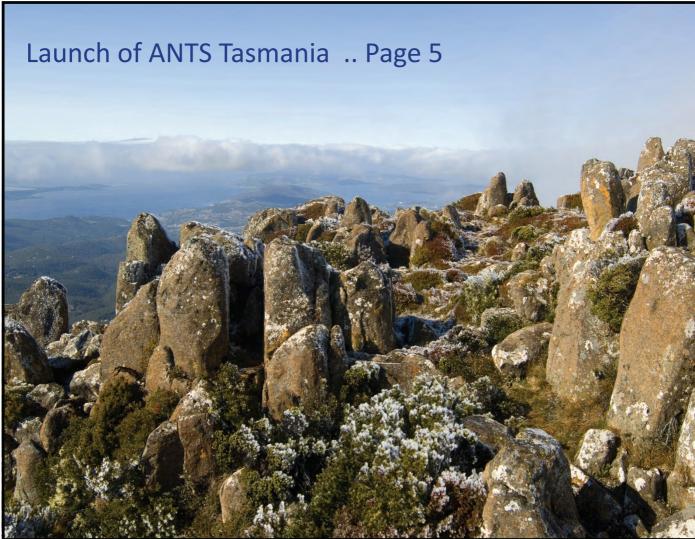
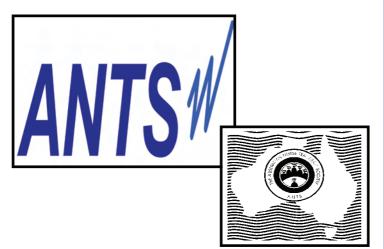
# The Australian Nurse Teachers' Society e-Bulletin

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Edition



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Working Together for the Future of Nursing Education

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# PRESIDENT'S REPORT

Before I share with you the outcome and plans of National Executive, I feel it is very important to start my first report as ANTS President with an acknowledgment to Sandra Campbell-Crofts for her contribution and commitment to ANTS over the past two years. In her role as President, Sandra has actively driven a number of vital changes within the society promoting the move toward improved technology and financial frameworks for more effective facilitation and streamlining of our processes. Her tireless enthusiasm in establishing state branches has also ensured that interested members have been guided and supported with the opportunity to launch. Thankfully, Sandra continues to participate on National Executive in the Vice President/Secretary role so her drive and enthusiasm remain active in support of all members of ANTS.

It is my pleasure to announce that our Administrator and Treasurer have now transitioned our membership payments and renewals to an online process. During August, current membership status has been finalised and mailouts to unfinancial members have been sent to their current registered addresses. From this point onward, membership renewals will be automatically generated and sent to your email address. Therefore it is really important that you let us know if you change your email address – you can update your details through your profile on the ANTS website. We have also transitioned our financial records and transactions to an online format. All our treasurers will soon have online access to the state branch accounts and will be able to control their transactions, in the meantime, please communicate all your financial requirements to our National Treasurer or Administrator.

According to our current records, we have approx. 400 members across Australia. We are very excited to announce the launch of the ANTS Tasmanian Branch. Sandra was instrumental in supporting an enthusiastic group to progress in the establishment of the branch and was very pleased to present an overview of our society to those who attended the launch in Launceston on July 17th. Our South Australian colleagues are progressing well in organising the 15 NNEC and I was pleased to be able to personally handover the detailed information that the Western Australian organising committee had gathered from their experiences preparing for the 14 NNEC.

One of the National Executive aims this year is to enhance communication with all of our members. We plan to achieve this through improving connections between State Branch committees and the National Executive through establishing a role of State Liaison within the group and also by exploring further technology solutions such as utilising Webinars and teleconferencing options. We feel that we can all use the ANTS website more effectively to generate discussions, communicate events and share the work we are doing so we will be focusing on how we can achieve this during the next few months. Wishing you all a very sunny and happy Spring.

Lisa Gatzonis ANTS President





#### Interprofessional Education for Medication Safety

We are pleased to announce a symposium that focuses on the contemporary issues of interprofessional education and medication safety. This symposium will showcase the teaching and learning and research activities occurring nationally in this important and growing field.

#### Symposium themes

The following themes have been chosen to reflect current research, practice, and teaching and learning innovations:

- The impact of interprofessional education on patient safety
- Integration of interprofessional education into curricula
- Medication safety and interprofessional education
- Teamwork and Interprofessional communication

#### **Abstracts**

If you are interested in presenting at the symposium, abstract submissions are now open at: http://www.ipeforgum.com.au/symposium/submit-an-abstract

#### Who should attend?

This symposium is for anyone involved in the delivery and development of health professional education both in academic and clinical settings.

#### Venue and registration

The symposium will be held in Newcastle at NOAH's on the Beach. Registration is \$200 per delegate. Please see <a href="https://www.ipeforgum.com.au/symposium">www.ipeforgum.com.au/symposium</a> for further details.

#### Accommodation

A number of rooms are available at NOAH's reduced conference rate. Contact the staff at NOAH's and quote the reference number below to take advantage of this offer.

Reference number: 136701 (Guests must quote this number at time of booking)

City side room: \$160.00 per night Harbour view room: \$175.00 per night Ocean view room: \$195.00 per night

Phone: (02) 4929 5181 Ext: 2

Fax: (02) 4926 5208

Email: reservations@noahsonthebeach.com.au

#### Symposium dinner

A symposium dinner will be held in the evening of 29 November, featuring renowned guest speaker Julie McCrossin. Julie has over 20 years experience as a broadcaster with ABC Radio National, ABC TV and Network Ten. Julie presented *Life Matters* on ABC Radio National for 5 years, covering health, welfare and educational topics.











# **EVERYTHING OLD IS NEW AGAIN**

Do you remember sitting in uncomfortable wooden chairs, dressed in a uniform designed by Florence Nightingale herself, wondering if nursing was for you? If you do, chances are you also participated in a hospital student orientation day.

In our facility we have re-instituted the hospital student orientation day as a part of a much bigger paradigm shift. Things are quite different for our students and it is very much a team effort with our primary tertiary provider. As a result of a collaborative overhaul of curriculum and placement methodology we have quadrupled our student placement capacity and numbers. We are a medium sized regional facility and have been proud of our achievements.

The increasing numbers of students required clinical supervision to become a shared responsibility between student and staff members. Staff for some time had participated in a one day clinical supervision training workshop, now we focused on our students.

The first day of clinical placement for all students attending our campus is spent at student orientation. Content for the day is based upon staff and student feedback and primarily takes a workshop approach to orientating students to our expectations, ward routines, time management, emergency procedures, medication safety and an introduction to facility processes associated with the risk areas of falls, pressure injury, VTE, medication and documentation. The key element for success has been our determination to have full student participation in all activities.

Student feedback from the four hundred and forty seven students attending since 2010 has been useful in identifying student fears for placement and what seems useful on the day. The response rate for orientation evaluation sits currently at 96%. Students are hungry for all we can tell them about their destination wards and units, are enthusiastic about running medication scenario and ward management activities. They also enjoy our hypothetical approach to introducing them to clinical documentation through our "patient" Prof Amelia Jones.

#### Student comments have included:

"It was great to be "involved", given respect "just like real RN's, discussing scope of practice. Finally theory learned is syncing with practice."

"We were introduced to our NUM and preceptor which was very helpful and welcoming"

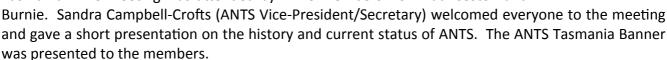
We are keen to make contact with like minded student placement souls who are passionate about improving the student clinical experience and preparation. We would love to hear about what you might be doing that has been successful in preparing students for their placement and any funding opportunities you may be aware of.

We are keen to have the opportunity to extend our experience and evaluation. Our contact details:

michelle\_cameron@health.qld.gov.au and melissa.taylor@usq.edu.au

# **LAUNCH OF ANTS TASMANIA**

The ANTS Tasmania Branch was launched on the 17<sup>th</sup> July, 2012 at the Launceston Campus of the School of Nursing & Midwifery, University of Tasmania. The meeting was attended by ANTS members from Launceston and



The elections for the ANTS Tasmania Office Bearers were then held. However, as ANTS members from Hobart were unable to attend the nomination for the ANTS Tasmania Branch Committee was not finalised on the day but left open to allow these members the opportunity to submit a nomination form. On the 28<sup>th</sup> July, the nominations closed with seven ANTS members submitting nomination forms.

ANTS National Executive congratulate:

Chair: Julie Porter

Secretary: Amanda Reilly

Treasurer: Yvonna Zuydam

• Committee Members: Andrew Saint, Annette Marlow, Andrea Miller and Rosie Green

The ANTS Tasmania Branch Committee will meet soon to begin planning ANTS events.

Sandra Campbell-Crofts, ANTS Vice-President/Secretary



(Left - Right) Mark Zazadny, Andrea Miller, Rosie Green, Amanda Reilly, Yvonna Zuydam, Andrew Saint and Annette Marlow

# WA BRANCH REPORT

ANTS WA has been fairly active over the last couple of months looking at ways to improve services for its members. We have also had three new members join the branch in July and August, which is very exciting. We continue to deliver Education Forums every second month free of charge for members and recently conducted a survey of members to gather some information on preferred services.



The survey was administered via Survey Monkey and emailed to all ANTS WA members with a 32% response rate. The main themes that emerged where that the majority of our members are employed at a university or technical college, that a start time of 1700 was nominated as the most convenient by the majority of respondents for education sessions and that members would prefer sessions to be delivered at different health sites instead of centrally at one site.

There where also many helpful suggestions for future education session topics and general comments about the branch. Information on Education Forums being delivered for the remainder of the year are outlined below.

Carolyn	Keane	Chair	ANTS WA	

Day	Date	Time	Venue	Topic
Wednesday	26 September	1700-1800	RO Dee Lecture Theatre WASON RPH	Simulation: Keeping it Real!  Chris McCafferty Facilitator: Simulation & Practice Development, ECU Joondalup
Wednesday	28 November	1700-1800	RO Dee Lecture Theatre WASON RPH	What's on the Horizon? The future of technology in nursing education Carolyn Keane, SDE, Staff Development Service, FHHS

### **SA BRANCH REPORT**

Hi All, It's a very cold Adelaide night as I write this I'm thinking very much about warmer, sunnier climates!

I would like to extend thanks to Lisa Gatzonis for being able to take some time from her busy schedule to be able to come to Adelaide and talk to the NNEC planning team for 2014. Lisa gave us a large amount of insight and



shared the highs and lows of planning NNEC. The group all felt that the handover was extremely useful and would support this practice be adopted as usual practice from one state to the next when doing conference handover.

Continued page 7

#### SA Branch Report continued from page 6

The SA Branch are also busy planning the October 13th 2012 Professional Development Study Day to be held at the Queen Elizabeth Hospital - Woodville. The program is coming together really well with a morning program and a 'split' afternoon program that will run in two rooms. Keep a look out for mail outs, emails and on the ANTS website for further information. All attendees will get a conference bag, lunch and parking costs included..

On another note I want to say a personal hello to Peter our work and SA branch buddy ... I don't have any pictures to give Karen to embarrass him with this time ... so I thought I'd mention him instead ... so a big HELLO to Peter ... MAN about PERTH!

Michelle Girdler, ANTS SA Branch Chair

# VIC BRANCH REPORT

#### **TWILIGHT SEMINAR**



The Victorian Branch held a twilight seminar on March 28, 2012 at the Berwick campus of Monash University. We were particularly delighted to have renowned international nurse academic Professor Carroll Iwasiw from Western University (previously, University of Western Ontario) in Canada to address the gathering. Carroll is also co-editor of the International Journal of Nursing Education Scholarship so brought great experience and insight to the group. She presented a fascinating talk of her experiences of developing and implementing an undergraduate nursing program in Rwanda, and spoke generally about her vast experiences of

nursing education.

#### JILL FRENCH

The Victorian Branch is deeply saddened at the passing of our dear friend and colleague, Jill French, after a short illness on August 26, 2012.

Jill had served as Branch Treasurer since the establishment of the Victorian Branch in 2010, and was a Senior Lecturer in the School of Nursing and Midwifery at Monash University.

Jill was passionate about the education of the future nursing workforce and directly influenced many current and past students.

HWS !

She will be greatly missed by past and present student, colleagues, family and friends.



# **CONFIDENTIALITY SNAPSHOT**

Confidentiality in nursing is vital to maintain the integrity of the profession and indeed the whole health system. The National Health & Medical Research Council (NHMRC) states that '..the right to privacy is a fundamental human right'. Consumers of the health care system have a right to expect their information will remain private and it is encompassed within the Nursing Code of Ethics with the "generation and management of information (including health care records and other documents) are performed within professionalism and integrity"

Confidentiality of health records and interactions with others in the health care setting is extremely important. Within the workplace there are many potential situations where a breach may occur, for example if the patient in Bed (1) asks the nurse where the patient in Bed (2) has gone ... and the nurse answers within a social context then they maybe breaching confidentiality. The patient in Bed (2) is of course entirely within their rights to tell the patient in Bed (1) if they chose to. Another example is ensuring a patients' case notes are kept out of sight of the public as they are a vital source of information for the multidisciplinary team and everything regarding the patient is contained within. If a patient, visitor or layperson were to read these notes they could be misinterpreted and lead to a breakdown in the nurse/patient relationship. A good nurse /patient relationship is vital to ensure best patient outcomes.

Verbal discussions about patients are necessary to maintain continuity of care and evaluation of a patients' condition. The multidisciplinary team will more often than not seek out and liaise with the nurse regarding the patient. To do this effectively it must be a verbal conversation but care must be taken that it is in an appropriate area and not within earshot of the general public. This also includes information provided through the increasingly popular bedside handovers, divulging general information for the inclusion of the patient in their care without identifying specifics. It is also vitally important for the nurse who is off duty to deter from 'discussing patient information outside of the work related environment' as it this is a breach of client confidentiality. Disclosure of information over the telephone is another situation encountered on a daily basis. The nurse must be very cautious as the person ringing to enquire may not be who they say they are and how is the nurse to prove either way who they are? To err on the side of caution and not divulge anything is the safest course of action. Hence 'the patient is stable and comfortable" and its variants have become the standard response.

A more recent addition to the health care setting is Information Technology. To date technology and computers have become a very important and useful information delivery system for continuation of care. Computers situated in the nurses' office are used by all members of the multidisciplinary team for checking patients results, and by nurses to create care plans. When the team member or nurse has finished they must either log out or password lock the screen. If they fail to do this then the

Continued page 9..

#### Becoming a Nurse: Making the Transition to Practice

Edited by Maria Fedoruk and Anne Hofmeyer (2012) ISBN: 978-0-19-556929-2

This text is all about being prepared to practice in the current nursing environment. It discusses what a newly graduated nurse can expect when entering into the actual workforce and its correlation against ANMC competencies.

The book is very timely in terms of covering the recent changes to the Australian Health Care System with National Registration and workforce diversity which includes multi-generational, multi-cultural and the ever expanding scope of practice in nursing.

The layout is well organized starting with:

- how to begin as a qualified nurse
- what are the ongoing responsibilities
- · continuous professional development
- it has also covered the topic on how to apply for a job



The book links between the history of nursing regulation in Australia and the current situation which is really handy to have background knowledge of own profession.

This book is not only valuable resource for the beginners but also for the current practicing nurses who can utilize their knowledge to understand current situation of health care system and nursing and mainly to support new the beginners and understand them better.

#### **REVIEWER:**

Síta KC Thapa

Registered Nurse, The Queen Elizabeth Hospital

Confidentiality Snapshot ... continued from page 8

patient files would be open to view by others and thus another breach of confidentiality has occurred. The introduction of the electronic patient record system (E-Pas) will also be open to confidentiality breaches if close attention is not maintained.

The issues discussed here are clearly not an exhaustive list but a small snapshot into the more common situations where confidentiality could be breached within a clinical setting. Patients secure in the knowledge that their information is private and confidential will be more willing to seek medical attention and feel safe and secure within that setting. As an Enrolled Nurse I ensure that confidentiality is maintained at all times. I respect the right of patients to a secure and safe environment.

Michelle SLATER

**Enrolled Nurse** 

[Adapted from an essay submitted for continuing studies]



# Te Papa, Wellington 9 - 11 October 2013

Te Papa is the conference venue for the Australasian Nurse Educators Conference 2013 located in the iconic and innovative national museum, the heart of Wellington's waterfront.

A link is available via the ANTS webpage to register your interest for conference information including on-line registration and submissions for abstracts when available

#### HOSTED BY.....



### **DEFINING MOMENTS IN MY NURSING CAREER**

I have been an operating theatre nurse for seven years. For the past three years I have volunteered for a healthcare outreach program called Operation Open Heart in Papua New Guinea. Operation Open Heart brings together a group of specialised nurses, doctors, health professionals and technicians from around Australia. The program provides life-saving cardiac surgery to children and adults who would not otherwise have access to surgery. A main role of Operation Open Heart is to develop the knowledge and skills of local staff so they can become self-sufficient in providing cardiac surgery in the future.

I remember the first time I stepped off an aeroplane in Port Moresby International Airport. I was faced with the overbearing heat and humidity. It was stifling and like nothing I had ever experienced. Driving through the streets of Port Moresby in a guarded bus made it evident that poverty and crime were widespread in Port Moresby. I was told to be continually aware and cautious to ensure my personal safety. This is because Port Moresby has a rampant gang culture and experiences ongoing political turmoil which can escalate into violence quite quickly. At this stage, I was suffering some degree of cultural shock from what I had seen and heard. However, I was also excited and nervous. I couldn't wait to start working in the hospital.

On my first day in the hospital, I knew that I was out of my comfort zone. The work was mentally and physically challenging. As nurses we were required to stand on our feet all day on a hard floor. Things were not familiar –people, equipment, instruments and the routine. The operating theatres were old with the bare basic equipment. This was the stark reality and a huge contrast from Australian operating theatres. The local staff struggled on a daily basis to provide the best possible patient care under these conditions. There were no tantrums from the nurses or doctors because a certain instrument or suture was not available. Everyone made do with what they had. Teamwork was not an option here it was essential.

I soon began to realise that things could change here on a whim. Sometimes there were power outages and it may be a couple of minutes before the generators started working. This meant we had to be flexible and easily adaptable to any situation. The local staff demonstrated time and time again how resilient and creative they were. I really admired them for these traits. All the local people that I met were incredibly generous, grateful, friendly, humble and willing to learn.

The Papua New Guinean's were so keen to learn that they would grab any opportunity they could. The local nurses madly wrote notes, photocopied diagrams and textbooks, videotaped operations and took many photos. It has been so satisfying to teach nurses who demonstrate such a passion to learn. It has been very rewarding also seeing their progress over the last three years. Now the local nurses are able to scrub for closed heart procedures with little or no assistance. They are also becoming proficient in scrubbing for open heart procedures which is the overall aim.

Continued page 12

#### Ethics for Healthcare (4th Edition)

#### Catherine Berglund (2012)

Covers a variety of ethical issues that health care professionals face during practice. Commencing with theories of ethics and how the frameworks fit in through the examples given in the text. Each chapter from here on covers an aspect of ethics in the health setting including becoming a 'health carer', the ethical behaviours of a health carer, and the accountability principles that interlink. The services ( hospital/clinic etc)



considerations, including the cost analysis and ethical budget discussions. Treatment responsibilities and the client-carer relationship and the responsibilities of the relationship in reverse.

The text also covers start of life and end of life ethical issue, and each age group in-between ,these discussions cover the expectations, responsibilities and risks for the client and the carer and include the ethical considerations of dealing with a clients family in a number of situations that will arise in each age and health diagnosis group.

In each chapter there a number of exercises for the reader to consider and work through. The exercises are both health care and non-healthcare related and challenge the reader to think about how they manage not only professional but daily situations.

The contributors of this text are all based in the Australian health care system and have referred to both Australian and American health care issues, this text would is relevant for health care professionals at all levels. It is easy to read and well constructed, the novice would find a gat deal of value in the exercises through out the book, as would the senior health practitioner that was looking for an update in ethics.

**REVIEWER:** 

Michelle Girdler

#### Defining Moments in My Nursing Career ... continued from page 11

On a daily basis the spirit of the Papua New Guinean's constantly reaffirmed why I volunteered for a healthcare mission in a third world country. As a volunteer we sacrifice our time and money to come to a foreign country to work but I believe as volunteers we get so much more out of the experience. Volunteering as a nurse overseas was challenging but it was an extremely valuable life experience. In fact it was life-changing for me. I came back to Australia and re-assessed my priorities for my personal and work life. I found it initially hard to adjust when I arrived back in Australia. We really are such a lucky country but often we do not see this ourselves.

I read somewhere once that:

'humanitarian aid is the hardest job you'll ever love'



This sums it up perfectly.

Lauren GOUDAS

### PACKED AND READY

The car is packed up and ready to go again. There's barely any room left once I have loaded all the toys into every nook and cranny I can find. If I was to be stopped by the police I am sure they would have some concerns by what they found ... an arm here, a pelvis and torso there ... a dismembered man in a box, a baby in a bag ... and all manner of bits and pieces you would not expect to find floating around a \$WD on NSW outback highways. It sounds like something out of a horror movie, but I am not really a serial killer trying to dispose of evidence!

I am the regional Nurse Educator for the Far West Local Health District (FWLHD). I work for the Centre for Rural and Remote Education (CRRE) based in Broken Hill. The FWLDH covers an impressive 194,949 square kilometres. Within the FWLHD there are nine sites or facilities: Broken Hill, Tibooburra, White Cliffs, Wilcannia, Ivanhoe, Menindee, Balranald, Wentworth and Dareton. I'm fortunate enough to be able to travel to all of these sites on a regular basis to deliver education and training to staff working within them. It's a fantastically rewarding job I have to say!

Some of these sites are just shy of 500km from Broken Hill and any clinical education and training. With simulation being such an invaluable and proven method of teaching in health, I try and take a little bit of everything to them. Why should they miss out just because they are servicing remote areas of the country? It's always like Christmas when I arrive to see what "goodies" I have brought along this trip.

Many of my sites have no Medical Officer within reach. They rely heavily on referral services such as the Royal Flying Doctor Service (RFDS), NSW Ambulance Service and Aero-medical Retrieval Services for advice, consultation and transport to higher level care. In the interim nurses and hospital staff in these facilities are the only medical help available. Many times the staff in these facilities are faced with the worst possible scenario, a life-threatening medical situation with no immediate medical backup. For these reasons any practice or exposure to these scenarios is imperative. Using the "toys" I manage to cram in the car we run scenarios in a controlled and safe environment with the aim of giving staff that little bit more confidence and skill to treat these presentations.

Of course I can only pack up so much equipment for my road trips, so there is often a little improvising and creative license to the scenarios. For now though it is the best we can manage, short of teleporting a simulation lab to my sites. So with that said, I'll just keep travelling around the countryside with body parts in the car, hoping to god I don't get pulled over by the police!

Samantha ELLIOTT







www.sydney-australia.biz

#### **GOLD COAST AUSTRALIA**

# 1<sup>ST</sup> ANNUAL CONFERENCE FOR MULTIDISCIPLINARY TEAMS... GPs...PARAMEDICS...EMERGENCY DOCTORS AND NURSES... RURAL AND REMOTE AREA HEALTH CARE PROFESSIONALS

.... focussing on evidence based practice in
Acute & Life Threatening Emergency Management (ALTEM™)



28<sup>th</sup>- 29<sup>th</sup>-30<sup>th</sup> November Broadbeach Savannah Hotel Resort 46 Surf Parade Broadbeach

(Presented from a clinical perspective and presented by clinicians currently working in the front line of Emergency Units or Critical Care Units (CCU/ICU/ED)

- Update current treatment strategies for managing a range of problems including:
- Multiple Trauma Adult and Paediatric, Cardio/Respiratory, VTE/PE,
   Submersion/Immersion, Neurological trauma/stroke, Burns, Metabolic/Endocrine,
   Poisons/Toxins/Envenomation/Aeromedical Evacuation/ Models of Care in ED
- Includes a guided tour of the new Gold Coast University Hospital Emergency Department
- Network with professionals at the frontline of intensive and emergency care
- Full details can be obtained on line at www.my-netsite.com/tkt

FEES 2½ days \$545.00 + GST \$54.50 = \$599.50 - 1 Day \$300.00 + GST \$30.00 = \$330.00 Early Bird Registration Date: 14<sup>th</sup> October 2012

**2** ½ days \$500.00 + GST \$50.00 = \$550.00 - **1** Day \$300.00 + GST \$30.00 = \$330.00

For Accommodation log on: www.my-netsite.com/Venues%20Accommodation.pdf

Contact Details: Phone 0416 142 948 – 0450 565 490 – Email: <a href="mailto:tkt@my-netsite.com">tkt@my-netsite.com</a>
Register & pay on line <a href="mailto:www.my-netsite.com/registration.php">www.my-netsite.com/registration.php</a>



#### PRESENTERS

- Dr Don Campbell Trauma Adult and Paediatric Trauma Specialist Emergency Gold Coast Area Health District
- Dr James Lind Models of Care in ED Staff Specialist Emergency Medicine, Director of Emergency Training Gold Coast Hospital, Australia Acting Director Patient Flow Access Unit Gold Coast Area Health District
- Assoc Prof. Julia Crilly Nurse Researcher for the State Wide Emergency Department Clinical Network Qld. Julia is an academic title holder (A/Prof) with Griffith University & supervises Research Higher Degree students.
- Jo Timms Introduction to EMERGO Assistant Director of Nursing Emergency Department GCH -District Disaster Representative
- Deborah Stiles ACS and ECGs Interpretation-Resuscitation Coordinator and Resuscitation Committee Chair, Gold Coast Area Health District, Qld Health Project Officer for Recognising and Managing the Deteriorating Patient for CPIG.
- Dr David Spain Anaphylaxis Sedation in Severe Behavioural Disturbance. Deputy Director Emergency Medicine Gold Coast Hospital- Research focus leading to practice change on sedation for severe behavioural disturbance in emergency departments.
- Melanie Encarnacao CN ED GCH Diabetic Emergencies Submersion/Immersion Injuries Respiratory Emergencies - APO/CPAP/BiPAP
- Jay Ingold CN ED GCH Neurological Trauma/Stroke Qld Health Assistant Project Officer for Recognising and Managing the Deteriorating Patient for CPIG
- **Dr Greg Comidira -Shock Syndromes -** Intensive Care Unit Gold Coast Hospital
- A/Prof Geoff Ramin Medical Director RFDS (Qld)
   Aeromedical Evacuation (AME) MBBS, DA (UK), MRCS (Lond), RFDS STAR Program Director Associate Professor Senior Specialist Aeromedical and Critical Care Services FACEM (Qld Associate Professor Ramin has over twenty (20) years experience in Emergency Medicine, Critical Care and Aeromedical Evacuation (AME).
- Keith Smith RN VTE/PE Product Application Specialist
   Vascular Covidien Pty Ltd
- Mark Brittliff Suturing Workshop Convenor Senior Product Specialist Soft Tissue Implants Covidien Ptd Ltd
- Eddy Foster Covidien Respiratory and Monitoring Solutions Team – Difficult Airway Management

\*Please continue to check website for program updates

#### **REGISTRATION**

 $2\frac{1}{2}$  days -  $28^{th}$  -  $29^{th}$  -  $30^{th}$  November 2012 Retain this registration form as a tax invoice for GST purposes. Please forward a photocopy of the ORIGINAL with your payment. Name: \_\_\_\_\_ Position: Workplace: Home Address: Postcode\_\_\_\_\_ Ph. \_\_\_\_\_\_Fax: \_\_\_\_ Email: @ 2.5 days \$545.00 + GST \$54.50 = \$599.50 Fees: \$300.00 + GST \$30.00 = \$330.00 1 Dav Early Bird Registration: 2½ Days 14<sup>th</sup> October \$500.00 + GST \$50.00 = \$550.00 ☐ 1 Day 14<sup>th</sup> October \$280.00 + GST \$28.00 = \$308.00 **Optional Dinner 28<sup>th</sup> November** ☐ Dinner (includes wine) \$ 90.00 + GST \$ 9.00 - \$99.00 **Payment Methods** ON LINE: www.my-netsite.com/tkt Go to registration page. Note: Complete at least one registration to link to SSL secure payment page for credit card payment. Phone 0450565490 or 0416142948 with credit card details **FAX:** Fill out this registration form and fax to 07 55646102 CHEQUES/MONEYORDERS: Payable to Springbrook Promotions & mailed with registration form to PO Box 5169 GCMC 9726 PAYMENT BY CREDIT/DEBIT CARD Please circle # Visa # Mastercard Title: Mr Mrs Miss Ms Please print the name on Credit Card: Card No: \_\_\_\_/\_\_\_/\_\_\_\_/\_\_\_\_\_ Expiry Date: Enter Total Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

**NB:** FULL PAYMENT MUST BE RECEIVED PRIOR TO PROGRAM COMMENCEMENT. PAYMENT BY CREDIT CARD (2% card transaction fee applies). CLEARED CHEQUE OR MONEY ORDER: Receipts will be available for collection on the day, identification is required (eg. drivers licence or credit card) Card transactions will appear on your account as "Springbrook Promotions".

Date: \_\_\_\_

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# Conference Diary

#### New Frontiers - Reaching Great Heights

#### 10 -13 October 2012, Hobart

The focus of the 10th International Conference for Emergency Nursing will be to provide a platform for discussion on new frontiers in emergency nursing. In addition it aims to highlight leadership in emergency care encompassing clinical and research based nursing. Showcasing innovative ideas in meeting the workplace demands.

http://www.cdesign.com.au/cena2012/

#### Power of Touch

#### 18 -19 October 2012, Hobart

The 22nd Annual Conference of the Australian Rehabilitation Nurses Association aim is to highlight the importance of touch through the care and support provided in the acute through to the subacute and community settings. How a simple touch can assist in transforming the lives of those through rehabilitation.

http://www.arna.com.au/edu.html

#### Solutions to Challenges in Vascular Surgery

#### 20 - 23 October 2012, Melbourne

Joint Conference of Australian & New Zealand Society of Vascular Nursing, Australian & New Zealand Society Vascular Surgeons, Asian Vascular Society, World Federation of Vascular Societies, Australian & New Zealand Society of Phlebology, Australasian College of Phlebology and Asian Venous Forum.

http://www.vascularconference.com/2012/

3rd Conference on Leadership and Practice Development in Health: Quality and Safety through Workplace Learning Technology and Simulation in Health

#### 29 - 30 November 2012, Hobart

The 3rd Conference has an interdisciplinary focus through workplace learning featuring nationally and internationally recognised leaders from nursing and midwifery, allied health and medicine. The program also incorporates a rural and remote stream.

www.cdesign.com.au/simulation2012/

15th NNEC Conference - Black, White and Virtual

30 April - 2 May 2014, Adelaide

Watch this space for further information

# In Closing ... from the Editor

Time seems to be flying ... or are we so busy that our work-life balance is not in equilibrium. Spring has arrived after the cold and wet winter across Australia. I returned to work after a relaxing three week holiday to the warmer, northern parts of Australia to be hit by the winter lurgy and on the sick list for the past two weeks, hence the delay in the e-Bulletin release.

We have just enjoyed extensive television coverage across both free to air and prepaid with the Olympic Games, now a few weeks later the Paralympic Games is a short story on the News and only the ABC showing coverage. Do we showcase ability and hide disability?

A newspaper comment about one athlete indicated that they had multiple healthcare interventions throughout their life, which started me thinking about DISABILITY NURSING. Just like any speciality it is multi-focused. A brief internet search identified Developmental Disability Nursing (partnership within the context of their life situation) and Learning Disability Nursing (partnership to pursue a fulfilling life). These two spheres are only the tip of the iceberg as there are multiple aspects of this speciality area.

At the JBI Conference I attended a keynote speaker on Leadership was Nicole Graham, Chief Executive of the Spastic Centres of South Australia Incorporated (SCOSA). Nicole spoke on the SCOSA inclusive team environment to make a positive difference in the lives of others through the "FISH! Philosophy" with four interconnected practices:

- 'Be There' being emotionally present to improve communication and strengthen relationships
- 'Play' a mind-set we bring to everything we do.
- 'Make Their Day' contributing to someone else's life.
- 'Choose Your Attitude' taking responsibility for how we respond to what life throws at us

On reading the articles submitted for this e-bulletin we were allowed a small insight into the various roles of nurses as teachers / educators. As an individual (and a nurse) if we focus on the ability of each person (including ourselves) and incorporate the SCOSA Fish Philosophy into our lives we will be able to face our own challenges and support others in our education roles..

Karen

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#### **Addendum to previous Bulletins:**

March e-Bulletin (page 10). Author of TPPP article is Paula MELVILLE not Paula Lovell.

June e-Bulletin (pages 3-4). Editing of the conference report indicated two days, however the actual length of the conference was three days.

# The Australian Nurse Teachers' Society 2012–2013 National Executive



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#### Want to contribute to our e-Bulletin?

If you have a good news that you would like to share, some interesting research results, a story about your experiences in nurse education, or perhaps you would like to comment on an article from the previous e-Bulletin, please contact the Editor (as above). This e-Bulletin is published quarterly. The deadline for submissions and advertisements for the upcoming editions is NO LATER THAN

15th February
15th May
15th August
15th November
(exceptions possible with prior arrangement)

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