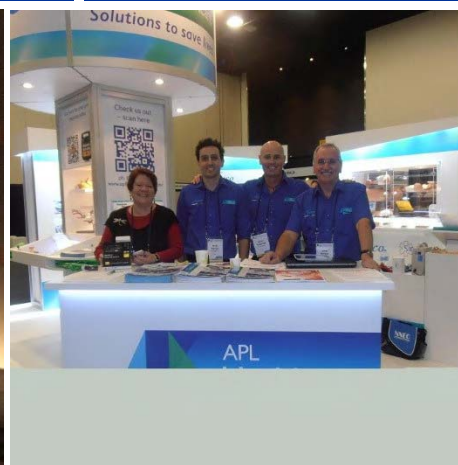
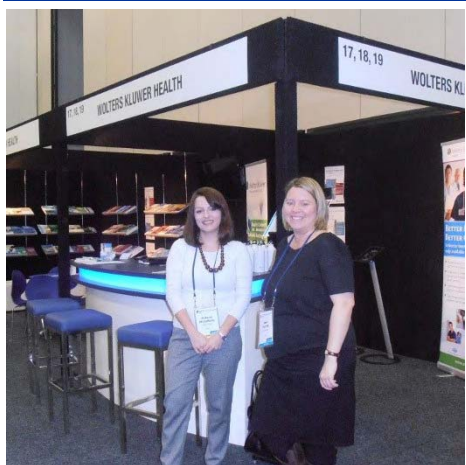


# The Australian Nurse Teachers' Society e-Bulletin

Volume 6  
Issue 2

JUNE 2014  
Edition



# ANTS

<http://www.ants.org.au/>

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# NATIONAL PRESIDENT'S REPORT

**May/June 2014**

Hello All, I'm having trouble believing that its almost (*or by the time this is published*) will be halfway during the year.

The National Nurse Education Conference for 2014 is over and I would like to thank everyone who participated in the conference, by presenting, convening sessions, and especially to my fellow members of the organising committee. I'm waiting on the 'official feedback forms' to be compiled but early feedback from the delegates indicated the conference to have been useful and successful.

A number of the invited and keynote speakers have emailed and thanked the group for asking them to speak and provided positive comments about their time at NNEC. Further to these comments the 'trade' display participants has also been extremely positive and many of our exhibitors have indicated they would like to attend the next NNEC as they found the time and the interaction with delegates to be positive and useful for their purposes.

So all around NNEC 2014 appears to have been a successful event and a great showcase of the work being done around Australia by both academic and clinical education groups. Don't forget to keep in contact with the new networks you have made and share the wins between you. We are all working under tough conditions these days and supporting each other makes it a whole lot easier to get through the tough times.

The AGM was also held at the NNEC and attend by a number of the delegates ... thanks you for taking the time to attend. It was intentional planning to hold off the welcome reception so you had to stay for the meeting to get drinks and nibbles ....

The meeting provided a forum for some lively debate around the constitution, memberships and future planning for ANTS. I would like to thanks all of those who offered thoughts, ideas and debate on the topics that were raised and are very relevant to our organisation. From this meeting we have decided to:

- Update the constitution ... Volunteers are needed (*refer to post*)
- Hold NNEC 2016 in Sydney ... National Exec will be responsible (support will be required)
- Hold election for offices at the AGM at NNEC ever 2 years – rather than any office positions be voted on during the non-NNEC year.

*Continued page 9*

# NNEC 2014 - CHANGING BOARDS AWARDS AND RECOGNITION

## NOVICE PRESENTER

Flexible options for Enrolled Nurse Training in regional South Australia

*Ali Sanders*

## NOVICE PRESENTER COMMENDATION

Closing the Gap - RN 2 to RN 3

*Steve Hannaford*

## BEST PRESENTER

The book, the app, the MOOC and the Future

*Eimear Muir-Cochrane and Deb O'Kane*

## BEST PRESENTER COMMENDATIONS

Professional Role Modelling and Communication during  
Inter-professional Undergraduate Clinical Simulation

Value for Money: The Economic Evidence for Clinical  
Nurse Education and Health Libraries

Educational Initiatives for Aged Care Staff

Ways to support International Students speech and pronunciation

## BEST POSTER

Using Quick Response (QR) codes in the nursing practice laboratories

*Didy Button*

## BEST POSTER COMMENDATIONS

Use of video clips in education discussion forums

*Wendy Abigail*

STI Syndromic Management Training Game: An Educator Resource for Sexual  
Health Trainers in Papua New Guinea

*Edwina Jachimowicz, Jenni Graves, Ruth Hennessy and Cherry Robert*

## PEOPLE'S CHOICE POSTER

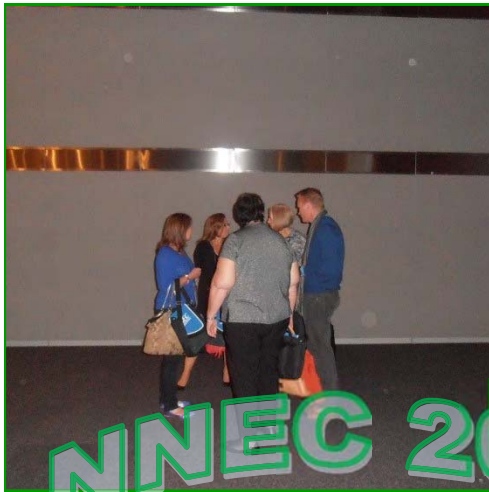
Flinders Medical Centre leading the way

*Caroline Henderson*









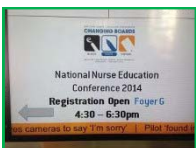
# NNEC 2014 Conference







# NNEC 2014 Conference













# PEER REVIEW CONTRIBUTORS

The ANTS e-Bulletin awaits original, previously unpublished articles from ANTS members which can be manuscripts on contemporary clinical or academic education issues, workforce issues relevant to nurse education, and educational research of interest to ANTS members.

New and nephrite writers are encouraged to submit their work for consideration.

*Guidelines for Contributors* can be accessed on page 14 of this issue OR at the link on the ANTS website OR by direct contact to the Peer Review Editor at [david.stanley@uwa.edu.au](mailto:david.stanley@uwa.edu.au)

*Presidents Report Continued from page 2*

- Encourage State Branches to be active in holding education and networking events supported by national, where current branches have inactive committees or are having difficulty maintain a committee (further information in the minutes)

As a result of the 2014 National elections for office The National Executive for the next two years are:

**PRESIDENT:** Michelle Girdler

**VICE PRESIDENT:** Lorraine McMurtrie

**SECRETARY:** Karen Simunov

**TREASURER:** Christine Taylor

**MEMBERSHIP OFFICER:** Stuart Taylor

**STATE LIAISON OFFICER:** Lorraine McMurtrie

**E-BULLETIN EDITOR:** Karen Simunov

**GENERAL COMMITTEE** Stuart Taylor and Lindsay Harris

We are all looking forward to continuing to work with the members of ANTS and moving forward so that the organisation meets the member's needs.

If you have made it this far reading without falling asleep you've done well. I will keep in contact via the website (Moodle) posts and hope to hear from members both about branch and national activity.

Take care until next time, Michelle

Michelle Girdler  
ANTS National President





# NNEC 2014 POSTER ABSTRACTS

## COMMENDATION: BEST POSTER

### **No. 1: Use of video clips in education discussion forums**

*Abigail, Wendy (Flinders University, Adelaide, SA)*

**Introduction:** Use of online discussion forums to enhance student learning can promote deeper learning(1). However, it has been shown that students are less likely to participate in online discussion forums if the forums are not assessed(2).

In semester one 2013, a new curriculum for undergraduate nursing students was introduced. All first year students' who attended a Professional Experience Placement (PEP) were asked to contribute to an online discussion forum which was not assessed. This paper provides ethically approved evaluation of student discussion forum contributions.

**Method:** Student placements were held in three groups (391 students). Students in two classes (n= 47) were also requested to 'add a video clip' of a song to describe their day. Music clips links were used to comply with copyright requirements.

**Findings:** Of the 391 students, only 27 students who were asked to 'add a video clip' contributed. Of these students, in group 1, week 1, 27 students attended PEP where 70.4% (n=19) responded to the discussion forum, 7.4% (n=2) in week 2, and 33.3% (n=9) in week 3. In group 2, week 1, 12 students attended PEP where 50.0% (n=6) contributed, 16.7% (n=2) in week 2 and 8.3% (n=1) in week 3. In group 3, 7 students attended PEP where in week 1 14.3% (n=1) contributed with no further contributions.

**Discussion:** The use of music clips stimulated some students to actively participate to an online discussion forum. However, participation was found to be impacted on by tutor enthusiasm and by classroom dynamics.

#### **References:**

1. Clifton A, Mann C. Can YouTube enhance student learning? Nurse Education Today. 2011;31:311-3.
2. Davis BG. Tools for teaching. 2nd ed. San Francisco: Jossey-Bass; 2009.

### **No. 2: "Students please turn your phones on": Using a Cloud based student response system to track learning.**

*Button, Didy (Flinders University School of Nursing & Midwifery, Adelaide, SA)*

The increasing use of computer based education technologies in nursing is arguably the most significant

*Continued page 11*



*NNEC Poster Abstracts continued from page 10*

change since the movement of nursing education into the tertiary sector. Nurse educators are faced with competing pressures from two areas. One is the need to keep up with the rapidly changing health care environment and secondly is the ever expanding education computer information technologies that are now available. One of the recent developments in education technologies has been the development of cloud based (also known as Internet based computing) resources.

This presentation will demonstrate how a free cloud based student response system was used to track preregistration nursing student learning in a first year anatomy and physiology topic and will include the students' feedback. Using the cloud based student response system the educator loads their quizzes into a virtual classroom and students use their mobile phone or any internet connected device to enter that virtual classroom. Students undertake quizzes and receive immediate feedback on their mobile device about their responses. The educator can project the class' responses onto the screen allowing the entire class to see the spread of responses and to monitor their own progress. Quiz reports can also be generated and emailed to the educator. This type of Internet technology can be accessed outside of the classroom wherever internet access is available thereby increasing the flexibility for both educators and students. Delegates with a mobile device and Internet access will be able try the response system during the presentation.

**NNEC 2014 GOLD SPONSOR**



**Wolters Kluwer**

<http://www.wolterskluwer.com/Pages/Home.aspx>

**AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR SPONSORS**

## **Recipient of the BEST POSTER AWARD ... Congratulations**

### **No. 3: Using Quick Response (QR) codes in the nursing practice laboratories.**

*Button, Didy (Flinders University School of Nursing & Midwifery, Adelaide, SA)*

A Quick Response (QR) code is a two dimensional barcode consisting of black modules (small squares) arranged in a square grid on a white background, which can be read by an imaging device (such as a camera in any mobile device connected to the Internet). Android and Mac users can download free

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*Continued page 13*



# ANTS AWARDS

## ANTS Clinical Educator of the Year

### *Recognising Excellence in Nursing and Midwifery Education in the Clinical Setting*

This award recognises excellence of the clinical educator to encourage innovative teaching practices in the education of Nurses and Midwives in the clinical / workplace settings.

Open all categories of members who contribute to nurse/midwifery education external to the academic setting and employed in the role of: clinical facilitator; nurse/midwifery educator; clinical nurse educator/specialist; staff development; education coordinators and/or education manager.

The nominee must demonstrate an enthusiasm for teaching and promote learning by demonstration of a significant contribution to education within the clinical setting, which encompasses acute care; primary health care and community centres.

The judging panel is formed by the National Executive or Branch Committee members of ANTS with full details of [selection criteria and nomination forms](#) available for download on the ANTS website.

## Pearson/ANTS Nursing Educator of the Year Award

### *Recognising Excellence in Teaching Nursing*

Pearson Australia in conjunction with ANTS encourage and recognise innovative teaching practices in nursing/midwifery (academic) education.

Nominations are sought from members whom are employed by a University, TAFE and VET sector and whose primary activity is teaching nursing/midwifery students. The nominee must have demonstrated excellence and a significant contribution to advance nursing education through direct teaching, service and research in the areas: lecturing and/or tutoring and/or student support and/or development of quality teaching materials.

The judging panel is assembled by ANTS and Pearson with full details at <http://www.pearson.com.au/company/awards/educator-awards/pearsonants-nursing-educator-of-the-year-award/>

*NNEC Poster Abstracts continued from page 11*

camera in any mobile device connected to the Internet). Android and Mac users can download free QR code reader applications as well as QR code generators. At one School of Nursing and Midwifery in South Australia in 2013 the internal preregistration commencing student cohort was over 500 students. The QR code reading technology was used to create an innovative nursing practice laboratories orientation activity allowing the students to undertake a self-paced inquiry based activity. QR codes were generated for key equipment in the nursing practice laboratories. The QR codes were printed, laminated and attached to 30 pieces of frequently used equipment. Students were provided with instructions and a hyperlink to download a free QR code reader in preparation for the orientation activity. When the students used their Internet connected device to scan the QR code attached to a piece of equipment the QR code directed the students' device to a webpage containing information pertinent to the equipment and how it might be used by nurses during their practice. During the presentation delegates with Internet enabled devices will be able to download a QR code reader and then use the reader to decode a series of conference specific QR codes. The use of QR codes in nursing education is only limited by our imagination.

### NNEC 2014 GOLD SPONSOR



<http://aplhealthcare.shopfactory.com/>

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#### No. 4: A Patient Centred Approach to the Care Continuum

*Y.Gomez, K. Seletto , C.Woolmer Cabrini Malvern, Victoria, Australia*

**Introduction:** Each Cancer patient experience is subjective, yet as health care professionals, we provide care based on what we consider to be needed rather than what is “patient centred”. In March 2012, a multi-disciplinary team and a patient, attended a 2 day forum to develop a quality improvement plan focusing on a patient centred approach.

**Objectives/Aims:** Standardise work to **optimise** individual patient and family well being for physical, mental and spiritual care in the cancer patient's journey.

**Description/Methodology:** To assess **current** capability, assessment via data collection occurred to develop a baseline “from” picture, thus allowing a clear non- biased identification of gaps. Via identification and application of Lean thinking, the “new model of care” is being trialled (and PCDA

*Continued page 14*



*NNEC Poster Abstracts continued from page 13*

Plan, Do, Check, Act ). Our method of measurement included;

- Real time data from staff and patients
- Press Ganey ( Press Ganey Associates, 2011)
- PET ( Patient experience Tracker )

**Results:** In March 2012 a collective agreement acknowledged the plan of care for a patient is not known by the patient. Post implementation of the “new model of care “, survey results for February 2013, revealed a dramatic increase, 66% of patients reporting to know their plan of care.

**Conclusion:** It is important for us to understand the patient experience and how this translates to all healthcare professionals and their practice. This is a process that we continue to trial and evaluate in order to provide “patient centred care

**Conclusion:** It is important for us to understand the patient experience and how this translates to all healthcare professionals and their practice. This is a process that we continue to trial and evaluate in order to provide “patient centred care” to patients and their families

NNEC 2014 CONFERENCE DINNER SPONSOR



<http://www.hesta.com.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR SPONSORS

## **No. 5: Strategy to Reduce the Incidence of Falls in the Cancer Setting**

*Y. Gomez and K. Seletto (Cabrini Malvern, Victoria)*

**Introduction:** Approximately 1500 people per day fall in Victorian hospitals, adding \$406 million a year to the annual health budget and causing significant distress for (World Health Organisation , 2012). A cancer diagnosis increases the risk for falls, however, few hospital studies have examined patients with cancer independently to explore this phenomenon.

**Objectives/Aims:** This project aimed to examine the effectiveness of the Falls Risk Assessment Tool (FRAT) and the Cognitive Impairment Identifier (CII) tools in reducing the risk of falls amongst our patients with cancer.

**Description/ Methodology:** A two staged education program for falls prevention was developed. The first stage targeted clinicians, patients and their families and highlighted patient's risk factors using the FRAT tool. The second stage introduced the Cognitive Impairment Identifier (CII) tool. Falls data

*Continued page 17*

# CoNNO REPORT

## March / April 2014

The first meeting for 2014 was held on 4th April at the ANMF Victorian Branch with attendance by (33) member organisation and (7) observers making for a full room.

The meeting opened with a welcome to the new member association of Australian Student and Novice Nurses Association (ASNNA). This association commenced with an inaugural group of (2) members and continues to grow with links to twenty universities across Australia with membership of both nursing students and registered nurses up to five years post graduation. The association has three main aims:

1. National networking
2. Leadership development
3. Support and mentorship for transition to practice

Further information and membership applications can be found at <http://www.asanna.com.au/>

## Department of Health (DoH) Update

In the absence of Rosemary Bryant, Kate McCauley presented the Report with the following topics:

### *Professional Practice Indemnity Insurance*

PPI for private practicing midwives requirement/exemption is to complete on 30th June. Several options are under discussion for review by the Health Minister and to await the outcome.

### *Funding Review*

Annually funding arrangements are reviewed within portfolios and portfolio agencies and the next meeting will identify the post-budget impact on the healthcare practitioner and consumer.

Nurse Practitioner Scholarships for the Older Person Initially \$16.2M was provided for (31) projects and due for completion on 30th June. The aim of each project was to identify a Model of Care/Framework and be fiscally sustainable for older persons in primary care/residential settings.

### *Nursing and Midwifery Board of Australia Project Update*

Multiple projects are nearing completion or about to commence. A snapshot of activities are:

- Internationally Qualified RN/RM has interim changes to the assessment approach with feedback from tribunal outcomes in relation to educational equivalent qualifications
- Concurrent registration (EN/RN) is being updated to include recency of practice

*Continued page 16*



*CoNNO report continued from page 15*

- Renewal Campaign has commenced with email and social media communication. In addition the pilot auditing process for compliance with Registration Standards and evaluation is complete and periodic audits will be conducted throughout the year.
- Public consultation on ESL and Criminal History Registration Standards is complete and being evaluated (refer to website for progress). Preliminary consultation complete and to be available soon for public consultation are:
  - \* Professional Practice Indemnity Insurance (PPI) - alignment of common standards for the (14) health profession groups (AHPRA)
  - \* Continuing Professional Development (CPD) - separated for Nurse and Midwife
  - \* Recency of Practice
- Advertising Guidelines now available on the website. Identify intent and the obligations of the healthcare worker under the law.
- Social Media policy is now available
- Joint Boards Forum with ANMAC to be undertaken several times a year. Joint communiqué available on (both) websites.

#### *Other NMBA Projects*

- Review of Standards begins with a Preliminary Consultation with key stakeholders (1 week) and amendments made as applicable prior to public consultation (8 weeks), final review and approval by Health Minister (total approx. 12 months). Current standards for review are:
  - \* Nurse Practitioner Endorsement - recent workshop and for preliminary consultation in next few months and public consultation mid-year.
  - \* Eligible Midwives and Endorsement for Scheduled Medicines - workshop to merge the standards together. Time frame for public consultation as per NP Standard.
  - \* National Health Impairment Research Project with potential models in treatment and rehabilitation for Nurses and Midwives to commence shortly.
  - \* Re-entry to Practice Project nearing completion for return to register and includes supervised practice for a streamlined process.
  - \* NMBA to undertake a project on identity and branding. Aim is to define the role of the board and facilitate a contemporary 'look' through social research.
  - \* Expansion of the current Safety and Quality Framework and Models of Supervision for privately practising Midwives.

*Continued page 19*

*NEC Poster Abstracts continued from page 14*

pre and post implementation was utilised to evaluate effectiveness of the tools.

**Results:** Initial results showed an increase in the incidence of patient falls. This could be attributed to increased awareness and reporting as a result of the FRAT tool and Cognitive Impairment Identifier (CII). Final Post implementation data showed a 50% reduction of patient falls in areas where the tools were implemented.

**Conclusion:** The recent release of the National Safety and Quality Health Service Standards require hospitals to better identify and support those at the risk of falls. The significant reduction of patient falls seen within this project supports the continued use of FRAT and CII tools within the oncology setting.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

ANMAC

<http://www.anmac.org.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### Recipient of the PEOPLE'S CHOICE POSTER AWARD ... Congratulations

#### **No. 6: Flinders Medical Centre leading the way**

*Henderson, Caroline (Flinders Medical Centre, Kingswood, SA)*

Flinders Medical Centre (FMC) is a 580 bed public teaching, tertiary referral hospital in Adelaide with over 2000 nurses. One of the key successes in nursing education at FMC has been recreating and developing a post graduate level hospital based acute program that suits the changing learner and organisational needs and incorporates flexible and innovating teaching and learning methods.

Fundamental to the success of this program was the increasing use of online learning to support face to face clinical teaching.

The Acute Clinical Assessment Program was developed in response to changing clinical needs and increasing demands on nurses. The program aims to provide knowledge and skills in the assessment increasing demands on nurses. The program aims to provide knowledge and skills in the assessment and management of the deteriorating patient in the acute setting. A modular approach was adopted to allow the program to be accessible, applicable, equitable and flexible and allow nurses to tailor learning needs to their clinical environment.

The development of an online learning platform for each module/program components utilised the FMC Learning Management System, Moodle or [www.saheducation.com](http://www.saheducation.com). This online learning

*Continued page 18*



*NNEC Poster Abstracts continued from page 17*

platform was used for communication; pre readings and reference material; assessments and certificate issuing. The increased use of online learning has ultimately assisted with increased computer skills; improved nurse's skills in searching electronic databases to support evidenced based nursing and supporting and incorporating information technology in health care.

To date over 400 nurses have attended the 6 modules since October 2011 which impacts on clinical knowledge and skill of nurses and ultimately optimal patient outcomes.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

### APL HEALTHCARE

<http://aplhealthcare.shopfactory.com/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### COMMENDATION: BEST POSTER

#### **No. 7: STI Syndromic Management Training Game: An Educator Resource for Sexual Health Trainers in Papua New Guinea**

*Jachimowicz, Edwina (The Second Story Youth Health Service, Mt Barker, SA); Graves, Jenni (The Albion Centre, Surry Hills, NSW); Hennessy, Ruth (The Albion Centre, Surry Hills, NSW); Cherry, Robert (The Albion Centre, Surry Hills, NSW)*

The Sexually Transmitted Infections (STI) Syndromic Management Training Game is an interactive resource designed to complement and reinforce education sessions on STIs and their recommended management in Papua New Guinea (PNG). The game is structured as a large puzzle that requires collaboration between participants to arrange descriptive cards of common STIs and genital infections according to categories. The game is based on the PNG National Department of Health (NDoH) STI Syndromic Management Treatment Guidelines.

Produced by the AusAID-funded PNG Australia Sexual Health Improvement Program (PASHIP) 4As consortium (Anglicare PNG, Anglican Health Services, Albion Centre), approval, input and encouragement were provided by NDoH.

The resource was trialed with staff working in two health settings in different provinces of PNG. A facilitator trial was also conducted. Pre/post activity questionnaires evaluated the impact of the game on knowledge, while participant feedback via an evaluation form assessed individual enjoyment as well as views on the layout and use of the resource.

Participant feedback suggests the game is an enjoyable and useful learning tool, relevant to

*Continued page 21*

*CoNNO report continued from page 16*

### OHNG Nurses Group Presentation

We were fortunate to be privy to a 10-minute snapshot presentation on a current project by nurses at the John Hunter Hospital which is an educational resource (in development) and provides a personal perspective from patients and their significant others on the high visibility of head and neck cancer and the resulting social impact on everyday interactions that a healthy person takes for granted. It was a powerful message and on behalf of CoNNO representatives "well Done" as we await the finished product to be shared as a teaching/educational resource.

### Australian Nursing and Midwifery Accreditation Council (ANMAC) Report

Commenced with an overview of the differing roles and powers of ANMC and NMBA. Prior to the commencement of APHRA other health professions already had an independent Accreditation council. The ANMAC Board reviews and revises the following Standards with advice from assessment teams and independent advisory groups, prior to approval from NMBA:

- Registration Standards
- Practice (Competency) Standards
- Education Standards - 160 education providers across all sectors

#### *Current Status*

- \* Currently updating EN Standards for Practice - national curriculum under review
- \* Re-Entry Standards almost completed for publication.
- \* Eligible Midwives - practice and prescribing and related education requirements

*NOTE: Change of the vocabulary from Competency to STANDARD*

### Health Workforce Australia Report

#### *National Nursing and Midwifery Education Advisory Network (NNMEAN)*

- The aim is to identify strategies to resolve the current workforce issues ... newly graduated nurses/midwives unable to gain employment and/or leaving as perception of minimal support and continuing to promote intake of overseas nurses/midwives.

#### *Retention and productivity*

- This project has been finalised and revising final report and recommendations.
- Key themes identified were transition to practice and leadership

*Continued page 20*



*CoNNO report continued from page 19*

### *Health Workforce 2025*

- Under revision (2009 data) and name change to Australia's Future Health Workforce Report

### *Other Projects*

- ATSI Curriculum Framework
  - Health Leads - developed as health Leadership Framework as approved by Health Ministers
  - Available on HWA website for application of licence and use within workplace
  - Transition to practice Program and developing principles and underpinnings
  - Primary Healthcare Nurses Association and provisional education framework
- 

### *RELATED WEBSITES:*

*CoNNO meeting papers and documents can be viewed at <http://www.conno.org.au/meetings>*

*NMBA minutes, newsletter and project updates at <http://www.nursingmidwiferyboard.gov.au/>*

*ANMAC newsletter and project updates at <http://www.anmac.org.au/>*

*HWA documents and project updates at <https://www.hwa.gov.au/>*

## **COALITION IN SUPPORT OF CONSTITUTIONAL RECOGNITION FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES, FROM A HEALTH PERSPECTIVE**

***Are you are interested in representing ANTS at this Coalition?***

*Refer to pages 17 - 18 for the invitation and project brief.*

*Please contact the National President - Michelle Girdler at  
[michelle.girdler@health.sa.gov.au](mailto:michelle.girdler@health.sa.gov.au)*

*NNEC Poster Abstracts continued from page 18*

Syndromic Management of STIs in PNG. Results from the questionnaire indicate that the activity promotes STI knowledge and teamwork among participants and could be used in a variety of settings. The facilitator trial evidenced the resource's ease of transference for educators newly exposed to the game.

The resource therefore offers a simple, low-tech, flexible and practical education tool that facilitates learning about the syndromic approach to STI diagnosis and management. Implemented at simulation centres at clinical facilities is higher than those implemented on campus. These findings are being used to design a learning experience to maximise student engagement and learning outcomes.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

AUSTRALIAN COLLEGE OF NURSING

<http://www.acn.edu.au>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 8: The development of an evidence-based practice competency framework**

*Leung, Kat (The University of Sydney); Trevena, Lyndal (The University of Sydney); Waters, Donna (The University of Sydney)*

**Aim:** To devise a framework to guide the development of Evidence-Based Nursing Practice

**Background:** International researchers have found that nurse clinicians do not perceive themselves to have adequate knowledge and skills to use evidence in their evidence-based practice (EBP) competence is difficult and challenging due to lacking explicit competency Assessment Tool

**Background:** International researchers have found that nurse clinicians do not perceive themselves to have adequate knowledge and skills to use evidence in their practice. The measurement of evidence-based practice (EBP) competence is difficult and challenging due to lacking explicit practice. The measurement of competency standards and very limited validated assessment tools. In Australia, the ANMC competency standards is far from specific in spelling out the components required for measuring EBP competence. Therefore, an EBP competency framework with explicit components is important in facilitating the measurement of EBP implementation.

**Methods:** The EBP competency framework is made up of three columns and five rows. It is a matrix designed for mapping each step of EBP model (Ask, Acquire, Appraise, Apply; and Assess) across the grid of elements required for reflecting EBP knowledge and skills in using evidence. The elements of ANMC competency standard unit 3 and publications by a local nursing scholar are used to set the

*Continued page 22*



*NNEC Poster Abstracts continued from page 21*

benchmark components that required for EBP knowledge in the framework; while the literatures published by international nursing and healthcare EBP scholars are used to set the skills required for implementing EBP.

**Conclusion:** Content expert consensus from nursing and healthcare researchers, academics, educators; and clinicians are being collected to solicit advice for this new initiative. Results of consensus and content evaluation will be available in early 2014.

**Implication:** The EBP competency framework serves as a standard/guideline for assisting educators and teachers to evaluate EBP education and research in nursing.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

### AUSTRALIAN MEDICINES HANDBOOK

<https://shop.amh.net.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### No. 9: Meeting Standard 9 with Simulation

*Lyons, Nicole (Princess Alexandra Hospital); Crouch, Shannon (Princess Alexandra Hospital) and Thompson, Andrea (Princess Alexandra Hospital)*

**Background:** Early recognition of clinical deterioration, followed by effective action, can minimise the occurrence of adverse events. The Patient Assessment Simulation Program aims to address the issue of the early recognition of clinical deterioration by emphasising a systematic and effective patient assessment, knowledgeable interpretation of data and early and appropriate intervention and escalation

**Method:** The patient assessment program is a structured suite of programs with the overarching objectives of; systematic assessment, interpretation and integration of assessment and data, early referral, effective use of a standardised handover (SBAR), and exploration of the relationship between behavioural and professional practice and clinical outcomes. The suite of programs include; patient assessment scenarios and skills stations, Recognition and Management of the Deteriorating Patient (RAMDP) workshops for nurses and RAMDP multidisciplinary scenarios, Intern and revocational courses and Crisis Resource Management courses for critical care and ward nurses.

**Results:** From January to August 2013 940 nursing staff have attended the Patient Assessment programs and 338 nursing and medical staff have participated in the Deteriorating Patient Program. Formative evaluation suggests a high level of satisfaction by participants in using simulation programs to build and reinforce assessment, clinical management, communication and team skills to allow for

*Continued page 27*



**the Lowitja**  
INSTITUTE  
Australia's National Institute  
for Aboriginal and Torres Strait  
Islander Health Research

*Incorporating the Cooperative Research Centre  
for Aboriginal and Torres Strait Islander Health*

7 May 2014

Dear Colleague,

It is my pleasure to invite your organisation to join with other leading Australian non-government health organisations in a coalition in support of constitutional recognition for Aboriginal and Torres Strait Islander peoples, from a health perspective.

This project aims to bring together leading voices in the health industry to contribute to the national conversation about constitutional recognition and the planned referendum. The central activity will be the release of a strong positive statement in support of constitutional recognition of Aboriginal and Torres Strait Islander peoples, from a health perspective.

The statement will be publicised through social and traditional media, demonstrating a broad consensus among trusted and respected leaders in health that constitutional recognition will provide a better basis for improvements in the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Attached is a brief that explains the project in more detail, and contains the proposed statement that your organisation is asked to consider signing. It also has a list of a small group of peak bodies that have already committed to this project. A background paper that summarises relevant evidence of the link between the social determinants of health, the continuing need for equity in access to health care, and constitutional recognition is also attached.

If you would like more information, or to discuss this project with the project team, please refer to the contact details in the attached project brief.

On behalf of the Lowitja Institute, I thank you for considering this invitation, and hope that your organisation will join us in this important initiative.

Yours sincerely,

Ms Pat Anderson  
Chair

Adelaide  
7 Hackney Rd  
Hackney SA 5069

**[www.lowitja.org.au](http://www.lowitja.org.au)**

Brisbane  
PO Box 10639  
Adelaide St  
Brisbane QLD 4000

Darwin  
PO Box U364  
Charles Darwin University NT 0815

ABN: 70 138 780 695



## **A Health System Coalition in support of Constitutional recognition of Aboriginal and Torres Strait Islander peoples**

The goal of this project is to contribute to the national conversation about constitutional recognition of Aboriginal and Torres Strait Islander peoples, with a clear public statement of support from a health perspective by leading non-government health organisations.

### **Background**

This project is an initiative of the Lowitja Institute, Australia's only national research institute wholly dedicated to Aboriginal health research. It has been endorsed by the National Health Leadership Forum (constituted under the auspices of the National Congress of Australia's First Peoples) and the Close the Gap Coalition.

The Australian Constitution was written more than a century ago and is the main law that guides how the Commonwealth Government of Australia operates. The Constitution does not recognise Aboriginal and Torres Strait Islander people as the First Peoples of Australia nor does it acknowledge our country's continuing first cultures (the world's oldest). The Constitution allows race-based laws which could be used to discriminate (Section 51 (xxvi)) and says the States could still legally prevent people from voting based on race (Section 25)<sup>1</sup>.

The story of Aboriginal and Torres Strait Islander Australia is a shared national story that needs to be acknowledged in the Constitution to improve understanding and relationships with Aboriginal and Torres Strait Islander people for better health outcomes. All Australians need to understand this national story to bring the country together. 'It is the next step in reconciling our past and it's the right thing to do.'<sup>2</sup>

Following the report of the Expert Panel on Constitutional Recognition,<sup>3</sup> all major political parties declared their support for constitutional recognition, and the Prime Minister has announced that the government intends to work towards a referendum. For the referendum to pass, the people of Australia need to understand and support the case for change, and there needs to be strong leadership from across the political spectrum including from Aboriginal and Torres Strait Islander leaders.

The health system, through its many respected non-government organisations, has the opportunity to make a contribution to the national debate, by speaking up for the value of recognition from a health perspective.

### **The challenge**

For constitutional recognition (and the removal of racial discrimination provisions) to be gained, there are two key hurdles:

1. To obtain multi-party support for the proposals for change and the referendum questions that will deliver change; and
2. For the proposed changes to be passed at referendum by a majority of people and a majority of states.

Part of the work required for a successful referendum is to engage key community organisations, institutions and non-government organisations in the national dialogue, thereby energising their members and the broader public to engage and support the

referendum. There are many influential non-government organisations in the health system that enjoy respect and trust in the community. They provide a potentially broad base for public support for constitutional change on the basis of health benefit.

### **Aim and organisation**

This project has begun to develop a coalition of non-government organisations, across the Australian health system, with each agreeing to sign a short statement in support of constitutional change. The statement and its signatories will be publicised through traditional and social media, and other community activities. The Lowitja Institute is providing an organising base for this work (through a contract with Flinders University). The project is collaborating with Recognise, the national community-based organisation supporting constitutional change, under the auspices of Reconciliation Australia.

### **Process**

An initial group of 18 leading national health organisations have founded the coalition, and join us in inviting your organisation to participate. These organisations have joined on the basis of a shared commitment to constitutional change for better health, and better health care.

### **The role of members**

Your organisation is asked to:

1. Consider and endorse the statement below, and notify us of agreement to be listed as a signatory.
2. Work with us as the project develops to assist with recruitment and other activities, at your discretion.
3. Be represented at the launch of the Coalition, tentatively planned for July 2014.

### **Our contact details**

#### ***Project Coordinator***

Ms Kim O'Donnell, Email: [Kim.odonnell@flinders.edu.au](mailto:Kim.odonnell@flinders.edu.au). Ph. 08 82017768

#### ***Project Leaders***

Ms Mary Guthrie, Email: [mary.guthrie@lowitja.org.au](mailto:mary.guthrie@lowitja.org.au). Ph. 03 83415504

Prof Judith Dwyer, Email: [Judith.dwyer@flinders.edu.au](mailto:Judith.dwyer@flinders.edu.au). Ph. 0409530725

<sup>1</sup> <http://www.recognise.org.au/final-report>

<sup>2</sup> <http://www.recognise.org.au/why/why-recognition>

<sup>3</sup> <http://www.recognise.org.au/about/expert-panel>

## The Statement

The coalition statement below is short and simple with a focus on the health benefits of constitutional recognition. It does not address any other aspects of the referendum (e.g. wording of questions, preamble, etc). Your organisation's name will be added to this list should you decide to be a member.

**We call on all Australians to support recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution.**

**We look forward to a time when all Aboriginal & Torres Strait Islander peoples can fully participate in all that Australia has to offer, enjoying respect for our country's first cultures and leadership, and the benefits of long healthy lives.**

**Australia's First Peoples continue to die far earlier and experience a higher burden of disease and disability than other Australians. This is a result of long term economic disadvantage and social exclusion, among other factors. Constitutional recognition would provide a strong foundation for working together towards better health and wellbeing within the hearts and minds of all Australians.**

**This statement has been endorsed by leading health organisations that are united in support of constitutional recognition:**

Allied Health Professions Australia

Australasian College of Health Service Management

Australian College of Nurses

Australian Healthcare and Hospitals Association

Australian Health Promotion Association

Australian Indigenous Doctors' Association

Cancer Council Australia

Catholic Health Australia

Congress of Aboriginal and Torres Strait Islander Nurses

Council of Deans of Nursing and Midwifery (Australia & New Zealand)

Heart Foundation

Indigenous Allied Health Australia

Medical Deans of Australia and New Zealand

National Aboriginal and Torres Strait Islander Healing Foundation

National Aboriginal and Torres Strait Islander Health Workers Association

National Aboriginal Community Controlled Health Organisation (NACCHO)

Public Health Association of Australia

The Lowitja Institute



*NNEC Poster Abstracts continued from page 22*

early recognition and management of the deteriorating patient. Anecdotal feedback from participants indicates that attendance at simulation scenarios can have a positive influence on the management of similar clinical events.

**Conclusion:** Simulation programs, properly designed and delivered, can help an organisation meet the educational component of Standard 9. Participant evaluation shows a high level of satisfaction with course content and structure.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

AUSTRALIAN NURSE TEACHERS' SOCIETY

<http://www.ants.org.au/ants/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 10: Empowering Nursing Students to Navigate the Swampy Ground of Pre-Placement Requirements**

*Mackay, Maria (University of Wollongong, Wollongong, NSW); Bourgeois, Sharon (University of Wollongong, Wollongong, NSW); Errey, Melissa (University of Wollongong); Stephens, Moira (University of Wollongong); Tillott, Sarah (University of Wollongong); and Jans, Carley (University of Wollongong)*

The swampy area of workplace experience needs to be prominent in interactions with potential nursing students to ensure they are placed in the best position to undertake all elements of their degree. The aim of this presentation is to showcase a collaborative project that resulted in the empowerment of pre-registration nursing students to engage with compulsory pre-placement requirements for workplace experience.

The aim of this presentation is to showcase a collaborative project that resulted in the empowerment of pre-registration nursing students to engage with compulsory pre-placement requirements for workplace experience.

Pre-registration nursing students must complete their workplace experience to successfully complete their undergraduate degree. To successfully gain a workplace experience in a NSW Ministry of Health facility, students must demonstrate verification against NSW Health pre-placement requirements in several key areas. These include the completion of a National Criminal History Record Check, immunisation records against, an online orientation program and University legal documentation requirements. Issues associated with the compliance requirements created a sense of fear and confusion for students contributing to a poor level of compliance.

Reasons proposed for non-participation by students in readiness for workplace experience include a

*Continued page 28*

*NNEC Poster Abstracts continued from page 28*

shortage of time, forgetfulness, limited knowledge regarding the occupation risk of immune preventable diseases and the processes associated with becoming verified. Educational facilities have a responsibility to educate students in regard to their pre-placement requirements in preparation for workplace experience.

A collaborative approach was undertaken that engaged all key stakeholders to identify solutions and to action ways of working that empowered students to be ready for workplace experience. The outcomes of this project resulted in a 100% improvement in the number of students being ready to undertake their compulsory workplace experience in the initial year of their degree.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

BEYONDBLUE

<http://www.beyondblue.org.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 11: Evidence-Based Practice: Nurse Educators', Clinical Coaches' and Clinical Nurse Specialists' Perceptions**

*Malik, Gulzar (Monash University, Melbourne, VIC); McKenna, Lisa (Monash University) and Plummer, Virginia (Monash University)*

Evidence-Based Practice (EBP) in the clinical setting is recognized as an approach that leads to improved patient outcomes. Nurse educators, clinical coaches and clinical nurse specialists are key people to promote and facilitate EBP within clinical settings and have the opportunity to bring change. Therefore, it is important to understand educators' perceptions, factors that promote EBP and perceived barriers in facilitating EBP in clinical settings before developing any educational program. This paper will report findings from a study which aimed to explore nurse educators' clinical coaches' and clinical nurse specialists' knowledge, skills, attitudes, perceptions associated with EBP within one healthcare network. This study used a questionnaire containing quantitative and a small number of qualitative questions. Data were collected from nurse educators, clinical coaches and clinical nurse specialists working at tertiary healthcare setting Victoria. The questionnaire was distributed to a total of 440 people, from whom 135 responded (31%). Findings show that participants relied heavily on personal experience and organizational policies and protocols as formal sources of knowledge. Nurse

Educators demonstrated confidence in accessing evidence and were more skilful in using different  
Educators demonstrated confidence in accessing evidence and were more skilful in using different

*Continued page 31*

# MEMBER PROFILE

**NAME:**

Sandra Craigie

**ANTS ROLE:**

Incoming Western Australia Branch Chair

**EMPLOYMENT POSITION:**

Staff Development Educator: Postgraduate Critical Care Nursing Program

**ORGANISATION:**

Sir Charles Gairdner Hospital.

**BRIEF NURSING CAREER HISTORY:**

I started my nursing career as a hospital trained Enrolled Nurse, then spent my formative years working in rural and remote Western Australia before completing the first EN-RN Conversion Course at Curtin University.

Since moving to the metro area, I have worked primarily in the areas of Intensive Care and Education.

**WHY DID YOU CHOOSE TO BECOME AN EDUCATOR?**

I wanted to affect patient care and outcomes on a broader scale and help my colleagues achieve their own educational goals.

**WHAT IS YOUR FAVOURITE EDUCATION MOMENT?**

Any time someone you are working with has an 'aha' moment. Their eyes light up and you can see how excited they are...it's infectious.

**WHAT IS HAPPENING FOR YOU IN THE NEXT 12 MONTHS?**

The ANTS WA committee are looking forward to planning the next 12 months of education for our WA members.

- We will be increasing the opportunities for staff to network and share ideas.
- We will also be presenting 'mini' education days, bringing together educators at the forefront of their fields.
- We would love to hear your education anecdotes and any suggestion for our upcoming forums.



Sandra Craigie (Standing) with ANTS member and A/Postgraduate Staff Development Nurse Stacey Fuller



# WELCOME ... NEW MEMBERS

## April / May 2014

### SOUTH AUSTRALIA

Joy Booth	Nailsworth
Allan Perriam	Muchea
Fiona Forgione	Wynnvale
Jamuna Stevens	Torrens Park
Janet Banister	Clare
Lyn Rabbetts	Naracoorte
Tracey Burrough	Royston Park

### NEW SOUTH WALES (INCORPORATING ACT)

No new members

### NORTHERN TERRITORY / QUEENSLAND

Cheryl Dezotti	Bundaberg
Sue Walker	Bundaberg
Marie Bodak	Hermit Park

### TASMANIA

No new members

### VICTORIA

No new members

### WESTERN AUSTRALIA

Evelyn Coral	North Perth
Lynette Cheverall	Palmyra

On behalf of the National Executive we welcome the New Members to ANTS and their relevant Branches. As per the AGM 2014 minutes and the President's Report

### ANTS WEBSITE

A short overview of what is available on the ANTS WEBSITE for both new and current members:

- [Links of Interest](#) has links to organisations with relevant nursing resources, including ANMAC and RAO
- ANTS [Constitution](#) and Nurse Teacher [Professional Practice Standards](#). If you would like to participate in a review of the Constitution please reply via the post in the general discussion forum
- ANTS [e-Bulletin](#) for back copies of the publication
- Education Awards for nominating yourself or a colleague for an award in recognition of their contribution to nursing/midwifery education . Note there are (2) awards .. One for [Academia](#) and the other for [Clinical](#).

### EDUCATION / NETWORKING

In reference to the 2014 AGM and President's Report in this e-Bulletin the National and State Branch Committees are encouraging members to be active in holding education and networking events in their own district /area. Please feel directly contact National (page 45) for support and do not forget to advertise through the website in your state forum / discussion page ...

*NNEC Poster Abstracts continued from page 28*

types of evidence. All three groups showed positive attitude towards EBP however, lack of time, inadequate knowledge and insufficient resources were perceived as major barriers. Facilitators were learning opportunities, culture building and availability of resources. Similar barriers to the implementation of EBP have been identified internationally. Organizations need to develop educational programs to promote evidence-based practice in the clinical setting and employ strategies to overcome barriers to clinical implementation.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

BMJ

<http://www.bmj.com/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 12: Nurses' Manifesto**

*Maraun, Moira (Practice Development Solutions, Port Macquarie, NSW); Maraun, Ken (Practice Development Solutions, Port Macquarie, NSW)*

In 2003 I attended a Breakfast Seminar at Liverpool Hospital in Sydney. During the presentation a question was asked about "horizontal violence". I remember recoiling with distaste and boredom at hearing this same old, same old eternal phrase that is commonly used to conceptualise how the nursing workforce functions at its worst. I remember thinking, if we focus on how we disrespect each other, we will disrespect each other.

I wondered how Nurses might otherwise view their world if they used an antonym for "horizontal violence". The antonym I came up with that morn was "horizontal nurturing" and I became excited and noticed how my physiology differed in response to hearing both "horizontal violence" and "horizontal nurturing". These words are so similar yet they triggered incredibly different mindsets for me.

As a result, I have develop a "Nurses' Manifesto" which is my public declaration of what I believe a Nursing mindset can be, and I offer it to all Nurses to focus and act on the statements within it. The Nurses' Manifesto is a beacon for nurses to be outstanding in all they do.

As we improve our service delivery through "Changing Boards" in the 21st century, we must also improve our mindsets to manifest the compelling nursing careers and health services we all envision. We must be responsible right now for how we communicate to ourselves and to others, and to value that as a highly honourable and influential responsibility.

*The poster can be viewed at [www.practicedevelopment.com.au](http://www.practicedevelopment.com.au)*

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*NNEC Poster Abstracts continued from page 31*

## **NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)**

### **E3LEARNING**

<http://www.e3learning.com.au/>

**AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS**

#### **No. 13 Working Smarter, Not Harder**

*Maraun, Moira (Practice Development Solutions, Port Macquarie, NSW)*

The 21st century is the age of the information super highway. This super highway drives us to more information than any human being could ever conceive at any one moment in time. There is so much information available now, we are no longer being taught what to know, think or learn, but how to know, think and learn.

Technology provides us with so many choices in how we can learn from behind a computer and this poses complex challenges to educators. Educators must be able to discern students' responses to the delivery of information to ensure their messages are being received accurately. The absence of face to face interaction complicates this process further, particularly in the art and science of interpersonal communication. A collaborative understanding of how to know, think and learn will lead to a collaborative outcome in interpersonal interaction.

Neuro Linguistic Programming (NLP) is the study of success and excellence. It includes:

1. an attitude of curiosity
2. a methodology to model excellence in others and expansive ways to reframe communication
3. a trail of techniques to assist a person achieve outstanding results in life.

As educators, we are models for our students and colleagues. Thus, educators must be proficient communicators, with the ability to influence those to whom they communicate. The writing boards may have changed to a more sophisticated technological tool, and it is now time to embrace the opportunity to advance our abilities in achieving success and excellence.

This paper will explore the NLP model of communication in relation to building capacity within the nursing workforce to communicate more effectively.

#### **No. 14: An investigation of the development of cultural competence in nursing students through a reflective writing assessment**

*McDonald, Glenda (UWS); Hunt and Leanne (UWS); Hillege, Sharon (UWS)*

It is essential that nursing students develop cultural competence during their undergraduate nursing

*Continued page 34*



# ANTS PEER-REVIEW SECTION

Original, previously unpublished articles ...

Manuscripts on contemporary clinical or academic education issues, workforce issues relevant to nurse education and/or educational research of interest

New and nephrite writers are encouraged ...

***REMINDER: ANTS e-Bulletin is now CINHAI Indexed***

**ABSTRACT:** Up to 250 words maximum for an abstract should be included. The abstract should be informative and report on the key aspects of the publication and include the methodology and key findings of the paper. The abstract should not contain abbreviations or references. Up to (5) keywords can be provided.

**ACKNOWLEDGMENT:** of colleagues who are not named as authors should appear just before the reference list. The source of any funding or any potential conflict of interest should also be declared.

**REFERENCES:** The author is responsible for providing accurate references. Referencing must follow an Author-Date style, such as APA (American Psychological Association). The reference list must include details only of those works cited in the text, and all references cited in text must be listed.

**MANUSCRIPT SUBMISSION:** All manuscripts, and related correspondence should be submitted via email to the Peer Review Section Editor. The review process will be managed by the Peer Review Section Editor. It is anticipated that authors will receive feedback or a decision on the manuscript within 6 weeks of submission.

**MORE DETAILED INFORMATION OR ASSISTANCE:** Contact the Peer Review Editor David Stanley via email at [david.stanley@uwa.edu.au](mailto:david.stanley@uwa.edu.au)

*NNEC Poster Abstracts continued from page 32*

programs, in order to care for increasingly diverse contemporary health system populations. In the Australian context, building the capacity of students to provide culturally safe healthcare environments and work effectively with Indigenous people, communities and organisations in the future is particularly relevant. Whilst disparities remain in healthcare access and outcomes for Indigenous people the challenge continues for nursing educators to find best practice methods to assist non-Indigenous students to reflect on and comprehend their own perspectives of Indigenous people and communities. This qualitative research study explored the development of cultural competence in 76 non-Indigenous, second-year students across the duration of a unit of study about Indigenous health issues and health care. Thematic analysis of a reflective writing assessment task in Weeks 2 and 7 of a teaching session was conducted, revealing major themes and sub-themes. Analysis was informed by Camphina-Bacote's (2002) dimensions of cultural competence -- cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire or willingness. Significant insights concerning these students' perceived development of cultural competence and the potential impact on their nursing practice in trans-cultural contexts are discussed, including enhanced interest, cultural awareness and understanding, reflective skills, empathy and professional confidence. Important implications for nursing education are also highlighted, examining the role of innovative educational strategies, such as narrative and experiential learning activities, in engaging students in reflection for the development of cultural competence.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

### ELSEVIER AUSTRALIA

<http://www.elsevierhealth.com.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 15: An Investigation of Smoking Related Self-efficacy Among Greek-Australian Smokers and Anglo-Australian Smokers Aged 50 and Over**

*Mohammadnezhad, Masoud (Flinders University, Adelaide, SA); Ward, Paul (Flinders University); Tsourtos, George (Flinders University); Wilson, Carlene (Flinders University); Ratcliffe, Julie (Flinders University)*

**Introduction:** Self-efficacy is an important factor to understand differences in smoking behaviour. This study aimed to assess smoking related self-efficacy among Greek-Australian smokers (GS) and Anglo-Australian smokers (AS) aged 50 and over.

**Methods:** A convenience sampling method was used to collect data for a cross-sectional survey of

*Continued page 35*

*NNEC Poster Abstracts continued from page 34*

smokers. The survey data from GS were collected via the Glendi festival and the Greek Orthodox Community of South Australia (GOCSA). The AS' survey data were collected from four bowling clubs, one Rotary club, one Lion club, Flinders university website, and a small proportion from Anglo attendees at the Glendi festival. To measure the smoker's self-efficacy, we used a valid and reliable self-efficacy questionnaire which included nine Likert-scale questions.

**Methods:** A convenience sampling method was used to collect data for a cross-sectional survey of smokers. The survey data from GS were collected via the Glendi festival and the Greek Orthodox Community of South Australia (GOCSA). The AS' survey data were collected from four bowling clubs, one Rotary club, one Lion club, Flinders university website, and a small proportion from Anglo attendees at the Glendi festival. To measure the smoker's self-efficacy, we used a valid and reliable self-efficacy questionnaire which included nine Likert-scale questions.

**Results:** Ninety six GS, and 82 AS participated in this study. The mean age of ES was 57.6 years (SD=5.9), and GS were, on average, 59.2 years old (SD=6.9). Fifteen ES (18.3%) suffered from Cardiovascular disease (CVD), while 24 GS (23.3%) suffered from CVD. The results showed that ES had higher self-efficacy than GS (20.75 (SD=7.02), and 18.7 (SD=6.7), respectively  $t=2.02$ ,  $P=0.04$ ). Among ES the place of birth ( $B=0.3$ ,  $P<0.05$ , CI: 0.19-5.05), and stage of change ( $B=0.25$ ,  $p<0.05$ , CI: -0.01-6.06) were predictors of self-efficacy, while among GS only the level of nicotine dependence (Fagerstrom Score) ( $B=-0.48$ ,  $P<0.05$ , CI: -5.77- -0.45) was a predictor of self-efficacy.

**Conclusion:** Ethnic differences in self-efficacy should be taken into consideration in designing intervention programs for smoking cessation.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

HESTA

<http://www.hesta.com.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 16: An In-House Approach to Developing International Nursing Students' Language.**

*Muller, Amanda (Flinders University, Adelaide, SA)*

This paper will discuss the range of in-house activities by an English lecture at the Flinders University School of Nursing & Midwifery who provides language support to international nursing students. First, the paper will summarise the research on international nursing students' language difficulties,

*Continued page 37*



# BOOK REVIEWS

Published and Supplied by Elsevier



9780729541381

## **Mosby's Dictionary of Medicine, Nursing & Health Professionals 3<sup>rd</sup> ANZ Edition**

**Harris, Nagy & Vardaxis (May 2013)**

The 2014 edition is available either as an electronic or print version.

A print version was accessed for the purpose of this review. The book is around 2000 pages of comprehensive definitions relating to all imaginable medical terms and if you don't know the right word this will direct you, some definitions have a 'see also' next to it, to refer the reader to the correct definition or word spelling. Contained within the book in relevant places illustrations and pictures accompany the definitions, these provide a visual accompaniment to further clarify descriptors for the reader

At the back of the dictionary there are (9) appendices covering units of measure, symbols and abbreviations, medical terminology, medication calculations and a number of other easily accessed reference materials. Another good point to this reference dictionary is that it is an Australian and New Zealand version and has had consultation and review by a number of specialist medical, nursing and allied health representatives from the ANZ region, along with consultation from the US.

If you prefer a printed version dictionary for reference this would be a valuable book in your collection.

9780729541411

## **HAVARD'S NURSING GUIDE TO DRUGS 9E TIZIANI (2013)**

Inside the front cover is the formulae for calculations and a ready reference pocket card and/or bookmark. The contents pages is divided by BOTH Therapeutic Class and Body Systems for ease of use. Within the introduction is an overview of the nurse's role in medication administration across a range of topics from paediatrics to use in sport and legal issues which encompasses National Healthcare Standard 4. New to this edition is a Patient Teaching and Advice (education) section with principles for consideration. Each section has an overview of the therapeutic classification which includes general guidelines before identifying individual medications by their trade and generic names; availability; action; use; dosage; adverse effects; interactions; nursing points/caution; specific patient teaching and advice and a highlighted box for pregnancy and breastfeeding caution/risk.

If you do not have a *nursing* pharmacological text or your current text is a few years old then I highly recommend this as a replacement copy.

As an added bonus there is a "Harvard's Nursing Guide to Drugs 9th Edition" App for both IOS and Android format ... ready reference on the go!

*NNEC Poster Abstracts continued from page 35*

pointing out the common themes found in this research. Next, it will discuss a number of the teaching initiatives taken to address international students' language needs, from face-to-face assessment, English classes, and team teaching to online educational games (developed in-house), discussion forums, instructional powerpoints, and self-test quizzes. Following this, some of the online materials development and resources will be explored, including downloadable mp3s, click and play lists, multimedia flashcards, videos, and websites. The paper will then provide some statistics about the reception and effectiveness of these activities and resources, including feedback received from students and staff. Finally, there will be a discussion about how this multi-faceted and in-house approach facilitates better educational outcomes for students.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

### INDEPENDENT LIVING SPECIALISTS

<http://ilsau.com.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 17: Does the venue for the learning through simulation experiences impact on student engagement?**

*Peddle, Monica (La Trobe University)*

**Aim:** To examine the effect of venue location on engagement of undergraduate students in learning through simulation experiences.

**Background:** Funding from Health Workforce Australia enabled development of simulation Centres of Excellence at major metropolitan hospitals in Northern Metropolitan Melbourne. These Centres of Excellence provide simulation spaces, resources and expert instructors to facilitate learning through simulation experiences for undergraduate students. In Semester one 2013, learning through simulation activities developed in an acute care nursing subject were delivered in Centres of Excellence and on campus.

**Method:** Mixed methods were used to assess levels of engagement of learners during learning through simulation experiences. Ethics approval was obtained. A cross sectional survey assessed the level of engagement of students attending learning through simulation activities at each venue. Follow up focus groups were to be utilised to gain an in-depth understanding of the learning experiences of the students.

**Results:** A 13% response rate was achieved. 23% attended learning through simulation at a Centre of Excellence and 77% attended sessions on campus. Mean scores for student engagement attending

*Continued page 38*

*NNEC Poster Abstracts continued from page 37*

learning through simulations sessions on campus were 2.197559, Mean scores for student engagement attending learning through simulation sessions at Centres of Excellence were 1.583333. No students agreed to participate in focus groups.

**Conclusion:** Preliminary findings indicate that engagement of the students in learning through simulation activities implemented at simulation centres at clinical facilities is higher than those implemented on campus. These findings are being used to design a learning experience to maximise student engagement and learning outcomes.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

### MERCURY GROUP OF COMPANIES

<http://amlalliance.com.au/about-us>

### AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

#### **No. 18: Theory before or during practice? A distributed approach to improve learning of acute care nursing.**

*Peddle, Monica (La Trobe University); Campbell, Fergus (La Trobe University); Stone, Nick (La Trobe University)*

**Aim:** To compare perceptions of educators and students of less and more distributed learning approaches, to better integrate theory and practice in undergraduate nursing curriculum.

**Background:** Models of placement in nursing education traditionally involve block mode learning. In 2012 a new model to integrate theory and practice was introduced in a second year acute care nursing subject. Students undertook clinical placements interspersed with campus-based learning to enable more immediate application of theory to clinical practice.

**Methods:** Students and educators completed surveys comprising rating scales and open ended comments prior to implementing the new model (2011) and in the first two years of implementation (2012 and 2013). Quantitative and qualitative results for each model were compared to investigate potential differences in learning experiences. Quantitative results were analysed using descriptive statistics and qualitative comments were analysed for themes. Ethics approval was obtained for the study.

**Results:** Early findings suggest that the distributed approach was at least as effective as the prior 'block' model. Further quantitative results will be presented and discussed. Staff feedback indicates that the distributed approach positively affected awareness of teams, confidence, and awareness of

*Continued page 40*

# SCHOLARSHIPS AND GRANTS

## ANTS Scholarship

*Encourage ongoing professional development at an education related conference*

The Australian Nurse Teacher Society Scholarship is aimed to encourage the professional development of members to attend a conference or seminar with an education-related focus.

Funding is available QUARTERLY to a maximum of \$1000 for registration, travel and accommodation. In the event of multiple applications priority will be given to conferences with a strong nursing education focus.

Applicants must hold membership for a minimum of (24) consecutive calendar months prior to application and have not received a scholarship within the previous (2) years.

**CLOSING DATES:** 31st January    30th April    31st July    31st October

**CRITERIA AND GUIDELINES:** <http://www.ants.org.au/ants/mod/page/view.php?id=7>

## ANTS Research Grant

*To encourage research with a primary focus on Nurse and/or Midwifery Education.*

To encourage research in all fields of nursing/midwifery educational practice the Australian Nurse Teacher Society provides seeding grant of \$2,000 to members for research with a primary focus on Nurse and/or Midwifery Education

Grant applications are offered annually based on the quality of the proposal in a manner consistent with accepted standards of research ethics. Applicants must hold membership for a minimum of (24) consecutive calendar months prior to application.

Additional applications will be considered by the National Committee as the demand dictates

**CRITERIA AND GUIDELINES:** <http://www.ants.org.au/ants/mod/page/view.php?id=7>



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the profession of nursing. Themes identified from staff responses included the impact on engagement, role of pre-loading for placement, integrating theory, clinical and simulation, drawing links between theory and practice and ability to enable reflection.

**Conclusions:** A distributed approach can enhance engagement and teamwork in undergraduate nursing students. It may also help to develop student professional identity.

## NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)

### PURNON SKIN SIMPLE

<http://www.purnonskinsimple.com.au/>

AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS

### **No. 19: Implementation of nurse-led Medical Emergency Team (MET) education at Cabrini Brighton**

*Sharon Rubeli (Cabrini Health – Education) and Anne Nicholson (Cabrini Health - Quality Coordinator)*

**Background:** As Brighton Cabrini does not have ICU fellow/Medical Consultants on site, a nurse led Met system was introduced in 2009 and reviewed in 2011. Audit identified that physiological observations of some patients were not resulting in escalation of care despite meeting MET criteria.

**Aim:** Identify barriers to successful implementation of the MET system and implement an education program to address these.

**Method:** Focus groups were utilised to collect data regarding barriers to optimal utilisation of the MET system. An education program was then developed to identify and address the barriers. This program was evaluated using pre and post testing.

**Results:** Forty seven nurses participated in the focus groups. Major issues were a need for stronger leadership and communication during a MET. A 3 stage education program using simulation scenarios, role modelling and focused self directed learning activities, was implemented, followed by a MET competency, to address the issues. Although early results from post focus groups suggest an improvement in nurse's perceptions of the MET process, data gathering is still underway. Pre and post testing indicated a clear increase in knowledge.

**Conclusion:** The implementation of the education program, has met the needs identified by staff involved in nurse led MET's at Brighton Cabrini.

Further review, incorporating the inclusion of other disciplines such as medical and allied health staff, is needed to identify ongoing needs of staff.

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## **NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)**

**SMART SPARROW**

<https://www.smartsparrow.com/>

**AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS**

### **Abstract No. 20: The perception of Bachelor of Nursing (BN) students about the effect on their academic skills of the implementation of the Learning Skills Services (LSS) at the Rozelle Campus, University of Tasmania.**

*Saville, Lynne (University of Tasmania, Sydney, NSW)*

To meet the complex demands of contemporary nursing, undergraduate nursing students need to develop a wide range of skills and knowledge. These skills and knowledge will enable them to practice safely, providing quality care to patients. Undergraduate nursing programs in Australia require graduates to be proficient in numeracy and literacy. However, many students beginning their degree find difficulty with these fundamental areas.

A descriptive study was undertaken at The University of Tasmania (Rozelle Campus) to explore the support services provided from a learning skills advisor (LSA) and identify student perceptions of their learning needs.

This study will inherently rate the support services being provided to undergraduate nursing students and identify factors that impede and facilitate effective student learning. Strategies may then be put into practice that will potentially target at risk students and implement approaches to assist in their learning.

### **Abstract No. 21: Advanced Life Support Training - Past, Present and Future:**

*Whiston, Paul (The Queen Elizabeth Hospital, SA)*

*A Personal Perspective.*

Teaching Advanced Life Support has changed over the years - from courses where the majority of time was spent in lectures to courses that are now heavily skills based.

In 1999 in Australia there were 34 different ALS courses being advertised on the Internet. There appeared to be no central body coordinating the approach or standardising the courses offered. In contrast, overseas, different national bodies exist – which coordinate the training in such countries as: the United Kingdom, the United States of America and even Saudi Arabia. Additionally, in Australia some courses were tailored to Nursing staff - while others were directed at Medical staff.

*Continued page 44*

# CONFERENCE DIARY DATES

## JUNE

*Drug and Alcohol Nurses of Australasia (DANA) Conference: Speak Up*

18 - 20 June 2014 | Sydney, NSW

[www.danaconference.com.au](http://www.danaconference.com.au)

*APNA Continuing Education Workshops for Nurses in General Practice*

20-21 June | Adelaide, SA

[www.apna.asn.au/nigp](http://www.apna.asn.au/nigp)

*NETNEP 2014 5th International Nurse Education Conference*

22 - 25 June 2014 | Noordwijkerhout, The Netherlands

<http://www.netnep-conference.elsevier.com/conference-register.html>

*2nd Annual Worldwide Nursing Conference (WNC 2014)*

23 - 24 June 2014 | Singapore

<http://www.nursing-conf.org/index.html>

*International Dementia Conference Peer Review Contributors*

26 - 27 June | Sydney

<http://www.dementiaconference.com/>

## JULY

*AIDS2014 Conference*

19 July | Southbank Melbourne.

*Prior to the conference nurses (and their colleagues) are invited to the Reception: Nurses Stepping Up, Stepping Forward and Stepping Beyond, to celebrate the work of nurses in HIV globally.*

*It is a free event, so save the date!*

*Further information: email: [emily.wheeler@ashm.org.au](mailto:emily.wheeler@ashm.org.au) or call (03) 9341 5244*

*CNSA 17th Annual Winter Congress; Cancer Nursing: Leading in a time of change*

24 - 26 July | Melbourne

<http://cnsa.org.au/professional-development/national-conferences.html>

*APNA Continuing Education Workshops for Nurses in General Practice*

25 - 26 July | Brisbane, QLD

[www.apna.asn.au/nigp](http://www.apna.asn.au/nigp)

*25th Annual Scientific Meeting of The Stroke Society of Australasia 2014*

30 July - 1 August 2014 | Hamilton Island, QLD

[www.stroke2014.com.au](http://www.stroke2014.com.au)

*APNA Continuing Education for Nurses in General Practice*

15 - 16 August | Canberra, ACT.

[www.apna.asn.au/nigp](http://www.apna.asn.au/nigp)

*Continued page 43*

*Conference Diary Dates continued from page 42*

## AUGUST

*Nursing Informatics Australia Conference: E-health is changing healthcare: Nurses meeting the challenge. Smart phones, smart tablets, smart nurses.*

11 August 2014 | Melbourne

<http://www.hisa.org.au/page/hic2014nia>

*Community Health Nurses Western Australian Conference: No man is an Island*

22 - 24 August 2014 | Rottnest Island, WA

<http://chnwa2014.iceaustralia.com/>

*15th International Mental Health Conference:*

*Mental Health: Innovation | Integration | Early Intervention*

25 - 26 August with optional workshops on 27 August | Surfers Paradise, QLD

[www.anzmmh.asn.au/conference/](http://www.anzmmh.asn.au/conference/)

*The MHS Conference 2014: What We Share Makes Us Strong*

26-29 August 2014 | Perth, WA

[www.themhs.org](http://www.themhs.org)

*15th Asia-Pacific Prostate Cancer Conference - "Together in discovery and care"*

31 August - 2 September | Melbourne, VIC

<http://prostatecancerconference.org.au/>

## SEPTEMBER

*9th National ACNP Conference: New Frontiers – Building future generation*

2 - 4 September 2014 | Sydney, NSW

<http://acnp.org.au/events/15>

*New Zealand Nurses Organisation (NZNO) Conference - "Nurses – champions for change"*

18 September 2014 | Wellington, New Zealand

[www.nzno.org.nz/2014conference](http://www.nzno.org.nz/2014conference)

*CATSINaM 16th National Conference - "Embrace the difference within our people"*

23 - 25 September 2014, Perth WA

<http://catsin.org.au/>

## OCTOBER

*Australasian Association of Bioethics and Health Law Conference - "How should we decide"*

2 - 4 October | Perth WA

<http://www.conferencedesign.com.au/aabhl2014/>

*ANZSVS 2014 - "Revolution and Evolution in Vascular and Endovascular Interventions"*

11 - 13 October 2014 | Canberra, ACT

<http://www.vascularconference.com/2014/>

*MASK-ED™ Inaugural Conference*

16 October 2014 | Brisbane, QLD

<http://www.cqu.edu.au/masked/conference>



*NNEC Poster Abstracts continued from page 41*

Currently, Australia now has a peak professional body called the Australian Resuscitation Council, that sets standards and coordinates national ALS training.

The current approach is now based around a Multidisciplinary Team model. Doctors, Nurses and Paramedics are all involved in the Australian Resuscitation Council training and accreditation of ALS courses, and this is reflected in the course content and delivery. As a nation Australia was late into the global scene of nationally standardised ALS training. It now follows a successful model that is well accepted, and utilised overseas.

## **Abstract No. 22: Developing a Resuscitation Training Officer position in a teaching hospital**

*Whiston, Paul (The Queen Elizabeth Hospital)*

The poster will explore the journey of a newly created Resuscitation Officers (RO) position in an established teaching hospital. Resuscitation Training Officers are widely employed in the United Kingdom to coordinate resuscitation training, locally the position was titled RO as the role was to cover more than training.

The journey started with the perceived need to develop the position due to the lack of coordinated approach to resuscitation training among the nursing and medical staff. Multiple proposals for the creation of the position were submitted over a 12 year period. With 12 months of funding secured in 2012 the RO had to develop the role from a written job description to functioning position within the hospital. The job specification of the position were: to contribute to the safe deployment of the hospital's emergency response team, develop and implement a resuscitation training plan and contribute to resuscitation policy and quality improvement. The poster will also cover some of the hurdles faced and achievements made during the first seven months with a plan for the future of the position.

## **NNEC 2014 EXHIBITORS (ALPHABETICAL ORDER)**

### **WOLTERS KLUWER**

<http://www.wolterskluwer.com/Pages/Home.aspx>

### **AUSTRALIAN NURSE TEACHERS' SOCIETY WOULD LIKE TO ACKNOWLEDGE AND THANK OUR EXHIBITORS**

The following registrants received an iPad courtesy of Wolter Kluwer (Door Prize)



1. Jamuna Stevens (TafeSA)
2. Annalise van Zanen (NCAHS, NSW)
3. Marg Couch (New Zealand)

[http://www.notebookcheck.net/fileadmin/\\_migrated/pics/ipad3\\_03.jpg](http://www.notebookcheck.net/fileadmin/_migrated/pics/ipad3_03.jpg) Accessed 7/6/2014

# GLOBAL HEALTH PROMOTION

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubs-calendar-index.htm> Accessed 6/6/2014

Celebrate and/or encourage celebration within your organisation with international and national health promotion events as activities, displays and competitions. *Think outside the Box!*

## JUNE

Month of June - Lipoedema Awareness Month / Bowel Cancer Awareness Month

<http://www.lass.org.au/>

<http://www.bowelcanceraustralia.org/bca/>

15 World Elder Abuse Awareness Day <http://www.inpea.net/>

18 Red Aussie Apple Day - Nationwide <http://www.bowelcanceraustralia.org/bca/>

23-29 World Continence Week <http://www.continence.org.au/>

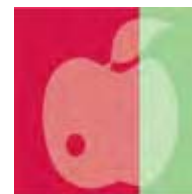
27 Red Nose Day <http://www.rednoseday.com.au/>

28 The Longest Table <https://www.thelongesttable.com.au/>

29 World Scleroderma Day <http://www.sclerodermaaustralia.com.au/>

29 Stay in Bed Day <http://www.stayinbedday.org.au/>

29 Sunflower Dash <http://www.leukaemia.org.a>



## JULY

Month of July - Eye Health Awareness Month <http://www.eyefoundation.org.au/>

7 ASK Y (Against the Silent Killer of the Young) <https://ask-y.squarespace.com/>

13-19 National Diabetes Week <http://www.diabetesaustralia.com.au/>

14 National MDS Day <http://www.leukaemia.org.au/>

21-27 National Pain Week <http://www.chronicpainaustalia.org.au/>

22 Fragile X Awareness Day <http://fragilex.org.au/>

23 World Sjogrens Syndrome Day <http://www.autoimmune.org.au/home/.aspx>

28 World Hepatitis Day <http://www.hepatitisaustralia.com/>

**JulEYE**

## AUGUST

Month of August - MS Readathon (ACT, NSW, VIC, TAS and QLD) <http://www.msreadathon.org.au/>

3-10 Healthy Bones Action Week <http://www.healthybones.com.au/>

4-11 Dental Health Week <http://www.adansw.com.au/>

11-17 Haemochromatosis Awareness Week <http://www.ha.org.au/>

22 Daffodil Day <http://daffodilday.com.au/>

24-30 Speech Pathology Week <http://daffodilday.com.au/>

24-30 Hearing Awareness Week <http://www.hearingawarenessweek.org.au/>

## APP REVIEW

**COURSERA (FREE)**

An ANDROID App that provides 600<sup>+</sup> free online courses in 20<sup>+</sup> subject areas (from math to music to medicine) from over 100<sup>+</sup> partner education providers globally.

- Stream lectures online any time, or download for offline viewing
- Manage downloaded content with built in download manager
- Courses available in up to 14 native languages (and where available subtitles)
- You decide on the schedule ... train ride, coffee break, or other time
- Official companion to Coursera.org site.

Average review rating 4.5 ★★★★★

**ITUNES U (FREE)**

An iOS app to access 750,000<sup>+</sup> free lectures, videos, books and other resources from Algebra to Zoology from leading universities /institutions. Supplement your study or pique your interest in this valuable tool will assist your learning anytime, anywhere.

- Access free courses and mark-off assignments as you complete them
- Course materials, include: audio, video, books, documents & presentations...
- Take notes and highlight text in iBooks for later review
- Browse collections from education and cultural institutions in 30 countries

Average review rating 3.5 ★★★★★

<https://play.google.com/store/apps/details?id=org.coursera.android>

<https://itunes.apple.com/au/app/itunes-u/id490217893?mt=8>

Accessed 6/6/2014

## IN CLOSING ... FROM THE EDITOR

WOW!! A very successful NNEC 2014 as indicated with the poster abstracts included in this edition and in the next edition I will include the abstract presentations ... to start planning for the next conference (or others in-between) think about contributing to the ANTS peer-review section ... you can then expand on this as an abstract submission for NNEC 2016

I am always seeking articles, profiles, stories, antidotes, app overview and topics to share in the e-Bulletin. Is there a specific book that you would like to review? Let me know by email and I will see what I can do (and it becomes yours on writing a review for the e-Bulletin).

Karen Simunov, e-Bulletin Editor

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# AUSTRALIAN NURSE TEACHERS' SOCIETY

## 2014-2016 NATIONAL EXECUTIVE



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### WANT TO CONTRIBUTE TO OUR E-BULLETIN OR PEER REVIEWED SECTION?

Please contact the Editor at [Karen.simunov@health.sa.gov.au](mailto:Karen.simunov@health.sa.gov.au).

This e-Bulletin is published quarterly with DEADLINES for submissions /advertisements NO LATER THAN

**15th February**

**15th May**

**15th August**

**15th November**

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