The Australian Nurse Teachers' Society Bulletin
Winter Edition 2009

Working Together for the Future of Nursing Education

ANTS

ATTENTION READERS PLEASE READ PAGE 21 REGARDING FUTURE OF BULLETIN

Special Points of Interest

The Pearson /ANTS Nurse Educator of the Year Award please turn to page 16 for details on how to enter

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Christmas in July with Jan Sayers from Curtain University

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New Graduates in Haemodialysis and Haematology/ Oncology

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Learning about Learning and much much more

Learning the ropes in Oncology/Haematology Nursing

A Very Warm Welcome is extended to our new ANTS Members

1.	Jacqueline Aguiar	WA
2.	Rosalyn Aspinall	WA
3.	Gail Christensen	WA
4.	Janet Cooke	WA
5.	Julie Dally	WA
6.	Malcolm Elliott	VIC
7.	Jan Farrell	NSW
8.	Erica Freese	WA
9.	Fiona Foxall	WA
10.	Lyn George	SA
11.	Jayne Harris	SA
12.	Anne Goldstein	WA
13.	Jillian Hodgson	WA
14.	Anne Kimberly	WA
15.	David Ind	SA
16.	Alan Lacco	Vic
17.	Carylyn Lenehan	VIC
18.	Katherine Lindsell	WA
19.	Margaret Mason	NSW
20.	Caroline Nilson	WA
21.	Wendy Pearce	WA
22.	Melanie Robinson	WA
23.	Gretchen Rayner	NSW
24.	Kerry Reid– Searl	QLD
25.	Pamela Sessions	NSW
26.	Janice Vicery	WA
27.	Karen White	SA
28.	Cheryl Wilden	SA

The President's Letter

Dear members,

This will be my first letter as President of the National Executive so I am concentrating on national issues. The National Executive currently consists of our current President, Vice-President, Secretary and Treasurer and we will be having our first National Meeting next month with State Branches. We are working hard on finalising the constitution document following legal advice will be working on developing new policies which will supplement the Constitution. This will be available on our website. NSW will also become a State Branch and function in the same way as the other branches. We welcome South Australia as our second state branch. I presented them with their own banner at their launch on the 7th August. See their report on page 12. We plan to have Queensland up and running soon. If you belong to any state or territory and want to establish a branch, please email me.

The Secretariat of ANTS which handles all national business, including membership, will continue to retaining Lesley Saunders as the secretariat but due to changes made from the College, the office has moved from the College of Nursing. See on page 19 for the new contact details. ANTS remains affiliated with the College of Nursing.

The analysis of the Teacher Competency Research data has been completed, a draft of the new competencies will be on the website. We are relying on members to disseminate these and send in comments. The website will have a Discussion Forum to facilitate this process. We will be also asking the New Zealand Conference delegates for feedback following a poster presentation at the Christchurch Education Conference.

I hope you have put in your abstract for the International Nurse Education Conference in Sydney 2010 and encouraging colleagues to attend. I look forward to seeing those of you who are attending the Christchurch Conference at the end of September, it looks an interesting programme. We need ANTS members to support these conferences.

Don't forget to nominate for the Pearson Nurse Educator's Award. This is a wonderful opportunity for educators to be recognised for their services to education. Any ANTS educators whose main role is educating nurses are eligible for this award. I would also like to thank all members who are supporting Jan Sayers' research into the role of educators in acute care, please encourage your associates to participate in this research.

If any of you have assignments or projects that would be helpful to other educators, please contact Olivia for assistance in publishing in the Bulletin. We want ANTS members to have a forum for discussion, please check resources on the website and become involved in discussion. Let us know what your expectations of ANTS are, and how best we can develop ANTS into a powerful representation for educators.

Keep facilitating great learning experiences!

Jacqui Guy

ANTS President

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Editorial

Dear Colleagues.

Resilience a splendid word that has described nurses' attitude and behaviour over the years. I love the sound of this magnificent word ..... Resilience ..... The ability to positively adjust to any kind of privation is not an easy task in today's modern world where the younger generation are alleged to be spoiled and indulged. God knows (if you believe in a higher entity) but the problems that abound in the health arena these days would test the spirit of the most saintly nurse. The financial cut backs, staff shortages, poor skill mixes in the clinical arena are but a few examples that are stunting the growth of ongoing nurse education.
Every day during my rounds of a large tertiary metropolitan hospital I witness numerous young Clinical Nurse Educators taking on more and more patient loads, acting as NUMs on top of ensuring that countless neophytes, new graduates and experienced clinical staff are supported in their pursuit of professional development and mandatory training.

They perform at a very high level because they are passionate about their roles as educators. We thank them and admire them for their valiant efforts in keeping up with professional standards. They can be observed building positive and nurturing professional relationships as they maintain an affirmative stance in the face of adversity. Their resilience is compounded because they have the ability to make connections and encourage team work as they view crisis as a challenge that can be resolved. The other aspect of their resilience is the ability to accept change which is not easy as most of us wallow in our comfort zones. However, these wonderful mostly young people persevere despite all the challenges thrown at their feet on a daily basis. Our speaker at the ANTS Christmas in July informs us that nurses involved in clinical education could so easily become an endangered species. It will be hard to imagine life in a hospital without them. If they are to survive and maintain their essential role in the nursing education chain we need to ensure that the powers that be learn to embody the following affirmation (I use this term affirmation loosely for those of you with an agnostic or otherwise atheist bent) is the "Serenity Prayer" which goes like this:

Grant me the serenity
to accept the things I cannot change;
courage to change the things I can;
and wisdom to know the difference.

The punch line is in the last sentence. The difference between a CNE, a CNS and a CNC. While a CNS and a CNC have defined specific roles within the nursing network a CNE's role is vague. This came out at our Breakfast seminar last February. What needs to happen is to really define the role of the Clinical Nurse Educator , appreciate what they do and not blindly use them use them as a buttress to fill in gaps. Their role in continual education and the maintenance of good evidence based nursing practice has been shown to maintain good practices which is essential for good ethical nursing practices. Let us not test that resilience into oblivion.

Olivia Mulligan (Editor)

News from the College of Nursing Burwood Sydney

As the Australian Nurse Teachers' Society (ANTS) is affiliated with The College of Nursing it is incumbent on us to inform our readers of any events and updates to ensure consistent communication. We have been requested to inform members that In the light of the current global financial situation along with all businesses in Australia and overseas the College has had to review its activities and related staffing levels. The College assures us that they will continue to deliver quality products and services into the future. There are a number of exciting new initiatives underway inclusive of the Advanced Diploma in Nursing (for Enrolled Nurses) with electives in Aged Care, Critical Care, Mental Health or Perioperative Nursing. The College remains to be one of the largest single providers of education for nurses in Australia with around 7,000 registered and enrolled nurses undertaking courses each year.

Happy 60th Anniversary to The College of Nursing

May we as a society wish The College of Nursing a very "Happy 60th Birthday" and best wishes for the future. Ian Steep of The College of Nursing reminded the audience how it all began 60 years ago when Australian nurses battled for education during World War 2 a difficult time for Australia . He also remarked on the incredible group of women responsible for founding the College. It seems that they were a very resilient lot in so far as they simply overcame obstacles like the lack of funds and premises and not much encouragement from the nursing profession to start the College of Nursing. They used their own connections to achieve their goals. We congratulate those wonderful women who have left us with a wonderful legacy as we all benefit from the organisation of well constructed courses in several specialties.

Christmas in July Celebrations

Ms Jan Sayers senior Lecturer and PhD candidate informing ANTs members on the rudiments of her research project which investigates Nurse Educators in the Acute care areas of Australian hospitals

The star attraction was Ms Jan Sayers on the extreme left as she enthralled fellow nurse academics with her knowledge and expertise

The movers and the shakers Shirley Magua (standing) and Jenny Blundel (sitting on the extreme right) inclusive of Nurse Academics, Nurse Educators, Clinical Nurses Educators, Clinical Facilitators as they take advantage of an opportunity to network and exchange views

The Australian Nurse Teachers' Society (ANTS) annual Christmas in July celebration was held at the Mercure Hotel in Parramatta NSW. This year's event was very well attended by a very mixed group of Clinical Nurse Educators, hospital Nurse Educators and academics from the surrounding Sydney and Newcastle universities. The fare and ambiance was *"par excellence"* and thoroughly enjoyed by all who attended

Seen here in the throes of networking is (L) Gerda Tolhurst (ANTS member) and of Nurse Educator competency fame as she listens to Annette Wright (ANTS member)

Ms Sayers research is in effect groundbreaking in so far as she is investigating the role played by nurses involved in nurse education in the acute care sector in Australia. Ms Sayers invited all members to become participants in this large study. The study is named **NEACH** an acronym for **N**urse **E**ducators in **A**cute **C**are **H**ospitals. According to the information handed to each member the following applies:

The study aims to investigate, the role, scope of practice and performance standards of nurse educators (this means all nurses involved in clinical nurse education) within acute care Australia.

Christmas in July Celebrations cont'd

Project outcome

As stated by Ms Sayers *"this work will address identified research required in the field of nurse education and the health workforce by constructing an account of the nurse educator role in Australia and offering recommendations for future nurse educator models and research"*

Background

Ms. Sayers explained how acute care hospitals are under increasing pressure and scrutiny from both the public and administrators. The nursing profession has been restructured but there ambiguity and conflict within nursing roles and the nurse educator role it is argued is largely invisible in the contemporary discourse. There is blurring of the role between other nursing classifications, namely clinical nurse consultants and clinical nurse specialists as well as the delineation between the academic and clinical setting. The danger states the investigators is that the nurse educator role could become invisible not only in scholarly discourse but as she states more importantly within the clinical arena.

How will the project be implemented?

Phase 1: Broad consultation and engagement – April 2009 – April 2010

Input will be sought from Expert Advisory Group representatives to inform the study.

Phase 2: National survey– June 2009 – August 2009

A pilot survey of nurse educators working in the field will be conducted to identify their role, scope of practice, career intentions and professional practice environment

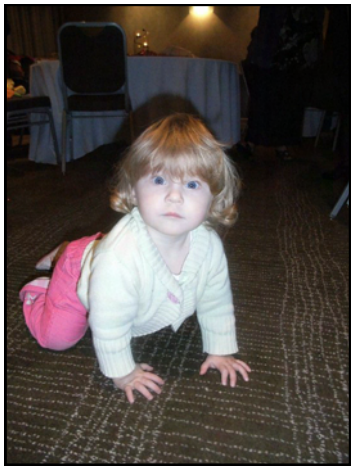
Phase 3: Consensus Conference – December 2009

Phase 4: Communication and dissemination – 2009/2010

A communication, dissemination and evaluation strategy will be implemented to raise awareness and facilitate adoption of the study findings and recommendations in Australia.

We wish Ms Sayers well in her study and support her as much as possible. We look forward to the results which it is hoped that those involved in the education of nurses within the Clinical field of acute care will be given the respect and acclaim they truly deserve.

Pictured above are some of the Liverpool Hospital Nurse Education Contingency (L to R) Maria LiDonni. Standing is Shirley Magua, Judith Isbister, Poonam Nagar and Olivia Mulligan



Meet Baby ANT Cassandra who behaved beautifully as she accompanied her Mother Natalie Hicks and friends all the way from Newcastle.

The Newcastle contingent supporting the ANTS Annual Fare (L to R) Natalie Hicks, Elizabeth Newham and Carolan Aartsen

NEW GRADUATES PERFORMING IN CLINICAL PRACTICE

Ms Judith Isbister Clinical Nurse Educator Haemodialysis Department Liverpool Hospital NSW

Clinical teaching in nursing has been defined as the mode that provides students with the opportunity to translate theoretical knowledge into the learning of a variety of skills required to give patient-centred care (Schweer & Gebbie, 1976).

The introduction of new graduates into specialty areas has been an amazing challenge to not only to the graduate nurses but also to the nursing staff in the units. When I commenced in this position two years ago I recognised the need for a specific new graduate program, which I developed.

Our new grads are supernumerary for three weeks, in this time they are given haemodialysis specific in-service for three days and learn how to set up the machines. We are then taking one patient with the intent of building up to four patients over the three weeks. During this time they are working through the renal specific clinical skills.

The process of skills assessment will facilitate their transition through the unit specific competencies. An example of this is to be able to set up a dialysis machine, connect a patient, monitor a patient throughout dialysis and disconnect at the end of treatment.

RN Arnez Zaguirre demonstrates how the haemodialysis machine works to student nurse Maria Mouriano from UWS

For me the challenge has come from dealing with nurses varying degrees of experience. While some are taking their patient load at the end of the three weeks others are not and require extended periods of support. It is very rewarding to see them develop over the months into competent nurse who can understand the principle of dialysis and work autonomously with in the team.

It is an enormous undertaking on the new graduates part to enter a renal dialysis unit on a first rotation. Which I am sure they approach with nervousness and anxiety as they are faced with the demands of clinical work and obtaining mastery not only in clinical skills but also technologically.

While it may not be either possible or desirable to eliminate some of the more stressful aspects for the novice nurse it can be an effective learning process when the senior nurses are approachable and willing to explain or demonstrate in a way that is both realistic and constructive which our nurses are. To this end we have commenced a preceptorship program specifically aimed at new graduate nurses.

Judith goes through the checks in ensuring the procedure of haemodialysis runs smoothly and safely for the recipient with new graduate nurse Nwamaka Ugochuko

The preceptor will always be a senior nurse who will function as a role model, educate and assist in the socialisation, learning, and support of the new graduate. It is anticipated that during this time of teaching and learning, professional bonds can be formed which will build a foundation for the new nurse to continue learning. It is also anticipated that new graduates will be guided by their preceptors beyond the set preceptorship period.

In conclusion it must be said how easy it is to be impressed by the effort required of new graduates, with all that is expected of them, during the initial months of their transition from university to clinical practice. The physical work, the demands of rotating shifts, seven-day working weeks, skills to be mastered, this will all require a great deal from each novice. The emotional demands of new, complex, and sometimes distressing situations are just as challenging. While, for myself it is personally rewarding, it is also a formidable challenge.

Judith Isbister

Clinical Nurse Educator

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Benoliel, J. Q. (1988). Some reflections on learning and teaching. *Journal of Nursing Education*, 27(8), 340-341.

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NEW GRADUATE NURSES IN HAEMATOLOGY/ONCOLOGY

I love new grads'. They're fresh and eager to learn, and seem to be getting more and more inquisitive, keen to question, which is great, though often a big test of my knowledge.

Staff numbers permitting, the NUM will usually try to give the new graduates at least 2 supernumerary days which allows me to spend time explaining the core philosophy of the ward and introduce the new nurses to the world of cancer. At the start of their rotation, the NUM and I will sit down and explain our expectations of the new graduate. To most this is at first daunting but it is a good "get to know the boss" discussion. Most come out much more relaxed than when they entered.

Then it's my turn, the first thing we'll do is a tour of the ward with introductions to the regular staff. After this there's lots of paperwork. Once we arrange, keys, lockers, record some personal information, then we begin by reading through an orientation of the ward that discusses what types of patients we look after, ward routine, sick leave etc. We have a number of typed guidelines for new staff which include, "Nightshift Routine" and "Guidelines for the In-Charge". This will all be given to the new graduate, hoping they'll get a "feel" for what's in store. They are given a "Needs Analysis" which asks them to indicate those nursing tasks they are familiar with and those they have not done. I will follow this up at a later date, hoping to cover some of those things they haven't been exposed to in the past.

There are two education sessions given to all new staff, hopefully within their first week of work. The first is titled "Cytotoxic Safety" and the second "IV potassium". New staff must be educated about chemotherapy and the precautions needed when handling body waste and spills, and as we often use IV potassium it is important they are reminded of the dangers linked to its misuse.

Lesly Regalado New Graduate Nurse (L) and (R) Gai Fairnham Clinical Nurse Educator

The ward has a "Mandatory Policy" folder filled with those policies relevant to the area. New graduates are expected to read and sign off each of these. This can be very tedious, so I try get them to do this in short bursts through their first week.

Next is the "New Graduate Self Directed Learning Package". This is a new tool, brought by the NUM when she transferred to us from another area. New Graduates are given 2 months to complete the package which, whilst having a haematology/oncology slant, looks at basic nursing skills and knowledge, testing the new graduate's problem solving ability. New graduates often complete this in consultation with their colleagues on the ward.

With their first rotation completed in the Oncology/Haematology ward (L-R) Lesly Regalado, Carolina Valerio and Li Tong celebrate their learning and look forward to their second rotation within Liverpool Hospital

The NUM and I match each new graduate with a preceptor. Each preceptor has attended a formal preceptor education session, arranged within the hospital. The preceptor is a "buddy" who looks out for their new colleague and also helps with education. When possible they are rostered on similar shifts.

I am very fortunate to work in an area that has many experienced staff, which makes my job much easier. The 8 o'clock medication round is the busiest on our ward, so on their second day of orientation the new graduate will work closely with one of our experienced RN's and observe this medication round, looking at the organisation needed at this part of the shift. We have computer generated time sheets for staff to organise their day, new graduates are encouraged to use these.

Gai Fairnam (CNE) supporting the new group of newly Graduated Nurses (L-R) Gai, Jessica Dickford, Julie Stone and Kim Sharkey during their first week of orientation to this specialty

In their second week on the oncology/haematology ward I will take staff on a tour of the departments we work most closely with. I will show them the Haematology office area, blood bank, where one of the staff give a brief overview of how things work, specimen reception, the cancer therapy centre and cancer therapy pharmacy. Overall the new graduate, I hope, is made to feel a valued part of the team and understand the part they play.

Gai Fairnham

CNE and Breast Cancer Care Coordinator (Acting)

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Learning about Learning: Adults Working and Learning in the Knowledge Era

by Pauline Murray-Parahi (CNE) Hoxton Park CHC

Like educators elsewhere in this information age and ever changing global environment, the demands placed on the Clinical Nurse Educator (CNE) are increasing at a challenging and frenetic pace. However unlike our colleagues in mainstream education, who focus on pedagogy, or the science of education, the essential criteria of the CNE role, with the exception of CERT IV (Training and Assessment) does not require post graduate qualifications in education. Even the title CNE has connotations of a task (clinical) focussed role, putting us at a distinct disadvantage to our non-nursing educator colleagues in terms of understanding the pedagogical processes. Moreover a competency-based approach guarantees our efforts are firmly focussed elsewhere with little resources if any, dedicate to contemplating the theory behind teaching and learning.

Competency versus Competence

Despite the recognition of adult learning principles in nursing, taken as a whole, there is still a preponderance of activity and effort placed on nursing professionals, particularly new practitioners, achieving clinical competencies (Duffield et al 2007). This is especially apparent in areas where there is high turnover of staff and an inadequate skill mix where there is a tendency to have yearly competencies and less staff actively engaged in independent professional development or clinical supervision (PGMP-RJ 2008). Which begs the question- is this apparent confidence in competency-based assessment (CBA) misplaced? Do we need to have every box ticked? Should there be competencies for every procedure can we assess every aspect of clinical/ professional practice, particularly in the community setting where the role requires a higher degree of autonomy and problem solving (Smith 2008). And if competencies are the means to the end, does having every competency signed off ensure safety? Can professional competence be determined by achieving a competency and is this actually measuring what we think it is measuring- professional competence? Or does this in fact contradict the principles of Adult learning and do we need to re-examine how we learn… do we need to ***learn about learning***?

How do adults learn? Changes in the approaches to teaching and learning

Over the ages the approaches to teaching and learning has changed as the world and our environment has changed. There have also been a number of changes to the lens or perspective from which adult learning and indeed other learning theories are viewed (Pratt 2002). The notion of adult learning and its attributes; self-concept, experience, motivation to learn, orientation to learning and readiness to learn are widely accepted truism. From a pedagogically historic perspective, the industrial age focussed on formality and rigidity where teaching and learning was mechanised and structured, and the similarities to some stalwarts practices currently in nursing gives one pause for reflection. Conversely the hallmarks of post modernity, heralded by the information or knowledge era, is denoted by less rigid, informal and fluid approaches to adult teaching and learning. The principals of adult learning, although not previously ensconced in a theoretical framework, existed long before Knowles gave them utterance by attaching the label of Andragogy (Smith 2002). Whilst learning theories are an important guide to practice, Pratt (2002) argues perspectives are a better alternative and indeed might curb our natural desire for homogeneity and support of pedagogical orthodoxy. This is especially true in nursing where the culture can very easily become orthodoxy and difference is not valued (Clarke 2008). Although there are many models of learning in this epoch, the two that dominate the nursing landscape are the ***expert centred*** approach (EC) and the ***work-based learning*** approach (WBL). Another approach which is gaining some ground in education research circles is the ***life-based learning*** (LBL) approach (Weatherly 2005).

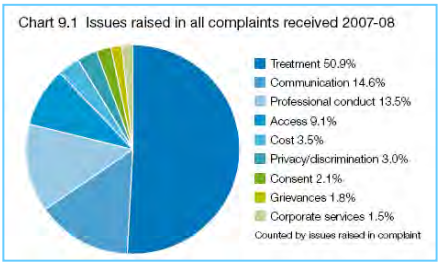
Life-based learning

From Staron et al 2009 a.

Life-based learning is concerned with looking at the big picture; essentially having the potential to incorporate everything that occurs in and outside of the work environment since it views learning which occurs outside the work environment is just as valid (ibid). The metaphor for this approach has been referred to as a learning ecology (Jasinski 2005); knowledge and experience is used or recycled- nothing is wasted. As a result the of the problem-based or sickness model approach to health, despite all the political posturing and health-based rhetoric to the contrary, rationalisation of resources effects community (primary prevention) more than most. With this attitude in mind it is little wonder the support of innovative approaches to nurse education is greeted with ambivalence opting instead for a decidedly more reactive approach to teaching.

Current Government and Sector policies: Impact on teaching and learning

HCCC (Health Care Complaints Commission) inquiries leading to the recent Garling Report (2009) which recognised the need to focus on the clinical education and establishing Clinical Education and Training with a broad mandate to train and assess all health staff. Since the report there has already seen a shift in workforce development, with the focus diverted from nurse educators to CNEs. If this trend continues it could result in fewer career pathways for CNEs. The natural attrition of nurse educators as some suggest (Sayers 2009) could conceivably see teaching and learning opportunities with diminished opportunities for collaboration with academics and higher learning in favour of skills based assessment (in PGMP-RJ 2009).



According to the most recent HCCC figures however (see chart 9.1); complaints concerning professional conduct, accounts for only

Learning about Learning cont'd from Page 8 Pauline Murray-Parahi

13.5% of all complaints received (HCCC 2008:24). Professional conduct is made up of several other subcategories includes complaints about competence, assault, sexual assault, misconduct and fraud, Moreover this figure also includes *all* healthcare professionals including medicine which represents the bulk of all complaints (HCCC 2008: 23-25).
Comparatively speaking, given the paucity of complaints levelled at nurses in the professional misconduct category one could conclude this is because competencies are so much a part of their education; however there are several reasons why this argument is moot. Firstly nurses represent the largest professional group Australia-wide (NSWNA 2008:21), secondly the competencies of medical professional are even more closely scrutinised and thirdly they record a much higher incidence of all complaints of all professions combined (HCCC 2008). If strict adherence to clinical competencies were a mark of clinical competence then this would not be the case.

Competence, as opposed to competencies, is a fluid concept depending on the context. There are many examples where highly skilled competent nurses have been put in the position of relieving in an unfamiliar ward or specialty area. Whilst they might be deemed clinically competent or indeed an expert in an acute environment such as intensive care, however this same individual might struggle to cope in a new environment which requires a completely different set of skills, such as in the community. They are still an expert nurse but the context has changed, they have no contextualised experience to draw from. Yet nurses with a more generalised skill set but better developed problem solving skills and a capacity to self-monitor learning have the ability to adapt more readily.

How do we effectively assess learner outcomes?

Even how competency assessment is conducted runs counter to adult learning principles since experience (expert knowledge and skills) is undervalued. In many areas of nursing, CNEs conduct all the competency assessments. This is based on a false but widely held assumption that only CNEs or those with CERT IV can assess a competency, when in fact, unless credentialing at a national level is involved; assessment of such skills at a local level should dependent on the assessor having expert knowledge or mastery of the skill (Kidson, 2009). But are CNEs the best choice for the task? Since CNEs do not have a clinical load, CNSs and CNCs who do understandably have a clinical edge in terms of experience and foreseeing complications and contingencies are arguably better placed to assess true clinical competence. This has been referred to as critical mass by a respected CNC colleague who specialises in burns; this notion was used in the context of best practice in burns treatment. Referring to the effects on professional practice and development by being exposed to working with so many burns patients at such an expert level, although it wasn't articulated at the time, she was essentially placing a value on experiential learning; it also refers to consistency and recency of practice.

Reflection

When researching for this article, and with the pressure and ensuing mania required to complete 4 assignments in less than 2 weeks… (Preceded by the obligatory cleaning or eating any inanimate object in sight) there were a few (only a few) moments of clarity but there was one occasion where I felt a nanosecond of brilliance… I am of course referring to my LBL epiphany….The recognition that not only was I an avid proponent of life-based learning- but I have been doing it since I can remember- certainly long before educational researchers attached a name to it or found a clever metaphor! I felt like I was before my time rather than the *bloody maverick* or a *pain* as one mentor described me (you know who you are). As a natural brainstormer, hoarder and cheapskate, I slid very easily into this fit of *learning economies*- since I never waste a resource or an opportunity. It also validates my feelings of frustration at more conservative approaches and worse still- not being understood. Now I understand in terms of, nursing pedagogy I am most assuredly before my time. Whether those wielding the power and who control the direction of nursing education actually recognise the value of LBL remains to be seen. Perhaps all that is needed, as Jasinski entreats, is to find them a suitable metaphor (Jasinski 2005). Since nursing involves many task-based skills, in periods of high stress, particularly staff shortages- there is a tendency to focus on the task rather than the rationale or why we are doing the task- this is especially apparent with neophytes. Having said this, the behaviourist approach to teaching and learning can be a seductive and easy alternative to reflective practice. Whenever I feel the need for a shortcut…. I seem to be hardwired to recall a popular saying when I was an undergraduate;

…"you can train a monkey to take a blood pressure…"

Not that this was meant to deride nursing skills per se, but was an expression used when confronted by the usual disparaging remarks about tertiary trained nurses from their hospital trained counterparts, "so you can take a blood pressure… can't you?"
I take no credit for this clever retort, since mine often occurred so long after the fact they failed to be effective. I believe it originated from a sympathetic facilitator (probably from a nurturer perspective)….perhaps even an ANTS member. The subtext to her riposte was that the skill wasn't as much an issue but the rationale behind the skill. Once apprehended this concept made all the difference. It would eventually reveal the depth of knowledge required to comprehend and appropriately respond to the information provided through performing this relatively simple competency.
Since the seduction of *doing* was (and still is) so firmly embedded in the culture of nursing, it still took some of us many years to refocus on the rationale because "*doing*" a skill (particularly in record time) - competencies and efficiencies - were seen by many as the mark of a good nurse, rather than the notion of competence and developing as a *whole* professional. So it seems culture can sometimes be a barrier to deep learning and professional development.

Conclusion: there *is* no conclusion… its lifelong learning!

Despite acknowledging the value of individualising learning or facilitating professional reflection in an inclusive culture, a predominantly competency based approach seems to be more akin to a blame culture rather than a reflective learning process. Part of any lasting and positive change to this paradigm may be to consider the notion of risk minimisation. Rather than attempting to

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WA Branch Education Forum

"Education for Educators"

On 17th June 2009, the ANTS WA Branch held their first education forum. The topic presented was ***"Education for Educators ".*** A very encouraging 26 people attended from various WA hospitals and tertiary institutions. ANTS was *promoted* during the course of the evening and 11 new members were recruited. These new memberships add to the ever expanding WA Branch. The venue of The Senate Suite at Murdoch University provided very comfortable surroundings for the group and was conducive to round table discussion and debate. Branch members enjoying discussion and debate. Doreen Malloy, Lecturer / Unit coordinator from Edith Cowan University (ECU) - Joondalup Campus; Diana Jonas-Dwyer, Associate Professor in Medical Education from University of Western Australia (UWA) and Kamaree Berry, Senior Lecturer / Program Chair- Undergraduate from Murdoch University (Murdoch) - Peel Campus, presented information on the courses available at their institutions for nurses working in an education role. Information handouts were provided to participants on Interstate courses available. Kamaree Berry presented an update on the changes occurring in relation to National Registration and Accreditation Scheme and Julie Jackson facilitated a lively discussion on the implications of these changes for nurse educators within the tertiary and clinical settings. Evaluations were distributed at the conclusion of the forum. 100% of participants agreed that the event provided them with the opportunity to network which is one of the main aims of ANTS. There were also many suggestions for future topics which will ensure the WA Branch Committee are kept very busy! The committee are looking forward to their next education forum to be held on Wednesday 19th August 2009. The topic for presentation and discussion will be ***"Current Trends for Nursing Students"*** looking at preceptor models currently being used in Western Australia and the UK.

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The South Australian Branch of the Australian Nurse Teachers' Society (ANTS)

SA committee members: Back row- David Ind, Karen Wooten, Carolyn Rose. Front- Didy Button and Michelle McLay

On August 7th the South Australian Branch of ANTS was launched. A small but enthusiastic group attended the launch meeting at Modbury Hospital, apart from the attendances several apologies were received from current members that were unable to make the launch. Jacqui Guy ANTS National President welcomed the group and presented the essential information on getting the branch running. Elections were held to determine the committee. There were many discussions amongst the group about what can be done to support current educators, the new and the future educators in SA. We were also able to secure some new memberships and will work hard at continuing to do so. I would like to thank Jacqui for supporting the venture and being able to attend the meeting, so we now have a professional organisation in SA for nurses involved in education and training. I would also like to thank those who attend the launch, and hope you are out there spreading the word about our new branch and thank those that sent apologise prior to the night. Finally the committee for being willing to participate and support and organisation branch that I hope will flourish and be successful

Michelle McLay: South Australian Branch Chairperson
Education Facilitator, Staff Development Unit
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Tel: 8161 2248. Pager: 40103
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Jacqui Guy National President of ANTS with some of the ANTS members in SA

Learning about Learning cont'd from Page 9 (Pauline Murray-Parahi

eliminate risk by simply crossing the "T's" and dotting the "I's", certainly the recurrence of HCCC enquiries and IIMS (Incident Information Management System) reports – (a system of recording critical incidents and measuring risk) arguably suggests the current competency based model falls short of this mark.

Engaging adult learners by facilitating their ability to discover suitable learning experiences and meaningful metaphors in everyday activities might be a better alternative. Thinking outside the square, by encouraging innovation born out of creativity, recognising prior learning experiences and validating their knowledge in addition to establishing a safe environment where accountability is encouraged and reflection is practiced. Rather than the mastery of a set of skills being key to client and professional safety; allowing professionals "permission" to learn as adults may have a flow on effect for the recruitment and retention of staff and lead to greater self efficacy, professional satisfaction and ultimately client safety.

Witten by Pauline Murray-Parahi (CNE) Hoxton Park CHC RN, RM, Dip ApSc., Grad Cert Cancer Nursing, Grad Cert Palliative Care, Grad Cert Midwifery. ANTS Council Member, Media & Marketing.

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The author Ms. Pauline Murray-Parahi invites you to make any comments, question or make suggestions. If you would like more information on this topic or if you would like to submit an article for publication please use link provided.

Contact Details: Telephone: 98272217(W) Email: pgmp790@uow.edu.au or Pauline.Murray-Parahi@sswahs.nsw.gov.au

It is the mark of an educated mind to be able to entertain a thought without accepting it.

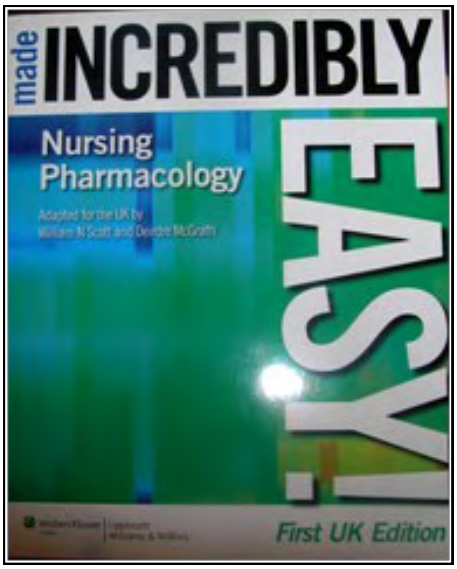
Aristotle

The Final Report of the National Health and Hospitals Reform Commission

The Final report of the National Health and Hospitals Reform Commission presents *"the why, the what, and the how for a long term reform agenda for Australia's health system which is an extension of the previous "Beyond the Blame Game (April 2008) and the Interim Report (December 2008) to complete a body of work for consideration by governments in their pursuit of health reform.* The link for those interested in reading this report is on: **http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report**

Book Reviews

Nursing Pharmacology Made Incredibly Easy:



Authors: William. N. Scott & Deirdre McGrath

Format: Soft Back

Published: 2009 (First U.K. Edition)

Publisher: Lippincott Williams & Wilkins, London.

ISBN: 9781901831047

Price: AU$:61.60 (Inc GST)

This book is a pharmacology textbook focusing on the general principles of drugs including pharmacokinetics, pharmacodynamics and pharmacotherapies. The text is divided by chapters focused on 12 pharmacological classes of drugs with an introductory chapter on pharmacology fundamentals.

The focus of the textbook is described by the authors as providing a "simplified and lighthearted approach to pharmacology that explains it's complex concepts in clear, concise, and interesting language, making the information easy to learn and, most important, to remember." Its aim is to provide an up-to-date reference text for novice to experienced nurses to use an education resource, written for the United Kingdom (UK) health care system incorporating clinical nursing practice and legislation.

This text has utilized pharmacological classes of drugs to divide the chapters as opposed to the 22 therapeutic classes described in MIMS Australia, although many but not all, of these therapeutic classes are addressed within each chapter. Each chapter has explanations of the common drug prototypes in the chosen pharmacological class including illustrated explanations of the drug's actions, dynamics, drug interactions and reactions, patient information with risks and benefits described, and memory joggers. Each chapter also describes the key nursing considerations related to each of the therapeutic classes using the nursing process to underpin the key points highlighted in the chapter, finishing with a quiz with answers at the end. This text is predominantly written for the undergraduate nurse but would also serve as an educational resource for the nurse in the clinical setting.

The author's style is relaxed using easy to read language including thorough explanation of terms and pharmacokinetics which is engaging and the memory tools are effective. The textbook follows a familiar layout and design to the similar 'made incredibly easy' American textbooks with the use of diagrams, catch phrases, and highlighted textboxes. The language used is familiar and compliments the Australian context and is suitable for the intended audience. The inclusion of the nursing process particularly would allow the undergraduate nurse to link pharmacology to clinical nursing care. One area it lacks is a strong connection to ethical and legal aspects of the administration of drugs despite it aim to do this as it does not address specific drugs and their delivery or the key principles and responsibilities of safe drug prescribing and administration.

Overall it has achieved its goal through its interactive, informal style and logically presented information. It would need complimentary resources to meet it's shortfall in the ethical, legal and practical aspects of drug administration. It is a suitable text for the Australian context with very little information that is peculiar to the UK and is especially appropriate for the undergraduate nurse.

Review completed by:

Elizabeth Newham RN, Dip App Sci (Nurs), BHealth Sci (Nurs), MNurs (Adv Prac)

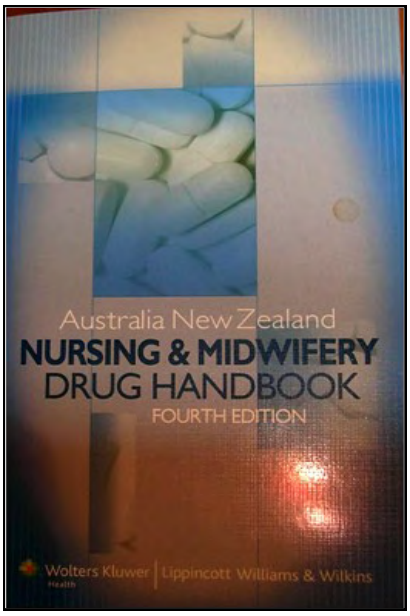
Paediatric Nurse Educator, John Hunter Children's Hospital, Kaleidoscope, and

Wolters Kluwer Health | Lippincott Williams & Wilkins

The reviewed books were supplied by Ms Gina Taylor Marketing Manager of Wolters Kluwer Health . Lippincott Williams Pty Ltd Broadway NSW 2007. These books are specially adapted for Australian and British

Book reviews cont'd from page 14

Australia and New Zealand Nursing and Midwifery Drug Handbook



Author: Lim. G.L. (Editor) & McKenna, L. (2009)

Format: Soft Back

Published: 2009 (4th Edition)

Publisher: Lippincott Williams & Wilkins,

ISBN: 9781920994075

Price: AU$ 62.70 (Inc GST)

It is great to see more Australian books on the market. This one is in a handy soft cover, ideal for bag or on trolley and is the 4th edition. The emphasis is on clinical aspects of drug administration and is to be used as needed in conjunction with more detailed pharmacological texts as required. . It has been comprehensively updated to give nurses and midwives detailed information on each drug and its characteristics, including indication and dosages, side effects and potential implications. In addition, there is an interesting section on herbal supplements with nursing and midwifery considerations plus patient teaching. There is also an excellent overview of drug therapy in children, an important revision for those nurses who are not generally working in paediatrics.

The drug headings are organised by therapeutic class. Drugs with multiple therapeutic uses are classified according to their most common use but are also listed under secondary applications and are cross-referenced. Each drug heading lists trade names in alphabetic order and available forms, with indications, dosages and action. Adverse drug reactions are briefly listed under system headings with interactions and contraindications. There is a summary for each drug on the route, onset, peak and duration of each drug. Dot points are listed in a succinct fashion for both nursing and midwifery considerations and patient teaching. This section provides excellent suggestions to the patient on purpose, usage, storage and minimisation of adverse reactions. I recommend this book as an excellent resource for students and registered nurses and midwives in all clinical settings.

Jacqui Guy

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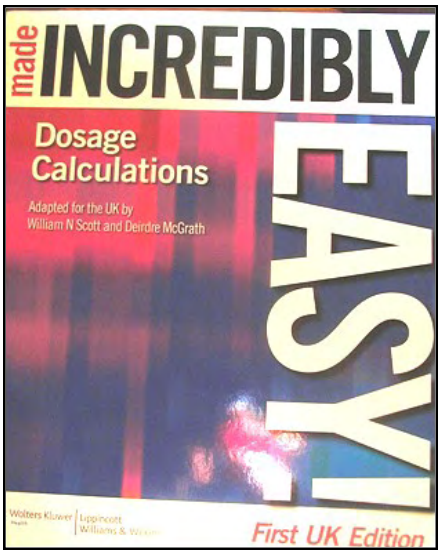
Dosage Calculations Made Incredibly Easy



Authors: Scott, W, N & McGrath, D (2009)

Format : Soft back

Published : 2009 *(First UK. Edition)*

Publishers : Lippincott Williams & Wilkins, Sydney.

ISBN: 9781901831030

Price: AU$61.60 (INC GST)

This publication has been adapted for the United Kingdom; however the contents contain valuable information about medication calculations for nurses in other countries including Australia. The book begins with basic calculations such as fractions, decimals, percentages and dimension problems. Calculation of oral, topical and rectal medications is in one chapter with calculation of complex parenteral and intravenous infusions in another. Pictures assist the reader in understanding of these complex calculations with multiple theoretical examples to reinforce learning. Finally each section has a real world example to link theory with practice. I highly recommend this book for all nurses who have the responsibility of calculating and administering medications within their practice. Review completed by:

Sandra Campbell

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

nursing educator of the year award

Pearson Australia is pleased to announce that the Pearson/ANTS Nursing Educator of the Year Award will be offered in 2009 by ANTS. The award consists of a cheque for $3,000 and a plaque and will be presented at a convenient nursing event, local to the winner, in December 2009.

Rules of entry

Nominees must be current financial members of ANTS.
Nominations must be submitted using the Nomination Form in this document, with all details completed.
Three (3) copies of all materials should be submitted.
To be received by no later than **5:00pm Friday 23 October, 2009.**

Please post nominations to:
David Hobson
Marketing Manager
Pearson Australia
Unit 4, Level 3, 14 Aquatic Drive
FRENCHS FOREST NSW 2086

1. Nominees must be registered nurses whose primary activity is teaching in the nursing discipline. This award is designed to encourage teaching development in the discipline of nursing education.
2. Students and/or staff input to the nomination process is strongly encouraged. In such an instance, an academic must submit the entry form.
3. The prize money should be used to further develop the winner's contribution to teaching nursing. Some suggestions include:

- Payment towards an overseas trip to attend a relevant nursing conference.
- Funding the development of a teaching program or software.
- Funding the development of innovative teaching pilots.
- Funding the development of a 'new' nursing project.
- Payment towards attending an ANTS Conference.
- Funding the departmental

Submissions must include:

- A completed nomination form.
- A statement from the nominee addressing the selection criteria.
- A curriculum vitae of no more than four (4) A4 pages outlining the nominee's current position, educational qualifications, career history, teaching positions and teaching experience.
- One reference (of no more than two (2) A4 pages) provided by a person able to comment on the nominee's teaching.

Supporting documentation required:
Results of evaluations.
Selected teaching materials such as subject or course outlines, contributions to curriculum or program design within the faculty or department, course handouts and study guides.

Submissions plus supporting documentation must not be more than 25 A4 pages. Three (3) copies of submissions and supporting documentation should be sent.

Selection Criteria

Interest in and enthusiasm for teaching, and for promoting student learning.
Ability to organise course material, media resources and to present these cogently and imaginatively.
Command of subject matter, including the incorporation into teaching of recent developments in a specific field of nursing education.
Provision of appropriate assessment, including the provision of worthwhile feedback to students on their learning.
Professional and systematic approach to teaching development.
Participation in professional activities and research relating to teaching.

Application forms and rules can be downloaded from the Australian Nurse Teachers' Society Website

The New-Look website for ANTS

We are opening up a new website for ANTS, and it can still be found at the same URL (address). It is based on a Moodle model, which is commonly used for internet educational programs. The site will enable us all to communicate via discussion boards and chat rooms as well as provide all the great information and links you are used to getting on the ANTS website. It is a 'work in progress' and we will be improving the look of the site as well as regularly adding information. When the first discussion is posted you will find it listed under the heading 'Courses'. Feedback on the site is appreciated and we are also seeking any teaching and learning materials, discussion papers, presentations etc that you wish to share with the on-line community of nurse educators.

Check it out on .....http://www.ants.org.au

Dr. Christine Taylor. Secretary of The Australian Nurse Teachers' Society (ANTS) and Chairperson of the Editorial Board and Marketing and Media Subcommittees (ANTS)

Deputy Director of Clinical Education (Simulation Laboratories)

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Historical reflections: Being a nursing student in an Australian renal ward in 1978.

Published with kind permission from the
"Renal Society of Australia Journal" 5(2) (2009)

The following reprint is a short story that was published this year in the Renal Society of Australasia Journal. The Journal's editors were concerned that a number of experienced nephrology nurses had or were approaching retirement and they were eager to capture their personal stories about the early years of dialysis therapy in Australia. Kind permission has been granted from the Renal Society of Australasia Journal editors for this reprint in the ANTS Bulletin. My story contributes to the larger historical picture of nephrology nursing and has relevance today by allowing contemporary nurse teachers a historical viewpoint of nurse education."

I was a second year student nurse working in the renal ward of the Prince Henry Hospital at Little Bay in Sydney in early 1978. At that time I had just entered the second year of my three year nurse training program at the Prince Henry, Prince of Wales and Eastern suburbs groups of hospitals. The renal ward was situated at Heffron House ground floor and was meticulously managed by the Charge Nurse, Monica Maquire.

My first shift was a Sunday afternoon and I was impressed how quiet the ward was. There were so many empty beds with only a handful of haemodialysis patients who were not allowed to go home as they had shunts which could easily disconnect. Haemodialysis patients lived 'permanently' in the renal ward. A number of large dressing trolleys, strategically placed around the ward, were set up with mysterious equipment and covered by a cream drawsheet. The ward layout was not arranged as a nightingale ward, which was the usual arrangement for the wards at Prince Henry Hospital. On entering the ward, three single rooms were on the left followed by a set of three, four bed alcoves. Along the right side was a series of single beds with only a curtain separating each bed. At the far end of the ward was a double room with an additional single room annexed off that room. In a separate location at Heffron House ground floor were the haemodialysis unit and the kidney transplant units. As a second year student nurse I was not allowed into these units and thus they remained a mystery to me during my nurse training.

I was very fortunate to be able to start in the renal ward on a quiet evening and was given a very thorough orientation of all the procedures and equipment that was used on the ward by the in charge Registered Nurse. Built into the walls of the ward, were small warming cupboards that were only big enough to hold three, 1 litre glass bottles of peritoneal dialysis solutions. Each bottle had a blue Travenol label with either 1.5% Glucose, 2.5% Glucose or 4.25% Glucose. I was then shown the large warming cabinet that kept the dialysis bottles at a comfortable 37^{0}C and I was told that it was the student nurses' responsibility to keep the warming cabinet fully stocked with warmed dialysis solutions. I did not think that this directive would be a problem considering how quiet the ward was and that the cabinet when fully stocked held over 30 bottles of dialysis solution. I had no idea of the chaos that would envelope the ward the next morning.

Next morning, I was surprised by the number of both registered and student nurses that crammed into the charge nurse's office for morning report. That first report was unintelligible to me as it was a series of names and unheard of diagnoses. I was amazed at the number of patients who filed into the ward and knew exactly which bed to go to for their "treatment". Then the nursing admissions began with weights and observations. This is the first time I had heard of a "dry" weight.

I then learned that the "treatments" were known as intermittent peritoneal dialysis cycles. Peritoneal dialysis was not offered as a permanent treatment but was used for patients who could not have haemodialysis and were waiting for a renal transplant. Patients would be admitted on a Monday morning and had cycles every hour, on the hour, which lasted until either Wednesday or Thursday, depending on how much fluid they had accumulated since their last peritoneal dialysis treatment. Peritoneal dialysis was only offered as an intermittent regimen for inpatient

CONT'D from page 16 Historical Reflections : Being a nursing student in an Australian renal ward in 1978 .

treatments. Some patients were admitted on the Wednesday and stayed for their hourly cycles until Saturday or Sunday.

The procedure involved the patient being admitted in the usual method and then the patient would expose two long dialysis tubes which had been inserted into the abdomen in a previous operation. One long tube was to allow fluid to run into the abdomen and the other long tube was to allow fluid to drain out of the abdomen. The registered nurse had the overall responsibility for the management of the dialysis cycles and the administration of any intraperitoneal medications such as antibiotics into the dialysis solutions. Each registered nurse had responsibility for the management of about 10 peritoneal dialysis patients on each shift.

The role of the student nurse was to perform the peritoneal dialysis cycles but the dialysis cycles could not begin until the registered nurse had connected the dialysis lines to the long tubes in the patient's abdomen. The dialysis lines had two upper lines with spikes, which were spiked into the dialysis bottles. These two lines merged into one line for the running in of the dialysis solution. The second long tube had a drainage bag attached which is where the dialysis effluent drained out.

The regimen was very strict and ran over precisely 60 minutes. Student nurses who allowed their regimen to run late were scolded severely as delays in the regimen delayed the patient completing their cycles and being discharged. So every attempt was made to keep on time. The hour began when the long hand of the clock was on the 12. This was when two 1 litre bottles of dialysis fluid had to run in and the dwell time began. 10 minutes was allowed for the running in. The dwell time started at 10 minutes past the hour and last until 30 minutes past the hour. At 30 minutes past the hour, the drain line was opened and the drain began. The drain time allowed was 30 minutes and often patients would be asked to stand up to make sure all the dialysis fluid drained out. During the last 10 minutes of the drain cycle, students had to connect the new bottles of dialysis solution and have them ready to run in when the clock hit the 12 again. This last procedure caused enormous angst for both parties as connecting new bottles too early allowed the fluid in the bottle to cool down and the patients would complain bitterly that the dialysis solution was cold. Any complaints by the patients were compounded by the registered nurses' reprimands. So every effort was to connect the dialysis solutions as close the top of the hour to stop the patients' complaints. Sometimes the fluid in the dialysis bottles was too hot so the student had to determine which dialysis bottles were 'not too hot, not too cold but just right!'

Strict aseptic technique was mandatory for each spiking of the dialysis bottles. Students wore face masks and white cloth gowns and used sterile gloves to spike the dialysis bottles. Students virtually spent the shift in face masks and washing hands. In between the cycles, students had to perform the routine nursing tasks such as personal hygiene and take observations. All the patients had sponges as patients were not allowed to get the dialysis lines wet. Attention to the completion of the fluid balance charts was important including the correct calculations for the peritoneal dialysis exchanges.

About 11 am I noticed that some peritoneal dialysis bottles were missing from the small warming cabinets located in the walls of the ward. I had learned that taking these bottles was a last resort and only occurred when there were insufficient warmed bottles in the warming cabinet.

Apart from performing peritoneal dialysis cycles on my patient, I had been given sole responsibility to keep this cabinet fully stocked with warmed dialysis solutions for that shift. I decided to check to see the stock level of the solutions in the warming cabinet. I was shocked and horrified to discover that the fully stocked cabinet at 7 am was almost empty with only two warmed bottles of solution left in the cabinet. Fearful of the scolding that I would receive if the virtually empty cabinet was discovered by a registered nurse, I quickly restocked with as much peritoneal dialysis solution that I could find and closed the door, hoping that the solution would warm sufficiently enough for the next round of exchanges. I assumed that I had identified and rectified the problem at a critical point as no one came to admonish me that day. After that incident I made it a priority to check and restock the cabinet every hour!

Another duty that was given to the student nurses was the 'fluid round'. This duty required the student to load a trolley with various drinking liquids and proceed through the ward every two hours. Liquids consisted of orange or lemon cordial, water or lemonade. Patients were prescribed as little as 30ml every two hours. On the trolley was a tall burette where fluid was poured into the burette, measured, then poured into the patient's cup. Measurements were very strict and students were warned not to give any more fluid to a patient than what they were prescribed. To quench the patient's thirst, the patients were allowed ice chips instead of fluid and the student battled to get enough ice chips in the burette to reach the prescribed level, not go over and not let the patient feel that you did not give them enough fluid.

In conclusion, I hope this short story has enlightened you to the role of student nurses in the Prince Henry Hospital renal ward in 1978. Student nurses played a major role in the care of the renal patients on peritoneal dialysis with supervision by the nephrology registered nurse.

To contact Sandra :

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Reference:

Campbell, S. (2009) Historical reflections: Being a nursing student in an Australian renal ward in 1978. *Renal Soc Aust J* 5(2) , 82-83.

Introducing: Wendy Londal Nurse Educator in Hematology, Oncology and BMT Sydney Children's Hospital


Wendy Londal Nurse Educator

I currently work in the Paediatric Haematology/ Oncology/BMT inpatient ward (35) at Sydney Children's Hospital as the Nurse Educator. I have held this full time position since April 2008 and it is a very busy position which is both fulfilling and challenging with no two days ever being the same!

My role is both clinical and administrative. I provide clinical teaching and undertake assessments as well as prepare and deliver more formal didactic teaching in the form of in-services, practical demonstrations, mock arrest situations and lectures. There is also the preparation of study days – a total of 11 throughout 2009. The role also includes advising and consulting on a range of topics, services or equipment, writing guidelines, reviewing hospital policies and I am involved in a number of working parties.

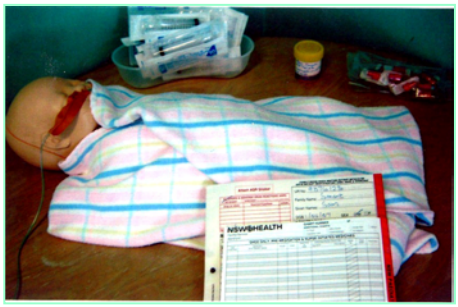
I do mandatory training (BLS + drug calculation tests) for all 35 staff. I orientate and preceptor students, new graduates and all other new staff with a wide range of experiences and clinical expertise. For the rest of the staff I provide support, assess staff learning needs and provide further education based on the individuals clinical needs and at very busy times on the ward will take a patient load if required.

Apart from the ward, other areas to which I provide teaching or clinical support includes a wider network such as the area health and state levels.

Working within the paediatric oncology speciality brings with it a number of teaching challenges. Not only is there the teaching of the oncology basics but also the teaching of safe practices around handling cytotoxic drugs and their waste. This ensures all staff are complying with the hospital policies and the NSW Work cover Guidelines 2008.

I participate on the SESIAHS working party for safe handling of cytotoxics and together we are focusing our attention on the recommendations from Work cover on how best to promote safe handling practices for the staff as well as how to best improve our current practices, ensuring that they align with the recommendations set out in the guideline. This is a work in progress. It is also a way of ensuring that throughout the SESIAHS we are standardising our practice, documentation, paperwork and health surveillance to ensure uniformity, along with our own hospitals policies and guidelines. Being the only paediatric hospital within the SESIAHS, we need to align ourselves along with the adult services whilst still ensuring that the treatment and delivery of care for children remains safe.

In the past number of years, the numbers of cytotoxic drugs being administered to patients with a plethora of diseases / disorders (not just cancer) where cytotoxic drugs are being used has increased dramatically. This puts a strain on health care workers to ensure that the correct practices in the preparation, transport and administration of these drugs as well as handling of the cytotoxic waste is done so safely. There is much literature around the effects of cytotoxic drugs on the human body but without specific testing to indicate exposure, the best protection is the use of PPE and safe handling procedures.



Traditionally at SCH, all cytotoxic drugs were administered by the staff from within the CCC&BD (Centre for Children's Cancer and Blood Disorders) which is made up by both the inpatient and Day only unit, where staff had been given the correct training and education in handling these drugs. However, the pressure on these staff to not only be taking their own patient loads but also deliver cytotoxic therapy throughout the hospital at all hours of the day and night, to non oncology patients was proving to be more difficult, time consuming and stressful.

In mid 2008, the nursing executive team decided to allow other staff within the hospital to administer these

Cont'd with Wendy Londal Sydney Children's Hospital

drugs as long as appropriate training was provided. In October 2009 I set up the first SCH CYTOTOXIC ACCREDITATION STUDY DAY. This was for all staff working outside the CCC&BD who were interested in administering cytotoxic drugs. Between pharmacy and myself, we nominated 14 drugs that are most commonly given, including some chemotherapy drugs, antivirals and immunosuppressants (IVI, s/c, oral) that these staff could handle. All staff would attend a formal study day. This included teachings on the effects of cytotoxic drugs on cells, safe handling, spill kit management as well as patient/ parent education. The afternoon session included practical scenario based sessions where 'workstations' were set up and each person had an opportunity to practice the administration of cytotoxics via the intravenous, nasogastric or oral route using mannequins and other equipment. Along with this, all staff complete a workbook to compliment their formal teaching and then are provided opportunities in their ward to administer the nominated drugs.

Supervision is given to these staff from either myself or staff from the CCC&BD. Slowly, we are organising each of the Clinical Nurse Educators of the wards to do assessments once they have done their accreditations. Supervision is given to these staff from either myself or staff from the CCC&BD. Slowly, we are organising each of the Clinical Nurse Educators of the wards to do assessments once they have done their accreditations. The final assessment is done by myself and I then sign that staff member off as being accredited to administer cytotoxic drugs. Staff are also required to have health surveillance (blood tests) done at commencement of administration and continue this annually. Lastly, log books of every cytotoxic drug being administered are kept by the staff, as mandated.

For the staff within the CCC&BD more in-depth teaching, assessments and separate study days are undertaken to complete their accreditation.

Due to the process of staff accreditation being a lengthy process, clinical support and training is shared amongst staff from within the CCC&BD as well as the CNC's and Educators from the other wards. Their help in invaluable and I am always grateful for their positive attitudes and assistance.

Wendy Londal
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Photographs provided by Ms Wendy Londal from the teaching workshops done at the Sydney Children's Hospital Cytotoxic Study Day, run three times per year.

GREAT NEWS FOR ANTS

The launch of the NSW Branch of The Australian Nurse Teachers' Society (ANTS) is happening in November this year. A booking has been made **at Prospero's Restaurant Parramatta at 5.30 pm** (when they open) on Tuesday 24th November for 20 people. The plan is to meet at 5.30 pm for drinks. The booking is made till 9 pm. Drinks, meals and diners at your own expense. Those interested in joining and or becoming committee members please forward your names to:

Lesley Saunders. Administrative Assistant

The Australian Nurse Teachers Society

PO Box A103 Enfield South NSW 2133

ANTS Regional Seminar will be held this year in Canberra

Please keep Saturday the 14th of November free

The exact Venue times and Speaker to be arranged

Please check the website for details nearer the date

Laurie Grealish Canberra University


Donna Moberry introduces Laurie Grealish

Ms. Laurie Grealish is a Senior Lecturer in Nursing and Midwifery at the University of Canberra. She is in the process of completing her Doctoral Thesis and her topic is in the area of nursing competence. It is not an easy topic and as Laurie suggests in her abstract a

"very controversial concept".

An invitation to hear Laurie speak on her study drew a large crowd of interested individuals and it was certainly worth the drive from Sydney to listen to this respected and learned woman.

There were no surprises Laurie performed with aplomb and brought us through the motions of her study which as she stated is on Australian nurse competence between the period of 1986 to 2005. The passion was obvious as she delivered her talk on this very complex topic.

It was hard keeping pace with this wonderful speaker as she drove deeper and deeper into the academic realms of competence. It is a very long Thesis containing 9 chapters. Being a bit of an amateur historophile I was impressed with the way the concept of competence changed over the years. For example in 1858 according to Laurie was that the notion of performance was being a good nurse, then in the early 1900s it was about professionalism. It was not until the 1980s when Patricia Benner of ***"FROM NOVICE TO EXPERT "*** fame that brought about the notion of competence and how it is measured and the variations of competence namely proficiency to expertise. Laurie in essence simply brought us through the thinking of the times which is essential to introducing us to where she is going with her research.


Laurie with her Doctoral Supervisor

The impressive nature of how the data was collected is phenomenal and what was more remarkable was how and where the information was gleaned and included the following; textbooks, journal articles, meeting minutes, government reports, interviews with senior nurse leaders who were then active in the original ANRAC Competencies the ANCI Competency Standards 3e and RN preceptors who assess competence, group interviews. It was such a lot of hard work rummaging through these piles of information which to my mind takes patience and passion.

We wish Laurie success in her research study and hopefully this important research will enable us to utalise her findings in a more rational and pragmatic fashion to ensure national nursing competence which will result in a safer service to the public we serve

Australian Nurse elected President of the International Council of Nurses

The Australian Nurse Teachers 'Society (ANTS) congratulates Ms. Rosemary Bryant the Commonwealth Chief Nurse and Midwifery Officer for Australia on her recent appointment as President the International Council for Nurses (ICN).

The ICN is a federation of 133 national nurses' associations which represents the millions of nurses throughout the world. This organisation was formed in 1899. It is managed by nurses for nurses. This organisation is the international voice of nursing . Collectively it endeavours to instigate quality health care and sound health policies globally.

Ms Bryant is now the 26th President of the ICN. According to the press release the election took place in the context of ICN's governing body meeting, the Council of National Representatives (CNR), during the 24th ICN Quadrennial Congress in Durban, South Africa and more than five thousand nurses from 134 countries gathered at the Congress. It was ICN's first on the African continent. Of the 5,000 nurses attending, 3,300 are from the African continent.

JBI COnNECT
Clinical On-line Network of Evidence for Care and Therapeutics

THE JOANNA BRIGGS INSTITUTE
Research and Innovation
AEQUAM SERVARE MENTEM

Call for Expressions of Interest: The update and creation of evidence based content within JBI-COnNECT.

Would you like to contribute to evidence-based healthcare in your specialty, enhance your literature searching skills, and receive payment for this work?

The Joanna Briggs Institute offers evidence-based resources to its members, with many of these available through our online resources, particularly JBI-COnNECT (Clinical Online Network of Evidence for Care and Therapeutics). Included in JBI-COnNECT is the JBI database of evidence summaries and recommended practices. JBI is seeking expressions of interest to update and review content within JBI COnNECT. Reviewers will be given clear guidance, have flexible hours and be remunerated for their work.

Content will be renumerated at AUD$45 per updated bundle of content (two evidence summaries or an evidence summary and recommended practice)

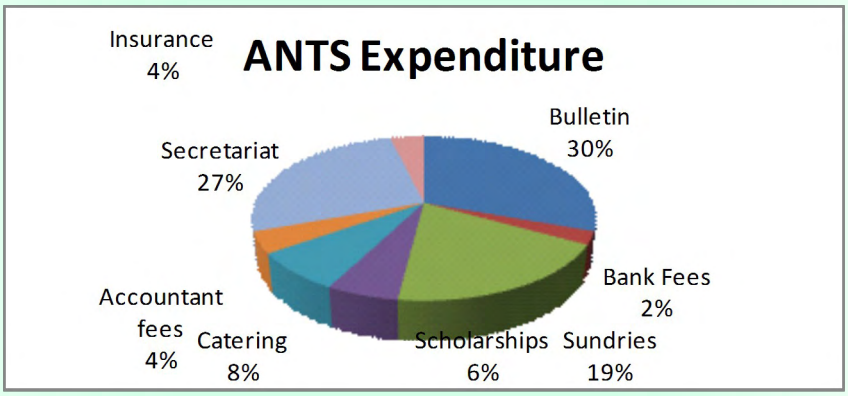
Find Out More:

http://www.joannabriggs.edu.au/about/reviewers.php, or contact the manager of Evidence Review,

Zachary Munn at Zachary.Munn@adelaide.edu.au.

ATTENTION ANTS MEMBERS

It has come to the Council's attention that the cost of publishing and distributing the Bulletin quarterly is proving very expensive for the Society. On average it amounts to over 30% of your membership fee. The pie chart below represents the average expenditure of your annual fee of $70.00 . Each slice represents a different cost item. As we are a "not for profit organisation " One way to solve this problem is for the Bulletin is to go electronic only and cease publication of the hard back copy. The other is to raise the annual membership fee to $80.00 which will help in the short time.



Can members please indicate by snail mail , email or by Fax their preference:

(A) Continue receiving a hard copy and increase the annual fee to $80.00

Or

(B) Receive an electronic copy and leave the annual fee at $70.00

TO: Lesley Saunders /Kim Armstrong . PO Box A103 Enfield South NSW 2133
Fax: 02 97151071
Email: kimarmstrong@netspace.net.au

Websites of Interest to Nurse Learning and Teaching

http://www.nnnet.gov.au/mythbuster.htm

An interesting site onN3ET on myth Busters regarding the notion of Inter-professional education amongst many other myth busters. A bit old (2006) but an interesting read

http://www.impactednurse.com

Have a look at this site. It is run by an emergency nurse in the ED dept in Canberra. You type in your question for example ... Nursing assistants and you will be surprised. The have a video on basic life support which is funny but makes the procedure easy to recall.

Check out their other special effects and videos .

http://www.impactednurse.com/

Video on BLS (hilarious)

http://www.impactednurse.com/?p=1245

Video on how to read ABGs

http://www.impactednurse.com/?p=734

Video on hand washing

http://www.impactednurse.com/?page_id=390

elearning on chest tube insertion

http://www.uqhealthinsitu.com.au/chestdrains/index.cfm

http://nursingcentre.com

Free articles up to date information on H1N1 (swine flu)

http://www.aippen.net/news—events

AIPPEN is a network of individuals, groups, institutions and organisations committed to researching, delivering, promoting and supporting interprofessional learning, through interprofessional education and practice, across Australia and New Zealand.

PASSION FOR HEALTH

An unusual new site with a diverse range of health professionals . It is not for venting your feelings simply sharing your knowledge to motivate others. This new web site uses video for short yet powerful interviews to capture inspiring insights from those who've found a way to maintain their Passion For Health

http://www.passionforhealth.com.au

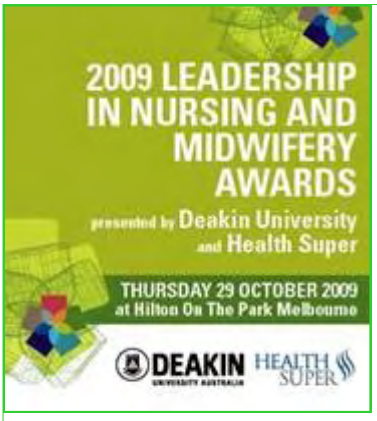
SKILLS STAT

Check out Skill Stat Learning. Lots of tools to work with including . A Cardiac Dictionary. Cardiac Anatomy. An ECG Simulator. Some Cardiac Trivia. A good site for reviewing and to pass on to learners. Very entertaining

http://www.skillstat.com/index.html

Conferences and Seminars

Call for Abstracts: This Conference has an interdisciplinary focus on workplace learning and clinical supervision in its many forms. We are proud to present an exciting program that will feature nationally and internationally recognised leaders from nursing and midwifery, allied health and medicine to showcase the latest and the best in research and practice. The Conference will highlight the use of simulation as a teaching and learning strategy that is particularly suited to the development of teams and practice-based learning. Interactive workshops will support the Conference program. We invite you to come and learn, mingle, relax and enjoy our beautiful State. Visit www.cdesign.com.au/leadership to submit your abstract.



The Leadership in Nursing and Midwifery awards is an annual event that recognises inspiring nurses and midwives who have contributed to the profession and benefited the public by improving health service delivery, capacity and/or policy. Are you, or do you know such a leader? Apply now or nominate a nurse leader/s in your organisation for one of the prestigious awards. Guest dinner speaker, Ms Christine Nixon APM, Chair of the Victorian Bushfire Reconstruction and Recovery Authority

Winners to be announced at the awards dinner at the Hilton on the Park, Thursday 29 October 2009. A number of prizes including $20,000 awarded to a nurse or midwife who has contributed to the profession and benefited the public by improving health service delivery, capacity and/or policy. For information on award categories and to download and submit an application.

Visit the web site at: www.deakin.edu.au/hmnbs/nursing/awards/index.php

Applications are now open and close Friday 11 September 2009

All Together Better Health 5
International Interprofessional
Conference
6th – 9th April 2010
Manly Pacific Hotel, Sydney, Australia

For more information get it on to http://www.aippen.net/news---events

http://www.joannabriggs.edu.au/events/2009JBIConv/index.html

The Joanna Briggs Institute 2009 Convention Website!

The Joanna Briggs Institute takes great pleasure in inviting you to attend the 2009 International Convention, to be held at the Hyatt Regency in the stunning city of Adelaide, South Australia, 18 – 20 November 2009. The 2009 convention is designed to bring together evidence-based researchers and reviewers, guideline developers, clinicians, educators, policy makers, administrators and consumers from all over the world to work toward an integrated approach to improving global health care using evidence-based guidelines.

A Meeting of Like Minds

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 SPRING EDITION 2009 NO LATER THAN NOVEMBER 30th 2009

(exceptions: by prior arrangement with editor)

Compiled and Produced By Olivia Mulligan (ANTS editor). Proof readers: Sandra Campbell (ANTS Vice-President) and Pauline Murray-Parahi (ANTS Marketing Officer)

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This issue of the ANTS Bulletin was kindly sponsored by ....