

AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING



COVER DESIGN: Pelican on the banks of the River Torrens, Adelaide, South Australia

E-BULLETIN

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ANTS

www.ants.org.au

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Upcoming Events

SA Study Day | Saturday June 13
ANTS AGM and Education Workshop
16 May 2015 at UWS Parramatta
Live Webinar will be available



FROM THE EDITORS DESK

Welcome to the first Edition for 2015 and the new look of the e-Bulletin to be contemporary.

Firstly I would like to thank the multiple contributors we have in this edition to make an interesting read and inform and share with our colleagues what is happening on the education front-line.

The year is going fast in that it is almost (12) months since many of us attended the National Nurse Education Conference | NNEC 2014 in Adelaide, my home city. A reminder our 'sister' conference, Australasian Nurse Educators Conference | ANEC 2015 is being held in Auckland, New Zealand from 11-13 November.

Courtesy of WA ANTS the Notre Dame welcome members to apply for their Professional Development Seminars. For further details: contact Notre Dame Fremantle Campus directly

Karen Simonov
e-Bulletin Editor



CONFERENCE DIARY

APNA National Conference | 14-16 May | Gold Coast
'Brave to Bold'

<http://apnaconference.asn.au/>

ACNP & ACNPracED Conference | 6-8 September & 9-10 September | Melbourne
'Celebrating the past and embracing the future'

www.dcconferences.com.au/acnp2015/ | Registrations open 2 June

ACN National Nursing Forum | 14-16 October | Brisbane
'Advancing nurse leadership'

http://acn.edu.au/forum_2015 / Abstracts close 1 May 2015

ARNA 25th Annual Conference | 22-23 October | Brisbane
www.arna.com.au | Abstracts close 29 May 2015

ANEC Australasian Nurse Educator Conference | 11-13 November | Auckland, NZ
'Co-Creating the Future - Being, Knowing, Caring'

www.anec.ac.nz | Abstracts close 31 May | Earlybird Registration closes 31 May

ANZSVN Vascular Nursing Conference | 12-14 November 2015 | Adelaide
'Working Together for an Integrated Vascular Approach'

www.anzsvn.org.au | Abstracts now open

PRESIDENTS REPORT

Welcome everyone to this edition of the ANTS e-bulletin. Its a little worrying how quickly time has passed so far this year already. I think that may be due to how busy everyone is all of the time. It seems i just wrote the end of last years presidents report !

There has been some great activity in a couple of the states over the past few months , the WA team are doing great work in holding education events and activities for their members and SA country members held a study day in November. Thanks to all of those involved in keeping activities happen for members and non-members in your areas. If anyone else in other states is considering holding an event don't forget the National Exec team are here to support you in making it a success. Everyone is busy and its hard to fit something extra in but ANTS is a great way to link up with each other , and in such busy times a good way to support each other.

Future upcoming events include the National AGM to be held in Sydney in May, we are also hoping to secure a speaker possibly about the use of webinars as a part of the day. So if you are able to get to Sydney it would be great to see you.

If not we are looking into the possibility of a phone or video link up so that we can 'talk' to members across Australia.

SA branch are holding a 'city' based professional development day in June 2015, and the program will be available on the ANTS site soon, along with all of the information required. This will be held on a Saturday - so rosters won't be a problem!

Don't forget the moodle is there for you to post to - its a great way to connect with your peers across the country and keep in contact with each other. If you have a questions, a great idea, have found a good resource or other information - share with us all.

I hope everyone has a safe happy Easter and doesn't eat too much chocolate ..

Unit next time ... take care

Michelle Girdler
National President

FLINDERS MEDICAL CENTRE –FLEXIBLE EDUCATION OPPORTUNITIES

Caroline Henderson | Nurse Education Facilitator | CNMER | Flinders Medical Centre
E | caroline.henderson@health.sa.gov.au

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 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. This online learning 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.

*Winner of the 'People's Choice' award as voted by conference delegates
Abstract submitted to NNEC 2014 as a poster presentation*



ANEC Australasian Nurse Educator Conference

11-13 November | Auckland, NZ



'Co-Creating the Future - Being, Knowing, Caring'

Welcome. Tena Koutou katoa

Being: refers not only to the attitude required of the nurse, but the mix of attributes which are essential components in the embodiment of a nurse. These attributes combine to form the very essence of being a nurse and may include: leadership, cultural, spiritual, philosophical, ideological, ethical, motivational and inspirational.

Knowing: acknowledges the fundamental patterns of knowing. These include, knowing in regards to ethics, aesthetics, empirics and personal knowing (Carper, 1978). What kind of knowing is most valuable for the nurse? This knowing may include innovations in teaching and learning, researching, e-learning and learning by use of simulation.

Caring: involves the combination of knowledge and caring skills that the nurse must possess to provide excellent care. The careful choice of caring as opposed to 'skills' is to ensure the inclusion of empathy and compassion, without which, the attainment of practical nursing skills is meaningless. This theme may also include: the application of knowledge to practice, research which changes practice, new ideas and the practical 'hands on' approach of the nurse. In fact, everything nurses do.

Don't miss out on a spot - Registrations are Now Open



www.anec.ac.nz

| Abstracts close 31 May | Earlybird Registration closes 31 May |

ANTS CLINICAL EDUCATOR OF THE YEAR AWARD

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 to 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 are available for download on the ANTS web-site

PEER REVIEW SUBMISSIONS

Seeking articles for the Peer Reviewed Section

Submissions should include an **abstract** of up to 250 words maximum. 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 five keywords can be provided. The **acknowledgement** 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. 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.

All manuscripts, and related correspondence should be submitted via email to the Peer Review Section Editor at david.stanley@uwa.edu.au with feedback or a decision on the manuscript within 6 weeks of submission.

Previous submissions reviewed are welcomed for resubmission or as a stand-alone article

WESTERN AUSTRALIA UPDATE

Sandra Craige | WA Branch Chair

As our members know, WA Health is in a period of significant redesign. There are significant public works being undertaken to develop services in both metropolitan and country Western Australia.

It is estimated that there will be approximately \$ 6.9 billion channelled into health service infrastructure in 2014-2015. This includes the building of the new Perth Children's and Fiona Stanley Hospital and infrastructure investment at Midland, Joondalup, Karratha and Busselton Health Campus'. To meet these changes, other health services such as Fremantle and Royal Perth Hospitals have been repurposed.



Busselton Health Campus



Artists impression: Perth Children's Hospital



Fiona Stanley Hospital

(Photos courtesy of Department of Health)

What does this mean for educators?

It means the induction and orientation of thousands of staff (yes, thousands!), new skills to be learnt and new teams to be developed. At times we know that our members have thought the workload was insurmountable, but with the 'can do' attitude that nurses so often display, WA educators have risen to the challenge.

ANTS WA is pleased to be able to support nursing educators with our series of Networking Nights [see *page 11*], which have provided not only a little "Education for the Educators" but, just as importantly, an opportunity to meet, network and share ideas with other nurses. Our members come from diverse backgrounds; metropolitan & rural, public & private, hospital, community & academia, but what we all share is a passion for the nursing and education of nurses.

KEY TIPS FOR SAVING TIME & MONEY WITH WOUND CARE!

Cheryl Dezotti | Co-Director and Educator | Nurses for Nurses Network

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W | www.nursesfornurses.com.au

Wound Care, despite the plethora of wound care products and resources available, remains an often expensive and resource intensive area of care delivery. Here are some simple tips for saving time and money, when staff are managing **chronic wounds!**

Wound Odour Control: The application of dry unused black tea bags between the primary and secondary dressing e.g. between a non adherent dry dressing and the bandage is very effective in negating odour from malodorous wounds. It is cost effective and always easy to access - just remember not to place the tea bags directly on the wound. The tea bags will need to be changed when they become wet. This practice has reduced the costs of needing to use additional odour reducing products along with a marked reduction in client / staff and visitor distress in a range of settings.

The Nurses for Nurses Network takes Nurses each year to fabulous locations both in Australia and Overseas to experience how health care is delivered. We took a group of Nurses to Bali to share wound care information with fellow nurses in both the hospital and community based settings and in particular to experience how wound care is managed in vastly different settings. The use of dry tea bags was quickly embraced by the wound care Nurses in Bali and is also now regularly used in a number of aged care and community based settings in Australia.

Cleaning Wounds: By tradition Nurses continue to almost 'automatically' vigorously irrigate/ clean a wound when changing a dressing which can take considerable time. Remind the Nurses that vigorous cleaning of a wound is not always necessary. According to the Australian Wound Care Standards *avoid aggressive wound cleansing unless the goal of care is debridement*¹.

Aseptic Technique: The Standards for Wound Management identify that a clean (not an aseptic) wound management technique is fine if the client, their wound and their healing environment are not compromised². This means that a client can have their wound 'washed or showered' thus reducing the time it takes to 'clean and dress a wound'. It's important to remind those who shower the clients that they should not allow any perfumed shower

gel, soap or shampoo to flow into the wound as the aim is to maintain a neutral or slightly acidic pH in the wound to promote healing³.

Picture Frame Borders: Having adhesive tape removed on a regular basis from fragile skin is often a slow and painful progress. Encourage staff to use a hydrocolloid dressing e.g. 10cmx 10cm and cut it into 4 strips. Place the strips in a border around the wound. Now each time the dressing is changed, the dressing anchoring tape can be removed from and attached to the hydrocolloid (which is not changed at each dressing change) thus the tape is not directly attached to the person's skin. This process is very easy and really does reduce discomfort, and the time it takes to remove a dressing.

The Nurses for Nurses Network has a large array of very practical wound related information and resources including webinars and quizzes which are accessible to members 24/7.



Necrotic wound, which may require odour control

Healing wound with epithelial and granulation tissue present



¹The Australian Wound Management Association Inc (2010) Standards for Wound Management 2nd edition, p16

²The Australian Wound Management Association Inc (2010) Standards for Wound Management 2nd edition, p13

³The Australian Wound Management Association Inc (2010) Standards for Wound Management 2nd edition, p15

'South Australian Professional Development Day'**Saturday 13 June 2015****Level 2 Main Lecture Theatre, Main Tower Building, TQEH****Event Code SA-06/15**

0830	Registration	
0900	Welcome and Introduction	
0910	Dealing with Scope of Practice	
0950	Transition Programs – what's new	
1030	MORNING TEA	
1050	Simulation in the Clinical Setting – A Beginner's Guide	
1130	Developing Scenario's – writing the story, keep it real	
1200	Simulation ... An interactive discussion (audience participation required)	
1230	LUNCH	
1315 - 1400	Workshop 1 – Simulation Workshop Workshop 2 – Equipment for scenario teaching Workshop 3 – Media Makeup application Workshop 4 – successful power point presentation	Choose (2)
1400- 1445	Workshop 1 – Simulation Workshop Workshop 2 – Equipment for scenario teaching Workshop 3 – Media Makeup application Workshop 4 – successful power point presentation	
1450	Evaluation	
1500	Close of Day	

COST | MEMBERS - \$60 NON-MEMBERS \$100**CLOSING DATE FOR REGISTRATION | 29 MAY 2015****ENQUIRIES | KAREN SIMUNOV KAREN.SIMUNOV@HEALTH.SA.GOV.AU**



SOUTH AUSTRALIAN BRANCH
The Australian Nurse Teachers' Society
Working Together for the Future of Nurse Education

ANTS PROMOTES THE ADVANCEMENT OF ALL ASPECTS OF NURSE EDUCATION AND SEEKS TO ENCOURAGE THE FREE EXCHANGE OF EDUCATION AND PROFESSIONAL IDEAS

Registration Form

'South Australian Professional Development Day'

Event Code | SA-06/15

VENUE | LECTURE THEATRE, TQEH, 28 WOODVILLE ROAD, WOODVILLE

DATE | SATURDAY 13 JUNE 2015

COST | MEMBERS - \$60 NON-MEMBERS \$100

CLOSING DATE FOR REGISTRATION 29 MAY 2015

MORNING TEA AND LUNCH PROVIDED

IDENTIFY WORKSHOPS SELECT (2) WORKSHOPS TO ATTEND

- WORKSHOP 1 – SIMULATION WORKSHOP
- WORKSHOP 2 – EQUIPMENT FOR SCENARIO TEACHING
- WORKSHOP 3 – MEDIA MAKEUP APPLICATION
- WORKSHOP 4 – SUCCESSFUL POWER POINT PRESENTATIONS

ENQUIRIES | KAREN SIMUNOV KAREN.SIMUNOV@HEALTH.SA.GOV.AU

REGISTRATION / PAYMENT ADVICE

M | Australian Nurse Teachers Society, PO Box 4647, NORTH ROCKS, NSW 2151

F | 02 82524712

E | office@ants.org.au

Name

Member No _____

Email

Address

PAYMENT OPTIONS

Westpac Secure Online | payment by credit card at <http://www.ants.org.au/payment>

(Preferred option - Quote Event Code - SA-06/15 and Last Name)

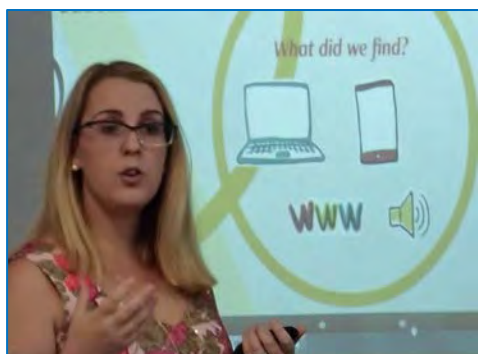
Direct Debit | BSB: 032-062 **Account:** 212398 **Account Name:** ANTS National

(Quote Event Code - SA-06/15 and Last Name. Advise payment to office@ants.org.au)

Cheque | Payable to Australian Nurse Teachers Society

(Quote Event Code - SA-06/15 and Last Name)

WA NETWORKING NIGHT



At our recent Networking Night, we were fortunate to have the privilege of listening to Michelle Adamos, Learning & Development Coordinator SJGMLH and Lecturer at the Faculty of Education ECU. Michelle is passionate about making education as interesting and accessible to participants as possible and wherever she can, utilises multiple technologies to not only engage

the participant but to enhance the learning outcomes. The interactive workshop was an opportunity for participants to think outside the box in terms of the technologies they standardly use at present.

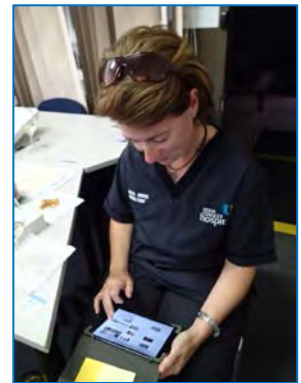
Congratulations to Catherine Buchholz who won the door prize for the night.

Our next Networking Night is on the 14th May. Monitor your emails and Moodle account for further details. Members and non-members are welcome, so bring a friend. We hope to see you there.





WA NETWORKING NIGHT | PHOTO GALLERY



Working Together for an Integrated Vascular Approach

CONFERENCE



12th-14th November 2015

Adelaide Convention Centre, South Australia



Australian and New Zealand
Society for Vascular Nursing

GETTING FROM BLAHH!

Janine Kane | Lecturer, Enrolled Nursing | Central Institute of Technology | Mt Lawley

E | Janine.Kane@central.wa.edu.au

I have just completed my first training days at Monash for the Post Graduate Certificate in Clinical Simulation. The first assessment was producing a 10 minute presentation to be delivered to my group of cohorts.

As a lecturer I thought about Clinical Facilitator feedback and my own observations of students in the workplace and how I could improve their communication skills and staff/patient perception of students in the workplace. The feedback was often about students being skills focused and not holistic.

So I came up with the acronym 'BTW' which I use in my teaching to remind students of what they need to do prior to leaving a patients room. This in turn would hopefully not only increase patient safety and confidence during their hospital stay but improve staff perception of students and improve students communication skills as well. The feedback from the clinical area has been very positive so I thought it might be useful to share it around for others to use as well.

The acronym stands for **B**ell, **T**ray and **W**ater Students ask themselves **B**y **T**he **W**ay, what have I forgotten, before they leave a patients room and this prompts them to remember to give the patient the call **B**ell (and permission to use it) **T**ray, (heart table, over the bed table etc) **W**ater (dependent on patient problem of course!)

If you would like any further information please do not hesitate to contact me.

Presentation Pages | 16 - 21

MEMBERSHIP BENEFITS

Membership entitles you to the following benefits:

- Discounted registration at conferences and education sessions
- Open access to the ANTS website at www.ants.org.au
- Access to other clinical and academic health professionals with an interest in, and knowledge of nursing/midwifery education
- Research seeding grants AND / OR annual scholarships to attend conference/seminars

DIFFICULT
POOR COMMUNICATORS
SULLEN
NON COMPLIANT
WITHDRAWN
ANNOYING


GETTING FROM BLAH.....

Images used with permission from Microsoft



TO AHHHHHH!

Images used with permission from Microsoft



- How you can help to change a patients' journey

LEARNING OBJECTIVES

- DESCRIBE THE RATIONALE BEHIND THE "SMILE" FORMAT FOR INTRODUCING YOURSELF TO YOUR PATIENT
- LIST THE BTW ACRONYM
- TEACH THE BTW ACRONYM TO STUDENTS IN THE CLINICAL SETTING

ROLE MODELLING

Students learn most of their professional behaviour through observation.

- The way you act
- The way you speak
- The way you respond to a call bell

will all influence your students behaviour.

ROLE PLAY

- BREAK INTO PAIRS
- SMILING EXERCISE

INSTRUCTIONS TO STUDENTS

- SMILE when you enter a room
- Introduce yourself
- "Hi, I'm *** and I'm going to be caring for you today"



THE POWER OF A SMILE

Images used with permission from Microsoft



PATIENT SAFETY AND SECURITY

- Patients need to feel safe and confident in the hospital environment.
- Accidents occur REGULARLY as a result of patients trying to :
 - get to the bathroom on their own
 - pick up an object off the floor
 - lean over to get a glass of water

This happens in most cases because the PATIENT didn't have access to the call bell

HOWEVER

THE CALL BELL IS NOT YOUR ENEMY

Images used with permission from Microsoft



Images used with permission from Microsoft



REMEMBER

- Not every patient who uses a call bell needs a full hoist off the bed onto a commode to be taken into the bathroom to have explosive diarrhoea that you will need to clean up!!!!!!

INSTRUCTIONS TO STUDENTS

- Before leaving the patients' room, complete a self check :
- *By The Way....did I forget anything*

INSTRUCTIONS TO STUDENTS

- **BELL**
- **TRAY**
- **WATER**

• Images used with permission from microsoft



CALL BELL

- Make sure the patient can reach their **bell**, and give the patient **PERMISSION** to use it.
- *" Here's your bell Mrs Smith, just press it if you need anything."*

TRAY

- HEART TABLE
- OVER THE BED TABLE
- TRAY
- Ensure this is within reach
- Has patients phone, book, glasses etc on it

WATER

- Ensure patient has a glass/cup of **water** within reach at all times

GO FORTH AND TEACH!

■ SMILE

■ B

■ W

■ T



FINAL WORD



The smile and BTW acronym is relatable and usable across all health professions not just Nursing!

TWELVE SOCIALISATION STRATEGIES FOR BUILDING INTER-PROFESSIONAL RELATIONSHIPS

Authors | Karen Stanley | Paul Warner | Dr Kathryn Dixon | A/Prof David Stanley

Introduction

Health care graduates in the future will be exposed to an extraordinary set of challenges including an ageing population, increased acuity and budgetary constraints. Graduates that are able to expand their scope of practice through inter-professional collaboration and learning, will be better able to respond to these challenges. A recent research study coordinated by Karen Stanley, exploring inter-professional socialisation, suggests a number of strategies that could positively influence the development of inter-professional collaboration between professionals. The benefits of inter-professional (IP) socialisation are that it enhances students learning experiences and may directly impact upon patient health outcomes. The strategies identified in this research can be divided into formal and informal strategies.

Formal Strategies:

1. *Teaching and learning cooperative activities:* This involves professionals engaging in teaching and learning activities with other professionals that allow for inter-professional cooperation (e.g. where content lends itself or crosses over disciplines i.e. anatomy and physiology for a range of medical/allied health or nursing disciplines).
2. *Inter-professional workshops:* These can be activities that offer opportunities for various disciplines to meet together. To work on scenarios or engage in team building, team working or communication strategies that might be more evident in clinical practice.
3. *Inter-professional Orientation/Induction:* Induction of staff is commonly undertaken either within a department or facility or more commonly in an online environment with very limited inter-professional exposure. However, widening an orientation or induction event to demonstrate support for interaction with other disciplines may be an effective way to cement an IP agenda with new staff.
4. *Establish an inter-professional coordinator or facilitator:* Their role would be to actively seek out and promote IP engagement and activities that link, build and foster greater IP collaboration. This would be a champion with a firm understanding of the advantages of

continued page 22

IP learning/working that could centralise information around professional expertise and connect professionals with similar teaching, research or professional interests.

5. *Joint curriculum planning/development*: Curriculum requirements (especially for health professional programs) often have a requirement that the primary discipline is heavily evident within the curriculum being developed. However, the IP agenda could be satisfied by demonstrating IP engagement by seeking out IP input.
6. *Inter-professional mentors*: IP collaboration may be fostered if different professional groups are mentored by professionals from other disciplines. This would be particularly effective for common themes such as leadership, teaching and learning approaches, dealing with students, patient health outcomes and caseloads.
7. *Inter-professional research meetings and grant application facilitation*: Securing grant funding and research opportunities is pivotal to some organisations and one of the best ways to generate results is to demonstrate that the research will impact on a wide client group or benefit a wide professional population. To achieve this, research or grant submission that includes a wide range of inter-disciplinary engagement may foster greater collaboration have a higher rate of success.

Informal Strategies:

1. *Meet and greet opportunities*: These could be established on a regular formal or informal basis depending on workplace location or office proximity.
2. *Virtual inter-professional support network/email/inter-professional website*: The value of website technology to connect individuals is a common occurrence within the wider population. The development of an IP website could be a way in which to engage professionals that provides IP information and also a supportive IP network.
3. *Social environment/common room*: This happens in the practice setting, but only rarely in the educational context. The value of mixing professional groups in an informal context can have far reaching benefits. Facilitating a common room, a special social event (e.g. quiz night, Christmas lunch or other special event) or supporting different disciplines to meet with each other off site in a more relaxed environment can be non-threatening and be more beneficial to building IP relationships.
4. *Proximity of offices or buildings*: To affiliate incidental meetings and conversations; evidence from the research indicated that greater IP cooperation was evident when

different professional groups work within proximity with each other. Sharing offices, common rooms and buildings helped informal conversations and lead to a breakdown of many professional barriers.

5. *Inter-professional Open day*: This could be an opportunity for the various disciplines to meet each other and demonstrate the scope of their expertise and range of professional activity. Assumptions that all health professionals understand what other health professionals do is a common misconception and an open day would be a chance to gain perspective and understanding that could go a long way in reducing IP barriers.

Summary

The twelve formal and informal inter-professional socialisation strategies have emerged from a recent research study that sought the views of a number of different professionals, who indicated a variety of activities that would promote IP collaboration and reduce IP barriers. The benefits of implementing these inter-professional socialisation strategies are that there would be improved job satisfaction, improved quality of patient care, more effective treatment and greater conflict resolution with treatment differences. These IP strategies will lead to greater opportunities for professionals and enable them to undertake meaningful professional collaborative practices, that impact positively on student learning experiences, and consequently influence patient health outcomes.

LOCAL | BRANCH EVENTS

E | office@ants.org.au

Are you interested in planning a forum or networking meeting or study day in your local area?

To assist you with planning a viable event, ANTS National has templates available on the website at www.ants.org.au/course/view.php?id=25 and marketing is via the state forums.

Template is available for event planning – time line, planning details and budget. Assistance is available from Ants National via email at office@ants.org.au

START PLANNING AN ACTIVITY SOON!

WHAT ARE NURSING CPD POINTS & DO NURSES NEED THEM?

Courtesy of Cheryl Dezotti | Nurses Network

E | cheryld@nursesfornurses.com.au

What are Nursing CPD Points, CNE points and CPD hours all about? With all the different terms bandied around it can be a little confusing for Nurses to really work out what they need to meet their annual CPD Registration Standard Requirements to be registered with the Nursing and Midwifery Board of Australia. The Australian Health Practitioner Regulation Agency (AHPRA) is the body that Regulates Australia's health practitioners in partnership with the National Boards based on the Health Practitioner Regulation National Law, which came into effect on 1 July 2010.

Nurses Need CPD Hours - not CPD Points or CNE Points in Australia to maintain Registration

Nurses and midwives registered with the Nursing and Midwifery Board of Australia (National Board) are expected to do a minimum number of continuing professional development (CPD) hours directly relevant to the nurse or midwife's context of practice.^[i]

Note the use of the term CPD Hours - **in Australia Nurses are required to attain CPD hours NOT CPD points or CNE points.** The standards that Nurses must meet and maintain to have annual registration with the Nursing and Midwifery Board of Australia identifies CPD hours only!

A number of entities in Australia have chosen to utilise different Continuing Professional Development allocations - but again it is only CPD hours that Nurses require to support the successful registration as a Nurse in Australia each year.

Did you know that if the CPD activities that Nurses complete are relevant to both their Nursing and for example Midwifery professions, those activities may be counted as evidence for both Nursing and Midwifery CPD hours, provided they are relevant to their context of practice and improve and broaden the Nurses knowledge, expertise and competence as a Nurse and Midwife.

The enclosed table identifies how many **CPD hours not CPD points** Nurses need to attain their CPD standard registration requirements.

Registration Type	Minimum CPD Hours	Total CPD Hours Required
Registered Nurse and Enrolled Nurse	20 hrs	20 hrs
Midwife	20 hrs	20 hrs
Registered Nurse & a Midwife	20 hrs for RN 20 hrs for Midwife	40 hrs
Enrolled Nurse & a Midwife	20 hrs for EN 20 hrs for Midwife	40 hrs
Nurse Practitioner (RN with endorsements)	20 hrs for RN 10 hrs for Nurse Practitioner endorsement <i>(relating to prescribing and administration of medicines, diagnostics, investigations, consultation and referral)</i>	30 hrs
Midwife Practitioner (Midwife with endorsement)	20 hrs for Midwife 10 hrs for Nurse Practitioner endorsement <i>(relating to prescribing and administration of medicines, diagnostics, investigations, consultation and referral)</i>	30 hrs
Registered Nurse with scheduled medicines endorsement (Rural and Remote)	20 hrs for Midwife 10 hrs for medicines endorsement	30 hrs
Eligible Midwife (Midwife with notation)	20 hrs for eligible Midwife 20 hrs for notation relevant to the context of practice & across the continuum of midwifery care	40 hrs
Eligible Midwife Eligible Midwife with endorsement	20 hrs Midwife 20 hours for endorsement <i>(10 hours relating to continuum of midwifery care & 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation & referral)</i>	40 hrs
Registration as a Nurse and endorsed eligible Midwife	20 hrs Registered Nurse / Enrolled Nurse 20 hrs eligible midwife with a scheduled medicines endorsement <i>(10 hours relating to continuum of midwifery care & 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral)</i>	40 hrs

ANTS | OUT AND ABOUT

Christine Taylor | ANTS Treasurer

National Graduate Nurse and Midwife Roundtable.

ANTS was invited to attend the roundtable held on 11 December 2014 in Sydney by the Australian Nursing and Midwifery Federation. Christine Taylor (Treasurer) attended on behalf of ANTS. The topic was on securing employment opportunities for new graduates. Many issues were discussed, including labour supply and demand, impact of offshore nurses, and new graduate transition. Strategies were discussed and examples of some innovative graduate programs were given. Follow up meetings are being held to progress issues raised and a working group has been formed.

N2E Webinar

Professor Margaret McAllister and team developed a great web resource for nurse educators, Nurse to Educator (N2E) (<http://n2e.org.au>). This is “a flexible, online learning resource and knowledge community designed for present and future Australian educators in nursing”. On the site are digital stories that can be used to support teaching and learning, for example, trigger discussions. You can also submit your teaching challenge.

Margaret showcased and launched the N2E web resource for nurse educators, via a webinar entitled ‘Innovative and Critical Issues in Clinical Teaching’ hosted and arranged by Professor McAllister, Friday 7 November, 2014. Margaret had four speakers organized to talk about interesting topics in clinical teaching. I hope some of you were able to join in.

It is a great web resource - please check it out.

Health Moodle Moot 2014

In 2014 ANTS had the opportunity to support the first Health Moodle Moot held at the Sydney Adventist Hospital in Sydney, 27-28th November 2014. This is an event where interested participants from various areas of health come together to discuss innovations in using Moodle in health education. As you will be aware, Moodle is the platform we use for our ANTS website.

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Moodle is a Learning Management System (LMS) that has a wide functional capability of managing courses and training packages, assessing, monitoring, and surveying learners. Did you know the ANTS website is available to all members if they wish to run their own Moodle area? Please contact the Administration Office, Stuart Taylor for details (office@ants.org.au).

Karen Simunov (National Secretary), Christine Taylor (National Treasurer) and Stuart Taylor (Administration Officer) attended the Moodle Moot event. ANTS had a table (booth) at the conference to promote the Society and engage with conference participants.

The Moot:

The keynote speaker was the founder of Moodle, Martin Dougiamas who gave a good update on forthcoming features and future plans. The day's content covered issues such as moving from a paper-based to Moodle-based portfolio, the role of audio in improving learning outcomes, and using Moodle to ensure compliance with quality standards. In addition, some presentations gave good examples of the application of Moodle to health care education in a variety of settings, such as paediatric ALS, GP and mental health, and medical education. The closing speaker, ED physician Dr Glenn Singleman, gave an inspiring talk about his mountaineering preparation and climbing Mt Everest. Below are some tips from the Moot that may assist you in your practice as an educator.

Implementation of a Blended delivery training Solution in Health Care.

Planning

- Core business: ensure you are meeting core business, so learning is targeted to this
- Consider learning, learner experiences, and the activities, and how they can all interact
- For an introduction to a course: you could give a very simple set of instructions on how learners do the activity, e.g. log on, access to modules, assessments
- Multiple learning pathways: give learners variety
- Remember to have goals: they should be measurable, job behaviours to reach the goal are clear, realistic practice activity for that goal is given, and give only essential information for that activity.

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ANTS Out and About | continued from page 27

- Have reflective and decision-making opportunities, multimedia, web friendly, user friendly activities
- Multi-modes: remember those learners that may have some physical impairment e.g. hearing, colour-blind (see useful resources below for a text reader)

Developing educational activities: tips

- use non-serif font, different colours but no more than three
- 6x4 in slides/pages: i.e. 6 lines of 4 words or 4 lines of 6 words

Useful resources

- Web-based learning community, eg InformED, a learning and ideas hub for educators interested in interactive education. <http://www.opencolleges.edu.au/informed/>
- A good youtube video makingchangeblog, "The big mistake in elearning" <http://blog.cathy-moore.com/2010/05/the-big-mistake-in-elearning/>

Some good tools for educators include:

- Live scribe (iphone/ipad): a smart pen you write with and the words appear immediately in your electronic device. <http://www.livescribe.com/au/smartpen/ls3/features.html>
- videomaker apps: e.g., Animoto, Animaker, imovie
- Powtoons: animated presentations
- Infographics (creates graphics),
- Photos: flickr (share photos), Picassa (edit photos)
- Create an interactive e-learning activity: Articulate Storyline 2; Adobe presenter (converts powerpoint to interactive content)
- Getting feedback from learners: Survey monkey (create surveys), Pingo (audience interaction with live polls, <http://trypingo.com/>)
- "Read speaker" turns text into speech, <http://www.readspeaker.com/>

It was a great conference where a lot of interesting ideas were raised and explored, and it is recommended to members to attend a Moodle Moot if an opportunity arises. This is particularly important as nurse educators are now moving towards technology-dependent learning.

APP REVIEW | FITNESS

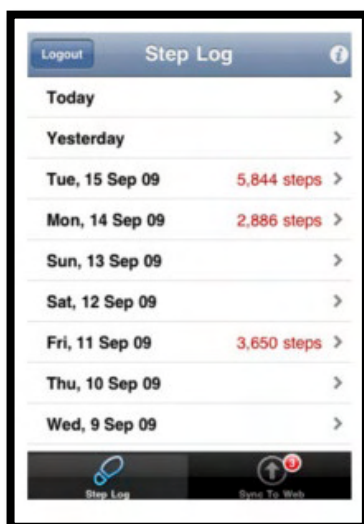
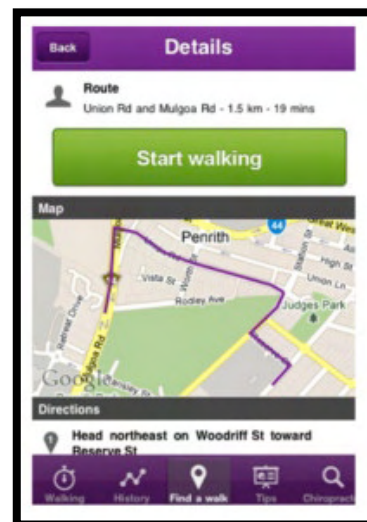
With summer finished and the cooler spring weather coming it is time to continue the work-life balance with walking at work or in your leisure time

1. JUST START WALKING

From the Australian Chiropractor's Association this app allows you to:

- track, map and measure the distance walked
- share updates with friends
- tips on how to maintain correct posture
- find a chiropractor in your area - if needed.

Price: free on iPhone, iPad and Android



2. . STEPLOG

Launched by the Australian charity 10,000 Steps

It is like having a mini pedometer in your pocket

- Keeps a tally of how much you move each day
- Sync to the website to track of your progress.

Price: free on iPhone and iPad

Also download:

Pedometer free GPS+ (iPhone) | Accupedo (Android)

ANNUAL GENERAL MEETING 2015

The 2015 AGM will be taking place in Sat 16 May 2015 in conjunction with an education workshop.

The AGM and Workshop will be available as a live webinar . See the web site for more details

Hope to see a good number of you there this year!

www.ants.org.au

AUSTRALIAN NURSE TEACHERS SOCIETY

2014-2016 NATIONAL EXECUTIVE CONTACT DETAILS

President	Michelle GIRDLER	South Australia
Vice President	Vacant	
Secretary	Karen SIMUNOV	South Australia
Treasurer	Christine TAYLOR	New South Wales
Membership Officer	Stuart TAYLOR	New South Wales
e-Bulletin Editor	Karen SIMUNOV	South Australia
General Committee	Lindsay HARRIS	South Australia

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Autumn Edition | 15th March

Winter Edition | 15th June

Spring Edition | 15th September

Summer Edition | 15th December

Submissions from members AND non-members related to research, conference submissions, experiences, article comments,

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IMAGES

Front Cover | courtesy of Danijel James

Page 2 | desk | www.flickr.com accessed 12/3/15

Page 2 | diary | www.tecnocode.co.uk accessed 12/3/15

Page 3 | Flinders Medical Centre | <http://www.sahealth.sa.gov.au/> accessed 15/3/15