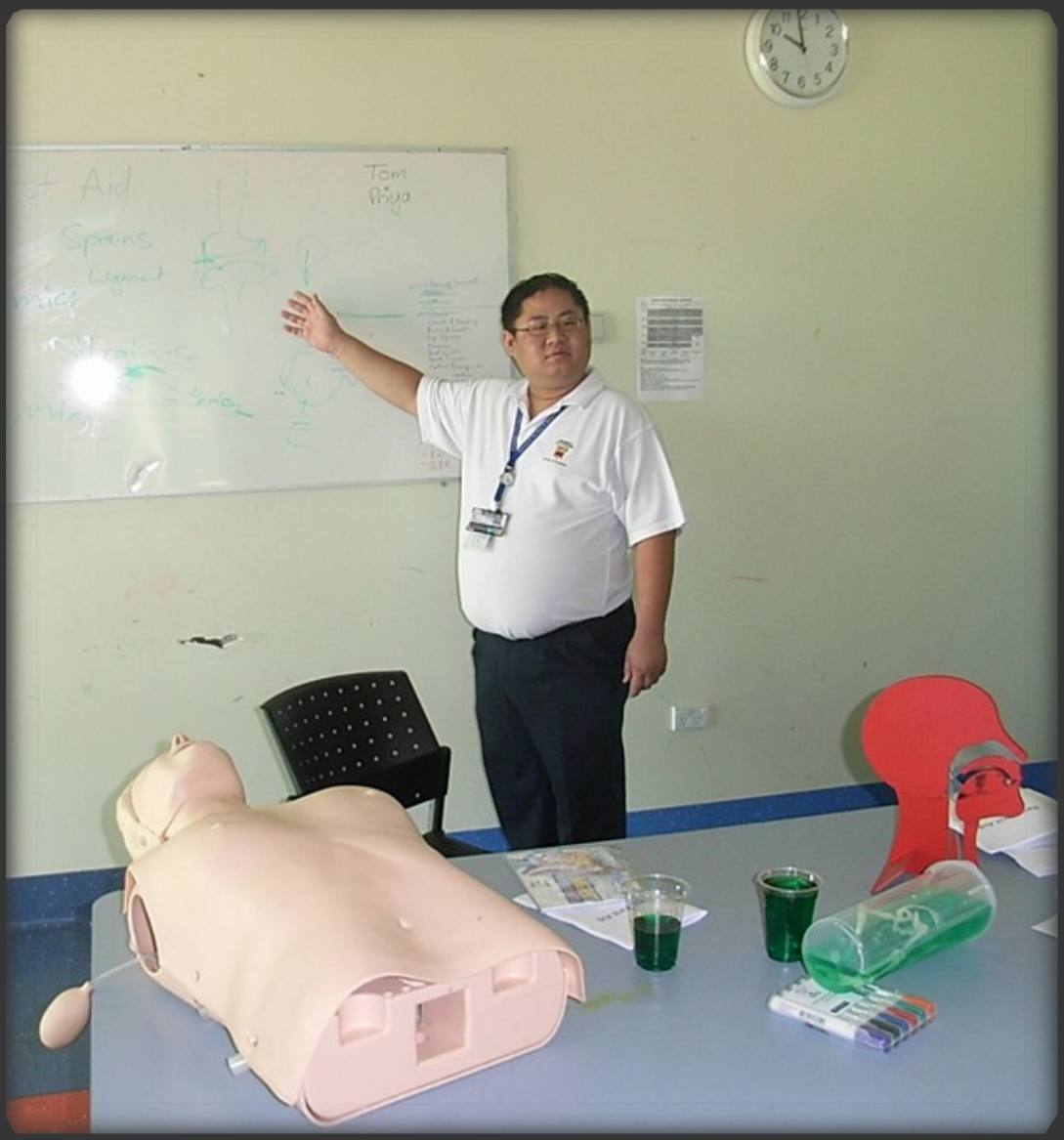
The Australian Nurse Teachers' Society Bulletin Summer Edition 2009

ANTS

WORKING TOGETHER FOR THE FUTURE OF NURSING EDUCATION

SPECIAL POINTS OF INTEREST:

- ANTS AGM held in the NSW College of Nursing, Sydney
- ANTS Annual Educational Breakfast Seminar held at the Australian Catholic University (ACU) Sydney
- Medication Administration Safety by Pieter Van Dam from the University of Tasmania (UTAS)
- Student Nurses from The University of Tasmania (contribution to education)
- The WA Branch of ANTS launch their first Seminar
- L'Inconnue de la Seine



Student Nurses Can Teach Too

WORKING TOGETHER FOR THE FUTURE OF NURSING EDUCATION

Presidents Report- 2009 AGM

What an exciting year it has been!

Conferences: The National Nurse Education Conference was a huge success in Sydney in September under the leadership of Mary Bridgid-Naylor and her SWAHS team. ANTS gave 2 scholarships for members to attend the conference.

As well as providing an opportunity to meet interstate members, and meet new members. ANTS has many of the presentations on the ANTS website. This year, New Zealand has chosen Christchurch as the venue for the Australasian Nurse Education Conference which will be held at the end of September. Abstracts are due in April, so see the ANTS website for details. In April 2010, instead of an Australian state hosting our ANTS conference, there will be an International Nurse Education Conference held in Sydney. The link to this flyer is also on the ANTS website.

Membership There are currently 250 members in all states. Members represent all sectors of Nurse Education, with a predominance of educators from the clinical areas.

National Representation: I have continued to represent ANTS on the newly formed Coalition of National Nursing Organisations (CONNO- previously NNO). This connection enables ANTS to share issues with the other National Organisations, particularly related to governance and competencies. I am also on the Research Sub-committee. You can access CONNO website via our ANTS website link. Meetings are usually held in May and October.

Educational Seminars: At a NSW level, we had a challenging day's seminar at Toukley, where we partnered with Newcastle University for our annual regional seminar. Speakers covered topics such as reflections on clinical experiences, professional development and mentorship, and engaging education and research.

Our Christmas in July dinner and trivia night provided much fun and learning. We also enjoyed the Breakfast seminar at ACU where several speakers shared their stories of becoming educators. This generated much discussion on the multiple ways of entering this specialty.

Communication: Many of you have commented on quality of our colourful Bulletin and our special thanks go to our dedicated Bulletin Editor, Olivia. However, we need more input from members, so let her know about innovative teaching, research, clinical teaching strategies or resources you have found valuable . We are currently exploring with publishers the feasibility of producing an Australian Nurse Education Journal. Let us know your response to this idea and anyone with experience in this area. Thanks also to Christine and her husband for keeping us up-to date on the website

Research is continuing on the ANTS Review of the Nurse Teacher Competencies. The research team is currently finalising analysis of the qualitative data. The team presented their preliminary findings at the Sydney Conference and can be accessed on the ANTS website. By the middle of the year, we plan to introduce a discussion "chat" on our website to get feedback on the development of the new competencies.

Formation of Branches: One of our aims for 2008 was to start setting up Branches in other states. These Branches will have as a main purpose providing seminars in Nurse Education for educators in their state/territory. Several states have already expressed interest in setting up branches: WA, SA, Qland & ACT. Our first branch to register under this model is the Western Australian Branch which was launched by an enthusiastic committee in Perth in November .

Review of the Constitution: To guide the process of setting up Branches required some review of the Constitution. Our secretary, Sandra, and treasurer, Vix and myself have been meeting for this purpose. Vix completed a course in Governance Training this year. The main sections of the Review included: policies for the Executive and Branches and a new membership type- Fellowship criteria. The proposed amendments are found on the website. The proposal will be put to members at the AGM and checked by a constitutional lawyer before final outcome of this process can be approved.

Thank you to all the members of council who voluntarily give so much time and commitment to ANTS. Be an active ANT! Tell your colleagues about ANTS; come to seminars and conferences! Write! Research! All of us need to contribute to our on-going professional development in nursing education as well the development of our specialty, but the key lies in how we inspire our students and staff in learning.

Jacqui Guy
President of ANTS
jacqui.guy@acu.edu.au

Editorial

On behalf of The Australian Nurse Teachers' Society (ANTS) I offer a very warm welcome to the newly voted Council members for 2009 namely Pauline Murray-Parahi, Elizabeth Lyons , Suzanne Rogan and Kerry Florio. It seems appropriate to remind ANTS members that it is quite a commitment being a Council member plus holding down a full time job where the responsibilities and demands are challenging. However, the rewards are bountiful in so far as they will have the opportunity to mix and communicate with some fantastic people and also learn the ropes of how this society is organised. Volunteering ones' time is an altruistic tendency with the idea of giving something to the community one serves, but the opposite in my experience usually occurs. I am not speaking only of ANTS. "***It is in giving that one receives*** **"** and that is certainly true of becoming an ANTS Council member. It is also essential to thank our resigning members of Council for their valuable contributions. Vix Bethavis our treasurer kept us solvent. Vix's contribution was invaluable in so many aspects as her knowledge on the law and governance was astounding. Her pragmatic approach and advise will be missed. Also leaving is Renee Pinkley our marketeer who works at the College of Nursing and helped to speed things up when necessary. Last but not least we thank Bronwyn Smith who resigned earlier as our Education Officer and organiser of events.

We also welcome into the fold our new members from Western Australia and South Australia. The ANTS branch from WA had their inaugural launch last November. It was reported to be very well attended and they even managed to get themselves a sponsor. Congratulations to you all for a job well done and we hope to hear of many more of your exciting events in the future.

The Breakfast Seminar held on the 7th February at the Australian Catholic University kick started the Sydney group's events for the year. It was an interesting assemblage as nurses involved in the education of neophytes and trained nurses shared their educational teaching experiences with us. Many issues unfolded especially the role played by the CNE. A short report is on pages 6-7 of this issue. The AGM followed and was held on March 6th at The College of Nursing Sydney. The report is on page 4-5.

For those of you eager to share your knowledge, ideas and research or those wishing to present a poster you will need to get organised for the coming of the 3rd biennial International Nurse Education Conference and **Sydney has been chosen for the year 2010**.

We feel honoured to be selected. It feels a little like hosting the Olympics in Nurse Education where the crème de la crème of International Nurse Educators will travel to the antipodes to present and share their ideas and research with us.

Olivia Mulligan : Editor

The Elected Australian Nurse Teachers' Society Council Members for 2009

President: Jacqui Guy

Vice-President:
Dr. Christine Taylor

Sandra Campbell

Pauline Murray-Parahi

Elizabeth Lyons

Suzanne Rogan

Kerry Florio

Olivia Mulligan
Editor Bulletin

Australian Nurse Teachers' Society AGM

Ms. Karen Cooke

The Australian Nurse Teachers' Society (ANTS) AGM was held on the 6th March at The College of Nursing in Burwood. It was very well attended and members were spoiled for choice as we had three very motivating speakers who both entertained and informed us on issues such as: *National Nurse Registration*; *an excellence in nurse teaching award* and finally; the nuances of *initiating an Australasian Nurse Education/Research peer-reviewed hard copy journal and/or an e-journal*.

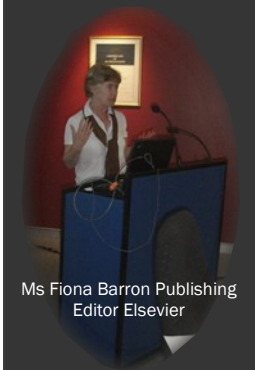
First to speak was Ms Karen Cook CEO of the Australian Nursing & Midwifery Council who spoke very eloquently on the **"Impact of National Registration on Nursing Education"**. The issues were complex and not just a simple case of placing all individuals on a national registrar. The overriding purpose of having a National Registrar was to ensure that this meets the central purpose of regulation, that is, the prevention of harm to and the protection of the public.

Mr. David Dobson Pearson Publishing

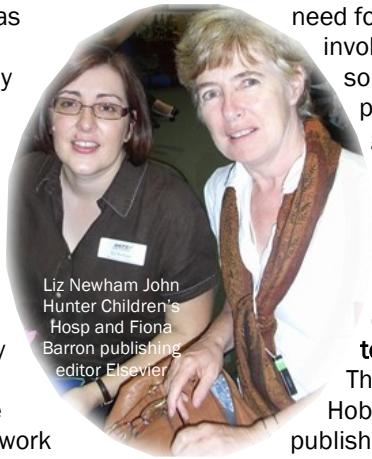
A smiling and entertaining Karen Cook CEO of the Australian Nursing & Midwifery Council

Vix Bethavis and Renee Pinkley

Then there was the issue of funds as the board does not want nurses subsidising other groups such as Allied Health. A national registration fee should be determined that is profession specific, nurses for example, consist of over 50% of the health workforce. Then the issue of registering student nurses was raised. This was felt as necessary as sometimes English language skills are not sufficiently good enough to ensure safe practice. Clinical assessment therefore should not be assessed until the theoretical component of their course, their educational qualifications have been assessed as meeting Australian standards. There is also the issues of criminal history checks and more importantly recency of practice. This will take into account nurses returning to work after a long absence from nursing The specified time limit is suggested as 5 years. The notion of professional indemnity was also discussed especially for midwifery practice.



Ms Fiona Barron Publishing Editor Elsevier



Liz Newham John Hunter Children's Hosp and Fiona Barron publishing editor Elsevier

Other issues like continuing competence would be introduced. There was also the capacity for a specialist registration especially for prescribing as we will need to put the legislation in place to protect future nurses who will be more autonomous. Titles will also need to be protected. (RN, EN, NP and Midwife). It was also suggested that there will be separate registrations for RN and Midwife. Many other issues were brought forward too many to include in this short report. They included notions of consumer input and response, accreditation, professional practice frameworks, ethics, professional conduct, national competency standards a national decision framework and more importantly for public protection a national continuing competency framework. The other main issue that was introduced was the notion of Privacy and information sharing. One example was the notion of publicly declaring each person's post code which is a debatable topic. The idea to centralise registration it seems is practical and as our speaker reminded us of the recent tragedy in Victoria where lots of expert nurses in burns from SA and NSW could have been gainfully employed in caring for the victims without the need for bureaucracy. We as a group involved in nurse education were so well informed on this pragmatic move and reminded gently of the many important issues to contemplate to ensure the transition moves smoothly for its introduction in July of 2010. The bottom line as Ms Cooke reminded us to consider was **"Is there is risk to the public ?"**

The second speaker Mr. David Hobson from Pearson Australia - a publishing company committed to helping people learn at every stage of their life through to vocational, university and professional studies. Mr. Dobson informed us that the company Pearson Australia—were

AGM cont'd

looking for a leading organisation involved in Nursing Education in Australia and ANTS came highly recommended. On behalf of Pearson Australia Mr. Dobson came to offer an award of $3000 which recognises excellence in Nurse teaching. It was a pleasant surprise and the offer was initially considered with enthusiasm. The fact that there is currently no award to encourage and thank the dedicated individuals involved in many aspects of Nursing Education in Australia seems remiss and Pearson's recognition and support of these individuals is certainly commendable. However, as Mr. Dobson elaborated their current selection criteria only recognises the teaching skills of academic nurses. It was suggested by ANTS members that the award be extended to cover all nurse educators and this is being considered by Pearson Australia.

Robyn Galway (R) and colleague from Sydney Children's Hospital Randwick NSW

Mary Brigid Naylor and Jan Sayers

The third speaker Ms Fiona Barron a publishing editor of from Elsevier kindly offered her services to inform and educate the members on the joys and pitfalls of publishing a peer-reviewed journal. Ms Barron was invited because of the suggestion that Australia and the general Australasian region does not have its own academic journal for nurse education and research to present internationally. The time has come for us to consider contributing to Nurse Education and research consistently via our own specifically designed hard copy and, or e-journal. We learned about the nuances of establishing and setting up a journal. We also learned about the importance of having an esteemed editor in chief responsible for accepting/ rejecting papers based upon the peer-reviewed process. The editorial board support can receive access to 400 medical titles as well as complimentary copies of journals and free access to Scopus. We also learned about the journal publishing process, the editorial support gained from having Elsevier's editorial system (EES) which is based upon a very reputable editorial manager software. This system allows for a seamless transition from submission to publication. In starting a new journal proposals come from scholars and societies and only 1 in 20 leads to a new title . As Ms Barron stipulated the key questions asked by a publisher such as Elsevier are as follows: Is there an identifiable critical mass of authors ? Is there an adequate journal already? Are authors concentrated in a new area or scattered among several old ones ? Who will be the readership? Ms Barron advised that to be successful a journal must have a respected, motivated Editor in Chief and an editorial board and a good reputation in the field. A sustainable flow of good quality papers. Lastly it must reach its core readership through print/online distribution via library customers and members. In addition Elsevier offers continuing education , publishing workshops social and expert networks which allows researchers to share bookmarking and referees with colleagues. It sounds challenging yet exciting . Imagine how wonderful it be for Australian Nurse Teachers to be in a position to launch this at then next International Nurse Education Conference which will be held here in Sydney in April 2010.

Lynne Slater and Lyn Bowen

(L to R) Allison Smedley, Michelle McKenzie and Lynnette Saul

Once the speakers finished we held the AGM. One of the foremost issues was the presentation of the Australian Nurse Teachers' Society (ANTS) Constitution which is in the process of revision. There are still some issues to be clarified. The President Ms Jacqui Guy and the committee organised to review the constitution still have some work to do to ensure our Constitution is a fair and equitable document with an intelligent pragmatic approach in order to serve its members well into the future. Then came the voting of the Council for 2009. Jacqui Guy was re-instated as President and as was her Vice –President Dr. Christine Taylor. The other members who were voted to Council included Sandra Campbell, Pauline Murray –Parahi, Suzanne Rogan, Kerry Florio Liz Lyons and myself Olivia Mulligan. Sadly we are loosing our wonderful and dedicated treasurer who was indeed a real treasure Vix Bethavis. Our Marketing Officer Renee Pinkley also departs to enjoy the pitter patter of tiny feet and Bronwyn Smith our educator who resigned last year . We thank you all for your committed service and you will all be missed. We also wish to thank the three wonderful speakers who have successfully educated, motivated and inspired us .

Olivia Mulligan : Editor

The Annual ANTS Breakfast Seminar held at the Australian Catholic University

Pauline Murray-Parahi CNE Hoxton Park Community Health Centre reflects on interesting journey of her career pathway to Nurse Education

Lynda Mitchel NE from Westmead and Elizabeth Dator a TAFE teacher in Renal specialty attend the educational breakfast morning

Fuelling the brain for early morning intellectual reflection and discussions on nurse education career pathways in a changing world

The weather unlike last years' stormy event turned out to be beautifully warm for the ANTS Annual Breakfast Seminar held on Saturday the 7th of February at the Australian Catholic University in North Sydney. The turnout was good and the breakfast welcoming for the early rising enthusiasts of Nurse Education.

This year's topic was

"Educators reflections on career pathways in nurse education in a changing world".

The panel consisted of five wonderful individuals involved in the education of both neophyte and trained RNs and ENs. Pauline Murray-Parahi a CNE from Hoxton Park represented CNEs in the community. Judith Isbister from Liverpool Hospital Renal Unit represented CNEs from the hospital situation. Sue Ward from RPAH represented Nurse Educators. Jan Sayers a lecturer from the University of Western Sydney gave a glimpse into the pathway to becoming a lecturer at tertiary level and Jan Whitney from the Australian Catholic University (ACU) in North Sydney brought us on her journey to becoming a Clinical Nurse Facilitator.

Pauline Murray–Parahi trained as an RN at the Macarthur Institute of Higher Education (pre-UWS) and has practiced in almost every area of nursing since. Obtaining post graduate qualifications in midwifery, palliative care and oncology, Pauline worked in community and palliative nursing for 15 years before taking up a position as community health CNE. Pauline asserted that Community Nursing will be the nursing of the future as the ratio of nurses will decrease dramatically over the next decade as the last of the baby boomers exit the nursing workforce. There needs to be a greater focus on utilising resources more effectively and encouraging neophytes to experience what community health has to offer. Pauline feels the key to bridging any divide is "NETWORKING, collegiality, sharing knowledge, *and* NETWORKING!"One of the interesting aspects of Pauline's work is having a new Graduate Program - which accommodates newly graduated nurses from their *first* rotation. With rare exception, this is unique in community health, since this specialty has always been considered the domain of more experienced and senior nurses. Despite this, the reports are wonderful, these nurses are not only coping but thriving in the community nursing environment. Pauline recognises that this is only possible with the appropriate support...including "*the best boss in the Cosmos!*"... who inspires her to think outside the square and entertains "...*even my crazy ideas*". Of course the commitment and hard work of both the preceptors and new graduates is a given. Some new graduates require more support than others and there are some who make you really proud... like one of last years new graduates who chose to stay on at HPCHC, developed a deep interest in wound care and now is herself a co-preceptor who frequently mentors new graduates and students in those skills. This is supported all the way by the NUM, the wound care CNS and staff of Hoxton Park. Pauline also mentioned that in 2007, in an attempt to address some issues with fragmented placements and the failure of most universities to provide facilitators, clinical placement guidelines were developed. HPCHC then began to offer universities a choice– either a coordinated service where the students were placed or paid in-house facilitation for undergraduate nursing students. Judging from the feedback so far; the students are thriving and enjoying their community nursing– some have even applied to work in the area as new graduates. No surprise really... since the culture at HPCHC is wonderful; innovation is encouraged, belongingness and collegiality are tangible, practiced *and* promoted– not merely rhetoric. When asked what prepared her for her new role as CNE Pauline stated that there was little direction and just made the role her own although but has encountered some excellent mentors along the way who were generous enough to share their ideas. Being a member of ANTS gave her direction and the support she needed as a new CNE.... Essentially picking out the *best bits* that she felt would enable her to make an impact on nurse education. Pauline was asked many questions including *"How well do universities prepare students for community nursing?"* which sparked off the great debate

Sandra Campbell
ANTS Secretary

regarding academia vs. the clinical field. The next person to present her experience was Judith Isbister another CNE from Liverpool hospital's Renal Unit.

Listening to Judith's nurse education experience was incredible.. Judith listed her roles while working as a CNE (at least 50 in all). I simply lost count. Judith like Pauline also stated that she had absolutely no training or preparation for this role and she had to organize herself to ensure nurse education was ongoing.

On the right is Dr. Christine Taylor ANTS Vice President and lecturer at The University of Western Sydney in deep philosophical conversation with Margaret Smith a Facilitator with the Mental Health team from the University of Technology in Sydney

Amongst her many duties are the new graduate program, the AIN program, the preceptor program and an IV cannulation program which are all necessary for individuals working and hoping to practice within a Renal Unit. Judith stated that she had a plan and she structures her day by dividing it into four to ensure she accomplishes her daily educational and support role goals. She is awaiting the Appointment of two CNS's which she hopes will support her. The question came up here about having an area on the web to answer and share questions in order to support the CNEs in this nebulous role and also some kind of educational support to prepare prepare the CNE for the role. It is apparent from Judith's description of the CNE role that much needs to be done to ensure CNEs get more support and education to prepare them for their future role. The third person to speak was Ms Jan Sayers a lecturer based in the University of Western Sydney.

Ms Sayers reported that she did not have a defined career path. Jan worked as a NUM, set up a peritoneal dialysis program for community, moved in and out of nurse education and primary health care, worked as a clinical consultant, and worked as an area Nurse Educator for years. Finally she got a job as a casual lecturer at a tertiary institution and is presently doing her PhD which is about the role of Nurse Educators in the acute care sector. Jan spoke of many issues regarding nurse education. Universities will have no permanent positions for nurse educators and it is now necessary for nurse academics to do a PhD. The criteria is changing. There is, according to Jan no defined role for the different nurses involved in Nurse Education. There are issues about the standardization of nurse competencies in universities and there is no increase in nurse education positions . However, Jan offered some light at the end of the tunnel. This is in the form of the Garling report which Jan spoke about. It has been recommended that an inter-professional education institution be commenced to work together in problem solving learning. The Garling report strongly advises a change in attitude between the professions and promotes the notion of team work. Jan's contribution to this discussion was enlightening as she introduced us to this wonderful report which it is hoped will strengthen the nurse education position. The fourth person to speak was Sue Ward a Nurse Educator From RPA Sydney. Sue explained how her Nurse Education career was disrupted for many reasons including a clinical experiences in ICU and in renal nursing. She did however, do a Diploma in Clinical Teaching while working in ICU which she said was extremely valuable when she took up Nurse Education later in her career. Sue declared her interest in IT and has been asked to design an online Renal course. Sue stated she is yet unsure where she is going from the nurse education point of view she would like to teach her specialty renal nursing. The last person to address the group was Jan Whitney who has been with the nursing profession for fifty years this year.

CNE Pauline Murray—Parahi from Hoxton Park Community Health Centre as she relaxes with Ms Jan Sayers a lecturer at UWS

Jacqui Guy lecturer ACU and ANTS President with Jan Whitney clinical facilitator who contributed to the Breakfast Seminar

Jan facilitates student nurses in the Australian Catholic University (ACU). Jan initially worked as a clinical RN in her local area doing mostly nights to accommodate her growing family's needs. She has had a varied career working in community, recovery, the blood bank OR, oncology, ICU, basic medical and surgical wards and anesthetics. Jan's eclectic nursing experiences makes her an ideal person to facilitate student nurses. Jan has been a facilitator for 10 years now and feels that this position helps to bridge the gap between academia and the clinical arena.

The one thing that came out of this exercise is that there is a need for clearly defined roles and also much more educational direction and support for those involved in clinical education. Perhaps as Jan Sayers suggests the "*Garling Report*" may be the key to ensuring these issues will be resolved.

Our Illustrious panel of individuals who agreed to partake in a captivating reflective sharing of their individual careers in the field of educating nurses and neophytes. From left to right these lovely people include Pauline Murray-Parahi, Judith Isbister , Jan Sayers, Sue Ward and Jan Whitney to the extreme right is Jacqui Guy ANTS President giving a short introductory talk to the guests

WESTERN AUSTRALIAN BRANCH OF ANTS LAUNCH. 19th NOVEMBER 2008

Julie Jackson (Chair) welcomes the group to the inauguration of the WA Branch of ANTS

The WA Branch launch took place in the lecture theatre at Hollywood Private Hospital on Wednesday 19th November 2008. The launch was sponsored by Police & Nurses Credit Society. The launch was attended by 40 nurses with an interest and enthusiasm for nurse education. Attendees had travelled from various hospitals and teaching institutions in WA increasing the networking opportunities. Julie Jackson (Chair) gave a welcome address and a short presentation on ANTS overview and the aims of the WA Branch. Each attendee was provided with a show bag with information on ANTS, a membership form and a Training Needs Analysis to help assist the WA Branch Committee plan for 2009. Kamaree Berry (Vice Chair/Education Officer) gave a short overview of the Nurse Teachers Competencies. Time was given for questions before attendees being invited to join committee members for drinks and nibbles. The networking was to commence! We were excited to see that at the event 7 new members joined. 100% of Training Needs Analysis was returned which indicated the commitment and enthusiasm of attendees.

Kamaree Berry (Vice Chair/Education Officer) gives an over view of the competencies

WA Branch of ANTS 2008 Chair Report

On June 19th 2008 the Inaugural meeting of the WA Branch took place at Observation City, Scarborough, Perth, WA. We were joined by Jacqui Guy from National Office who presented information about the history of ANTS, Nurse Teacher Competencies and the Society's constitution. Enthusiastic discussions also took place in regards to the aims and future plans of the WA Brach. We are planning to host the ANTS 2012 conference here in Perth WA.

Networking

At the inaugural meeting, nominations for all committee positions were forwarded, then seconded and finally accepted by Jacqui. The first WA Branch committee consisted of Caron Shuttleworth (Chair), Rhonda Roberts (Secretary), Lisa Gatzonis (Treasurer), Kamaree Berry (Education Officer) and Christine Smith (Marketing Officer).

Our first committee decision was to set Wednesday 19th November for the Branch launch to raise awareness throughout Nurse Educators in WA. In September Christine Smith resigned as Marketing Officer. Kirsty Bailey was nominated, seconded and accepted the position.

Networking

Rhonda, Lisa and Kamaree attended the 2008 ANTS Conference in Sydney where they accepted the WA Branch banner and monies to open a branch account from National Office. We also set up a PO Box and G mail account.

With only 2 months to the launch date committee set to work on creating flyers and organising the venue with help from branch members. Promotional literature was disseminated via email to nurse educator contacts throughout various institutions and organisations.

In October the committee accepted the resignations of both Caron Shuttleworth (Chair) and Kirsty Bailey (Marketing Officer). The position of Marketing Officer was reviewed and it was decided that at the present time this position would not be replaced but would be reviewed in 2009. The committee also decided there was a need for Chair and Vice Chair positions. After discussion it was decided that the position of Education Officer would also be the Vice Chair. Nominations were received for the position of Chair from Julie Jackson and Kamaree Berry. Votes were received and Julie Jackson accepted position of Chair and Kamaree Berry as Vice Chair/Education Officer. The WA Branch launch took place on Wednesday 19th November 2008 at Hollywood Private Hospital, Perth.WA. The committee looks forward to a dynamic and exciting 2009 with an increase in membership numbers.

Kamaree Berry Vice – President/Education Officer) and Lisa Gatzonis (R) Treasurer of the WA Branch of ANTS

Julie Jackson : RN , Cert IV Assessment& Workplace Training
Chairperson of the Western Australian Branch of ANTS

Introducing Lucy Osburn : A Little Bit of Nursing History

Who is Lucy Osburn? Where did she come from? Why did she come to Australia? What did she contribute to Australian Nursing? Lucy Osburn was different to the women of her time. Lucy was born on May 10th in 1835 at Leeds hospital in England to Ann and William Osburn. When she was young Lucy travelled a lot as her Father a learned man and Egyptologist took his family with him on his travels mainly to Europe, the Middle East and Egypt which gave her the opportunity of learning different languages.

Lucy subsequently went on to train as a nurse at the Florence Nightingale college of nursing at St. Thomas's Hospital London (1866-67). While her Father William had no issue with Lucy helping him with his studies and work, he did not approve of his daughter's choice of career. William Osburn was a man of the times where it was believed women were best left in the home. As soon as she graduated Florence Nightingale found a position for her in Australia. Henry Parkes the NSW colonial secretary wrote to Ms Nightingale requesting trained nurses for the Sydney Infirmary. Lucy was thus appointed Lady Superintendent.

Lucy and her five nursing colleagues (Miss Turiff, Miss Barker, Miss Blundell, Miss Chant and Miss Miller) arrived in Australia on the 5th of March 1868. The trip was an arduous one for the six nurses and they were looking forward to getting a good night sleep in the accommodation that had been promised. However, the new residence for the nurses was unfinished and what was available was infested with rats, had no plumbing . The Infirmary that housed the unfortunate patients was also disorganised and they were exposed to hazardous and unhygienic care. Lucy was given very little power to organise the institution. For example, she had no control over the domestic staff or stores which meant she was unable to organise or improve conditions.
Her superiors found her to be insubordinate and resented her ability to befriend people in high places. She was resented at all quarters both doctors and board members undermined her, interfered with ward management and nurse discipline . Many did not understand or respect the idea of professional nursing. Eventually a royal commission into public charities (1873-74) which was chaired by William Windeyer, paid special attention to the notorious disorganisation at the Infirmary. Lucy Osburn had been consulted about the appointment of the commission and was the only official to emerge from its enquiries with honour.

Sadly Lucy was not supported by Miss Nightingale in London and a 'Dr Alfred Roberts ' a visiting surgeon at The Sydney Infirmary became aware of this during a visit to Miss Nightingale in London in 1873 (Australian Dictionary of Biography). Dr. Roberts then used this privileged information to justify a public accusation that Lucy had not adhered to Miss Nightingale nursing principles. Lucy was supported by Parkes and Windeyer who wrote privately to Miss Nightingale. They wrote disparagingly about Dr. Roberts behaviour and testified to Lucy's success despite the adverse conditions she had tolerated however, this did nothing to endear Lucy to Miss Nightingale.

Interestingly, during her sojourn in Australia one of her first patients was the Duke of Edinburgh, Prince Alfred, the 4th. child of Queen Victoria, who had joined the Royal Navy as a Midshipman back in 1858 (Mac's Web log). He was given command of the frigate HMS *Galatea*, and departed on a world tour in January of 1867. He was the first member of the Royal family to visit Australia. The Duke was wounded after an assassination attempt at Clontarf by an Irishman by the name of Henry James O'Farrell who was subsequently hanged for his crime.

Lucy Osburn's contribution to modern nursing was remarkable despite her rejection . According to Freda O'Donnell Lucy and her nurses suffered from prejudice and ignorance in their efforts to reform the infirmary. The idea of a woman of substance working as hospital nurse was an anathema to these 19th Century patriarchs. Lucy and her colleagues were thwarted at every turn by suspicion and jealousy and despite these difficulties she worked on undaunted by her adversaries for 16 years and eight months.

Most of Lucy Osburn's nurse colleagues took up positions as matrons at various hospitals in Australia. It is by this method that the Nightingale standards of nursing and teaching eventually became an accepted practice. Lucy inadvertently laid the foundation of modern nursing in New South Wales, and the Sydney Hospital in particular was launched on its long and distinguished career of service to the community. Lucy Osburn returned to London and also worked in Germany. Sadly after many years of taking care of the sick and poor of London Lucy succumbed to the effects of diabetes at her sister's' home in Harrogate in 1891. According to author Judith Godden a senior lecturer and a historian at Sydney university the "*Lucy Osburn story is a sad saga of manipulation at the hands of the Sydney surgeons, vilification by the press, and trial by Royal Commission*". Today some nurse educators may face similar challenges. Effective nursing and nurse education is reliant on good communication, teamwork and strong support from management and the public.

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Medication Administration Safety - a Practice Development Project

Pieter Van Dam, *BN, PG Cert Nursing Science (Clinical Teaching), G Dip Nursing (Acute Care)*

Pieter Van Dam completed his Bachelor of Nursing in 1993 in The Netherlands. After completing an Overseas Qualified Nurse Program in NSW in 1995, he started work as a Level 1 Registered Nurse at the Westmead Hospital in Sydney. In 1996 Pieter moved to Brisbane where he worked at the Princess Alexandra Hospital as a Registered Nurse. Later he worked as a Clinical Nurse on one of the medical wards at St Andrews Hospital. In 1999 Pieter and his family relocated to The Netherlands, where he worked as a Product Consultant. In 2002 and 2003 Pieter worked as a Clinical Nurse Specialist at one of the large Cardiac Centres in The Netherlands. Upon return to Australia in late 2003, Pieter began working at the Royal Hobart Hospital. Initially working on the Cardiology ward, but he developed an interest in education, and accepted a position as a Clinical Nurse Preceptor (Education and Training Program). Pieter held this position for a couple of years. Since mid-2007 he has been working as a Nurse Educator within in the medical division of the Royal Hobart Hospital. Pieter has since completed a Post-Graduate Certificate in Clinical teaching at the James Cook University and a Graduate Diploma in Acute Care at the University of Tasmania. Pieter has kindly offered to allow us to publish his very interesting and valuable research article which we all can learn from.

BACKGROUND: Drug administration forms a major part of the Nurse's role. Each Nurse is responsible for correct administration of medication. The impact of a drug error and any resultant adverse event can be significant. Many environmental factors are related to error. One of these factors is the disturbances which occur during the medication round that may lead to a medication error.

OBJECTIVE: To examine if additional Medication Administration Safety Guidelines were effective in reducing the number of disturbances and medication administration incidences.

METHODS: *An audit tool was developed as a Practice Development project in consultation with ward staff, the Nurse Unit Manager, Pharmacy and the Quality Improvement Unit, based on the Powys Local Health Board Medication Administration Tool. The first audit was held prior to implementing the medication safety guidelines on a medical ward. The second audit was held after implementing the medication safety guidelines. During Audit 2 staff were required to adhere to the guidelines during all medication rounds, a copy of which was placed on the top of each medication trolley, and rationale explained to staff prior to commencement of the audit. The audits were carried out between October and December 2007.*

RESULTS: A 53% reduction was found in the number of disturbances, and one side of the ward showed a reduction of 50% in medication discrepancies. There were 346 disturbances on audit 1 and 147 on audit 2. On average, nursing staff experienced on audit one 7.9 disturbances while administering medication, and 4.2 disturbances on audit two.

CONCLUSIONS: The medication administration guidelines were found to be an effective tool in reducing disturbance levels, and assisting in reducing some medication administration incidents.

Introduction

Drug administration forms a major part of the Nurse's role. Each Nurse is responsible for the correct administration of medication. Medication errors are most commonly reported by Nurses, which may endanger patients' safety (Pham, Story, Hicks, Shore, Morlock, Cheung, Kelen, Pronovost, 2008). The impact of a drug error, and any resultant adverse event can be significant. A patient, their relatives, and the professionals involved may experience considerable trauma (Armitage, 2005).

Based on a 1999 study involving 56 hospitals, most medication errors occurred at the point of administration (United States Pharmacopeia, 2000), which demonstrates the need for improvement in this area. Medication administration is a high incident area, with many errors reported each week. According to Henry, (2000) everyone makes errors. Some of these errors are the result of misconduct, but very few. The problem is often system design and function (Anderson & Webster, 2001).

The traditional approach that is apparent in many ward areas focuses blame on the individual. Such an approach ignores the many environmental factors related to error (Anderson & Webster, 2001). One of these factors is the disturbances which occur during the medication round, that may lead to a medication error (Pape, 2003). Many other authors have described this phenomena (Hicks, Becker, Krenzischeck & Beyea, 2004; Tissot, Comette, Limat, Mourand, Becker, Etievent, Dupond, Lacquet & Woronoff-Lemsi, 2003 and Wakefield, Wakefield, Uden-Holman & Blegen, 1998).

Disturbances in medication management are defined as any action that draws away, diverts, or disturbs the mind or attention from achieving the medication administration goal (Pape, 2003). Some examples of these disturbances are: need to get a drug from cupboard/fridge, telephone call only you could deal with, telephone call another staff member could deal with, query from a doctor, and non medication requests from the patient the drug is being administered to, and request from another patient.

The described project focuses on reducing these disturbances leading to a reduction of medication errors for better patient outcomes. An important reason to

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undertake this project was due to concerns raised by Nurses working on the ward. They felt that the level of disturbances had increased over time, which they also felt may be a contributing factor to medication incidents. In ward meetings there was a strong desire expressed by staff to change this.

The primary aims of all health care facilities is to provide high-quality, safe care, and to create a culture of safety (Henry, 2000). Measurement of patient safety is an important process that supports achievement of these aims. One of the methods used to measure patient safety is a clinical audit. This is the process of reviewing delivery of care against known or best practice standards to identify and remedy deficiencies through a process of continuous quality improvement (Cooper & Benjamin, 2004). The Medication Management Standards for Nurses (February 2004), which were developed by the Nursing Board of Tasmania for the purpose of Section 11 of the Nursing Act 1995, and the hospital policies regarding medication administration, operate as a basis for a culture of safety.

The process

An audit tool was developed as a Practice Development (PD) project in consultation with ward staff, the NUM and the Quality Improvement Unit, and facilitated by the Project Manager, which was the first part of the project. In PD, teamwork and collaboration are essential elements. PD is supported by active networking with other practitioners (Antrobus and Brown, 1997). Ensuring that a patient receives the best medication therapy in an accurate, and safe manner, is a complex process involving many health professionals including Doctors, Pharmacists and Nurses (Henry, 2000).

The tool was used to determine the amount, and variety of disturbances on a medical ward. The audit tool is based on the Powys Local Health Board Medication Administration Tool. Permission was obtained by a staff member of the Royal Hobart Hospital from the Powys Local Health Board in Wales to use their tool as a basis for the project. The audit was approved by the Co-Director Clinical Services Medicine, and the audit process was registered with the Quality Improvement Unit.

Three sections of the ward A-side, B-side and the Acute Stroke Unit (C-side) agreed to allow the audit to be carried out during their drugs administration rounds. The audit process was discussed, including the reasons for the audit during three separate ward meetings, and the dates were set for the audit. Staff members who were not able to attend the meetings were able to access meeting minutes. The audits were carried out on each side, between the end of October and December 2007. The audit consisted of two parts: the first part measuring the amount of disturbances during medication rounds, and the second part measuring medication discrepancies when checking the charts after handover.

The audit form was handed out to the staff member undertaking the medication round on each side. Before commencing each round, the process and reasons for the audit were explained to ward staff by the Clinical Nurse Educator (CNE). To try to alleviate their concerns regarding the audit, two facts were stressed to all staff involved. Firstly that the audit was not being carried out on their ward because there were major problems, and secondly that to minimise the impact of the audit on the administration process they should try to behave exactly as they would at any other time when administering medication. The audit form was completed during the round by the staff member undertaking the round. The following information was recorded during each audit:

- Duration of medication round (i.e. time taken);
- Number and type of staff on duty;
- Number of patients on ward; and
- Number and type of disturbances.

After each ward round, the forms were collected by the CNE. On the first audit staff were surprised by how many disturbances they encountered during the rounds.

The tool formed a large part of this project to help determine the success of an implemented medication safety protocol, and therefore the success of this project. The second part of this project is designed to implement a medication safety protocol based on Pape's (2003) Medsafe-Focused Protocol with vest, the Geriatric Evaluation and Management ward, and from suggestions from staff. A two week adaptation stage was needed for staff to get used to the new protocol.

The medication safety guidelines were formulated around 4 phases of medication administration preparation, administration, documentation, and evaluation. Nurses were required to adhere to the guidelines during all medication rounds. The third part of the project was a re-audit which was carried out after implementation of the protocol to determine whether the described change strategies had achieved the desired improvements (Cooper & Benjamin, 2004).

Results

1. During the pre-safety protocol audit 44 and during the post safety protocol 35 administration rounds were audited.
2. At least one disturbance occurred during every round on all three sides pre-safety protocol: the number of disturbances ranged from 1 to 18 at the pre-safety protocol and at post protocol 1 to 14.
3. There were 346 disturbances on the pre-safety protocol audit and 147 on the post audit. On average nursing staff experienced pre-safety protocol 7.9 disturbances, while administering medication and 4.2 disturbances post safety protocol.
4. A 53% reduction was found in the number of disturbances and one side of the ward showed a reduction of 50% in medication discrepancies.
5. Multiple disturbances regularly occurred during drug administration to a single patient. There were disturbances from a variety of sources during administration to a single patient. It would seem reasonable to suggest that each disturbance increases the risk of an error occurring

(see page 14)

UTAS Student Nurses' Contribution to Education during their Mental Health and the Community Clinical Placements

Liandra Mei Pei with Ashiana Singh 2nd year UTAS student Nurse. Liandra's name came up frequently as a preceptor who was very willing and able to include the students as part of the team and to impart her knowledge

"I feel quite privileged that I can teach life saving skills to the youth of our community""
Tuan Chau

(Student Nurse)

2nd year Student Nurse Michelle Pineda learning the ropes at the wound care clinic at Rosemeadow with RN Louise as she multi-tasks by answering the phone and places the clients' appointments on computer

The Spring edition of the Bulletin contained a short article in support of the younger **Y** generation of nurses. We learned from the experts how important it is to encourage and support this very (in a sense) altruistic generation. They are our future and for the most part they are not content to be quiet observers they want to do things and they want to make a difference and to feel included in the workforce. They are an idealistic generation and it takes very little to get them motivated.

During their last placement in Community Health and in Mental Health 2nd year fast track University of Tasmania students (UTAS) were given a task to do during their clinical placement. This task or assignment was called a Self Learning Activity (SLA).

Basically the students had to contribute some educational format to their clinical area either by designing and producing educational films, posters, leaflets , or, to choose an appropriate evidence based article on some important issue, concept or research, critique it and present it to the nursing staff, or else they could organize an in-service for the staff or for the clients. They had a great selection of educational strategies to choose from. Initially the students were alarmed at the responsibility of this task but when encouraged to keep it simple and to be on the look out for something they felt they could contribute to and learn from themselves they soon came up with excellent ideas to learn and share their knowledge. It was in effect a wonderful idea and it did then cause some excitement as the ideas flowed. The students placed at the Rosemeadow and Narellan Health Centres and Campbelltown's Mental Health Centre took to this assignment like a duck does to water. Here at last they were all were given an opportunity to contribute or to do something meaningful. It was to be their contribution to learning and sharing of knowledge.

Student Nurse Tuan Chau

First to come up with an innovative idea was Tuan Chau. Tuan is to be congratulated on his wonderfully pragmatic idea to demonstrate the CPR technique and basic first aid to adolescents with mental health and substance abuse issues. His well orchestrated plan went like clockwork. Tuan managed to capture the attention of 14-17 year olds who were on prescribed anti-psychotic medications. The in-service/ workshop lasted for 45 minutes. It was an amazing event as I observed these young people totally absorbed listening and then participating in having a go at demonstrating their CPR skills on the provided Mannequins. They appeared very keen to learn. Tuan stated ***"I will never know if this short lesson will save lives in the future"*** however, it is a certainty that somewhere sometime some lives will be saved by this simple and much needed lesson. Tuan was asked by the senior nurse to do a repeat performance as it was considered a good and much needed service.

Student Nurse- Priya Kumar

Priya Kumar another student on her mental health clinical placement noted how quickly the young people gained weight as a side effect from taking prescribed anti-psychotic medications. Priya also organised an in–service for the staff and particularly for the young patients to educate and empower them with dietary knowledge so that they could make

informed decisions about the food they eat , then put into practice their newfound knowledge by choosing more appropriate food in order to control and prevent large weight gains thus preserving their self esteem, good body image and more importantly prevent obesity.

The students in the Community in the areas of child and family health also contributed but their SLAs were different in so far as they all decided to design education leaflets Minh Trieu who was based at Narellan (NSW) was examining the concept of postnatal depression when she noted that husbands and partners could also be affected by this condition. And as Minh stated ***"The people in the general public and I only knew this happens to women so I was curious to research this topic"*** Minh then decided to design an education leaflet and in the process learned how to use the publisher software to her advantage. Her design and information which was short and precise with a captivating slogan of "***NO MORE SAD DADs"*** resulted in an attractive yet informative leaflet on this subject. Well done Minh as we all learned from your efforts and it is a wonderful contribution to an area of child and family health also.

Mavis Boakye Dankwa who also benefitted from the education and support given at Narellan came up with the idea of ***"Tummy Time".*** This innovative idea arose from the way infants are now placed to sleep to prevent SIDS. Mavis's bright attractive education leaflet educates young parents/carers on the importance of placing infants on their tummies for part of their awake time. It important for the development of sensory and movement control and needs to be part of baby's daily routine from a very early age. By the end of the first year of life, the baby will have learnt about movements of the body and developed strength, body awareness and the physical skills needed for rolling, grasping, sitting, crawling and standing.

Katherine Fazzolari on the other hand noted that some of the infants that presented at the clinic had '*mis-shapened* ' heads. Plagiocephaly is the most common craniofacial problem today. Katherine explained that the *'mis-shapened'* head or plagiocephaly does not affect the development of a baby's brain, but if not treated it may change their physical appearance by causing uneven growth of their face and head. Katherine explained how to prevent this from occurring by alternating the infant's position between the left and right side each time they sleep and also placing the baby at alternate ends of the cot to sleep, or change the position of the cot in the room as infants look at fixed objects like windows or wall murals. Changing their cot position will encourage them to look at different angles. She also discussed playtime and educated the parents/carers to place their baby on their tummy or side to play when awake. Katherine's work resulted in the production of a well presented, colourful but simply designed educational leaflet that was easy to read.

Michelle Pineda commented on the fact there was very little advice for the prevention of pressure ulcer formation for the wheelchair bound after she visited a patient with such a problem. Michelle subsequently did a literature search and designed an education leaflet advising these patients on the best ways to prevent such an occurrence. Michelle was placed at Rosemeadow Community centre at this time and she worked diligently to get information and also to design a specific educational leaflet. Hers was a very attractive leaflet with simple instructions for these patients to follow in order to prevent sores developing on their sacral region. While the students worked very hard at their specific learning activities they were mentored effectively by many of the staff at the facilities who brought them to the library to get some articles to for their specific projects. The students did in fact teach and share their newfound knowledge to both nursing staff and the public. They can be proud of their efforts and accomplishments which helps to prepare them as future practitioners.

Olivia Mulligan: Editor

Benny Alexander CNE Rosemeadow Community Health Centre NSW supported the students and aided in constructively critiquing the SLA submissions

Liandra Mei Pei (far right) one of the RNs at Rosemeadow Community Health Centre as she aids a student (Ashiana Singh) and a new employee (Pat from Zimbabwe) in demonstrating community IT

Mrs Dianne Forbes CNE Narellan Child and Family Health Centre NSW with who along with the wonderful team of nurse specialists supported the students with ideas and with literature searches for their SLAs.

1. Generally the highest levels of disturbances occurred during the morning round. The morning rounds were also when the most doses of medication were administered, and took the greatest time to complete.
2. The least number of doses were given on the lunchtime round; this round also had the lowest number of disturbances. The lunchtime round was also the quickest to complete on all three sides.
3. The morning round took on average 61 minutes to complete, and this time was reduced to 47 minutes after implementation of the protocol.
4. Most disturbances were of short duration. However, this does not make them any less relevant, since all disturbances lead to a break in the administering Nurse's concentration, and increased the likelihood of an error.

The types of disturbance varied between sides, but the most common types of disturbance overall pre medication safety protocol were:

- Need to get a drug from the cupboard or fridge (17.6% of total disturbances)
- Queries from another member of ward staff (15.8%)
- Query from other staff (15.8%)
- Helping patients with a non medication related task (15%)
- Non medication related queries from the patient the drugs were being administered to (11.8%)

Post medication safety protocol:

- Need to get a drug from the cupboard or fridge (21% of total disturbances)
- Queries from another member of ward staff (19.7%)
- Queries from other staff (15.8%)
- Helping patients with a non medication related task (15%)
- Non medication related queries from the patient the drugs were being administered to (11.8%)

Conclusion

Overall the pre-safety protocol audit has shown that nursing staff encounter significant levels of disturbance whilst administering medication, which increases the risk of a medication error occurring. The post-safety protocol audit has shown that while having this protocol in place the levels of disturbances have been significantly reduced

It may be possible to reduce the amount of these disturbances and medication administration errors by implementing a medication safety protocol which includes wearing safety vests. Long-term continuous improvement is the most effective and manageable way to maintain safety in a complex health care environment (Anderson & Webster, 2001), such as implementing and monitoring of a safety medication protocol. Staff should also be provided with ongoing education on medication safety.

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Lesley asks

If you are not receiving at least one email a month from the ANTS office, would you please email Lesley on ants@nursing.edu.au so that she can update your details on our database. Email is a more time, cost and environmentally efficient way of reaching everyone and we are hoping to get everyone using this system, so that we can disseminate information more effectively

ALSO

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

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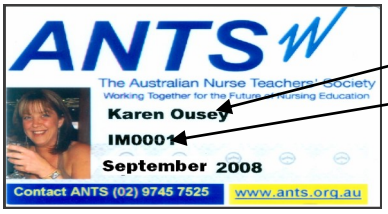

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Please Help

The Australian Wound Management Association is running a campaign on **dressings and patient access to dressings**. The association will lobby government for dressing to be on a script and therefore subsidised. Please help by signing up on the website at www.elephantintheroom.com.a

Did You Know?

The first nursing school in the world was started in India in about 250 BC. Only men were considered "pure" enough to become nurses. According to The Charaka (Vol I, Section xv) these men should be,

"of good behavior, distinguished for purity, possessed of cleverness and skill, imbued with kindness, skilled in every service a patient may require and skilful in waiting upon one that is ailing and never unwilling to do anything that may be ordered."

Taken from: http://www.nursingschools.com/introduction/

20 Things I've Learned From Nursing
Sally P. Karioth, RN, Ph.D

1. When you're 92, you shouldn't have to beg for the salt shaker, even if you do have congestive heart failure.
2. Our profession has no room for bullies or whiners.
3. Every day I've held a hand but forgotten to chart vitals, I still may have come out ahead.
4. A good doctor is one who'll say, " I have no idea what's going on with this patient. Come help me figure it out."
5. Nursing in the hardest and easiest thing I've ever done.
6. Whatever I need in a hurry will be in someone else's room.
7. Healing the spirit is as important as healing the mind.
8. If I don't take care of myself, I can't take care of anyone else.
9. A body believes every word you tell it.
10. Time flies whether or not I'm having fun.
11. A lot of patients get well in spite of us, but even more get well because of us.
12. If I don't get emotionally involved with my patients, it's time for me to change professions.
13. It's usually better to beg forgiveness than to ask permission, especially if I'm taking a St. Bernard to see a child in ICU.
14. Professionals give advice but healers share wisdom.
15. If I don't celebrate the exquisiteness of each day, I've lost something I'll never get back.
16. Grief knows no rules.
17. The more unloving a patient acts, the more he needs to be loved.
18. Some things have to be believed to be seen.
19. No one promises us tomorrow.
20. If I can't cure, I can still care

(Taken from http://www.inspirationalnursing.com/20)

By Kind permission of the artist

The unknown woman of the Seine
L'Inconnue de la Seine
by
Emmi Godau

You enter the back room on the ward and see a person lying on the bed covered with a white sheet. As you cannot see any movements on the face and the eyes are closed your heart starts to beat quicker. The chest wall is not moving with rhythmic breathing and no sound is coming from the person. The alarm bell starts to ring and over the PA system you hear the announcement *Code Blue*. People come running with monitors and other equipment. The first person jumps on to the bed and starts pushing on the person's chest, at the same time giving commands. Attach the monitor! Get the defibrillator ready! Give me one milligram Adrenalin! Start breathing for the patient, he is not breathing! One person starts to kiss the patient on the bed and at the some time blows air into the patient chest. Give him 500 ml of intravenous fluid! Can someone tell me what is wrong with this patient? Is someone recording this! Frantic activity occupies every person in the room. The monitor starts to beep and you can see a flat line flashing across the monitor screen. With every push on the chest there is a spike displayed on the monitor.

At the right side of the room is a darkened glass window. Behind the window administrators and teachers watch what unfolds in the room and record the performance of the people in the room. Welcome to the new way of Cardio Pulmonary Resuscitation training.
The history of emergency resuscitation goes back a long way. Many people suffer cardiac arrests every year. The technique of cardio pulmonary resuscitation (CPR) is a young science and the term "CPR" was first published in the early 1960s. The history of resuscitation, however, goes back many centuries and, through a gradual course of evolution, has developed over the years.

Airway

"But that life may…be restored to the animal, an opening must be attempted in the trunk of the trachea, into which a tube of reed or cane should be put."
Andreas Vesalius, 1540, Belgian Anatomist

This knowledge was not used on humans and lay dormant until the 18th century. In 1768, rules for resuscitation were created and circulated by the Dutch Humane Society and rewards were offered for success. This brought together physicians and laypersons to collaborate in ways to resuscitate victims of drowning in the waterways. Early revival efforts concentrated on clearing the trachea by suspending the person upside down or rolling them inverted on a barrel.

Breathing

"I applied my mouth close to his, and blowed my breath as strong as I could."
William Tossach, 1744

The earliest recorded reference to artificial breathing is in the Old Testament, in the book of Kings, where the prophet Elisha restored the life of a boy through a technique that included placing his mouth on the mouth of the child. It took over 2000 years before that technique was revived and documented again. In 1732, Tossach, a British surgeon, used mouth-to-mouth resuscitation on a coal miner. When oxygen was discovered by Carl Wilhelm Scheele, German-Swedish pharmacist in 1770 the use of exhaled air for resuscitation was discredited. It was then perceived that expired air was devitalized as it had already passed through another's lung and should not be used. Different methods for reproducing breathing were explored and favoured.

Early attempts of resuscitation were directed by an "Official Edict by the Chancery Office of the City of Zürich" dated 26 April 1766, which described details for a mouth-to-mouth technique. The Edict's instructions indicated the limited understanding and priorities for resuscitation, but encouraged citizens to continue resuscitation attempts as long as possible. The initial instructions were:

"Resuscitation attempts have been made over thousands of years with many lives saved, even with the limited knowledge of the time".

In 1857 Marshall Hall, English physician & physiologist advocated the chest-pressure method, and modified by Dr H R Silvester in 1861 to become the chest-pressure arm-lift method in patient's lying prone. Different variations of this technique continued to be practiced with enthusiasm until the 1960s.

Circulation

"I now had to regard the patient as dead. In spite of this, I returned immediately to the direct compression of the region of the heart."
Friedrich Maass, 1892

The unknown woman of the Seine L'Inconnue de la Seine Cont'd

Palpation of pulses and heartbeats is something that has been described for over 3000 years. The first cardiac compressions were performed in the open thorax. In 1874 Moritz Schiff, German physiologist noted carotid pulsation after manually squeezing a dog's heart that gave the term "cardiac massage." A group of physicians demonstrated cardiac compressions on cats by pressing on the sternum and the ribs. In 1892 it was reported that Friedrich Maass, Anaesthetist at the Universität Heidelberg Germany, had successfully performed a closed-chest cardiac massage on a person. His endeavour, nevertheless, would be forgotten for nearly 70 years. In the first half of the 20th century, a sudden cardiac death was only survivable in an operating room or where direct cardiac massage was possible. During research on dogs with defibrillation Guy Knickerbocker, Electrical Engineer & researcher, noticed that when he pressed the electrode paddles firmly on the chest wall/ thorax, a rise in arterial pressure resulted. This led to the unearthing of external cardiac massage. Today this is known as chest compression and it was reintroduced to patient care in 1958 by William Kouwenhoven, Medical Director & electrical engineer in Baltimore and he latter became a lecturer in surgery.

Defibrillation

"Abildgard…in 1775 relates to having shocked a single chicken into lifelessness and on repeating the shock, the bird took off and eluded further experimentation."
Bernard Lown, 2002

In the late 1880s a young woman was pulled out of the River Seine in Paris. Her face looked relaxed and a sweet smile accentuated the pale complexion, surrounded by blond hair. No apparent injury was noted, the morgue attendant could not remember ever seeing a face so relaxed in death. At the time, bodies taken from the river were put on display for families to claim. The body was never claimed and was later laid to rest in a pauper's grave. The morgue attendant was touched by the young woman's beauty and had a mask made of the dead girl's face. He displayed the death mask of the young girl so that those visiting in the future might be able to identify her.

Plaster copies of the death mask became common among the salons and noble places in France and Germany. The haunting image of the young gently smiling girl touched the hearts of many people. Books have been written about the death mask and many millions of people through the world have kissed the face. There have been reports that this is the most kissed face in the world and maybe you have kissed it as well.

Extensive research was done in different parts of the world in the field of resuscitation, and it was established that mouth-to-mouth ventilation and mouth-to-nose ventilation was the unequivocally superior method. Claude S Beck, MD & surgeon and David Leighninger, MD & surgeon formed and, in the 1930s, trained the first in-hospital resuscitation teams to administer emergency life-saving care to inpatients with sudden death.

In 1957 the first recommendations published by the National Research Council, were that exhaled air blown into the lungs of infants and small children was the preferred method when artificial ventilation/ breathing was required. In 1958 the recommendations were revised to include all persons who require emergency resuscitation. Most cardiac arrests do not occur in hospitals but in the community and so mobile intensive care unit ambulances, staffed by physicians, were created in the 1960s.

But there was no effective method for training people to teach mouth-to-mouth breathing or any other resuscitation technique. How could large masses of people be taught to use this method to save lives? The tools of resuscitation would be useless in the absence of trained people to provide the means by which resuscitation techniques could be demonstrated and taught. What was needed was a life size model that was practical, anatomically correct and inexpensive.

Almond S Laerdal—a toy and doll maker from Norway—offered his extensive knowledge of making realistic play-dolls to the project. His method opened new doors into making realistic wound simulations and other equipment for training in emergency medicine. In the winter of 1960 Laerdal displayed his first life-size mannequin "Resusci-Anne,"—in America—to be used in teaching mouth-to-mouth resuscitation.

He had adopted a copy of the death mask of the unknown woman from the Seine when making a life-size resuscitation-training mannequin, 'Resusci Anne' in the late 1950s. This doll has become famous all over the world and has assisted in saving many people. He was convinced that such a mannequin when life-size and life-like would motivate students to learn this lifesaving procedure. In 1962 in a big training room a group of students waited eagerly for their teacher and her companion, named Anne, to arrive. The teacher entered the room alone, carrying a large suitcase. Questions arose and the students wanted to know where Anne was?

With a big smile on her face the teacher opened the suitcase and out tumbled a doll. The doll had human features but there was something strange about her. She was dressed in a blue ski suit and had a soft smile that made her look real. Her face had the unblemished softness of a model. It was crowned with natural appearing honey blond hair. There was lots of anxiety in the room. "Please meet Anne, our training model to teach CPR." Everyone got a turn to kiss her face and compress her chest. This was the beginning of a new era in teaching emergency resuscitation to nurses, medical students and laypersons.

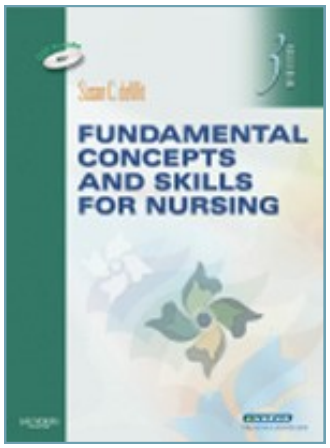
Many lives have been saved since 'Resusci-Anne' entered the scene. She has been modified quite a few times over the years and new models have been developed. She has been used in research and has aided the development of new and advanced training mannequins.

Her family has grown over the years to include Baby-Anne, Child-Anne, little Anne, the SimMan, an interactive model, and Nursing Anne Patient Simulator with removable parts. Nursing Anne can be changed to be a female or male doll.

(Cont'd on page 21)

Book reviews

Read not to contradict and confute; nor to believe and take for granted; nor to find talk and discourse; but to weigh and consider. Some books are to be tasted, others to be swallowed, and some few to be chewed and digested: that is, some books are to be read only in parts, others to be read, but not curiously, and some few to be read wholly, and with diligence and attention.
~ Francis Bacon ~



Fundamental Concepts and Skills for Nursing

Author: deWit, S.
Imprint: Saunders, Elsevier
ISBN: 9781416052289
Published Date: 2008
Price: $84 (Inc GST)

This comprehensive book and accompanying CD-Rom is an excellent introduction to basic nursing care.

The text is well set out and utilises the nursing process (assessment, planning, implementation and evaluation) in each of its forty-one chapters as a framework for individual clinical skills. In addition, for each nursing action (e.g. check the patients ID band) there is a clear and comprehensive rationale to explain why this is necessary (e.g. verifies that the correct patient is to receive the treatment prescribed). This approach really adds value to this text and will no doubt be of assistance to the student nurse (and their teachers!).

Each chapter provides the reader with clear objectives, key terms, health promotion, patient teaching and nutrition tips; safety alerts and clinical cues. Importantly the text poses a series of related questions that promote critical thinking and analysis.

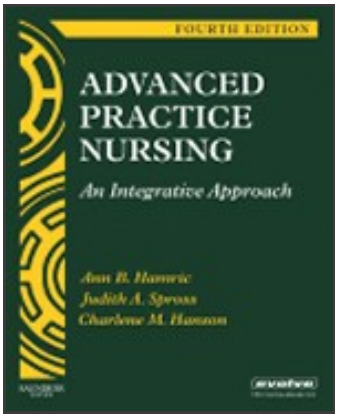
Cultural considerations (although mainly addressing the needs and mores of Afro – American and Hispanic populations) are a welcome addition to our global nursing communities as is a chapter of complementary and alternative therapies.

There is a very good use of diagrams and pictures which were clear and precise. This is complemented by the accompanying interactive CD-Rom which uses video, 3-D animation and good graphics to demonstrate either concepts (e.g. the digestive process where you follow a bolus of food through the GIT) or nursing procedures.

This text is limited only by the use of American abbreviations and some terminology.

Overall this is a very good resource for both student nurses and their teachers or for those nurses rejoining the nursing workforce who may need to refresh their professional memory.

Georgina Watts
Clinical Nurse Educator
SSWAHS



Advanced Practice Nursing. An Integrative Approach.

Authors: Hamric, A, Spross, J and Hanson, C.
Imprint: Saunders, Elsevier
ISBN: 9781416043928
Date Published: 2008
Price $85 (Inc GST)

This to me is not for the faint hearted! It is however a comprehensive text that has been written for senior clinicians (think CNS and above). It would be particularly beneficial for the Transitional Nurse Practitioner who requires a theoretical and philosophical framework for their practice.

Published in United States of America, the book takes the reader through the historical and professional development journey of advanced practice nurses. It describes the legislative and professional struggles that impeded the development and recognition of the advanced nurse and provides a comprehensive review of current models through the use of conceptualisation models.

Book Reviews cont'd

Chapters that examine sub-speciality nursing practice (e.g. anaesthetics, midwifery etc) include the use of exemplars to explain and decode advanced nursing practice in that speciality setting and also pose questions re the institutional settings where advanced practice nurses are employed.

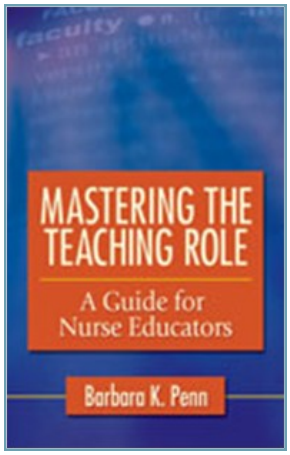
There is an excellent chapter outlining patient outcomes that are sensitive to either individual nursing interventions or formal education/ intervention programs that includes a comprehensive literature review of the published research.

The need for advanced nurses to be politically savvy and active is well covered with information re health policy, the media and innovation. The difference in the current Australian health care industry funding models (Medicare, PBS) however versus the American model (independent practice directly reimbursed) decreases the relevance of chapters dealing with Marketing and Contracting etc to the Australian reader. Overall this is a sophisticated contribution to the nursing literature.

Sandy Eagar
Nurse Educator
SSWAHS

Mastering the Teaching Role. A Guide for Nurse Educators.

Author: Penn, B. (2008)
Imprint: Philadelphia. F.A Davis.
ISBN: 9780803618237
Date Published: March 2008
Price:$69 (Inc GST)



Let's face it, we aren't all natural teachers, some of us are born with inherent skills toward teaching, many of us require a lot of help and that's where books like this are a Godsend.

With this book you can turn to a team of expert nurse educators for down-to-earth, practical guidance on the common concerns and problems faced by new teachers in the classroom. Whether you have questions about teaching and learning principles, the technical aspects of planning a course, managing a classroom, or evaluating learning, you'll find the answers here. You'll even find advice on professional issues in the higher education setting and strategies for a successful career. It provides insights from experienced, expert educators in the field & uses a question and answer format to make finding facts and guidance easy. Also included is a space in the book for notes on what works best for you. It also offers selected key resources for further exploration in areas of particular interest.
The book is broken into six sections with some easy to read tables & diagrams where relevant & an alphabetised index for easy access to required topics.

SECTION 1: PERSPECTIVES ON ADULTS AS LEARNERS
How Adults Learn. Traditional Nursing Students RN-to-BSN Students. Second-Degree Master's Students Intergenerational Perspectives. Adults as Students: Special Considerations

SECTION 2: TEACHING ADULTS
Planning a Course. Developing a Course Syllabus. Learner-Centred Teaching. The Power of the Classroom Climate. Managing the Modern Classroom. Developing and Revising Curriculum. Beyond the Classroom: Considering Distance Education Approaches.

SECTION 3: CLINICAL TEACHING
Strategic Relationships with Clinical Agencies. Developing New Clinical Experiences for Students. Managing Logistics of Clinical Experiences. Teaching in Clinical Settings. Working with Clinical Preceptors. Utilizing Clinical Simulation.

SECTION 4: EVALUATING STUDENTS AND LEARNING
Evaluating Teaching and Learning. The Importance of Objectives. Developing Trustworthy Classroom Tests. Beyond Tests: Other Ways to Evaluate Learning. Clinical Evaluation . Resolving Grade Disputes with Students. Using Standardized Achievement Tests.

SECTION 5: RECURRENT THEMES IN TEACHING NURSING
Facilitating Critical Thinking & Effective Reasoning. Teaching Evidence Based Practice. Ethical Issues in Teaching Nursing. Legal Issues in Teaching Nursing. Encouraging Professional Awareness & Activism. Developing students into Leaders. Considering Emerging Curriculum Issues.

SECTION 6: FLOURISHING IN THE FACULTY ROLE
Understanding the Nursing Faculty Shortage. Beginning in the Faculty Role. Nursing Within the College/University Environment. Perspectives of the Nursing Dean at a Small Liberal Art School. Perspectives of the Nursing Dean at an Academic Health Centre. Faculty Roles & Expectations. Anticipating an academic Career.

This is a very useful book for both beginner academic staff as well as more experienced nurse academics who may require information about teaching practices. The book is easy to read, and has a good balance of practical and theoretical information. It is also a good resource as chapters are easily selected. The strength of the book is that it draws on the expertise of many different Nurse Teachers & academics.
As a Hospital based Clinical Nurse Educator I personally found the chapters on teaching in the clinical setting, working with clinical preceptors, teaching evidenced base practice & clinical evaluation the most useful. The only criticism I have is that as an Australian Nurse it was very American in its approach & some of the information only relates to the American system & testing procedures.

Michelle Dowd CNE
Campbelltown Hospital ICU

All review copies provided by Elsevier Australia
www.elsevier.com.au

The Garling Report and its effect on Nurse Education

The following comments are extracts from the overview of the final Garling Report. The Commissioner Peter Garling SC wrote that he and his team visited 61 public hospitals; heard evidence from 628 people including patients, community members, doctors, nurses and allied health professionals; there were over 1200 written submissions from over 900 individuals and organisations; conferred with 27 peak bodies such as the specialist medical colleges, professional associations like the Australian Medical Association and the NSW Nurses' Association; and received extensive briefings from NSW Health and representatives of the 8 area health services which are the main organisational units which operate the hospital system. The final report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals was published on 27 November 2008 - ***"the Garling Report"*** and makes 139 recommendations in 1200 pages and recommends that change should be driven by clinicians ***"from the bottom up"***.

This is a wonderful and easy to read report that needs to be digested by all academic and clinical personnel that work in the health system. It is a pragmatic deconstruction of a system of health which for the most part is very good by world standards. However, as Mr. Peter Garling reports there needs to be a real change in cultural attitudes if we are to survive into the future and maintain standards as societal demographics are changing and a large part of the nursing workforce is due for retirement in 3 years time.

While it is impossible to cover the whole of this report here some of the issues specific to education are highlighted.

One of the most pragmatic suggestions made by Mr. Garling is to remove the rigid demarcation between what he calls *" what a doctor's job is, and what a nurse's job is.* Mr Garling suggests that this " ***needs to be consigned to history"***. He recommends the use of teamwork to be accepted as the norm which as he states ***" is easier to see why a qualified nurse practitioner should be able to do many jobs once reserved for doctors".***

The other recommendation made is impressive and as Mr. Garling suggests a change in the culture can only happen if the ***"why and wherefore of reform is taught in the undergraduate and early clinical training years"***. He suggests that the creation of a modern, well trained, flexible hospital workforce is a major objective and also recommends that an

"Institute of Clinical Education and Training be established with a broad mandate to take charge of the training of a new generation of clinicians in inter disciplinary team-based treatment of patients, and to assess and evaluate the clinical training of junior doctors, nurses and allied health professionals".

Then comes the important part for those responsible for educating nurses and as Mr. Garling states

" The safety and quality of care provided to patients in public hospitals depends upon the skill of the whole hospital workforce which in turn depends upon how well they were trained before coming to the hospital"

He also suggests correctly that the ***"training for everyone in the public hospital system has often been ad hoc rather than planned, too often cancelled if pressure of other business requires or money runs out. This is especially serious in circumstances where junior medical officers and junior nurses are frequently the only professionals on duty through the night to care for patients".***

Mr. Garling's recommendations for the education of all include the following as stated by him;

(a) to design, institute, conduct and evaluate a program for the postgraduate clinical education and training for all new postgraduate professional clinical staff employed in NSW public hospitals;

(b) to design, institute, conduct and evaluate leadership training for clinicians to enable clinicians to become clinical leaders and also health system leaders;

(c) to design, institute, conduct and evaluate training for clinicians to enable clinicians to become skilled teachers and trainers for the trainees in all of the programs conducted by the Institute;

(d) to design, implement and oversee an appropriate performance evaluation program for professional clinical staff whilst undergoing postgraduate clinical training; and

(e) to design, implement, conduct and evaluate clinical education and training to enable medical practitioners to be qualified, competent and capable of practising as hospitalists in NSW public hospitals.

Mr. Garling also sees it as very important for the Institute to adopt some guiding principles, including the following:

(a) that clinical education and training should be undertaken in a multi-disciplinary environment which emphasises inter disciplinary team based patient centred care;

(b) that the education and training be delivered by the most appropriate and suitable person regardless of the profession or specialty of the individual, and including, where appropriate, non-clinically trained personnel;

(c) that all prevocational clinical staff enrolled in the Institute's programs be required to spend a minimum of 20% of their ordinary rostered time in Year One and a minimum of 10% of their time in Year Two participating in the training programs;

and

(d) that the clinical education and training program for prevocational clinical staff include at least four different components, namely:

(i) Formal teaching to which currently employed and contracted senior clinical staff would contribute;

(ii) E-learning by self-completed modules;

(iii) Simulation training conducted by senior clinical staff at simulation centres and facilities;

(iv) and Clinical skill modelling where postgraduate clinical staff are supernumerary for the relevant mandatory time to enable observation of, and modelling of, clinical skills being demonstrated by senior clinicians.

Last but most importantly a major emphasis has been placed on the way community services (primary care) could reduce the demand on pressured hospitals by the implementation of more effective prevention and early intervention strategies. This needs to be taken on board by our educators as community nursing in essence may well be the nursing of the future. The Garling Report recommendations are in essence pragmatic. Nurses involved in education need to take on board the recommendations. It is a holistic assessment of all the different issues that plague a system of health that is good by world standards but needs to be bolstered by teamwork and a change in attitude if it is to survive to serve a public in a fair, equitable and ethical manner.

www.lawlink.nsw.gov.au/specialprojects

The unknown woman of the Seine

cont'd from Page 17

According to Karen Mardegan, Resuscitation Co-ordinator at Austin Health, with the introduction of the last two models SimMan and Nursing Anne Patient Simulator there will be better cooperation in training between nursing and medical staff. Advanced training can be carried out in a controlled setting that will aid patients. The new models of Resusci-Anne have removable parts such as lungs, chest wall, arms, legs and other joints.

Nursing Anne Patient Simulator, a full-body, life-like vinyl mannequin is designed to teach basic to advanced nursing skills. The new Nursing Anne Simulator brought realistic training to nurses and doctors and can be used to teach blood pressure monitoring, listening to bowel, lung and heart sounds using a stethoscope.

With the arrival of the new 'SimMan' mannequin the training in cardio pulmonary resuscitation has advanced to include training in defibrillations and heart conditions. 'SimMan' is the newest mannequin to be computer controlled. Different emergency scenarios can be programmed and he can be controlled with a computer. This gives students practice in life-like encounters that might occur in their working lives. 'SimMan' has a heartbeat, is capable of taking a breath, and shows the variations in sounds and conditions that a human might have. The student has to diagnose and treat him according to their findings in a controlled and safe environment, preparing them for real life emergencies.

Since Resusci-Anne has arrived on the scene many different techniques in CPR have been attempted. Often the instructions on how to perform CPR were different for laypeople or trained nurses and doctors. New guidelines were written every year and this made it hard to reach consensus on the best approach or technique for teaching and performing CPR. There were instructions for a one-person or two-person approach, different requirements for children from babies to ten-year-olds and adults.

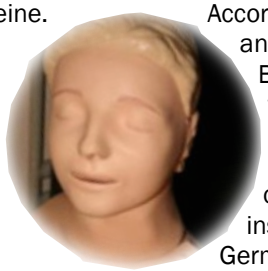
People were often confused and no resuscitation attempts commenced until the Emergency Service Personnel arrived at the scene. Much focus was on rescue breathing and very little emphasis was placed on chest compressions in the early years. But, with better understanding of the human body and the interactions of the systems this has changed over the years. New studies have emerged that prove chest compressions form a vital component of CPR in restoring cardiac functions after a cardiac arrest. With all the advantages in medicine and life sciences early CPR after a cardiac arrest is the best chance for the person to survive. The existing emergency response guidelines indicate that chest compression-only CPR should be used in out-of-hospital cardiac arrest if the rescuer is unable or unwilling to give mouth-to-mouth ventilation.

Any resuscitation attempt is better than none. If CPR is started in the first few minutes the damage to other vital organs is likely to be minimised, providing a person with the prospect of resuming a normal life after such a dramatic event. Resuscitation attempts have much improved over the years from the humble beginnings of blowing smoke into the victim's chest to having the best medical equipment and training facilities to aid successful resuscitations.

After thirty minutes of hyperactivity there comes the call: "he is breathing and we have a pulse." The frantic efforts of the resuscitation team have been successful. Every person in the room takes a deep breath. The administrators and teachers step into the room and are pleased with the hard work the students, nurses and doctors have demonstrated.

This has become the new way of training doctors and nurses in resuscitation techniques. During the training session the student's every action was recorded and now they have to watch the video and analyse their performance. Welcome to the new interactive teaching of resuscitation using state of the art equipment to aid learning in a safe and controlled environment.

Romantic stories have been written about the young girl pulled from the River Seine. According to one, her death was the result of an unrequited romance. Maurice Blanchot, who actually owned one of the masks, described her, "a young girl with closed eyes, enlivened by a smile so relaxed and at ease…that one could believed that she drowned in an instant of extreme happiness." In a German story by 'Ernst Benkard 1926' she is described as:



"Like a delicate butterfly to us, who, carefree and exhilarated, fluttered right into the lamp of life, scorching her fine wings."

Despite all the new and advanced training models to teach CPR 'Resusci-Anne' still travels in her suitcase and newer lither models travel in a body bag. She is an inexpensive tool that can be used every day in teaching vital life-saving techniques such as mouth-to-mouth ventilation and chest compressions. Her face continues to smile and urges people to kiss it, so go on, kiss this face, with the ethereal smile and learn basic CPR. Your skills maybe needed one day for your wife, husband, and children or a member of the community

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Welcome to the New ANTS Members

The Australian Nurse Teachers' Society (ANTS) offers a warm welcome to the following registered nurses who have decided to join the organisation

Danielle Barnes WA

Shaula Bath WA

Maggie Darby WA

Carole Donaldson WA

Karen Howden WA

Edwina Jachimowicz SA

Eugiene Jelly WA

I start with the premise that the function of leadership is to produce more leaders, not more followers.

Ralph Nader (1934 -)

Websites of Interest

University at Sea

Credits While You Cruise

Check this website. It sounds like a wonderful relaxed way to learn

http://www.continuingeducation.net

CARESEARCH
Palliative Care Knowledge Network

CareSearch *palliative care knowledge network* is an online resource consolidating evidence-based and quality information for various groups within the palliative care community. The website has been funded by the Australian Government as part of the National Palliative Care Program.
Check it out
www.caresearch.com.au

Nurseconnect

NurseConnect is an online nursing community and networking site for nurses and other healthcare professionals interested in advancing their education, careers and personal lives by sharing experiences and knowledge with others.
Check it out: www.nurseconnect.com

Numeracy for Nursing Web Resource

This is an eclectic group of fun websites that can be used to challenge the mind, which can be given to all learners who feel that mathematics is not their forté

http://www-users.york.ac.uk/~ijc4/numeracy.htm

Youtube

Consider the potential or impact You Tube can have on nursing education. While there is a lot of discussion regarding some of the rubbish on YouTube it is a form of communication that cannot be ignored. This emerging technology can change the way nursing education is offered
Check out

http://www.youtube.com/watch/v=_JUEVEENEE4M@feature=related

Lots of small videos for learning concepts both via angioplasty, echocardiograms and 2 and 3 D animations

Also for fun check: www.youtube.co./watch?v=xFAWR6hzZek

ICCMU

Intensive Care & Coordination Monitoring Unit
This website very useful for news up-dates in the ICU arena
Check it out:
http://intensivecare.hsnet.nsw.gov.au/current/node

nursesaregreat.com Whacky site run by an RN in the USA but she has some good links

www.howstuffworks.com
Great site to play with good section on the brain and anatomy and physiology . comes under physical sciences

Conferences and Seminars

Critical Care Nursing Continuing Education
10th Annual Meeting ICE 2009
29 - 30 May 2009
Hotel Grand Chancellor Hobart Tasmania.

Phone: 61 (3) 9347 8577
Freecall: 1800 357968
Fax: 61 (3) 9347 968
ice@acccn.com.au

It is a primary objective of the ICE Meeting that delegates are participants rather than attendees. Discussion is vital and the Chair of each session will actively facilitate this aspect of each session. The very popular ALS Fast Track Certification will be available for those wishing to gain recertification during the meeting. An Adult and a Paediatric ALS program and Instructor program are offered prior to the ICE Meeting commencing. The ADAPT program will also be available.

Please visit http://www.joannabriggs.edu.au/events/2009NAC/home.html or Chris Cafcakis at chris.cafcakis@adelaide.edu.au for more information.

Conferences and Seminars cont'd

NETNEP 2010

3rd International Nurse Education Conference
11-14 April 2010, Sydney, Australia

Important dates and deadlines

4 September 2009: Deadline for submission of oral and poster abstracts
26 October 2009: Authors notified of paper acceptance
7 December 2009: Author registration deadline
8 February 2010: Early booking deadline

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

29 September - 2 October 2009
Sheraton on the Park
Sydney

the Australian College of Mental Health Nurses Inc.

35th Annual International of the Australian College of Mental Health Nurses
MIND TO CARE SYDNEY 2009
http://www.acmhn.org
Registration opens March 1st

NI2009 28 June – 1 July 2009 Helsinki • Finland

The theme of the 10th NI Congress is
Nursing Informatics – Connecting Health and Humans.
The congress programme will include keynote presentations, papers, posters, tutorials, workshops, panels, scientific demonstrations, professional site visits and commercial exhibition. Meet the delegates and feature your company and/or products at the NI2009 congress. The exhibition will give the p:articipants a broad view to technologies and services available.
We hope to see you in Helsinki on 28 June - 1 July 2009! To register **www.ni2009.org**

Captivated in the moment as they listen to the reflections of the nurses involved in Nurse Education

Breakfast at Mary Mackillop Campus ACU

Perhaps you would like to have your research published, share your experiences educating nurses, comment about an article? If you have a story about nurse education, or an innovative idea you would like to contribute we would like to hear about it.

DEADLINES FOR SUBMISSIONS & ADVERTISEMENTS FOR INCLUSION IN ANTS AUTUMN EDITION 2009 NO LATER THAN May 30th 2009

(exceptions: by prior arrangement with editor)

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Front Cover: Tuan Chau 2nd year Student Nurse UTAS