

President's Report on Active Involvement of ANTS in National Nursing Issues, 2001

ANTS continues to be actively involved in professional issues affecting nursing organisations. I have attended 2 meetings in 2001, one in Sydney in May and one in Melbourne in October. Many of you may be unaware of this group: National Nursing Organisations (NNOs), so I have outlined below a short summary of their aims and activities. Their website gives further details.

The National Nursing Organisations (NNOs)

are a coalition of the Australian national nursing organisations each of which is focused on a particular group or area of specialty practice and has members in four or more states/territories. ANTS is one of 50 professional bodies who are members of the NNOs coalition.

NNO representation requires that the organisation consist of:

- all registered nurses; or
- the nursing section of a multidisciplinary group; or
- a clear network of registered nurses within a multidisciplinary group who can ensure a nurse representative and feedback in the practice area.

History: A conference was sponsored by the Australian Nursing Federation in 1991 to consider the orderly development of nursing specialties in Australia. This was chaired by Robyn Parkes, ANF Federal Nurse Adviser.

Following this conference, 22 National nursing organisations (including ANTS) agreed to meet on a regular basis. Since then, the NNOs have met twice annually, in May in NSW and October in Victoria. These meetings are convened by ANF.

Aim of meetings: a) to increase interaction between groups, while maintaining groups as distinct entities. b) to develop and classify nursing specialties using ICN criteria and c) to debate and seek consensus on professional issues including postgraduate education, competency standards, credentialing, nurse practitioners and information technology.

continued page 2

CONTENTS

- 1 Presidents report – Jacqui Guy
- 2 Membership application information
- 3 Reflection: Is it a useful tool for nurse education and clinical practice? Jann Foster
- 4 New membership form
- 5 Conferences and seminars
- 6 A Review of the current role of Enrolled Nurses in the Aged Care Sector: Future Directions – Alan Brown
- 7 Review of the community services training package – Chris Manwarring
- 8 Editors note & change of address form

continued from page 1

May 2001 meeting: A/Prof Evelyn Hovenga from Central Queensland Uni. Put forward a proposal that NNOs seek Government support for the establishment of a Nursing Informatics Centre. This Centre would focus on professional nursing issues associated with the development and implementation of standards pertaining to health and clinical information systems that support the documentation of nursing practice.

For further information, contact Evelyn on 61-07-49-309839 or e.hovenga@cqu.edu.au



ANTS involvement in NNO submissions to Senate and National Review into Nursing Education

ANTS, in conjunction with other members of NNOs submitted a joint submission to both the Senate Inquiry in July and the National Review into Nurse Education in October 2001. The NNO submission can be found on the website.

ANTS invited input from members for their own submission to both these reviews. Thank you for all those who contributed.

A small group of NNO representatives were invited to meet with Patricia Heath (chair) and a panel of National Review team in November. I represented ANTS and was impressed with the professional way that this review was being undertaken. I also attended the open meeting at Sydney University. I recommend that you read the report which has just been distributed. //

Membership application information

ELIGIBILITY FOR MEMBERSHIP

The Society consists of Ordinary Members, Honorary Members and Life Members.

- **ORDINARY MEMBERS** are those engaged in nurse education.

Ordinary membership categories:

Category One: *Registered Nurses who are primarily engaged in the teaching of nurses and scholarship;*

Category Two: *Registered Nurses who are engaged in the teaching of nurses as part of their role, but generally it is not their primary role;*

Category Three: *Other persons who are primarily engaged in the teaching of nurses.*

- **HONORARY MEMBERSHIP** may be conferred upon individuals who would not be eligible for membership under the provisions of governing Ordinary Membership, but who are deemed by Council to have made a significant contribution to nurse education.
- **LIFE MEMBERSHIP** may be conferred upon the recommendation of Council.

Download an application form for your colleagues from www.ants.org.au or fill out the membership form on page 4.

Reflection: Is it a useful tool for nurse education and clinical practice? (part 2) Presented by Jann Foster, Lecturer, University of Western Sydney at the 'ANTS Reflection in Nurse Education Seminar', Bowral

In the previous issue of the Bulletin I suggested that reflection is a 'powerful educational tool' as it encourages nurses, in a *structured* way to ask themselves 'why we do things the way we do them' and 'what informs our decisions'. Nurses then form their own individual theories of nursing.

However, I am also a cautious critic! The fact that scholars claim that reflection can achieve so many benefits has led to its sometimes well-intentioned but ill-considered introduction into undergraduate and postgraduate education and clinical settings. There is a growing body of literature reporting its limitations and potential dangers through its indiscriminate use. 'Overkill' may be one reason why 'reflection' and 'reflective practice' are often received unenthusiastically by nurses and more specifically, nursing students; there are, however, several other reasons.

Reflection: A political process

Nurse educators have been given the difficult task of educating the new reflective practitioner. Reflection cannot be successfully introduced, however, into any context or health setting.

Engagement in reflection in nursing practice is essentially a *political process* as it is not only involved in the world of nursing, but with *changing* it. Reflection offers nurses the opportunity to pay attention to the contradictions between desired practice and the barriers to achieving it. There are two outcomes; conformity (surrender or retreat) or change. Change cannot occur unless there is support from both the nurses themselves, and the management of organisations. This is particularly true of 'bureaucratic' healthcare settings where a powerful elite create a compelling illusion that all is as it should be and those in less powerful positions, should be accepting of what they do have. Therefore, nurses working in this type of setting have been

taught to be compliant, rule governed not to ask questions, seek alternatives or deal with competing values. Taylor (1997) proposed that educators who teach reflective practice might need to accept some accountability for opening the eyes of practitioners, and to accept that awareness brings with it some casualties.

Reflection: Required resources

The emphasis currently placed on reflection would suggest that it is a fully understood concept with the pre-requisite skills, qualities and resources needed being explicit to those using it.

Nurse educators are not only expected to be reflective practitioners themselves, they are increasingly expected to possess the multitude of skills to be successful in its introduction, implementation and evaluation. Lack of *education* is clearly responsible for some nurse educators' lack of knowledge on both how to reflect and how to assist other nurses to reflect.

In many healthcare settings, practice appears to be primarily concerned with an ethos which encourages treating as many people as possible within a specified period of time, rather than taking time to explore all the possibilities of care. Not only do educators require the *time* to supervise the reflective process, nurses require time to reflect over their experiences. If nurses are not provided the time to reflect, their focus will continue to be primarily of getting through their workload.

The above issues have been apparently ill-considered when reflection has been introduced into nursing curricula. //

Foster, J., & Greenwood, J. (1998). Reflection: A challenging innovation for nurses. *Contemporary Nurse*, 7(4), 165-171.

Taylor, B. (1997). Big Battles for Small Gains: a cautionary note for teaching reflective processes in nursing and midwifery practice. *Nursing Inquiry*, 4, 9-26.

NEW MEMBERSHIP FORM

SECTION A Please complete the following details using BLOCK letters:

TITLE _____ SURNAME: _____

GIVEN NAMES: _____

HOME POSTAL ADDRESS: _____

_____ POST CODE: _____

HOME TELEPHONE: (____) _____ FAX: (____) _____

CURRENT POSITION: _____

EMPLOYER: _____

ADDRESS OF WORKPLACE: _____

_____ POST CODE: _____

WORK TELEPHONE: (____) _____ FAX: (____) _____

EMAIL: (home) _____ (work) _____

PREFERRED MAILING ADDRESS (please circle) Home / Work

SECTION B Please tick the box for the appropriate membership category and fill in the reverse side of this form with details of how your primary role fulfils the requirements of that membership category.

Category 1 (full membership)

- a. any Registered Nurse whose primary role is the teaching of nurses
- b. any Registered Nurse whose primary role is teaching in the health or community sector

Category 2 (associate membership)

- a. individuals who are not registered nurses but who are primarily involved in the teaching of nurses
- b. nurses who are not primarily involved in teaching.
- Life Membership: a member who has been nominated by ANTS "to have made a significant contribution to nurse education and to the Society". No payment is required.

Enclosed is a cheque/money order for \$70 (Joining fee =\$10 + Annual subscription =\$60) Renewal due June 30

Signature _____ Date: _____

OFFICE USE ONLY (Date received by)

Secretary: ___/___/___ Treasurer: ___/___/___ Receipt No. _____ Admin. Officer
___/___/___ Receipt sent: ___/___/___

CONFERENCES AND SEMINARS

10TH NATIONAL NURSE EDUCATION CONFERENCE

Australian Nurse Teachers Society (ANTS)
Biennial Conference

'Navigating the Waters of Professional Development'

Welcome Cocktail Party - Wed 10th July
2002

Conference - Thurs 11th - Sat 13th July
2002

Venue: Jupiters in Townsville,
Queensland.

Contact: freda_fischer@tpg.com.au

**Call for Abstracts and Registration of
Interest found on www.ants.org.au**

A Review of the current role of Enrolled Nurses in the Aged Care Sector: Future Directions

Alan Brown. Senior Education Officer Nursing TAFE NSW

The Working Group on *Aged Care Worker Qualification*, was established in March 2000 and has developed recommendations for a better qualified aged care workforce. The *Working Group* included representatives from Australian Nursing Council Inc, Principal Nurse Advisor from Western Australia, training bodies and Victorian Community Services and Health Industry Training Board.

The *Working Group* was established following the *National Aged Care Forum* in March 2000 to examine enhancing the qualifications of Level IV *Aged Care* workers. Recommendations were made following the Draft Industry Position Paper on Aged Care worker Qualifications and Medication Administration early 2001.

The Working Group identified administration and management of medication in aged care as an area of concern, recognising that many issues relating to the enrolled nurse role in medication administration were the responsibility of various State, Territory authorities.

However, medication management had implications in the enhanced practice role for enrolled nurses due to changes to the aged care environment and increased acuity levels, the needs of the elderly and aged care sector changes.

Nationally, the education for Enrolled Nurses is varied. National education and training for Enrolled Nurses is different across all states in relation to the AQF level and length of training.

For example courses in:

- NSW & ACT – have an AQF level at 4 and they use a lifespan approach in their curriculum
- VIC & TAS – has an AQF level at 4 and they use an aged care focus in their curriculum
- QLD & WA – the AQF level is 5 (Diploma) and they have a lifespan approach in their curriculum
- The clinical component varies across the states and territory and can be delivered in simulated or real environment
- The skills component of the various courses also differ – an example of this is in the NT, SA, WA, QLD, enable the EN to give out schedule 4 drugs. However, this is not the case for NSW & TAS. This is an issue currently being debated from both state and national level.

Accreditation and certification of aged care service provider's means that services need to demonstrate a commitment to the principles of continuous improvement. These include care practices that reflect changing needs of care, planning and documentation of care is appropriate. Provision of staff training to meet changing care needs and continuously reviewing practices.

Survey results from the Working Group support the need for

1. an extended role of practice for enrolled nurses in administering and managing oral medications, with nationally accredited training. There is less support for the administration of injectables
2. an amendment to the legislative requirements across states in relation to enrolled nurses administering medication with appropriate training. //

REVIEW OF THE COMMUNITY SERVICES TRAINING PACKAGE

The Community Service Training Package is currently under review. Draft qualifications and units of competence have been placed on the Community Services and Health Training Australia website (www.cshta.com.au). Stakeholders are now able to visit the website and download draft materials. The website also contains an online feedback tool.

What I believe will be of particular interest to nursing is the inclusion of a newly developed unit of competence titled:

59A “Provide physical assistance with medication”

This unit has been developed for the following categories of workers:

- Child care assistants
- Untrained child care workers
- Family day carer
- Assistants in nursing
- Support workers
- Carer/ home care worker
- Personal care assistant
- Field officer
- Community house worker
- Disability worker
- In home respite carer
- Accommodation support worker

This unit is currently in the Certificate III courses in aged care, disability and childcare. Professionally I believe that nurses need to be aware of this unit of competence and its impact on role boundaries in health care. Please review this unit and if you would like to comment contact the Community Services and Health Training Australia either by phone: 02 92633589 or by email: anyone@cshta.com.au

Yours sincerely

Chris Manwarring

Manager, Health and Aged Services Programs
21 March 02

HAVE YOU CHANGED YOUR ADDRESS ?

PLEASE FILL OUT THIS
FORM AND RETURN TO:

ANTS, PO BOX 143,

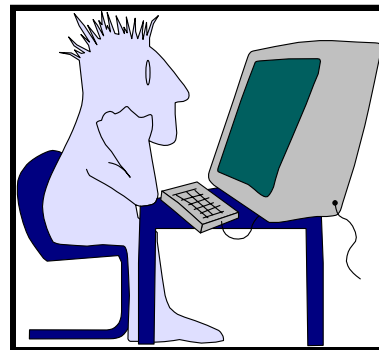
GLEBE NSW 2037

NAME:

OLD ADDRESS:

NEW ADDRESS:

PHONE NUMBER:



Editors Note

This is the last Bulletin that I will edit. Thankyou to everyone who has assisted me by contributing items to the publication. A special thanks to committee members that I have had the pleasure of working with over the last

As I continue my studies I am constantly amazed at the really innovative practices and ideas that I observe. However, I have also found that nursing is not good at formally disseminating their knowledge gained through innovative practice.

The Bulletin provides the forum to communicate with other Nurse Educators about practices found to be successful or unsuccessful. Ideas can be aired in this forum and comments invited to assist in the planning and implementation of projects.

As Nurse Educators we should be role modeling the behaviour of communicating our practices amongst our own peers - not just at conferences but by writing within the professional associations forums. The Bulletin provides this ideal opportunity.

I look forward to reading about your work in future Bulletins. I wish all members of ANTS well for the future. Meanwhile I will continue to enjoy my association with our professional body.

Material for the Bulletin can be posted to 163 Gipps Road, Keiraville. NSW 2500 or emailed to jbothe@bigpond.com. I shall forward these to the incoming editor. //

Edited & produced by Janine Bothe and the Editorial Committee of the Australian Nurse Teachers Society Inc. The opinions expressed by contributors to the Bulletin do not necessarily reflect the views of the executive or other members of the Australian Nurse Teachers Society. All rights Reserved. Inquiries: Secretary of ANTS, PO Box 143 Glebe, NSW 2037

© May 2002