

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO NURSING

A senate inquiry into nursing by the Community Affairs reference committee has been announced. A separate inquiry by the federal departments of education and health is also about to get underway. Unfortunately it does not appear at this time that the two will be coordinated as has been requested by peak nursing groups. This issue contains the terms of reference for the Community affairs reference group inquiry and comments by Cathy Maloney Nurse Educator at Bankstown Hospital.

The terms of reference for the senate inquiry are as follows:

'The Senate has referred the following matters to the Senate Community Affairs References Committee for inquiry and report by 25 October 2001:

CONTENTS

- 1 Senate Community Affairs Reference Committee – Inquiry into Nursing. Terms of Reference
- 2 Presidents report – Jacqui Guy
- 3 Senate Community Affairs Reference Committee – Inquiry into Nursing Cathy Maloney
- 4 Open meeting dates for 2001
- 5 The clinical reality of the clinical educators role: Issues and concerns
- 8 My Reality as Nurse Educator in the Operating Suite - Sally Sutherland-Fraser
- 9 Conferences and seminars
- 10 Educational Research Seminar
- 12 Editors note & change of address form

a) the shortage of nurses in Australia and the impact that this is having on the delivery of health and aged care services; and

(b) opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and postgraduate nurses.

That the Committee specifically make recommendations on:

(i) nurse education and training to meet future labour force needs,

(ii) the interface between universities and the health system,

(iii) strategies to retain nurses in the workforce and to attract nurses back into the profession including the aged care sector and regional areas,

(iv) options to make a nursing career more family friendly; and

(v) strategies to improve occupational health and safety.

Written submissions are invited.

Submissions become Committee documents and are made public only after a decision by the Committee. Persons making submissions must not release them without the approval of the Committee. Submissions are covered by parliamentary privilege but the unauthorised release of them is not.

Following consideration of submissions, the Committee will hold a series of public hearings. The Committee will consider all submissions and may invite individuals and organisations to give evidence at the public hearings.'

Comment on senate inquiry can be found on pg 3

President's Report - Jacqui Guy

ANTS held an interesting, provocative open forum at Bankstown Hospital on 19th May. A panel of five speakers raised some challenging issues related to the role of the clinical educator. The forum was well attended by educators throughout Sydney and some country areas. Debate was at times heated, especially in relation to industrial issues. Brett Holmes, from the NSW Nurses' Association ably fielded enquires regarding pay scales. A summary of the issues raised is presented on page.

I attended a meeting in May of the National Nursing Organisations Group. This is a coalition of 49 professional bodies (mainly National Associations) which meets twice per year to debate and seek consensus on professional issues including postgraduate education, competency standards, credentialing, nurse practitioner development. The issue of credentialing was discussed and debated actively. It was agreed that it was an individual decision for individuals as well as the organisation in choice of credentialing. International recognition of competency standards and credentialing processes were also discussed. There is need for further research in this area. Another area discussed was the setting up of a national nursing informatics centre. A sub-committee is to propose development of a government submission.. The next meeting will consider terms of reference for the group and membership criteria.

At the NRB's invitation, as representative of ANTS, I will be attending a meeting of the Professional Liaison Committee on 28th June. Agenda items include: documentation in patient records and clinical experience requirements for TENS. A report from this meeting will be available in the next Bulletin.

Many of you will be aware of the Senate Inquiry into Nursing into: a) the shortage of nurses in Australia and the impact that this is having on the delivery of health and aged

care services and
b) opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and postgraduate nurses. There was very little time to receive input as the submissions needed to be received by 29th June.

Because of this, ANTS Council agreed to be part of the National Nursing Organisations' Submission .A summary of our open meeting identifying issues for clinical educators was sent to the inquiry as part of ANTS submission and a small team from the council wrote a report on education issues. These submissions are covered by parliamentary privilege and must not be subject to unauthorised release.

As well as the Senate Submission, there has also been announced a National Review of Nursing Education. The review will examine the effectiveness of current arrangements for the education and training of nurse; factors in the labour market that affect the employment of nurses and the choice of nursing as an occupation; and the key factors governing the demand for, and the supply of nursing education and training.

Details of the review can be found on the website:

www.detya.gov.au/highered/programmes/nursing/. Submissions need to be lodged by 30 August, so please email ANTS secretary, Jenny Blundell on jblundel@nursing.usyd.edu.au by July 31.

Please contact me if you have any queries or ideas about ANTS or educational issues.

Jacqui Guy: j.guy@mackillop.acu.edu.au;
phone: 02-97392034 ✂

Senate Community Affairs Reference Committee – Inquiry into Nursing

Cathy Maloney, Nurse Educator, Bankstown Health Service

Cathy Maloney presents some practical and thought provoking comments regarding issues related to the Inquiry into Nursing. These comments have been included in the report sent to the Inquiry.

(a) the shortage of nurses in Australia and the impact that is having on the delivery of health and aged care services;

The ageing Nursing population, needs to have a sustained increase in recruit numbers over next 10 years to provide for ageing general population and changes nursing workplaces. Increase numbers and accessibility to Post Graduate Scholarships for those wishing to obtain Post Graduate or Post Enrolment Aged Care Type Specialist Qualifications to raise the profile of this area of nursing.

(b) opportunities to improve current arrangements for the education and training of nurses, encompassing enrolled, registered and post graduate nurses.

ENs streamline advanced skills such as checking IV medications and Administration of unscheduled, Schedule 2s and Schedule 3s into final weeks of training program. Introduce extra study block with preblock self directed learning package. As Trainee enrolled Nurses now require HSC for course entry it seems appropriate to incorporate post course advanced skills into the enrolment course. This process would be more efficient, given the random accreditation across health providers. Small hospitals and nursing homes often do not have the resources to provide adequate extra training.

Institute an expertly written state wide pre-test of Literacy and Mathematics for Trainee Enrolled Nurse applicants, to assist: Hospitals in appropriate recruitment; TAFE, to provide bridging courses prior to commencement and remedial support during TAFE blocks. Pre-test held 3 times

(v) nurse education and training to meet future labour force needs.

Increase numbers of recruits by providing a training wage for clinical hours worked over and above current minimum University curriculum requirements. Increase clinical experience substantially through 1. Recruitment to a Hospital/Health Service – similar to TEN program and 1st, 2nd and 3rd year specific job descriptions state/nation wide that provides 13 weeks (494 hours) employment per year in of the University holidays and or one shift per week/weekend. This would still permit adequate annual leave for students, who already work part time on nursing or non-nursing related jobs. Part time students could be arranged on a prorata basis. Recommendation to register would then be a joint recommendation similar to Enrolled Nursing and Midwifery training, where the Health providers attest to clinical competence in the workplace. Compulsory minimum hours in specific placements should be included as many undergraduates do not get significant contact with specialty areas, such as Psychogeriatric, Ambulatory Medicine/Community, Operating Theatres, Paediatrics, Mental Health, Drug and Alcohol and Maternity.

The outcomes of adding 1500 hours practical experience would be;

- to affiliate Unis and Health providers to improve competence based practice and assessment and improve the clinical skills of the beginning practitioner
- early detection and remediation of undergraduates with workplace literacy difficulties;
- elimination of the “black market” in employing students as Assistants in Nursing with variable guidelines, scant assessment, orientation and performance management;
- the significant reduction for the need for a 12 or 6 month New Graduate

continued page 4

transition program, as a 3 month program could cover any adjustments needed:

- increased numbers of recruits because they are being paid to be trained and lessens the strain of paying for HECS;
- increased liaison between training providers and employers to reduce the well discussed theory practice gap
- enhanced classroom discussions with current patient care being used as examples ensuring contemporaneous nursing knowledge transfer. Counteract the problem of Nurse Academics striving to remain clinically up-to-date.
- reduction in the cost of running nursing services for health providers as students become more senior and require less supervision. Some increase in coordination (NEds) and clinical support (CNEs) will be needed to make this effective. An awareness that undergraduates cannot perform at the same level and pace as an experienced Registered Nurses so staffing profiles would need to be adjusted to compensate.
- increased sense of belonging to the nursing profession through early socialisation to the actual work environment.
- full awareness of implication of shift work and rotation rosters prior to completing training and therefore less chance of attrition as Registered Nurses.
- early redirection of unsuitable or uninterested students into a more suitable career choice without excessive cost to the education system. Post registration attrition rate should drop in proportion to first year attrition that can be compensated for with higher intake numbers to replenish the loss.
- integration of the growing use of information technology in nursing at the undergraduate level. Currently undergraduates are usually not permitted to access any hospital-based computers as they are not permanent employees and are not given program training and usernames/passwords.

continued page 6

Open meeting dates for 2001

The open meetings are an opportunity to network with other nurses who are involved in education. Each meeting is centred around a theme with a guest speaker leading discussion. You are welcome to bring your colleagues to these meetings.

Put these dates in your diary:

Wednesday 25th July

1730

ACU – North Sydney

Theme: Education Research Seminar

See advertisement on page 9

Saturday 22nd September

1030 – 1300

Bowral/Mittagong

Theme: Please email

jblundel@nursing.usyd.edu.au with your ideas

Wednesday 5th December

1800

Christmas Dinner

Please take the time to complete and return the questionnaire in this issue. The themes of the open forums will be established from the feedback you give us.

A reminder that ANTS awards one research scholarship a year. If you would like to apply please contact Jenny Blundell on jblundel@nursing.usyd.edu.au for guidelines on submissions.

‘The clinical reality of the clinical educators role: Issues and concerns’
Open forum 19th May, 2001 - Summarised by Jann Foster

The open meeting at Bankstown Hospital was host to 43 Nurse Teachers from a variety of settings around NSW. A forum of six guest speakers presented different perspectives of the Clinical Nurse educator role. The speakers were Maureen West (NE, Neonatal Intensive Care Unit, Westmead), Mary Vandendolder (CNE, ICU, Liverpool), Gil Wilson (CNE, CCU, St Vincents), Sally Sutherland-Fraser (NE, Operating Suite, St George), Larissa Mouline (CNE, Surgical Unit, Royal North Shore) and Brett Holmes (Assistant Secretary, NSW Nurses Association).

Jann Foster summarises the discussion points

- There is no consistency in definition, job description and qualification requirements for the role of clinical nurse educator and nurse educator. There needs to be clarification of the roles.
 - There is the need to develop a competency statement and the implementation of competencies with the roles of clinical nurse educator and nurse educator
 - There is no consistency in the support/resources available to clinical nurse educators and nurse educators
 - Clinical nurse educators are often counted in the clinical nurse staff numbers. They are also used to fill in during breaks and when staff numbers low.
- There is no incentive to be a clinical nurse educator. Same wage scale as clinical nurse specialist, however, clinical nurse educators are responsible for the education of nurses in one or more areas. They are also responsible for practice to be evidence-based, the motivation and support of staff and the developing and delivering of inservice education.
 - There seems to be little recognition that education is a skill. Effective educators need to learn the required skills through tertiary education. Teachers in schools are recognised for their teaching ability/expertise, however, nurse teachers are not.
 - Clinical nurses are often expected to preceptor/mentor inexperienced nurses. However, they often do not have the skills to effectively educate these nurses.
 - Educators are often paid at the level of a clinical nurse educator, however, they are expected to perform at the level of a nurse educator (cost-saving measure)

Clinical nurse educators want their speciality recognised. They do not want education to be seen as a stepping stone to the positions of clinical nurse consultant and nurse unit management. //

continued from page 4

- Greater employability post registration with many of the work based life skills already acquired e.g. appropriate communication, documentation, presentation, problem solving, critical thinking.
- Streamlined employment possible with strong links to an employer already made.
- Increased possibility of continuing with Post Graduate part time studies as the work/study habit would already be set up, encouraging a culture of life long learning. Training wage could offset much of the individual's HECS costs, therefore more chance to afford post graduate education.

Greater attention needs to be paid to pharmacology, administration of medications, intravenous fluids and IV injections to in the undergraduate program as the competency of New Graduates has been consistently poor in vivid contrast to the pre-1985 new Registered Nurse.

- (i) the interface between universities and the health system.

The links between universities and the health provided could be likened to the Medical Clinical School Model where one or two universities only have a school based at each Teaching Hospital and clinical placements occur only in that Area Health Service. The allocation of links between universities and health services would need to be made at a high level to ensure state and national equity.

- (ii) strategies to retain nurses in the workforce and to attract nurses back into the profession including aged care sector and regional areas.

Retention of nurses is often dependent on equity of wages for cost of undergraduate and postgraduate education plus professional responsibility levels being remunerated equal to that of the commercial workplace. The drain of highly qualified nurses into the corporate world will only increase when workloads are not assessed and continuing cost reductions to the system.

continued page 7

Advance Notice

It is a year since the last conference so start thinking of warmer climes for this time next year.

The 10th National Nurse Education Conference

July 11-13 2002

Townsville,
Queensland

It may seem a long time away but start planning ahead for when the call for papers comes out later this year.

It is now too easy for nurses to move into law, medicine, computing, business management, alternative medicine, etc, as tertiary education is now a springboard to wider careers.

Likewise an awareness that career mobility is the way of the future and nursing should foster methods for those who have "sewn their oats" in the corporate world can return, utilising their valuable new found skills in nursing. A research project should be developed to suggest suitable ways to integrate these skilled ex-nurses into the nursing workforce giving them satisfaction in their jobs.

(iii) options to make a nursing career more family friendly.

- Free up the secondment/transfer arrangements to health providers closer to "home" for working parents of pre-school and school aged children so that the dual obligations of being an employee and raising healthy responsible citizens will be less affected by the tyranny of distance to work. This could be somehow linked to maternity and parental leave.
- The conflict of parenting roles and maintaining still rigid work hours causes many dilemmas for many working parents and perhaps nursing could be a leading employer offering special parental flexi time.
- Perhaps setting up "unwell children" childcare centres staffed by nurses (and a doctor associated), to be an alternative for working parents when the child is not seriously ill but needs parental/nursing care. Standard Precautions and Isolation Techniques would be paramount. The centres should be able to take emergency bookings up to one hour prior to a shift, so nursing parents can progress to work, knowing that they will be called if the child deteriorates.

- This strategy would relieve much guilt felt associated with managing unwell children and juggling a career. The cost of placing a child in one of the centres would be higher than standard long day care/preschools but is often worth the money to an employee. Subsidy/Health Insurance arrangements would ease the cost burden on users.

(iv) strategies to improve occupational health and safety.

Hoist systems attached to the roof of all new and renovated hospitals, nursing homes and day care centres for aged, developmentally delayed. Remove the need to use manual means of moving patients by supplying equipment attached to the bed unit. Improve the minimum standards of hospital beds to take into account shoulder injuries from Hydraulic bed head raisers.

Threatened and actual violence of nurses at work can be related to unacceptable waiting for care and treatment. Tight to inadequate staffing levels, causing patients to wait for consultations, bed pans, pain relief or answers, will increase the risk of anger and violence rather than decrease it. //

Got something to say

Put pen to paper

or

fingers to keyboard

and send you thoughts to:

The Bulletin Editor

163 Gipps Rd, Keiraville.

2500

or

email

jbothe@bigpond.com

My Reality as Nurse Educator in the Operating Suite at St George Hospital, Kogarah Sally Sutherland-Fraser

Background

I have 20 years experience as a nurse working in Sydney & the UK.

This includes;

- 2 years at the Royal Alexandra Hospital for Children/The Childrens Hospital Westmead in the Operating Suite as the Clinical Nurse Educator
- and 2 ½ year in my current role as Nurse Educator in the Operating Suite at St George Hospital, Kogarah.

I hold a Bachelor of Education in Adult Education from the University of Technology, Sydney, and a Certificate in Perioperative Nursing from the NSW College of Nursing.

Issues that impact upon my role as a nurse educator

There are several issues worth noting, for example

- Time constraints
- Clinical competence
- Perception of the role
- Responsibility as training provider
- Mandatory education requirements
- Technological developments in surgery and Health Care reform

Whilst much of what I have to say comes from direct experience, some of it has been formulated after discussions with colleagues and my own observations.

Time constraints

There is difficulty meeting the demands of the clinical environment as well as the administrative demands of the role. These compete for my time on a daily basis. There is simply not enough time to do everything. So it comes down to prioritising my workload, and accepting that some things will not be done. It's difficult to feel satisfied with a job half-done and impossible to feel proud.

Another common dilemma for me is that the immediate needs of my work environment

can overwhelm my day. This focuses me on the present and limits my ability to plan strategically for the future. Metaphorically, I am often stuck in today's problems with little time, or mental space to plan for the bigger picture of 'tomorrow'. This is frustrating both professionally and personally.

Clinical competence

Remaining clinically competent as a nurse educator is a constant challenge. This is a particular challenge in a specialty nursing area such as perioperative nursing. I rely on the support offered by the Clinical Nurse Specialists, who have a currency of clinical knowledge across a range of perioperative specialties that I cannot match.

Perception of the role

There is a common perception that the life of the educator is one of endless cappuccinos, meetings and early marks. Clinical work is seen as real work, and the administrative office-based work is seen as taking it easy. Like many of my colleagues, my working week is several hours longer than my rostered hours.

It is not uncommon for education to be seen as the great panacea for problems in the workplace. Whilst I believe that education makes an enormous contribution, it is not the solution to every problem. I believe education is an integral part of a larger package that includes strong and innovative management structures.

Responsibility as training provider

I recall reading about the recent Glenbrook Rail Disaster. The coroner found that one of the contributing factors was that many of the staff had been inadequately trained. These findings still weigh heavily on my mind. As a provider of education and

continued page 11

CONFERENCES AND SEMINARS

Australasian Nurse Educators' Conference

2001 – A Nursing Odyssey Preparing nurses for future frontiers
11th & 12th October, 2001
Auckland, New Zealand

Themes: collaboration, advanced practice roles, preparation for practice,
practice changing clinical outcomes, impact of education on practice,
innovation- practice/education

Abstracts close 23 April, 2001

www.cmsl.co.nz/ANEC2001

Are you planning on attending
this conference ?

Why not apply for a scholarship ?

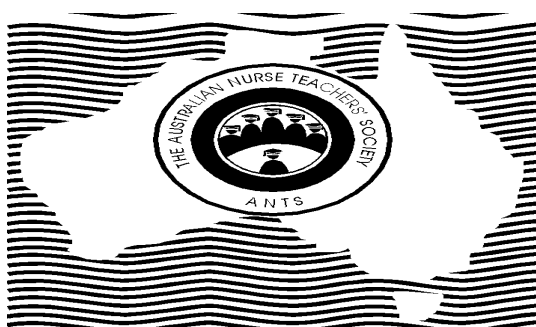
For more information contact

Jenny Blundell on jblundel@nursing.usyd.edu.au

Have you a conference or seminar you would like
advertised in The Bulletin ?

Email the editor jbothe@bigpond.com or

ph 02 42276551



THE AUSTRALIAN NURSE TEACHERS SOCIETY

is holding an *Educational Research Seminar*

on the **25th July** at the

Australian Catholic University
40 Edwards St. Nth Sydney
Council room, 4th Floor

5.30pm - wine and cheese

6.00pm - 6.30pm

Sharon Andrews, Lecturer
University of Western Sydney

'How 1st Year Nursing Students
Study for their Science and Nursing
Practice Courses'

6.30pm - 7.00pm

Jane Davey, Nurse Educator
Nursing
Neonatal Intensive Care
King George V hospital

'Competency in Clinical
Practice: A Perspective of
Neonatal Nurses'

7.00pm - Coffee

Come along and network with fellow educators

Cost: \$8 on admission

RSVP by 20th July:

Jann Foster jannf@theplanet.net.au or 0414502724
Lyn Stewart lyn.stewart@uws.edu.au

continued from page 8

training for staff in environments such as the anaesthetic room or the operating room, I feel a weight of responsibility for the standard of care. Patient safety as well as staff safety requires a knowledgeable

Mandatory education requirements

These requirements are growing each year.

Wanted

ANTS is looking for a new editor for this publication, the Bulletin.

(

HAVE YOU CHANGED YOUR ADDRESS ?

PLEASE FILL OUT THIS
FORM AND RETURN TO:

ANTS, PO BOX 143,

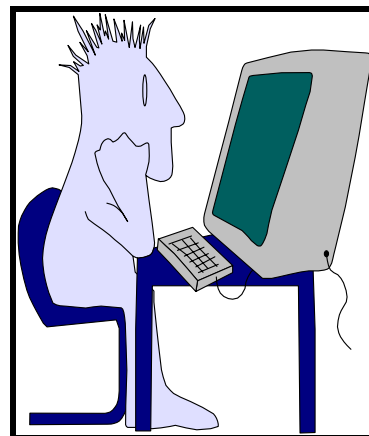
GLEBE NSW 2037

NAME:

OLD ADDRESS:

NEW ADDRESS:

PHONE NUMBER:



Editors Note

For those who attended the last open meeting I am sure you would agree that it was thought provoking and encouraged discussion which highlighted the many different perceptions of the role of Clinical Nurse Educators. Many inconsistency's were highlighted the main one being the qualifications required to become a CNE. Perhaps with the promotion of the role and function of the CNE at local and state levels a more uniform approach could be taken.

The next open meeting on the 25th July to be held at the Australian Catholic University offers an opportunity to hear from you colleagues about their research into education. We hope to see you there.

Material for the Bulletin can be posted to 163 Gipps Road, Keiraville. NSW 2500 or emailed to jbothe@bigpond.com.

Thankyou to all contributors to this edition of the Bulletin. //

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

© July 2001