1991, p. 462) further states that "empowerment of self and others by making values live through action is at the core of such an enterprise. In this way there is continual transformation occurring as our actions are altered by experience and reflection". Lumby (1991, p. 462) states that praxis is dynamic in its evolution as well as its meaning.

Schön's philosophy about professional education would also be admirably applicable to the field of nursing. Schön (1983, 1987) concentrates predominantly on the development of the individual professional practitioner's ability to address problems and develop skills in their respective practice. Schön (1983, 1987) provided an appropriate geographic analogy when he likened theoretical education with high, hard ground, and the realities of practice as messy and lowlands. Street (1991) extended this notion when she recounted her belief that the gap between theory and practice exists because the world of academia [the high hard ground] is removed from the nurses who must negotiate life and practice in the swampy low lands. The 'swampy low lands' [the practice settings in nursing] are perceived to be clustered with issues and challenges. A paradigm shift toward practice so that knowledge development would be grounded in the reality of practice rather than in visionary or impractical theorising becomes important.

A strategy towards innovation

It is proposed that the new conceptual framework constitutes a paradigm change encompassing a number of elements. The linear, polar characteristics of technical rationality, the enquiry evidence (practical reflexivity), and the innovative artistry (critical rationality) must be gradually transformed by a pattern of eclecticism. Presence of this pattern within the process of CPD would demonstrate evidence of emancipation leading to professional self-actualisation. Higher level of reflection and analysis would relate to greater professional functional abilities adopting a confluent and emancipatory practice paradigm.

A TCM, also referred to a professional artistry model, is proposed. The conceptual framework posed in this paper incorporates a professional artistry approach. It diminishes the overriding importance of technical rationality, enquiry evidence (Critical rationality) and innovative artistry (Practical reflexivity) approaches to CPD specifically and independently, promoting in its place excellence in professional practice. Within this framework, the total reliance on such approaches to CPD is eschewed. The technical rationality approach, the enquiry evidence (Critical rationality) approach and the innovative artistry (Practical reflexivity) approach are not totally ignored, but carefully harnessed within the professional artistry model. It encourages and supports nurses towards entrepreneurism, and towards a professionalising attitude through an emancipatory approach to professional practice and self-actualisation. It guides them towards self-direction, reflective practice, reflection-on-action, critical thinking, empowerment, and a confluent approach to professional practice. It constitutes elements of 'technical rationality', 'practical reflectivity' and 'critical reflectivity'. The role of the nurse must be carefully constructed and milieu for practice established to encourage the implementation of the role. The practising nurse must have the benefit of CPD activities that promote emancipatory practice.

Transformative convergent Model

This analysis reveals that no single ideology provides all of the answers to development challenges within the professional context. However, a conceptual framework wherein each of these ideologies are legitimised and practised may provide answers for holistic CPD across the professional context. This theory champions the notion that the holistic development of professional concepts and practices – in their broadest sense – requires a conceptual framework that legitimises and employs ideological synergy in the professional context.

Holistic CPD is an ongoing journey of emancipation toward professional self-actualisation, which must occur at local and macro levels of the professional context. A holistic understanding of CPD escapes many health workplaces internationally. In this environment, CPD programs tend to adopt systems of practice and merit recognition which commonly satisfy practitioner perceptions of quality CPD, rather than being aligned with an objective, profession-wide, and holistic CPD framework. The Transformative Convergence Theory identifies three common ideologies which underpin professional development programs. Here we examine the three ideologies with respect to their effect on localised and macro development within the nursing profession are examined.

Holistic professional education, for example, must not only demonstrate method, but must also provide reason, and value practitioner innovation, holistic professional practice is sometimes guideline-based, is sometimes evidence-based, and is also comprised of professional artistry, especially in uncontrolled practice settings. In the same way, a holistic professional culture accepts the need to confer defined responsibilities upon practitioners, yet also values the process of constructively challenging concepts and practices within the professional context, and will also legitimise the need for innovation within the professional context.

The professional context is dynamic, not static. Therefore, a dynamic conceptual framework of CPD must accompany this context if professions

seek to holistically develop and maintain effectiveness, improve efficiency and sustain relevance within professional contexts that continually and uncontrollably change. Figure 1 provides an illustration of the Transformative Convergence framework which proposes a dynamic and synergistic structure for holistic CPD.

Figure 1: An illustration of the Transformative Convergence Theory.

The development of professional concepts and practices is underpinned by ideologies which have benefits and limitations. The Transformative Convergence Theory states that holistic continuing professional development is achieved when each of the three ideologies are legitimised and employed across the professional context. Professional effectiveness, efficiency and relevance is developed and continually maintained in an environment of localised and macro professional self actualisation.

The Transformative Convergence Theory is a conceptual framework for holistic CPD which can be utilised in various professional contexts, including the nursing context. This conceptual framework is employed across the professional context at macro and local levels; for example, professional practice, education programs, performance measurement frameworks and workplace culture each may benefit when constructed and maintained within the paradigm of Transformative Convergence. Holistic CPD is therefore *not* an educational program; it is an outcome within a holistic professional context.

Conceptual Implications of Convergence for nursing contexts

There is significance when considering the possible practical application of TCM across the professional context, and these are considered to be:

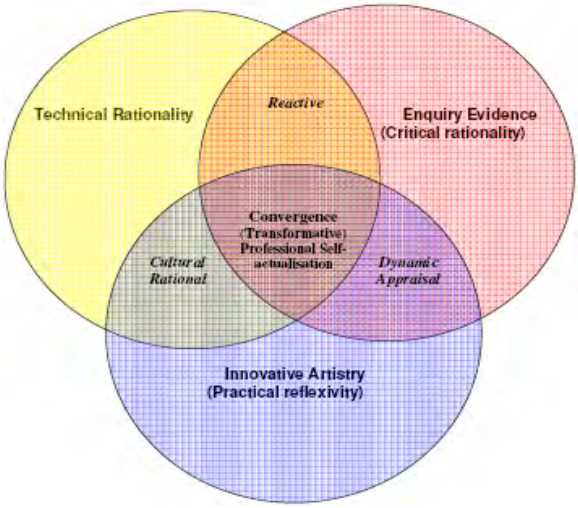
'CPD' is seen as an outcome of a holistic professional context, and broadly enlists the support of practitioners, education and research institutions, clients, service providers and other stakeholders to facilitate professional self-actualisation at macro and local levels.

'Professional Education' rejects a monotheistic belief in a single learning ideology. Educational programs therefore, demonstrate method, provide reason, and embrace the human creation of knowledge.

'Professional Practice' adopts a dynamic approach to professional practice which legitimises and employs defined skill sets and guidelines; evidence based practices; artistic and humane practices.

'Practitioners' are valued according to their capacity to contribute to their professional practice context, rather than being valued exclusively according to skill sets, academia, or creativity.

Figure 1



'Dynamic approach to performance measurement' balances requirements for fiscal rationalisation; outcome-based performance measurement, and also has the capacity to value innovation and creativity within the development processes.

Conclusion

Nurses have historically embraced a particular CPD ideology as a means of realising efficiencies, improving effectiveness and maintaining the relevance of professional concepts and practices at macro and local levels within the professional context. These CPD ideologies have specific benefits, but have inevitably been unable to continually deliver the holistic solutions required within dynamic professional contexts that continually and uncontrollably change. Professional contexts require a dynamic conceptual framework of CPD which takes a holistic approach to the ethos and practice of professional development. A TCM provides a conceptual framework which legitimises and employs the technical rational, enquiry-evidence and innovative artistry ideologies that shape professional identity. This model presents implications that both support and challenge present frameworks of CPD within professional contexts. In particular, the practical application of this model presents the challenge of constructing frameworks for professional education, practice, cultural change and performance measurement within the paradigm of Convergence.

The paradigm shift in CPD suggested in this paper is a challenging one for all stakeholders in the profession of nursing. There are number of factors to be considered. There are factors against making the paradigm shift as well as factors in favour of such a shift. The factors in favour are that the profession of nursing has come a long way to reach the stage it is currently at. History, therefore, depicts that the professionalisation of nursing continues to evolve and the proposed conceptual framework will further facilitate its evolvement.

A paradigm represents the most informed and sophisticated view, which its proponents have been able to devise. It is an invention of the human mind and hence subject to human error. Any views, which have been expressed in this paper, are a human construction of ours based on our research, professional experiences, reflection and critical analysis. The profession of nursing cannot be compelled to accept our analyses and arguments on the basis of incontestable logic or indisputable evidence. We can only hope to be persuasive and to demonstrate the utility of our position. Our arguments should be judged as a whole. We are cognisant that the proposed model requires a thorough understanding of the contributions of different processes involved. It will not necessarily enable certain practitioners to acknowledge its benefits. It is hoped that it will, however, enable them to understanding the differences between the contemporary paradigm and the emerging one. Those adhering to this model could argue that no system is

(continued on page 12)

Members Only Forum

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

ANTS member Matthew Walsh, attended and presented at the Conference in Wellington N.Z. Matthew's presentation was about the transition from clinical nurse to novice academic.

Matthew Walsh RN BN B Sc (Biomed Sc) MN MCN

My first impression of Matthew (if his name was to appear in a dictionary) would have read as…
Matthew Walsh-*What you see is what you get; open, collegially generous, laidback, live-for-the-moment, possessing quiet humility; caring family man; clinical nurse and academic– a passionate and balanced nurse teacher!*

I was so impressed *(first and subsequent impressions)* **with his down to earth and humble attitude… I asked Matthew if he would share his story with ANTS Members in this issue of *Members Only Forum* and present an article in the March issue of the *ANTS Bulletin*…**

Matthew Walsh is a proud father of three (Isabella 6, Owen 4 and Cael 3) and husband to Kerrie. A passionate nurse who enjoys the challenge of clinical practice and the privilege of influencing emerging registered nurses, Matthew is currently employed at the University of Newcastle as a lecturer in the undergraduate nursing program and undertakes casual work at the John Hunter and Maitland hospitals to maintain his clinical skills and for the challenge and enjoyment of clinical practice.
Since completing a Bachelor of Nursing in 1994 Matthew has practiced as a registered nurse in a variety of clinical settings including emergency, paediatrics, surgical and endocrinology. In 2000 Matthew completed a Bachelor of Science and a Master of Nursing in 2004. Prior to commencing employment at the University of Newcastle in March 2005 Matthew had been in an education role at the College of Nursing, the Children's Hospital, Westmead and the University of Technology Sydney.
As a novice nursing scholar passionate about nursing and the advancement of the profession, Matthew aspires to encourage a culture of learning and respect for knowledge and the nursing profession. According to Matthew "nursing graduates typically find the transition to practice the most challenging." Matthew adds, "my goal is to enable students to more ably manage this transition, deliver competent, high quality nursing care and maintain a passion for learning, knowledge and the nursing profession."

Matthew is concurrently undertaking a PhD and a Graduate Certificate in Tertiary Teaching Practice (to be completed in June 2008). "At the completion of this course I would like to commence the Master of Higher Education at Macquarie University, however I haven't discussed this with my wife or the kids yet," Matthew adds. The focus of Matthew's PhD project is the experience of men who are obese and their perceptions and experiences of health care. The primary goal is to understand what it means to be a man who is obese and to develop strategies that enable health professionals to effectively engage these men in improving their health. Matthew's other research interests include exploring the first year nursing student experience, paediatric nursing management of fever, and understanding the theory practice nexus.

Matthew is also currently involved in a teaching and learning fellowship with the focus of developing a first year resource that assists students navigate first year. The primary stage of this project is an online resource that augments the anatomy and physiology courses. "Traditionally nursing students find difficulty with these programs and this resource will make the content clinically relevant and potentially more learnable" Matthew contends.

In 2007 Matthew was honoured with two teaching awards for his contribution to the design of a pathophysiology and assessment course for the Nurse Practitioner Masters program. The first of these awards was the Vice Chancellors Citation for Teaching Excellence, whilst the second was a national Carrick Award for Outstanding Contribution to Student Learning.

According to Matthew "achieving the career-life balance is difficult however the challenge ensures that life is never dull". "Spending time with my family is the greatest experience. It's easy not to live in the moment, but when you do the greatest reward is in those times when you forget about the clock, or the deadlines you have, and just kick a ball, read a book, walk on the beach or spend time doing nothing, just being," muses Matthew.

During the recent conference in Wellington I had the pleasure of meeting Dr Karen Ousey from Huddersfield University, UK. Since then we have been chatting via email (My impression of Karen... Witty, generous, intelligent and fun-loving (*see picture below!)* **Karen is our *first* International ANTS member and her profile follows below. Establishing such networks provides the means of joining in communities of practice we would otherwise not be privy to. In addition to the inevitable reciprocity, simply sharing what you feel passionate about in your role as a nurse teacher is a great experience. Events such as national and international nurse educators' conferences, provide wonderful networking opportunities– don't miss the next one in Sydney** (perhaps you will meet Karen!)**.**

Dr. Karen Ousey, PhD, MA, BA, PGDE, RGN, ONC .
Karen is currently a Divisional Head for Acute and Critical care in Nursing/ Principal Lecturer at the University of Huddersfield, West Yorkshire, England.

She qualified as a Registered General Nurse in 1985 and completed her Orthopaedic Nursing at the Royal National Orthopaedic Hospital in Stanmore, London, 1986. Following this she worked in NHS Trusts throughout the North West of England within orthopaedics and developed an interest in Tissue Viability. In 1997, she became a lecturer/practitioner at University of Salford prior to taking on a full time lecturing position in 2000 and moving to the University of Huddersfield in 2005. Karen was involved in the preparation of teaching pre student nurses during the first wave of the implementation of the recommendations from the Making A Difference Report (DH, 1999).

Karen gained her PhD from the University of Salford in 2007 entitled: 'Learning to be a Real Nurse: Nurses Accounts of Learning and Working in Practice'. Karen has an interest in the learning and teaching strategy of Problem Based Learning and the concept of the theory-practice gap and has written numerous papers on this subject and presented at International Conferences in the UK, Australia, New Zealand, Singapore and Hawaii.

Additionally she continues to research within the field of Tissue Viability and has edited the text book 'Pressure Area Care' published by Blackwell and 'Lower Extremity Wounds: A Problem Based Approach' with Dr. Caroline McIntosh.
Karen is the Learning and Teaching Consultant for England, based at the Higher Education Academy, health Sciences Subject Network and is responsible for updating the community on issues related to England.

Karen has received innovation funding from the University of Huddersfield to develop an interactive Wound Care CD Rom for nurses and podiatrists and is currently further developing this into a web based package alongside Dr. Caroline McIntosh. The resource allows members of the multi-professional team to develop their wound care knowledge in a safe environment and uses a problem based approach. The too, presents 3 case scenarios for the students:
Diabetic Ulcers
Pressure Ulcers
Infected Wounds

Furthermore she is working alongside Operating Department Practitioner Lecturers and Midwifery Lecturers developing and interactive web based mentor update tool.

Karen is involved in researching the recruitment and retention of Black and ethnic Minorities as Simulated Patients. The research uses both qualitative and quantitative methods with the data collection period commencing in January 2008.

Dr. Karen Ousey Contact Details:
Department of Adult and Children's Nursing
University of Huddersfield, Queensgate
Huddersfield, West Yorkshire England
HD1 3DH
Tel: 0044 1 484473462
e-mail: k.j.ousey@hud.ac.uk

Palliative Care in the Congo. *by Gaye Bishop CNC*

In April this year I was given the opportunity of visiting Rwanda and Congo with CNEC partners International. I was in a team of 15 men and women, from diverse professional backgrounds all wanting to assist people living in poverty and pain.

Elizabeth suffering AIDS

We arrived in Kigali, Rwanda after traveling 36 hours from Sydney via Bangkok, Addis Ababa (Ethiopia) and Nairobi (Kenya). Travel weary and excited we continued our journey north west on a bus over the mountainous roads of Rwanda which were carved from the hillsides by slave labour under Belgian rule. At times we were concerned if we would make the border crossing by the 6pm deadline and contemplated sleeping in the bus overnight. Our driver, determined to have us safely at our destination on time, showed his skills dodging trucks, people, bicycles and a variety of livestock and we disembarked 3.5 hours later at the border town of Gisenyi. Our exhaustion deepened as we waited in the queue for the border officials to check our passports and visas. Dr. Joe Lusi greeted us warmly, discussed our entry with the officials and finally we were permitted to cross into the Democratic Republic of Congo. The smooth, windy roads of Rwanda disappeared as we clung tightly to the seats of the 4WD bouncing violently over the volcanic lava roads. We arrived at the Lusi's at 8pm travel weary and hungry. The table was set and cottage pie was served with red wine and we wondered if we were dreaming. The Lusi's guest house is home to many who travel the globe to give freely of their time and expertise to assist those suffering from the abuse of war, colonialism and poverty. The home is a sanctuary from the harsh realities outside in the town of Goma and the north Kivu district of Eastern Congo. The guest rooms were clean and quiet and we rested from our journey and woke ready to serve.

We visited the hospital and were briefed on the work of HEAL Africa. We met Dr. Luc who was to be one of our interpreters during our time at the hospital. We planned our teaching schedule and discussed the program for the week. Time was spent on patient rounds discussing cases and meeting many of the hospital patients and their families. The first patient I met was a young 6 year old girl with end stage AIDS. She was moaning in pain as her mother tried to move her. The medical team was discussing how to treat her symptoms. The pediatrician requested my input from a palliative perspective and she was commenced on regular paracetamol to ease her pain. When I visited her the next day she was more comfortable. There were a number of children in the ward with AIDS related illnesses and cancers. The idea of giving regular analgesia was unknown and an education session on pain management was arranged for the next morning. This created much discussion and a desire to debate the issues of morphine use. Opioid phobia was very evident and accentuated my feelings of helplessness. I had time constraints for the education session and was not going to change what was accepted practice in 1 hour!! Being a nurse in this country also has its disadvantages due to the power imbalances between doctors and nurses and the lack of an interdisciplinary model of care. Professional roles are clearly defined and nurses are to follow doctor's orders. Being a doctor earns more respect.

The next day I worked alongside some of the nurses and attended to wound care of some patients with serious burns This was very difficult as no analgesia had been used prior to the patient's dressings being attended to. Non stick dressings are not available so the dry gauze stuck to the tissue and caused pain when removed. Fortunately I brought some dressings with me and redressed the burns with non stick dressings teaching the nurses as I demonstrated. I also asked if the patients could have analgesia 1 hour prior to their dressings being attended to ease the pain. The next education session was on wound care and the principles of moist wound healing. This concept was also new and would take time and evidence to be accepted into the day to day nursing practice.

Jo and Lyn Lusi directors of HEAL Africa

Before I left I met with the senior nurses to discuss some of the main issues and to try and help me understand more of their day to day struggles to care for their patients. When I made suggestions with symptom management, infection control or improving patient outcomes the answer was often "this is Africa".

They do not have the resources we have (limited running water, regular blackouts, no individual patient medication charts etc) and I felt have (limited running water, regular blackouts, no individual patient medication charts etc) and I felt powerless to support them effectively.

I struggled to leave as I saw the need was so great. I asked them to complete surveys on Palliative care and received some interesting responses;
"There is nothing to minimise suffering, patients have no money to pay but HEAL lets them die in hospital without paying"

"We have insufficient resources for Palliative care and patients suffer"
"Patients with AIDS and Hep C have enormous difficulties"
"In my spare time I can't stop thinking about the suffering patients, all of this stays in my mind and preoccupies me"
"To men of good will, help the Congo and more particularly Goma".
These comments came from the only palliative care nurse who cares for over 3000 community patients

HEAL Africa (Health, Education, Action, & leadership) was created by Dr Jo and Lyn Lusi to equip men and women for holistic healing (physical, spiritual, social) through community action. They wanted to bring hope to the people of Eastern Congo and Africa displaced and traumatized by war, natural disasters and poverty. They have devoted 30 years to this work and seeing the fruits of their labour was humbling and inspiring.

Some of the nurses at HEAL

The hospital was partially destroyed by the volcano in 2003 and rebuilding is in progress. There are 150 beds for patients suffering from trauma, burns, birth abnormalities, gunshot and war wounds, orthopedic cases, fistula repair caused from violent rape or traumatic birth, HIV and AIDS related illnesses, Malaria and Tuberculosis and general medical/surgical patients. The staff are educated at the nearby university and in Kinshasa (the capital of DRC) HEAL also has programs teaching specialist orthopedics for doctors and nurses, family medicine, obstetrics and gynecology and fistula repair.
HEAL Africa's purpose is to train leaders and promote healing in Africa through a wide range of programs. These include: medical education and clinical training for doctors and nurses, programs for women victims of sexual violence, training lay counselors to assist these women, programs for HIV/AIDS sufferers, intensive farming programs, micro finance for women, collaborative inter-faith action and training to respond with compassion to the challenge of AIDS, and training volunteers to work with couples, youth, women's groups in palliative home care for the terminally ill.
The history and background of DRC is a complex and destructive cocktail of colonization, genocide, war and poverty.

Colonisation began with King Leopold from Belgium 120 years ago and the genocide of 10 million people from 1885 to 1908, an estimated half of the population at that time. In 2003 a peace agreement was made after 4 million deaths occurred since the civil war began in 1996. The violent consequences of genocide and colonisation have affected the psyche of a once proud nation.
Today there is continued unrest in Eastern Congo some attributed to the ongoing effects from the Rwandan genocide in 1994. War and civil strife leave the people desperate and suffering.

The health situation is more than just alarming. Medicine is scarce and vaccination programs have been disrupted. Nearly 80 % of the people live on less than US$ 0.20 a day and the average life expectancy is 51.1 years. The population's median age is15.8 years with many children orphaned through war and disease. Over 1 million people are infected with HIV, and 90% are unaware they are infected. Hospitals and medical centres have been destroyed. There are over 500,000 reported malaria deaths per year. Tuberculosis is the leading cause of death among adults and at least 37 percent of the population do not have access to health care.
I have more than 30 years nursing experience and wanted to mentor and/or support nurses in developing countries. This long term desire was stirred when I was studying my Masters in Adult Education at UTS. I researched nursing in developing countries and studied poverty and inequality to gain insight into nursing in resource poor areas. This culminated in my trip to Congo and Rwanda in April this year with CNEC. I had the privilege of meeting and working alongside nurses who managed to provide care for the suffering in their community against enormous odds. These nurses and other health workers do not have the privilege of medication of choice at their fingertips to ease their patient's pain. They do not have equipment, staff or the expertise that we often take for granted and yet in the midst of the day to day struggles that war and poverty bring they provide the best care they can. I was compelled to do something and discussed the possibility of starting a nursing scholarship program for nurses unable to complete their studies, find work or provide for their futures. I spoke with the director of HEAL Lyn Lusi about this and left Goma with a deepening desire to see this dream come to life. After receiving heart wrenching emails from one of the nurses I began discussions with Lyn and followed her advice about how to best support the nurses. When you read Cito's story you will understand why I needed to mentor and support him and his family. I hope this scholarship program will be just the beginning of an ongoing program to support the nurses at HEAL Africa.

Above: **Gaye Bishop Palliative care nurse educator Calvary Health Care Sydney & Cito** (See next page for Cito's story)...

Palliative Care in the Congo. *(continued)*

Cito's story

I was born 12/7/1970 at Ntendera Nyang Zi village near Bukavu town East Congo. My parents are cultivators. I am the 8th child of 15 children. I received my diploma of secondary education in Ibanba Bukavu in 1989. I studied to be a teacher and later I began to sell small things. In August 1997 I met my wife Evodie and we were married. We now have 3 children aged 5, 3 and 18months.

In October 2003 I studied nursing at the University of technology in Goma and received my diploma in 2006 after many difficulties. In May 2004 bandits stole everything we had and we lost our livelihood and fell into poverty. I began to sell water on my bike to feed my family. This helped to provide us with embers, flour and maize. Everyday I had to wake at 3am to read my lessons till 5am. I would then need to go to the lake to collect the water. I went to classes at 10am till 7pm. T o get enough money for food and my fees was a big burden and my family suffered bad feelings (marasme) I completed my nursing studies in March 2007 with success and many debts. I began my advanced training at HEAL Africa. I am now studying specialist training with your support. Life here in Goma is every day a war in our milieu. Thank you for your kindness to support me and my family for the next 3 years.

If anyone would like to support the nursing scholarship program email Pamelap@cnecpi.com.au and ask to donate to the nursing scholarship code COHANS. Any assistance will be greatly appreciated and all donations are tax deductible.

At the National Palliative care conference in Melbourne this year I became a member of APLI to assist those suffering from terminal illness in developing countries.
The Australasian Palliative Link International (APLI) is a non government organization that seeks to develop and foster links between Palliative care providers and organizations in Australia and New Zealand and the Asia Pacific Region. APLI aims to provide a forum for the exchange of information and ideas between providers of palliative care in the region. APLI also aims to raise awareness of the needs of new palliative care services and for further development of Palliative care in the region.

To become a member of APLI please see link below. Cost of membership is $44 per year. The fees go towards supporting and developing palliative care services in resource poor countries of the Asia Pacific region and beyond. There is a newsletter three times per year to keep members informed of palliative care issues and ongoing projects.

If you would like to contribute to the work of APLI, you can do so by giving financial support, giving of your expertise in an educational capacity or contributing relevant articles to the newsletter.
For more information please contact;
APLI chairman, Odette Spruyt at
Peter MacCallum Cancer Centre, Locked Bag 1, A'Beckett St, Victoria 8006 Ph: 03 9656 1918 Fax: 03 9656 1998 email: Odette.Spruyt@petermac.org

Looking forward to hearing from you.

CONTINUING PROFESSIONAL DEVELOPMENT IN NURSING: A TRANSFORMATIVE CONVERGENT MODEL (continued from page 12)

perfect and that it evolves and thus require regular monitoring and evaluation.

References

Bell G 1983, Paramedics in battle for survival. *The Bulletin, Feb 22, 56-59.*

Brookfield SD 1995, *Developing critical thinkers: Challenging adults to explore alternative ways of thinking and acting*. Buckingham, UK: Open University Press.

Brown, G I 1971, *Human teaching for human learning: An introduction to confluent Education,* Penguin, Harmondsworth.

Dewey J 2000, The naturalisation of intelligence. In: G Pate (ed), Excerpts from works of John Dewey: *The quest for certainty: A study of the relation of knowledge and action*, 1929 (monograph on the internet). Hamburg: University of Hamburg [cited 14 June 2005]. Available from: http://www.erzwiss.uni-hamburg.de/sonstiges/dewey/DewQuest.pdf

Driscoll, J 2000, What is clinical supervision? In: J. Driscoll (ed), ***Practising clinical supervision: A reflective approach.*** Edinburgh: Bailliere Tindall, p.1-16.

Fish D & Twinn S 1997, Versions and views of good practice. In: D Fish, S Twinn (eds), *Quality practice: Versions and views of good practice*. Oxford: Reed Educational and Professional Publishing, pp. 89-109.

Freire, P 1968, *Pedagogy of the oppressed,* Seabury, New York.

Freire, P 1972, *Pedagogy of the oppressed,* Myra Bergman Ramos (trans.), Penguin, Harmondsworth.

Freire, P 1972, *Cultural action for freedom*, Penguin, Harmondsworth.

Gans J 2006, Encourage that spark! *Business Review Weekly, Sept 14*, p.39-48.

Gould 1995, cited in Brookfield SD 1995, *Developing critical thinkers: Challenging adults to explore alternative ways of thinking and acting*. Buckingham, UK: Open University Press, p.137.

Guille D, Griffiths T 2001, Learning through work experience. *Journal of Education and Work*, 14(1), pp. 113-131.

Guyatt GH 1997, Evidence-based emergency medicine. *Annals of Emergency Medicine (Journal of the American College of Emergency Physicians)* 30(5), 675-676.

Habermas, J 1971, *Knowledge and Human Interests*, Beacon, Boston.

Hassan Z 2006, *Connecting to source* (monograph on the internet). Cambridge MA: Generon Consulting [cited Nov 8]. Available from: http://www.generonconsulting.com/publications/papers/index.html.

Hawkins p, Shohet R 2004, Becoming a supervisor. In: P Hawkins, R Shohet (eds), Supervision in the helping professions (2nd ed0. Berkshire: Open University Press, pp 39-48.

Haycox A, Bagust A, Walley T, 1999, Clinical guidelines – the hidden costs. *eBMJ, Feb (*6), 391-393.

Jeeawody, A B 1997, Continuing professional education: A critical review. *Exploring professional development in education*, R King, D Hill & J Retallick (eds.), Australia: Social Science Press.

Jeeawody, A B 1999, *Continuing professional education in mental health – critical perspectives and emerging strategies*, LaTrobe University, Melbourne, Victoria.

Jeeawody, A.B 2003, *A transformative CPE model: Critical perspectives and challenges.* In P. Rushbrook (ed.), Innovations in professional practice: Influences and perspectives, proceedings of the RIPPLE CPE proceedings. Canberra, Charles Sturt University

Johns C 2000, Being and becoming a reflective practitioner. In: C. Johns (ed), *Being and becoming a reflective practitioner: A reflective and holistic approach to clinical nursing, practice development and clinical supervision*. Oxford: Blackwell Science, p.34-67.

Lumby, J 1991, Threads of an emerging discipline. In *Towards a discipline of nursing*, G Gray & R Pratt (eds.), Melbourne: Churchill Livingstone.

McDonnell A1999, Editorial comments: Evidence-based paramedic practice. *Australian Journal of Emergency Care,* March, 6(1), pp.5-6.

Pearson, A 1988, *Theorising nursing: The need for multiple horizons*. In Expanding horizons in nursing education. Proceedings of the national nursing educational *conference*, Perth, Western Australia, December, p.210.

Sackett DL, Rosenberg WM, Gray JA, Haynes BR, Richardson WS 1996, Evidence-based medicine: What it is and what it isn't. *BMJ, Jan 13, 312, pp.71-72.*

Schön, D 1983, *The reflective practitioner: How professional thinks in action*. Basic Book, New York.

Schön, D 1987, *Educating the reflective practitioner*, Jossey-Bass, San Francisco.

Street, A 1991, *From image to action - Reflection in nursing practice*, Deakin University, Geelong.

Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J 1999, Potential benefits, limitations and harms of clinical guidelines. *BMJ, Feb 20, 318*: 527-530.

NNO Meeting – 19th October 2008 *Report by Nicole Brook*

Chief Nurses Association

- Key messages from council of chief nurses on website after meetings

Consistent approaches to re-entry
Work in Nurse Practitioners
Return rate of registration surveys is reduced this year, particularly from younger RNs and only the paper version. Encourage membership through websites and journals.

BN in TAFE

- Homesglen and Box Hill TAFE are looking at it

TAFE can offer Baccalaureate programs

Support to associations with guest speakers

- Associations Forum
  - Peak body for NFP Organisations
  - Provides education and advice, also conferences and forms annually
  - Provides speakers
  - Not For Profit Network

Similar to above

NNO ANTS Report

- Conference in NZ was very successful
- Next conference 10-12 September 2008
- Reviewing constitution and membership (international)

Evaluating through research – Nurse educator competence

National Registration – ANF meet with Government last week. Putting forward; nurses, midwives, nurse practitioners and enrolled nurse classifications. Existing structures remain unclear.
Look into putting endnote library as an opportunity to load articles related to nurse education (for website)

Look into associate membership where members can prove membership with another NNO association.

ANMC has released a decision making framework.

National E-Health – Review systems and processes in line with future informatics

Commission of safety and quality in healthcare are invited to next meeting.

Constitution

- Membership has a right to call an extraordinary meeting
- Wiki/ Blogs/ Face book/ Skype should be considered when looking a meeting frequency.

Constitution amended. Will be sent out. Reponses needed back shortly after distribution. 75% return rate needed.

Governance training available at $500/ organisation to all association board personnel.

RN training in hospitals for ENs

- No constitution
- National Enrolled Nurses Association is against it.
- Charles Darwin currently teachers EN course
- ANF meet with Department of Health and Ageing this week. Suggests members request document for submission. They expressed deficiencies in documentation. A large number of organisations have already put in an EOI. No finalization of contracts can be done until new government in place. Fremantle Hospital has already employed someone to write a curriculum. ANF was assured they will be included in consultation during this process.

Sounds like Ramsey is putting in a EOI. There are legal issues with stopping the contracts if different government in place, as contracts would have already been sent out..

- Announcement took place at St George Private Hospital

Dr Denise Ryan is working on ANMC guidelines for standards of course (discussions over new year) due out in mid year.

Research Symposium in March 2008

- Nicole expressed interest in this working party

Will look at assisting clinicians to look at research opportunities, accessing grants, understanding research

Release of the Australian Journal of Advanced Nursing Online. NNO seeks support from NNO organisations – approximately $50 each annually.

Discussed nursing in Northern Territory and recent government intervention.

2008 and 2009 meetings

- Friday 2nd May 2008
- Monday 20th October 2008
- Friday 8th May 2009

ACU National
Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

Announcement of New On-line Course commencing 2008
Graduate Certificate in Clinical Education

Course Aims

Clinical learning plays a significant role in the educational preparation and ongoing professional development of competent health professionals within the current context of a global and national shortage of health care workers, effective clinical education is essential for sustainability of a competent health workforce. This Graduate Certificate course will introduce health professional to principles of learning as they apply to the facilitation of learning in both simulated and real life clinical settings. Students will have the opportunity to develop beginning level competencies in clinical education that will enable them to implement and evaluate a variety of teaching strategies in the health and education sectors.

Course Length: Two semesters part-time **Code:** GC

Semester 1

Unit 1 - Theoretical foundations of clinical education
Unit 2 - Facilitating learning in clinical settings

Semester 2

Unit 1 - Introduction to assessment and evaluation in clinical education
Unit 2 - Clinical consultation and negotiation

Students will be required to complete all four 10 credit point units (40 credit points) to be eligible for this award.

Cost: Offered as a fee paying course in 2008 at a cost of $1,190.00 per 10 credit point unit.

Admission Requirements

Normal Entry: Bachelor Degree qualification as a health professional.

Applications are made directly to ACU National www.acu.edu.au. Select "*applying for course*" and follow instructions

Enquiries

Jacqui Guy 02-97392034 or j.guy@mackillop.acu.edu.au

Report on Educational Aspects of NSW Nursing and Midwifery Forum.

Westmead Hospital October 16th ***Report by Jacqui Guy***

Theme: " Professional Practice"

Welcome by Susan Whitby,
A/Executive DON & Midwifery Services WSAHS

Update on current and future activities of the Nursing and Midwifery Office - *Adjunct Prof. Debra Thoms, CNO NSW Health.*
Report from Midwives Conference
Recruitment of TENs, new graduates of RNs and RMs positive. Challenges in gaining recognition for all the nursing research and projects being undertaken.

Projects Currently being Undertaken by NSW Health
1. Projects involving TENs
1.1 **Evaluation of the Role of ENs in ICU in NSW**: Proposal for pilot programs in 5 ICUs.

1.2 **TEN Program for Aboriginal people** (60 positions per year).
The program offers financial assistance, mentoring and support.

Health Training Package EN Course
National consistency
New curriculum to commence Feb 2008.
Currently, 4 states offer diploma, 3 states offer cert 4.

1.4 **TEN Recruitment and Selection**
Centralised application from NaMO website has streamlined process
1 in 4 applicants selected.
NSW AHSs employ 1,000 TENs across 3 annual intakes.

2. Projects involving Student Clinical Education
Clinical Placement Capacity Information System (CPCIS) is being developed to identify current supply and demand for student placements and to build on current capacity. There is a nursing CPCIS group with representatives from each AHS.
This is in response to:
AHS concerns: varied categories of students and lack of resources, overbooking of placements and cancellations have contributed to increased workload for mangers and clinicians.
Educational provider concerns: issues around insufficient places, managing multiple affiliations, lack of clarity around responsibility and management of clinical placements

3. Projects Involving RNs
Transition to ICU Nursing Project. A draft paper with recommendations is ready for review.

3.2 Modelling of Care: Power-point Presentations from seminars are available at www.health.nsw.gov.au/nursing/moc.html.
Areas of Challenge already identified:
Sustainability
Synergy
Synchronicity
Spread
Self-belief
Projects underway:
Communication across and within AHSs linked to clinical leadership
Support at local and state level
Publication e.g. in Contemporary Nurse
Evaluation of MoC work

Nursing and Midwifery Workforce Project- outcomes will inform decisions about allocation of Nurse Strategy Reserve (NSR) Funding.
Aim: Collation of data re projects and initiatives being undertaken in all AHSs
Report from CNO due November 2007
The NUM Project- aims to identify the skill set, knowledge and capabilities required for the NUM role
NUM Workshops being held across the state

Mature Workforce Retention Project- pilot program in Dubbo and Warren
Aim- to identify opportunities to retain valuable soon-to-retire staff too achieve "knowledge transfer" to remaining workforce**.**
Website: www.sagecentre.nsw.gov.au (password=mature)

4. Mental Health Projects
Development of NSW Clinical Guidelines- Identifying and Responding to Drug and Alcohol Issues. NSW Drug and Alcohol Withdrawal.
Mental Health ReConnect Program
Successful in exceeding original target of 60 nurses. Program currently being evaluated.

Ref. NSW NaMO Newsletter Spring 2007
NSW Staff may subscribe to the mailing list for NaMO by emailing alwen.williams@doh.health.nsw.gov.au

Research projects presented:
1. "Essentials of Care: a framework for person-centred clinical practice improvement", Pauline Bergin- *A/Nurse Manager Education and Research Unit POWH*

2. "Continuing Care: essential care project", Linda Davidson, *A/DON and Midwifery Services RNSH*

Comment (JG) : Interesting projects, using observational and interviewing research techniques. They involved patients as well as staff with a focus on quality care. The second project involved isolating the CNE role for a period of a week for quality clinical supervision.

ANMC Continuing Competency Forum NSW Nurses' Association 3rd October, 2007

The purpose of the forum was for participants to participate in the development of a national framework for continuing competence for nurses and midwives
The function of the national framework is to provide guidance and parameters for the demonstration of safe, ethical and competent professional competence.

It should be:
- designed for use by all members and be applicable to different practice settings
- include a mix of competency assessment methods eg portfolios
- promote life-long learning
- improve practice by providing feedback on performance

The draft framework for continuing competency requirements include:
- self-assessment against ANMC standards incorporated with employer or peer feedback
- participation in – continuing professional development (CPD) 30 hrs p.a.
- min 420 practice hours over 3 years

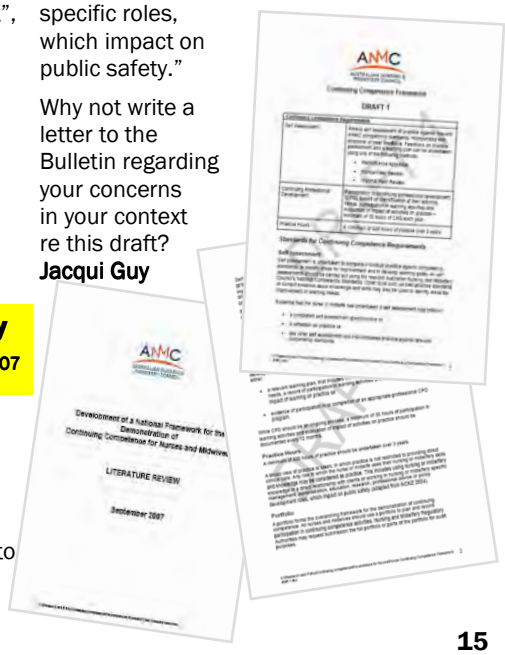
NMB may request submission of portfolio for audit purposes

Following review of the draft framework, some of the issues discussed were:
1. Does it relate to your context or area of practice?
2. How could nurses and midwives working in non-clinical roles be included in the framework?
3. What needs to be changed?
4. What factors may influence implementation processes?
5. What support would be required to implement it?

One of the major issues that were raised by educators, managers etc was regarding recency of practice- questions related to timeframe, hours and types of practice.

The draft document states on p.2 " practice is not restricted to clinical care. Any role which the nurse or midwife uses their nursing or midwifery skills and knowledge may be considered as practice. This includes using nursing or midwifery knowledge in a direct relationship with clients working in nursing or midwifery specific roles, which impact on public safety."

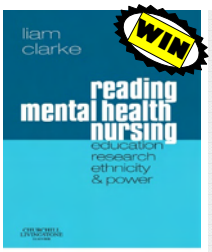
Why not write a letter to the Bulletin regarding your concerns in your context re this draft?
Jacqui Guy



Book Reviews

There are some marvellous resources available for nurse teachers and the following titles provide examples of a fraction of such quality and demonstrate the diversity of the nurse and nurse teacher role.

The great news is that ANTS in association with Elsevier & Therapeutic Guidelines are offering new and existing members an opportunity to *win their own copy of one of these excellent books! Elsevier are also offering ANTS members a special Christmas Offer available only to ANTS members (see *Editorial* p18).



Reading Mental Health Nursing: Education, Research, Ethnicity and Power
by Liam Clarke

ISBN:	9780443103841
Published:	19/10/2007
Edition:	1
Imprint:	Churchill Livingstone
Binding:	Book (Paper)
Pages:	284
RRP:	$67.00

The last author who challenged me to this extent was Noam Chomsky... When I told Olivia (ANTS Education Officer) about my discovery she grabbed this book like a hungry child at a bag of lollies... Before she offers her considered opinion I must tell you if you are looking for a book for references in your next assignment or one-liners' to challenge your students or colleagues (on just about *any* topic from power to nurse education) – this book offers a target rich environment ...and what an interesting read!

Dr. Clarke's book Reading Mental Health Nursing is an extraordinary yet insightful read. It has the affect of encouraging the reader to learn to continually question and think more deeply about the care of individuals with mental health issues. This book contains five sections two of which are rarely considered namely notions of ethnicity/ race and technology/ cyberspace.

Section 1. A word about research and diaries: This section contains four chapters on different aspects of the two paradigms of research. The author's critique of the gold standards is especially enlightening as he poses many questions regarding contemporary thinking (or not thinking enough) of the different methodologies.

Section 2. Can there be nursing ethics? This section contains four eye opening chapters that cover issues such the rights of the patients, protocols used, racism, institutional power, responding to confused patients and legal issues. What I particularly like about this chapter is the stance taken by the author regarding the spineless institutional lack of consideration for its staff. The author effectively demonstrates how contemporary events are played out.

Section 3. Ethnicity, race and the paddies: This chapter is a much needed explanation of society today regarding difference and power. These chapters focus on the diasporas and history of the mental distress of immigrants, the construction of mental illness, discrimination and how a certain ethnic group became the butt of humour.

Section 4. Education, education, education: These five chapters encompass notions of the market and how this affects what students are taught. It is an interesting section with harsh criticism of the way universities dole out their education, about learners needs, and examines the way nurses are trained with suggestions that all nurse academics /educators will not agree with.

Section 5. Drugs, euphemisms and cyborgs: The last three chapters in the book are very challenging and deal with technology and its use, the power of language and how drugs affect individuals.

This text has a very different approach and may not suit all tastes. However, there is something for everyone be it an interest in research, education, culture or a nerdish curiosity in technology. The only criticism I have is the section on ethnicity could have been more inclusive of the mental health issues encountered by immigrants (legal or otherwise) suffering from the effects of trauma and torture. Hopefully, the author will examine these issues in a future edition.

Dr. Smith's analysis is thought provoking and certainly goes beyond what is expected from the regular articles and texts pertaining to mental health. He draws on, a wide range of literature from several disciplines including philosophy and sociology. Mental health issues permeate present society more than we can imagine and having the knowledge and insight provided by this author should ensure that individuals so afflicted could possibly benefit from nurses that are both informed and compassionate. It certainly is a text I would recommend for both the neophyte and the seasoned practitioner.

Olivia Mulligan RN Campbelltown ICU/ HDU Department & ANTS Member

Mosby's PDQ for RN
by Mosby

ISBN:	9780323051897
Published:	30/7/2007
Edition:	2
Imprint:	Mosby
Binding:	Spiralbound
Pages:	232
RRP	$40.00

RNotes Nurse's Clinical Pocket Guide
by Ehren Myers

SBN:	9780803613355
Published:	15/3/2006
Edition:	2
Imprint:	
Binding:	Spiralbound
Pages:	224
RRP:	$39.95
Pages:	224

Where were these books when I was a student? I appreciate simplicity and utility and both these books deliver! The use of wipe able pages make it very handy for the clinical area but ensure you record your name or area details on the spine because any identifying details can also be wiped off.

As far as content is concerned don't let the size fool you all the germane points are covered and up to date information is used. I was able to utilise the main subject headings in both texts as prompts for a comprehensive database we are currently trialling.

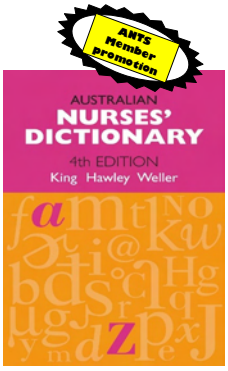
PDQ for RN= Practical-Detailed-Quick (*not* what first came to mind when I saw the title) but the title accurately describes what this pocket-sized reference delivers. There was clearly a great deal of thought behind the development of this resource and sections include- **Procedures *Vital Signs/Assessment *Meds/IV *Labs *Emergency/ECG *Obstetrics *Paediatrics *Geriatrics *Patient Teaching* and **Facts* which includes nursing diagnosis.

The second text; **RNotes: Nurses' Clinical Pocket Guide** contains very similar information but the focus and layout is different enough to PDQ to make it difficult to choose between the two. For example RNotes provides more detailed assessment guide and a comprehensive emergency trauma guide but PDQ offers more for the visual learner with it's use of colour and number of diagrams.

RNotes sections include, *Basics *Obs/Paeds/Geriatric *Diseases & Disorders *Emergency/Trauma *Meds/IV/Fluids *Labs/ECG and *Tools/Index.

I have decided not to choose and currently use both as ready references to facilitate recall (my own) and quick reference guides for students and staff alike. Recommended for nurse teachers, students and clinical nurses.

Book Reviews (continued)

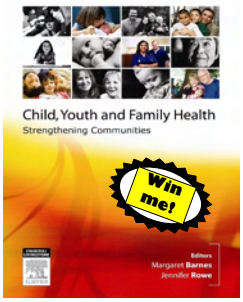


Australian Nurses Dictionary, 4th edition
by Jennifer King and Rhonda Hawley

ISBN:	9780729538299
Published:	1/10/2007
Edition:	4
Imprint:	Elsevier Australia
Binding:	Book
Pages:	53
Price:	$29.99

This updated dictionary reflects the changes in nursing practice in Australia. The definitions are well researched and succinct. The 13 appendices include Code of Ethics and Code of Professional Conduct for Nurses in Australia. Specific specialty related terms are included so that it is useful for students, novice and experienced Nurses. Including drug control and calculation of drugs makes it easier for nurses to access the one dictionary to use as it one of the tools of the "nursing trade". National immunisation program schedule alerts nurses caring for their patients of the immunisation required at various ages. The uniqueness of this dictionary is that it even gives the reader the Australian pronunciation guide. Every Nurses workplace should have a copy of the Australian Nurses dictionary for ready reference.

Selvi Naidu CNC Continence Care & ANTS Member



Child, youth and family health: Strengthening Communities

by Margaret Barnes and Jennifer Rowe (Editors)

ISBN:	9780729537995
Published:	1/10/2007
Imprint:	Elsevier Australia
Binding:	Book
RRP:	$49.99

Anne King is the ANUM for the Child & Family Health Team at Hoxton Park Community Health Centre. With over 20 years experience in caring for, advising new parents and teaching professionals in the community setting. Anne offers her expert opinion on this quality resource...

This is an excellent resource book for students and new staff for teaching purposes. I particularly liked the critical questions and reflections at the end of each chapter– good learning tool.
I would have liked to see more information for new fathers, regarding changes in family dynamics for them, the expectations dads have of new mums and their own expectations.
My only criticism would be bed-sharing as I am not an advocate of this. The authors have further defined the terms co-sleeping and bed-sharing and although I understand that it is normal in some cultures, I would still have to advise against this practice.
I would highly recommend this text to my staff.

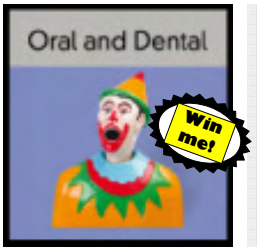
Analgesic

RRP: $39.00 ($30.00– student price) + Postage &

Analgesic **appears to be the last word on analgesia providing a broad range of topics. And who better to review such a text than a specialist nurse whose work history reads like the chapters in this comprehensive book. Charmaine O'Connor has been nursing for over 30 years, over half this time spent as a midwife then CNS in delivery suite. Charmaine has also been a well informed and effective nurse teacher in all her varied roles which include, extensive experience in Casualty/ Trauma as well as palliative care and community health which has engendered a true appreciation of the benefits of appropriate and adequate analgesia.**

Therapeutic Guidelines Analgesia Version 5 is an excellent resource for a ll health professionals who provide care for patients with pain issues. It is a pocket sized book which is easy to read and keep on hand for quick reference. Version 5 has been reformatted with a good explanation about the formation of the book and that the information presented is based on evidence and expert opinion. The physiology and the pathophysiology of pain is normally quite hard to understand but this book explains it in a very simple way and goes into great detail as well. I found this book interesting to read and I think that it would be of benefit for the palliative care nurse, the ED nurse, midwife, surgical and medical nurses. This is great as it crosses over to a lot of areas in nursing, and being a midwife, a community nurse, an ED nurse and a palliative care nurse I have seen how it would benefit all these areas.
Many of the drugs mentioned are currently used in oncology and palliative care. Each drug and side effects are explained in addition to detailed discussion about the routes of drug administration. Explanation on the different types of pain, and the clinical assessment of pain are well covered.
I particularly noted an excellent chapter in interventional techniques for pain e.g. peripheral nerve blocks.
Other helpful information contained in the chapters on peri operative pain, trauma pain, burn pain, pain in children, special considerations for older people. Great explanation on Complex regional pain syndrome (CRPS) and Non pharmacological techniques for pain.
The chapter on Obstetric pain is vast and follows with analgesics & adjuvants in pregnancy and breastfeeding.
It discusses pain and analgesia in labour, caesarean section, perineal pain, uterine pain and breast pain – midwives will appreciate the inclusion about nipple pain which is usually due to improper attachment.

The chapter on the legal aspects of prescribing Opioid is a must have. I would especially recommend this book as a valuable reference for nurse teachers.



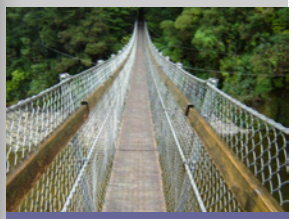
Oral & Dental

RRP: $39.00 ($30.00– student price) + Postage & Handling

Yet another comprehensive book from Therapeutic Guidelines.

This compact book covers a myriad of issues related to oral and dental health- the contributor & acknowledgements pages reads like the Who's Who of dental health. Given the complications of poor dental health, the dearth of nurse education in this area is disappointing– this book will help to fill this knowledge gap and would be a good addition to any nursing students' book list. As you would expect a great deal of the book is dedicated to drug therapy– *Getting to know your drugs *Dental management of patients *Dental procedures and drugs during pregnancy *Post treatment pain management. Other salient and informative topics include, *Medical emergencies *Acute odontogenic infections *Antibiotic prophylaxis *Oral mucosal disease (great pictures- but a warning- do not view on an empty stomach!) *Periodontal disease and everyone's favourite ...*Halitosis. An excellent reference for nurse teachers.

Editorial



Picture A swing bridge in a National park in the outskirts of Wellington NZ taken just prior to the Australasian Nurse Educators' Conference. It struck me as a great visual representation of building bridges; **between theory and practice** & even **networking with colleagues** (it soon becomes apparent if one of the supporting structures snaps or breaks away!). Besides an exercise in overcoming fear- (I am petrified of heights and had to overcome this pretty quickly when I realised I had to cross this swing bridge *AGAIN*!) it reminded me that as nurse teachers we are often called to step outside our comfort zones again & again.... But what a *RUSH*!

What a bumper end of year issue, thanks to the contributions of some very talented Australian Nurse Teachers' Society Members. Thanks also to the generous sponsorship of Therapeutic Guidelines and Elsevier Publishing for our membership promotions. Elsevier has also kindly offered 10% off all titles *and* FREE postage and handling to any ANTS members who make purchases before 31st March 2008! Just in time for any last minute Christmas presents for friends and colleagues (...or for yourself...you *know* you deserver it!).

A hearty welcome and congratulations to all our new members including Dr Karen Ousey from the U.K...our first international member! I would like to thank Karen and Matthew (Walsh) for contributing their profiles in the- ***Members Only Forum***. By the way please feel free to contact Mathew or Karen if you wish (I have their permission to tell you that)! It is so good to hear what great work our ANTS colleagues are doing whether they are new or existing members or hale from Newcastle Australia or Newcastle U.K. (OK it's *north* of Huddersfield...you get the idea)!

So if you are an existing ANTS member or just joining—(congratulations!) You have joined a wonderful community of practice... Perhaps you might even consider sharing your own unique story in our next ***ANTS Bulletin***... It's easy—just ask one of our contributors (and it's nowhere near as bad as walking on a swing bridge!) - I'll even provide you with prompts (not prods) if you like. You may even have an idea for a new column...perhaps you would like to have your own regular feature... as they say on late night television... *"Call me"*....

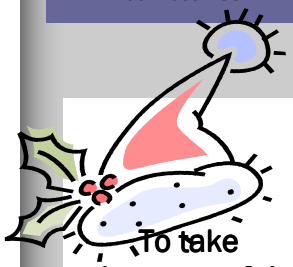
Writing this editorial I am also reminded how quickly time flies and how much we continue to cram into our lives (and minds) and yet we still find room for more (particularly the mind).
I can't believe it is almost a year to the day I published my first Bulletin issue (December 2006) and now on my 5th Issue!

I smile when I think back... I hardly knew what *Publisher* [the program] was let alone becoming one... (but I was about to find out very soon)!
I remember my initial interview with Mary Bridgid Naylor (past ANTS president who contributed the conference report this issue– page 3) when I responded to the ANTS advertisement for a new editor. I was only a neophyte CNE about 4 or 5 months in the role and I decided I needed to join a professional association.
I eventually discovered ANTS which was (and as far as I am aware *still* is) the only nurse teacher association of it's kind in Australia.
The initial interview consisted of a friendly chat over the telephone, at which time Mary Bridgid invited me to attend the 2006 ANTS Christmas in July so I could meet the ANTS council and (I presumed) they could give me the once over. I arrived on the night with my husband Ranui and Mary was there to greet us– We both received the warmest welcome and immediately felt at home. Mary Chiarella was presenting so the talk was riveting and the company and food was great...I actually forgot for a time I was on approval.
The first I knew I had the Editor's job was when Mary Bridgid introduced me to Mary Chiarella and virtually *everyone* who came into our path."...this is Pauline, our New ANTS Editor!" ...then proceeded to position me amongst the ANTS council member for *our* group photo (...I remember thinking "I can't back out now" even if I had wanted to!) I can honestly say I'm glad I wasn't given the opportunity to "chicken out" (thanks M-B)]! ...because it has been a truly wonderful experience and although there have been some challenges and steep learning curves– I look back now and realise I'm so grateful for the opportunity and wouldn't change a thing since I have thoroughly enjoyed and benefited both professionally and personally from the experience. The amazing people I am able to learn from and communicate with- their depth of commitment and passion for nurse teaching is truly inspiring.

This learning process occurs throughout the nursing practice continuum. Nursing students whom I have since facilitated, often note how much they have learned on their respective clinical placements. I tell them in all sincerity that this is very much a reciprocal process - learning being a lifelong journey and an opportunity for nurses no matter what their experience to learn from each other and improve their practice. They generally give the *look ....i.e. "she definitely has 2 heads!"*...but I muse... "Ah yes when you are teaching nurses... (Padwan)... understand you will!"

Politics aside, when you read Gaye's article ***Palliative care in the Congo***... don't you think yourself blessed to live and work in such a country? Add to that the privilege to be involved in teaching nurses– particularly neophytes who are (for the most part) a joy to facilitate.
One particular group I have been (in-house) facilitating are 5 undergraduate nurses -Four 1st year and 1 third year- (transitional student) from 3 separate universities.
Although challenging at times (on a number of levels) – the rewards have been awesome (there's that word again!)...
inspired in part by ANTS member, Laurie Grealish's article ***Learning at work***. (last issue)- I started to include the students as part of our new graduate's community of practice (primarily clinical supervision meetings and events) in addition to allocating them some time in the clinical setting with the new graduates.
Simple yet effective changes which resulted in some very lively sessions as well as opportunities for reflective practice and the professional development of both neophyte practitioners and undergraduate nurses.

Pauline Murray-Parahi
ANTS Editor
CNE



To take advantage of the **Elsevier** Christmas offer simply go online to check out Elsevier's titles—(there is a link on the ANTS website)... or choose one from the titles reviewed in this ANTS Bulletin pages 16- 17, then phone Elsevier's free call number **1800.....** quote the ANTS code **NMANTS07** then wait for your parcel to arrive!

SPECIAL CHRISTMAS OFFER
Courtesy of Elsevier... For a limited time only ... Save 10% on ANY Elsevier title purchased AND Pay NO postage or handling charges! (PERFECT CHRISTMAS GIFT) and only available until 31st March 2008. Remember to quote: NMANTS07

ANTS

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

Society Calendar

Conferences & Events

31st December
Elsevier book offer ends! (see previous page for details)

ANTS Breakfast

Saturday 2nd February

Australian Catholic University

40 Edward Street
North Sydney
Details to follow in mail out to members

Friday March 7th , 2008

32nd Annual ANTS AGM

Details to follow in mail out to members

NATIONAL

INTERNATIONAL

2nd International Nurse Education Conference Research and Innovation in International Nurse Education
Dublin, Ireland. June 9-11th 2008*

*Early bird deadline 3rd March 2008

December 2007

M	Tu	W	Th	Fri	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2008

M	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2008

M	Tu	W	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2008

Mo	Tu	W	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Winners! NEW ANTS Members

Name	Position	Employer	State
Sarah Burston	Nurse Educator	Gold Coast Health Service Dis-	QLD
Jane Bridgeman	CNE	Regal Health Services	NSW
Alex Chan	CNE	Westmead Hospital	NSW
Louise Corcoran	CNE	Royal Prince Alfred Hospital -	NSW
Anne Maree Davis	Practice Development	The Children's Hospital at	NSW
Janie Fitz	Teacher, Nursing	TAFE NSW	NSW
Lynette Kegel	Teacher	Canberra Institute of Technol-	ACT
Lorraine McMurtrie	Nurse Education	Southside HSD - Bayside	QLD
Kirsty Neagle	CNE	John Hunter Hospital	NSW
Karen Ousey	Principal Lecturer - Nurs-	University of Huddersfield	UK
Brigid Wilson	CNE Trainee Enrolled	Royal Prince Alfred Hospital	NSW

ANTS

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

ANTS BULLETIN Summer Edition, December 2007

Above:: The Organising Committee of the 2007 Australasian Nurse Educators' Conference, Wellington N.Z.

Perhaps you would like to have your research published, share your experiences educating nurses or comment about an article? If you have a story about nurse education or an innovative idea you would like to contribute we would like to hear about it.
DEADLINES FOR SUBMISSIONS & ADVERTISEMENTS FOR INCLUSION IN ANTS AUTUMN EDITION 2008 NO LATER THAN FEBRUARY 1ST 2008
(exceptions: by prior arrangement with editor)

Edited and Produced By Pauline Murray-Parahi (ANTS editor). Co-edited by Olivia Mulligan (ANTS Education Officer).

Please email or write to...

Postal address for Bulletin submissions...

C/O Editor ANTS
Pauline Murray-Parahi
PO Box 54
Hoxton Park NSW 2171
Tel: (02) 98272217
Fax: (02) 98272200
Pauline.Murray-Parahi@sswahs.nsw.gov.au