

AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING



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E-BULLETIN

ANTS 

www.ants.org.au

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FROM THE EDITORS DESK

We have celebrated Nurses Week for 2016, which commences with International Midwives Day on 5 May [2016 | Women and Newborns: The Heart of Midwifery] culminating in International Nurses Day 12 May [2016 | Nurses: A force for change: Improving health systems' resilience].

In researching for the e-Bulletin I have found we missed an important factor of celebration ... the Nursing/Midwifery Student Day which is celebrated on the 8 May and is recognised the ANMF with a planned study day for their future direction into a career.

Each speciality group within nursing has a dedicated 'acknowledgment day (or week)' for celebrating success and innovation, increasing awareness and promoting the speciality profile.

*How does your speciality celebrate?
Send in a short story or photos for publication.*

As educators when do we celebrate our speciality role?

*Adult Learners Week is an international celebration of lifelong and life-wide learning
To reflect on your own learning journey and investigate opportunities to "take the next step"
Adult Learners Week on 1-8 September 2016*

SO WHAT ARE YOU DOING IN YOUR WORKPLACE AS AN EDUCATOR AND ANTS MEMBER?

Karen Simunov
e-Bulletin Editor



ANTS MEMBER SCHOLARSHIPS AND GRANTS

ANTS members (criteria: member for 24 consecutive calendar months prior to application) have the opportunity to apply for either a scholarship or research grant.

Scholarships: quarterly applications to support conference/seminar attendance (max. \$1000) with a strong nursing education focus.

Research Grants: to encourage research the Society provides seeding grants (Max. \$2000) in all fields of nursing/midwifery educational practice.



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

ANTS PRESIDENT REPORT

Hello all

Welcome to the e-bulletin. NETNEP 2016 is now over and the 2016 AGM has been held. ANTs provided sponsorship to the conference and had a display booth that had many visitors during the three days. Stuart Taylor looked after the booth for the duration of the event and national exec members spent time at the stand talking to members, current , prospective and new. It was great to chat to people and of course promote our organisation.

The 2016 to 2018 national executive was formed during the AGM, the following members form the executive team: Christine Taylor, Stuart Taylor, Karen Simunov, Julie Shaw, Suzzane Owen, Creina Mitchell ,Peter Teekens, Mandy Gallacher , Didy Button and myself. This is a great mix of members from different states in Australia with Academic and Clinical education workplaces focuses. Thankyou to each of these members for be willing to donate their time so that ANTs can continue to run. Karen has again agreed to edit the e-bulletin, so keep the stories , pictures and other information coming.

Welcome to our new members who have recently joined and the members who have “renewed” their memberships. ANTS provides great opportunities for being a part of networking, supporting each other professionally and across academic and clinical education spheres. The ANTs site has forum pages for use by the members to post questions, seek assistance etc. Keep your eyes out for posts, forums and more importantly dont forget to contribute.

2018 will see the next NNEC being held , at the AGM the attendee’s voted for Melbourne to be the host of our conference. Currently the Victorian branch is not active and so we are seeking members in Victoria to nominate to participate on the organising committee for the conference. If you are able to assist in any way please contact me. First job is settle on a suitable venue, if you have one to recommend -tell us. Planning a conference is a big job but an exciting one, it takes a lot of time so we need to going now as time escapes fast!

Until next bulletin take care and stay safe

Michelle

ANTS MEMBERSHIP TYPES

ORDINARY MEMBERS | Healthcare professionals engaged in nurse/midwifery education

Category One: RN/RM primarily engaged in the education/teaching of nurses/midwives

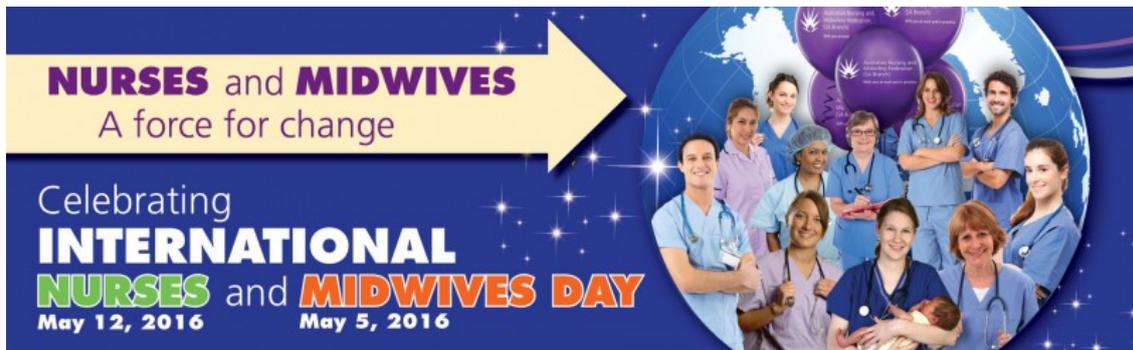
Category Two: RN/RM engaged in education/teaching of nurses/midwives as part of their role, but generally it is not their primary role

Category Three: Healthcare professionals primarily engaged in the education/teaching of nurses/midwives

INTERNATIONAL NURSES DAY 2016

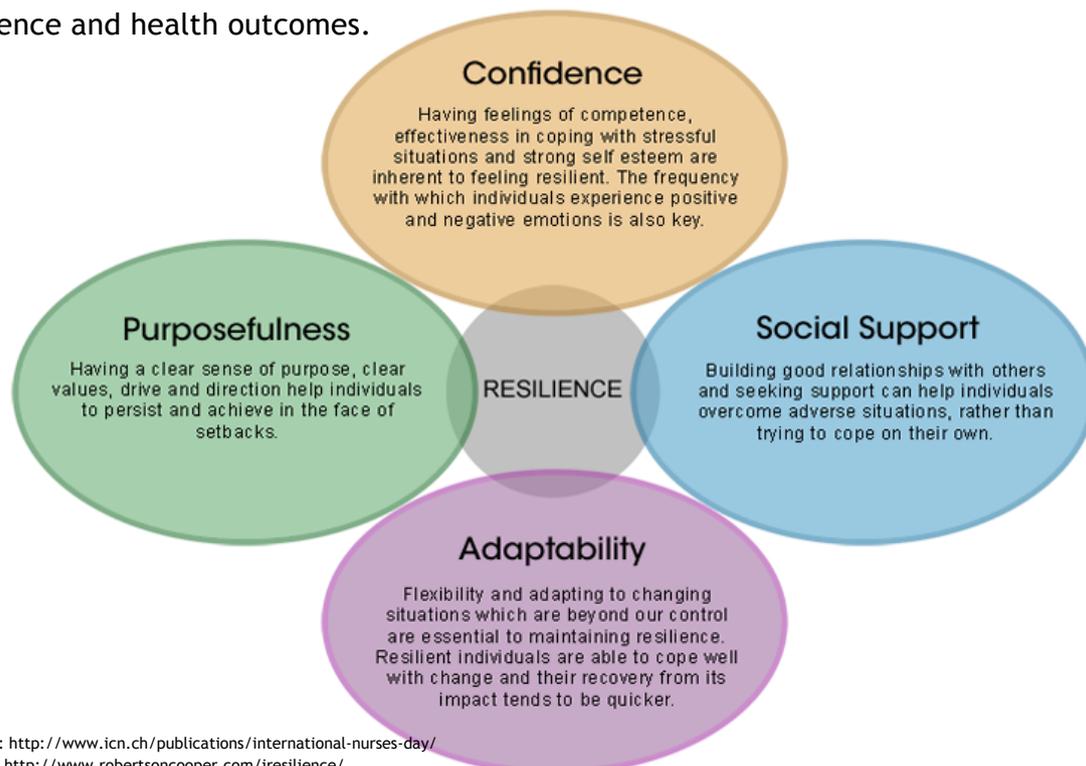
NURSES: A FORCE FOR CHANGE: IMPROVING HEALTH SYSTEMS’ RESILIENCE

Nurses must play an integral role in leading change. With redesigned health systems and full participation of nurses in policy, we will be better equipped to provide quality care for all, even in times of difficulties.



Providing quality health care services to all people in need is the ethical and professional responsibility of nurses. As committed, innovative and solution oriented professionals, nurses continue to provide care with resilience and versatility even with little or no resources or organisational support. However, improving health systems’ resilience requires inter-sectoral efforts by all actors at all levels. Nurses, who deliver the majority of health care services in collaboration with colleagues in both health and non- health sectors, have an important role in this process.

Through our involvement in decisions for health systems’ strengthening, we can promote positive practice environments which will in turn result in improved health systems’ resilience and health outcomes.



REFERENCES: <http://www.icn.ch/publications/international-nurses-day/>
<http://www.robertsoncooper.com/iresilience/>

CELEBRATING OUR NURSES AND MIDWIVES

INTERNATIONAL DAY OF THE MIDWIFE | MAY 5

The initiative of an 'International Day' for the midwife was first discussed at the International Confederation of Midwives (ICM) Conference, Netherlands in 1987. Events were organized to support "Safe Motherhood" and promote the midwifery profession by increasing the awareness about their contributions.

The first International Day of the Midwife (IDM) was launched and celebrated on 5th of May, 1991 using the theme "*Towards safe birth for all by the year 2000*" and is celebrated in more than 50 countries around the world today.

According to the statistics, it is noted that approximately 350,000 women are dying every year due to pregnancy hazards or during childbirth; around 2 million newborns babies are dying just after their birth or within 24 hours of birth and around 2.6 million of the cases are stillbirths.

The universal efforts, of implementing well-educated and harmonious midwifery workforce in all the functioning health systems by availing proper equipment and other supplies, has been started to prevent up to 60% of the maternal and child death rates throughout the world.

There is critical shortage of skilled midwives on a global basis, to fulfill the needs of health systems. A big step has been taken by the International Federation of Gynecology and Obstetrics (FIGO) to enhance collaboration among obstetricians, gynecologists and midwives in order to strengthen the midwifery all across the world.

The International Confederation of Midwives (ICM) is an organization, supporting and working for strengthening the midwives professional associations all around the world to enhance and secure the women and child rights through the easy access to the midwifery care before, during and after the childbirth. It also works with the UN agencies and other partners as a global initiative for reducing the maternal and foetal mortality rates by expanding the midwifery care.

The International Day of the Midwife is an occasion for every individual midwife to think about the many others in the profession, to make new contacts within and outside midwifery, and to widen the knowledge of what midwives do for the world.

WALK WITH MIDWIVES
International Day of the Midwife • 5 May



INTERNATIONAL DAY OF THE STUDENT NURSE/MIDWIFE | MAY 8

In 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually at the request of the National Student Nurses Association, USA.

In Australia the ANMF promotes an Undergraduate Student Nurse/Midwife Study Day aimed at final year students to understand the Graduate [Transition] Year including, HR processes, industrial and professional updates.



INTERNATIONAL DAY OF THE NURSE | MAY 12

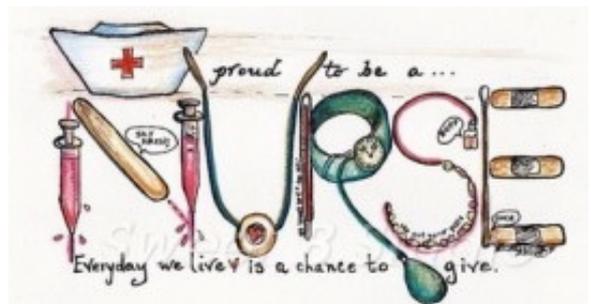
The history of Nurses Day can be traced back to 1953 when Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year.

The proclamation was never made, but the following year National Nurses Week was observed from October 11 - 16, marking the 100th anniversary of Florence Nightingale's mission to Crimea. International Nurses Day (IND) was first celebrated by the International Council of Nurses (ICN) in 1965 to highlight the importance of the nurses' role in providing the best health care services.

In January 1974, the International Council of Nurses (ICN) declared the 12 May as International Nurses Day to celebrate the birthday anniversary of Florence Nightingale [12 May, 1820], foundational philosopher of modern nursing. With the addition of Midwives Day and Student Nurses Day in 2003, Nurses Week was confirmed as being the 6-12 May annually with a week of celebrations targeting the health care services at an international level.

Nursing is the largest health care profession in the world and nurses are the key of achieving the Millennium Development Goals (MDG). In Australia the Coalition of Nursing and Midwifery Organisations (CoNMO) play an important role with governments and non-government organizations to strengthen the health care systems and maximising the nurses contribution.

The International Council of Nurses (ICN) commemorates this day each year with the production and distribution of the International Nurses' Day Kit, which includes educational and public information materials.



REFERENCES:

- <http://www.indiacelebrating.com/events/international-midwives-day/>
- <https://www.midwives.org.au/events/walk-midwives>
- www.pinterest.com
- <http://www.calendar-updates.com/info/holidays/us/nurse.aspx>
- <https://www.anmfvic.asn.au/events-and-conferences/2016/05/13/2016-anmf-undergraduate-student-nursemidwife-study-day>
- <http://nurseslabs.com/nurses-force-change-celebrating-international-nurses-day-2016/>
- <http://www.ibtimes.co.uk/international-nurses-day-2016-most-influential-female-pioneers-healthcare-history-1559656>

ANTS EDUCATOR OF THE YEAR RECOGNISING EXCELLENCE IN NURSING AND MIDWIFERY EDUCATION

The Australian Nurse Teachers Society (ANTS) recognises excellence of the Nursing/Midwifery Educator with the 'ANTS Educator of the Year Award' to encourage innovative teaching practices in the education of Nurses and Midwives in the academic, clinical and workplace settings.

Selection Criteria

- Demonstrate a significant contribution to education of nurses/midwives
- Ability to organise innovative course material and resources and to present these cogently and imaginatively
- Command of subject matter, including the incorporation into teaching of recent developments in a specific field
- Provision of appropriate assessment, including the provision of feedback
- Provision of appropriate evaluation and reflection
- Participation in professional activities and research relating to clinical teaching

Nominees

Open Category 1 and 2 members who contribute to nurse/midwifery education and may be employed in the tertiary, acute and/or community sector.

Criteria

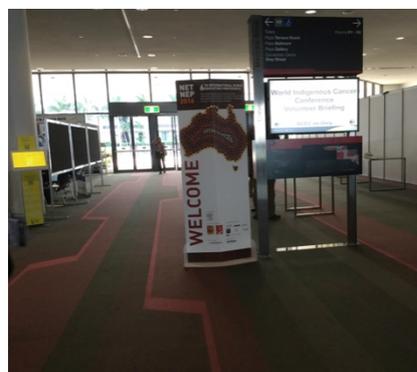
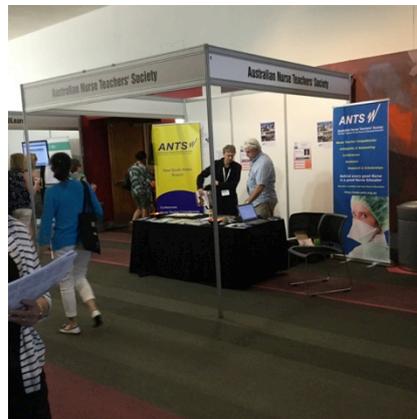
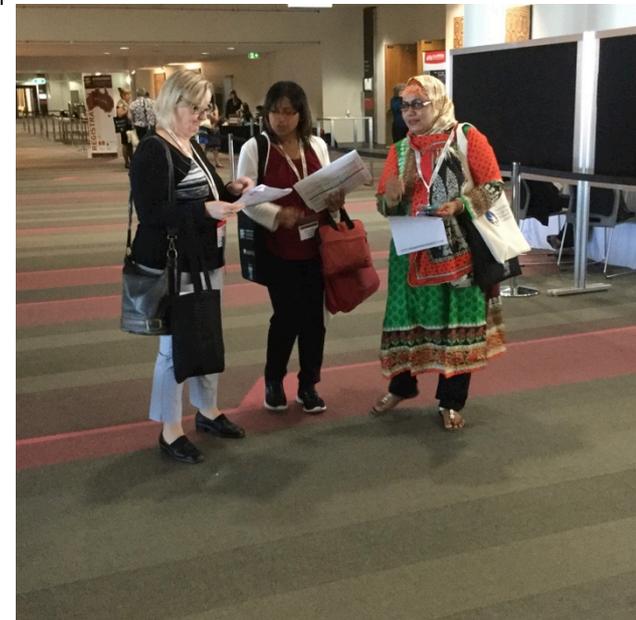
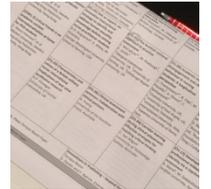
The following criteria applies to potential nominees:

- Current financial members of ANTS for 24 consecutive months
- Hold Registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- Demonstrate related employment in an educational/teaching role within an Australian health facility or organisation.

The judging panel is formed by the National Executive or Branch Committee members of ANTS and the decision is final and the right is reserved not to make an award if the criteria are not met.

Further Information

- ANTS website at www.ants.org.au



NETNEP 2016

SCHOLARSHIP RECIPIENT REPORTS

2016



6TH INTERNATIONAL NURSE EDUCATION CONFERENCE REPORT

ANDREW WOODS, RN, LECTURER IN NURSING, SCU



There are many ways that we strive to improve the lives of communities worldwide. The upcoming 2016 World Environment Day is focused on sustainable development through 17 core goals including eradicating poverty, climate action, affordable and clean energy, decent working conditions and economic growth. Amongst these goals is #3 Good Health and Well-Being. The NETNEP 2016 conference for 2016 brought together an international community of nurses, and for the first time, midwives, who over four days shared their research, scholarship and inspirational leadership with an engaged and inquiring audience. By the end of this conference, the international commitment to improving and transforming health through nurse and midwifery education confirmed the pivotal role of such events in achieving and sustaining better health and well-being.

This conference report provides a perspective from a nurse educator who was supported to attend through an Australian Nurse Teacher Society (ANTS) scholarship. An overview of concurrent sessions attended is grouped under conference themes and the report is designed with links to online resources for those health professionals and educators who were unable to attend.

Keynote Speakers



*The hon. Cameron Dick
Minister for Health and Ambulance Services, QLD*

Cameron Dick provided the official opening for NETNEP with a narrative of his personal connection to nursing through his mother who was a nurse. He then outlined several Queensland initiatives aimed at nursing workforce development. This included more postgraduates (30% more postgraduates than 2015), new advanced roles and better ratios. Over the next four years, 400 '[nurse navigators](#)' (50 commenced) are being introduced to facilitate patient pathways and chronic health. In July 2016, new nurse/patient [ratios legislation](#) 1:4 (am/pm) and 1:7 (nights) at selected hospitals is being introduced.

Whilst it was nice to have a minister of parliament attend for the official opening, the experience for NETNEP delegates could have been enhanced by inviting a representative from the local aboriginal Turrbal nation to provide a welcome to country.



*Professor Anne-Marie Rafferty, King's College, London, UK
and author, [The Politics of Nursing Knowledge](#)*

Professor Rafferty provided a historical analysis of the historical forces that have shaped nursing education starting with Florence Nightingale times where 'character' was favoured over intellect and issues of class, morality and gender expectations led to a submissive culture. The obstacles identified included the lack of opportunities for education for women and nursing being seen as a moral compass with training focused on 'virtue' over intellect.

Significant people 1890 - 1950

- [Mary Adelaide Nutting](#) - seen as first nursing Professor and connected nursing to the suffragette campaign. In US the schools of nursing were impoverished and developed a didactic approach to training (some might argue there is a legacy of such an approach today).
- Gladys Carter - in 1939 authored '[A New Deal for Nurses](#)' and was a key figure in the establishment of Britain's first academic nursing unit at the University of Edinburgh in 1959.
- In 1966, the Rockefeller foundation and Edinburgh University established the first 'modern' undergraduate training for nurses.

Despite the findings of Aiken et al. (2014), who studied the association between levels of nursing education and hospital mortality rates, Professor Rafferty stated only 28% of UK nurses have a BN. The ongoing problems outlined by Professor Rafferty include the need more advanced roles, more support (for example, more nurse educators), addressing gaps in primary care and undergraduate student retention. These issues resonate with those in Australia.



Professor Tracy Levett-Jones,
The University of Newcastle, Australia

The closing keynote presentation by Professor Levett-Jones closed the loop for the conference by reminding everyone about the differences good scholarship can make to improving education and practice outcomes. Professor Levett-Jones talked about her personal connection to [Vanessa Anderson](#) and her family which was highlighted in the Garling Report and contributed to the development of the Clinical Excellence Commission (NSW Health) Between The Flags and DETECT initiative. Professor Levett-Jones shared by exemplar the research and scholarship associated with the development of texts associated with a model for [clinical reasoning](#) and the role of [critical conversations for patient safety](#) where statistics indicate that communication issues are involved in 70-87% of all sentinel events. Advice offered included the need to research every teaching and learning innovation as well as related concepts such as the empathy enigma.

Conference Themes

** Note: This is only a selection of presentations that the author was able to attend. From discussions with conference colleagues, there were many other great concurrent sessions. There was also a comprehensive poster display and poster presentations. In the following chapters, only the last name of presenters has been used. Readers are encouraged to review the NETNEP abstracts for full author lists and pursue university websites for author contact details.*

Teaching, Assessment and learning in University and Clinical Practice

- Besse & Wagner (University of Saskatchewan, Canada) focused on innovative approaches to determining excellence in clinical nursing evaluation. Asked the audience - "How did you learn to teach?" Only a few audience members had experienced formal pathways to becoming an educator. The presenters recommended Barbara Penn's [Mastering the Teaching Role: A Guide for Nurse Educators](#) (2008), Chickering & Gamson's [Seven Principles for Good Practice in Undergraduate Education](#) and the [ARCH feedback model](#).
- Framp (USC) recommended Clinical Teacher videos, the [Australian Nursing Standards Assessment Tool](#) (ANSAT) and Levett-Jones's Clinical reasoning Cycle.
- Pooler & Morris (Keele University, UK) focused on learning from mistakes through interprofessional education (IPE). IPE built into clinical placements. IPE 1 - all first year students. Use cases from [Francis Report](#) (2013) for student - led debriefing sessions. Equivalent to 10 hours per IPE unit. Groups present poster to larger group. Outcomes - more faculty collaboration and enhanced learning.
- Amanda Henderson (Griffith University) explored the role of student engagement in constructive academic - clinical partnerships where students are the catalysts to building learning cultures. Emphasis on students as seekers of feedback and acknowledgement of preceptors. See Henderson's [Clinical learning Organisational Culture Survey](#) (2010).

Websites of interest [Canadian Association of Schools of Nursing](#)
[National Institute of Health Research \(UK\)](#)

Technology, Simulation and Education

- Whitcomb & colleagues (Texas Tech University, US), focused on the role of IPE in trauma simulation. When simulation used for learning, rather than assessment, they found students more engaged and less anxious. Actors used ('standardised patient') and students from different disciplines wear different coloured scrubs. Recommended 'freezing' scenario when mistakes made and utilising 'time out' debriefing. Example discussed was a child pre-arrest following an opioid overdose and further recommendation to debrief standardised patients for emotionally charged scenarios.
- Liaw (National University of Singapore) presented her [PhD research](#) involving a randomised control trial of the [e-RAPIDS tool](#). Significant difference pre/post found with positive results for the experimental group suggest the tool is a valid learning resource for responding to the deteriorating patient.
- Morrison-Helme (University of Cambridge, UK) presented the role of experiential learning through applied drama in nursing education. Recommendation during role play to utilise pause and reflect to explore what student is thinking.
- Bally (University of Saskatchewan, Canada) presented grounded theory research exploring distributed/decentralised nursing education through the use of [telerobotics](#) 'remote presence device' (RPD) used with RNs assisting nursing students in remote field locations. AV equipment built into the RPD allows instructor to hear and visualise patient assessments.

Continuing Professional Development/Education

- Bulman (Oxford Brookes University, UK) presented action research focused on the development of reflective peer supervision amongst nurse educator colleagues. The authors of this work hope to have this work published in *Nurse Education Today* later this year.

The *Nurse Education Today* and *Nurse Education in Practice* editorial staff provided a Q&A session regarding being a reviewer for peer-reviewed journal publications. The following notes are relevant to anyone interested in becoming a reviewer for peer-reviewed journals.

1. When you 'decline' a request to review a manuscript there is an option to provide feedback (reason why). Keep in mind that journals keep a log of number of times a request to review is declined. The editors should contact you to ask if you wish to continue before they remove you as a reviewer from their database.
2. Be strategic - review for targeted journals
3. For major revisions - you should agree to follow up for final review (of re-submitted manuscript).
4. You can contact journal editors to be added to a reviewer database (CV required and helps to have authored or co-authored at least one peer-reviewed journal paper)
5. Once you have authored a paper you can also be randomly selected.
6. *Nurse Education Today* can extend turnaround (review) times. Can request a 3 week extension. Aim is always for expedited review.
7. Editors tend to match up new reviewers with experienced reviewers.

8. If undecided on accept or reject paper - there is separate feedback to editors and authors so you can highlight reasons for editors.
9. If you are not confident with statistics then advise the editors.

Websites of interest [Elsevier web site has resources for reviewers](#)

Curriculum Innovation, Academic Leadership and Evaluation Research for Nursing Education

- Kyle & Beattie (Edinburgh Napier University & University of Sterling, UK) presented their [stepping up, stepping back program](#) aimed at creating regional pathway/pipeline for school leavers into nursing and improving student nurse retention rates. Eight month program involving a residential week and clinical practicum work experience buddied with a student nurse. Only a small cohort (n=16) students surveyed with 39% intending to work in own area (remote region of Scotland) and 85% would return to home area in the future. This research is relevant to regional and remote communities hoping to retain young people in their local health workforce.
- Macaden (University of Sterling, UK) & Smith (University of Abertay, UK) focused on how to build aged care content into curricula through low fidelity simulated learning for sensory and cognitive impairment in older adults. Novel approaches included; sorting buttons by shape and colour wearing mittens; reading a newspaper with background noise and mittens; setting a table with blurred goggles where everything is white; being fed whilst blindfolded and wearing a nose plug, and; Reading/signing forms containing mixed English/Spanish. Session included two facilitators for 24 students who formed six groups of four, rotating through sensory stations and asking students to consider cognitive impairment on top of sensory.
- Govind (Newcastle University) presented early survey research focused on the experiences of third year nursing and midwifery students engaged with peer teaching of first year students in labs.
- Abigail (Flinders University) presented an emerging community of practice for academic nurse educators. Communities of practice can facilitate professional educator identities and the development of excellence in teaching and learning.
- Malik (Monash University) presented the results of grounded theory research exploring application of evidence based practice in undergraduate nursing curricula (see reference list).

Education for Patient Safety

The following presentations focused on the role of inter-professional education (IPE) in patient safety.

- Della (Curtin University) presented the collaborative work of several Australian universities focused on raising team situational awareness of patient deterioration using the [iSoBar](#) communication framework and checklist in inter-professional student ward rounds.
- Pooler & Morris (Keele University, UK) focused on a model for building IPE into clinical placements. Cases used from the [Francis Report](#) (2013) for student - led debriefing sessions where student groups present posters to larger groups. Used for all first year

students and equivalent to 10 hours per IPE unit. Outcomes included more faculty collaboration and enhanced learning.

Midwifery Education in Practice

- Bass (Griffith University) presented how student support circles have been used to promote student retention and success. Learning circles to support student peer learning and socialisation involving ‘shared storytelling’, ‘focused conversations’ and ‘reflexive conversations’. The B Midwifery at Griffith University is mostly online with only two weeks of face to face contact twice a year. The support circles are introduced for first year students (facilitated by staff), then they are student-led from second year. Feedback has suggested students became more part of a wider midwifery community, with the program contributing to student success ([Sidebotham et al. 2015](#)).

Summary

The Brisbane Convention & Exhibition Centre, South Bank Riverside was a very good venue and delegates experienced some beautiful autumn weather. The conference organisers also made a free NETNEP APP available which was very useful for conference information and planning.

The only disappointment was the catering where morning tea consisted of tea/coffee and Arnott’s biscuits and pre-packaged airline style lunches. This may have offered better food hygiene, however a sense of pride could be boosted from improving the hospitality for such occasions. Perhaps this is a ‘first world problem’ which should not deter from the impact and contribution the conference has made towards the global goal of Good Health and Well-Being for and within our communities. The role of nurse and midwifery education here is significant.

References

- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383(9931), 1824-1830. doi: 10.1016/S0140-6736(13)62631-8
- Malik, G., McKenna, L., & Griffiths, D. (2016). How do nurse academics value and engage with evidence-based practice across Australia: Findings from a grounded theory study. *Nurse Education Today*, 41, 54-59. doi: <http://dx.doi.org/10.1016/j.nedt.2016.03.015>

REPORT ON ATTENDANCE AT NETNEP2016

CREINA MITCHELL, GRIFFITH UNIVERSITY

My experience of the NETNEP2016 conference started on Sunday 3 April at the conference ‘Welcome’ drinks. Like most conferences, this was an opportunity to mingle, meet colleagues and make new friends. It was also an opportunity to visit some of the trade displays before they got too busy. Day One on Monday 4 April commenced with an opening session that set the scene for an engaging and interesting conference. Days Two and Three

were similarly engaging and informative and the quality of presentations was very high. I took the opportunity to attend several presentations from International speakers. Gaining exposure to research from around the world is one of the major benefits of attending an international conference. As a University educator I was particularly interested in the sessions relevant to my teaching context and it was interesting to note the commonality of themes, from the challenges of empty classrooms to providing feedback on clinical placement and managing cheating or coercive student behaviours. Many of these presentations were thought provoking and stimulated much discussion amongst attendees.

The NETNEP2016 program offered six concurrent sessions so it was quite a challenge to make choices between session offerings. I made use of the NETNEP2016 program app to keep track of the sessions I was interested in attending as it had the benefit of being able to link to the session abstract. This worked well - the app was also a useful way of keeping notes on any ideas or information gained from a presentation or poster. The Australian Nurse Teachers' Society Annual General Meeting was held on the first day over the lunch break and it was great to be able to attend in person and meet the executive.

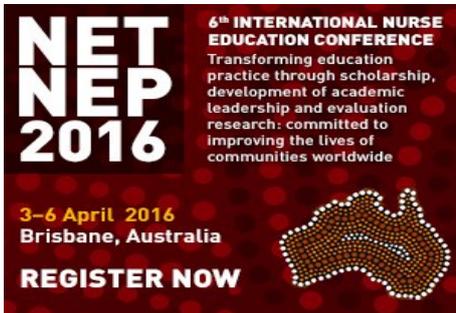
The parallel sessions drew a lot of attendees and these were very well organised and well chaired. One of the positive aspects of the NETNEP2016 conference was that session chairs allowed time for attendees to swap between presentations in a session. This provided a lot of flexibility and enabled people to plan out their day and get maximum benefit from the program. Although the program was diverse, there were a few comments made about the less than diverse refreshments - particularly the offering of the same biscuits for morning and afternoon tea. There were posters to view at the breaks. Some of these were presented in an oral-poster format with the authors presenting a summary of their poster during one of the concurrent sessions. There were specific sessions for midwifery education and I found these interesting, as I am also a midwife. The inclusion of midwifery education reflects the direction taken by the Nurse Education Today (NET) journal. As they state on their website, "Nurse Education Today is the leading international journal providing a forum for the publication of high quality original research, review and debate in the discussion of nursing, midwifery and inter-professional health care education" (<http://www.nurseeducationtoday.com>).

I attended the Conference Dinner and this was yet again another wonderful opportunity to meet people, both on the bus to and from the venue, at pre-dinner drinks and whilst enjoying the meal. With so many nurses and midwives getting together in one place, it should not be a surprise to know that after a very short period of time it was nearly impossible to talk to anyone unless they were sitting near you at the dinner table or you took a walk outside to admire the view from the lookout. Once the band started, it was an opportunity to stop talking and start dancing!

Overall, it was a very valuable experience to be able to attend NETNEP2016. I would like to take this opportunity to thank ANTS for their generosity in funding scholarships. I am honored to be one of the scholarship recipients and would like to gratefully acknowledge that this ANTS scholarship supported my attendance at NETNEP2016.

NETNEP2016

LYNDA CANNIFORD



The 6th International Nurse Education Conference was held in sunny Brisbane on the 3-6 April. The conference philosophy was transforming education through scholarship, development of academic leadership and evaluation research, committed to improving the lives of communities worldwide. There were a large number of presentations across the three days and two workshops prior to the conference starting. The themes were chosen

to reflect current educational developments and innovations and had something for everyone. This year was the first year the conference included a midwifery stream and this was well received.

There were two interactive pre-conference workshops. The first workshop was 'Writing for publication: From getting started to getting published' run by Karen Holland and Sian Maslin-Prothero. These two ladies provided an informative and entertaining workshop that all participants benefitted from. The second workshop was 'Harnessing the potential of simulation to transform authentic practice problems'. This was run by an expert team the InSPIRE Collaborative Alliance.

After an exciting day of pre-conference workshops, the conference began. The first key note speaker was Professor Anne-Marie Rafferty from King's College in London. Her address was titled: Realising the benefits of investments in nurse education for better patient care. This keynote resonated with many attendees and provided an interesting mix of historical perspectives with a pathway to move forward on this important topic.

The second keynote address and the closing session was Professor Tracy Levett-Jones. Tracy took the delegates on an emotional and inspiring journey through a presentation of some of her research on harnessing the power of stories through authentic patient stories that portray tacit and sometimes unappreciated elements of practice.

Many interesting and informative sessions were well attended in between these great keynote addresses. The opportunities for networking were invaluable in making local, national and international connections with like-minded educators and researchers across all fields of education.



*Photo courtesy of NETNEP Conference
Twitter shows the geographical distribution
of attending delegates*

FROM THE 6TH INTERNATIONAL NURSING EDUCATION TODAY AND NURSING EDUCATION IN PRACTICE CONFERENCE HELD IN BRISBANE, APRIL 3-6 2016

Held at the Brisbane Convention Centre over 400 delegates.

I attended 28 sessions over the 3 days of the conference with six stream of presentations including a dedicated midwifery stream in addition to viewing the many posters.

The conference was opened by the Honourable Cameron Dick Minister for Health & Ambulance services Queensland. The opening session was delivered by Professor AM Rafferty titled *Realising the benefits of investment in nurse education for better patient care*.

1. Realising the benefits of investments in nurse education for better patient care A-M. Rafferty, Florence Nightingale School of Nursing and Midwifery, UK

The session looked through history at how nursing had developed since the days of Florence Nightingale into a profession. Now there is clear evidence that patient safety is positively impacted on by the level of education of the nurses providing their care.

The next section on the report has been divided into the streams of my interest.

Teaching with Technology

1. Virtual World (VW): An innovative approach to humanising the curricula B.A. Ewens*, G. Baum, F.D. Foxall ECU, *Australia*

The core of this initiative was to develop several virtual families and individuals that student's accessed online or as an adjunct during on campus workshops. Students play the role of health professionals within the context of a range of virtual clinical venues which a variety of virtual family members access.

VW has been scaffolded across the curricula by applying the virtual family which depict contemporary socio-cultural health groups, including issues of disability, drug and alcohol use, dietary impact on health all depicted in a sensitive manner to ensure that students develop understandings and attitudes to support their growth as change agents within future health care delivery.

Videos and simulations, the use of actors, standardized patients, and silicone patient masks, can be constructed to aid the achievement of course learning outcomes through knowledge and skill acquisition as well as attitudinal development through professional practice, the development of client-centred and evidence based care.

2. BYOD in year 1 bioscience: Building digital information literacy skills in the flipped classroom E.D. Button *Flinders University School of Nursing and Midwifery, Australia*

The classes involved small and large group work. Student came with a variety of devices

including smart phones, tablets of various sizes and laptops. The mix of devices provided opportunities for students to share tricks and shortcuts when using the LMS. There were five main objectives to student learning during class 1) to seek Clarification for the work they had completed before class; 2) Correct errors in their work; 3) Collaborate with others, share findings using the internet and online texts (de Waard 2014). To 4) Consult with the Tutor when there were discrepancies. At the end of each class students had reached 5) Consensus regarding the answers for the week's report. Conference participants will view the Topic LMS and the resources used.

3. Student evaluation of the educational value of a reusable learning object for the care of patients with wounds C. Redmond*, C. Davies *University College Dublin, Ireland*

This paper describes the development and educational evaluation of a Reusable Learning Object (RLO) to supplement undergraduate learning of wound care. Constructivist learning theory informed the design of the RLOs, promoting active learner approaches (Bath-Hextall et al., 2011; Williams et al., 2015).

Clinical based case studies and visual data from two large university teaching hospitals provided the learning materials for the RLO. Short film clips were made of Tissue Viability Nurses (TVNs) carrying out wound care. These clips were formatted incorporating contemporary evidence-based wound care theory. Penultimate year undergraduate nursing students interacted with this media to achieve learning outcomes set.

Evaluation of the RLO was conducted using a mixed method design. Undergraduate nursing students (n = 160) completed pre and post-tests to assess knowledge gain and evaluated the RLO using validated questionnaires (RLO-CETL; Wharrad et al., 2008). Statistical and deductive thematic analyses inform the findings.

Findings: A significant increase in student bioscience knowledge was found on post-test. Students rated the RLOs highly across all categories of perceived usefulness, impact and integration.

Conclusion: These findings provide evidence that the use of RLOs for the clinical skill of wound care is effective in increasing learning in both the cognitive and affective domains. RLOs when designed using clinically real situations reflect the true complexities of wound care and offer innovative interventions in nursing curricula.

4. Rethinking Bioscience education in a digital age: A pedagogical evaluation of the value of technology based learning C. Davies*, C. Redmond, M. Meskell *University College Dublin, Ireland*

The learning resources were carefully selected with appropriate learning activities that accommodated diverse learning styles and module learning outcomes. They formed tutorials that were integrated into Blackboard as part of an Anatomy & Physiology module. An evaluation using a Digital Tutorial Experience questionnaire was conducted with first year undergraduate nursing and midwifery students. 212 completed the evaluation representing 89% of the class. Statistical and thematic analyses inform the results which identify the value of technology based learning from a learner

perspective.

Results: Students reported a high level of satisfaction for technology based learning with the majority self-reporting improved proficiency in anatomy and physiology. Positive affective dimensions of learning were associated with the tutorials i.e. motivation, confidence building, accomplishment and enjoyment. Deep learning appeared to be positively influenced by the diversity of learning style material and the technical ability to provide study support and feedback to students as necessary.

5. Bioscience learning, teaching and assessment within the undergraduate curriculum: The students' perspective *M. Molesworth**, *M. Lewitt University of the West of Scotland, UK*

Students reported a high level of satisfaction for technology based learning with the majority self-reporting improved proficiency in anatomy and physiology. Positive affective dimensions of learning were associated with the tutorials i.e. motivation, confidence building, accomplishment and enjoyment. Deep learning appeared to be positively influenced by the diversity of learning style material and the technical ability to provide study support and feedback to students as necessary.

Designing technology based learning is complex and demands rigorous reflection and evaluation. Instructor responsiveness to the learner's experiences and remaining in dialogue with the design is critical to informing a technology based pedagogy, scaffold quality learning and guide learners to a productive outcome. Technology based learning when designed appropriately has the potential to be an effective intervention to support bioscience education.

6. The potential of mobile technology to close the theory practice gap *A. Williams¹, D. Roberts^{*2} 1Bangor University, UK, 2Glyndwr University, UK*

This presentation outlined the various aspects of using mobile technologies in nurse education and in supporting student learning in the classroom and clinical practice. Whilst some authors suggest that mobile technology has negative connotations, and there is a misconception of the platform such as mobile phones being a distraction or unprofessional if used by nurses in clinical practice, we will outline three potentially positive aspects to using mobile technology to support clinical learning. Such as:

1. The use of Apps such as (UK specific) NICE; NICE BNF & Nursing Times provide clinicians with better access to current evidence with the potential to reduce drug errors or adverse incidents and promote the uptake of research in practice. On average students use their mobile devices 11 times during the day so for example, accessing Apps is one way to exploit and take advantage of social media.
2. There is the potential that the academic practice gap is closed. Immediacy /Connection hierarchy is less threatening and for example tweeting breaks down the barriers
3. Using the wisdom of the crowd, best practice and an evidence base may be generated as the audience can provide a collective view of how to proceed in any given situation. For example, the utilisation of the 'favourite' resource on twitter has the ability to

enhance resource collation and can add to the library of collective experience.

Simulation and Learning

1. **WINNING Presentation Paper** Plastic with personality: Increasing student engagement with manikins *T. Power*¹, C. Virdun¹, H. White¹, C. Hayes¹, N. Parker¹, M. Kelly², R. Disler¹, A. Cottle¹* ¹University of Technology Sydney, Australia, ²Curtin University, Australia

Background: Simulation allows students to practice key psychomotor skills and gain technical proficiency, fostering the development of clinical reasoning and student confidence in a low risk environment. Manikins are a valuable learning tool; yet there is a distinct lack of empirical research investigating how to enhance engagement between nursing students and manikins.

Objective: To describe student perspectives of a layered, technology enhanced approach to improve the simulation learning experience.

Educational Framework: Tanner's Model of Clinical Judgement underpins the entire curriculum. This study additionally drew on the principles of narrative pedagogy.

Intervention: Across ten teaching weeks, five separate case studies were introduced to students through short vignettes. Students viewed the vignettes prior to their laboratory class. In the labs, manikins were dressed in the props used in the vignettes.

Setting: The innovation was trialled in a second year core subject of a Bachelor of Nursing program in a large urban university in the autumn semester of 2014.

Data Collection and Analysis: A focus group of nine students were held and thematically analysed. Students' comments (143) about the vignettes in their standard subject specific student feedback surveys were also considered as data.

Results: Four themes were identified: Getting past the plastic; knowing what to say; connecting and caring; and, embracing diversity. The feedback indicated that these measures increased students ability to suspend disbelief, feel connected to, and approach the manikins in a more understanding and empathetic fashion.

Conclusions: In addition to achieving increased engagement with manikins, other advantages such as students reflecting on their own values and pre-conceived notions of people from diverse backgrounds were realised.

2. **Exposing nursing students to the growing epidemic of sexual assault (SA) through an interprofessional simulation** *D. Paris*¹, R. Faz¹, R. Bargainer¹, A. Kalb², T. Keidl¹, K. Whitcomb¹* ¹Texas Tech University Health Sciences Center, USA, ²Abilene Christian University, USA

Methods: A simulation center represented a typical day in an emergency department. Faculty developed a SA case, partnered with sexual assault nurse examiners (SANE) from a local hospital, and implemented the scenario in a safe simulated environment. Participants included senior-level nursing and graduate-level social work students. The hybrid simulation utilized a standardized patient (SP) and mannequin to portray the SA victim. Students interviewed and cared for the SP while observing the SANE

assessment. This was the first SA simulation nursing students encountered, though they had received didactic lectures on this topic.

Conclusion: Innovative scenarios help reduce health professions' concerns of inadequacy and improve communication in highly emotional situations. Skills in addressing the patient's emotional and physical needs can be honed through this type of unique learning experience. Faculty can use this model to provide students with extraordinary learning opportunities to better prepare them for interprofessional collaboration in practice.

3. **Simulated learning for sensory and cognitive impairment in older adults: A pedagogical innovation in preregistration nurse education** *L. Macaden*¹, A. Smith¹, S. Croy², S. Law¹*
¹University of Stirling, UK, ²University of Abertay, UK

Both sensory and cognitive impairments are identified as the most common chronic and disabling conditions of later life that can impact significantly on quality of life and safety in older people and their ability to carry out activities of living.

Five learning stations created 'microworlds' for students to experience visual, hearing and dual sensory impairments followed by reflection and debrief. Workshop evaluation was carried out using reflections at each station and an online questionnaire.

Conclusion: Participation in simulation and experiential learning can help nursing students to develop both an awareness and appreciation of the impact of sensory and cognitive impairment on older adults at a very early stage in their pre-registration nursing education.

4. **Navigating the hidden minefield of communication in health: Simulation, but not as we know it** *M. Wemyss*, R. Galway* *Sydney Children's Hospitals network Australia*

Undergraduate health care professionals have limited experience in many aspects of their role and upon entering the health workforce, the interdisciplinary environment is often challenging for new graduates who are required to navigate differing expectations, jargon and ways of communicating

The development of an interdisciplinary simulation program focusing on higher level communication skills was developed to meet the learning needs of both transitioning nurses and allied health professionals at Sydney Children's Hospital.

The planning, development and evaluation of a simulation program focused on interdisciplinary communication skills rather than technical clinical skills required a re-thinking of the cues for learning. Without the reliance on clinical triggers such as physiological cues often associated with simulation based training this program required an alternative approach.

The ATTITUDES (Sigalet et al., 2012) scale was provided to participant's pre and post simulation to determine any shift in attitude development.

The CIHC (CIHC, 2010) matrix was also administered pre and post simulation to determine the level of self-evaluated competence across the communication domains.

This program showcased this innovative teaching modality to mitigate the risk posed

around communication for the new graduate health professional.

5. **Informing healthcare professions students about infant abandonment laws through an interprofessional simulation** *T. Keidl¹, R. Slaymaker², C. McKee¹, R. Faz¹, D. Paris*¹, K. Whitcomb¹* ¹*Texas Tech University Health Sciences Center, USA,* ²*Abilene Christian University, USA*

According to the Centers for Disease Control (2002), in the first 24 hours of life a person is 10 times more likely to die from homicide than any other time. Throughout the world, laws have been established to prevent neonaticide. Hospitals serve as safe havens for infants; however, curricula for most healthcare professions do not include education regarding this topic. This simulation models an innovative interprofessional experience developed to inform students on laws they may encounter in their practice.

Methods: A simulation center was converted to represent a typical day in an emergency department. Faculty developed an infant abandonment scenario in partnership with a local fire department

Results: During the debrief students reported the scenario improved knowledge and team collaboration when compared to pre-simulation perception. Comparison of pre- and post-experience surveys confirmed student perceptions. All disciplines expressed an appreciation for the others' role in this unique learning opportunity.

Conclusion: Innovative scenarios help reduce healthcare professionals' concerns of inadequacy and improve communication in highly emotional situations. Faculty should provide students with atypical experiences to better prepare them to meet the challenges of unusual legal and ethical dilemmas which may be encountered in practice. Health professions must be informed of their legal obligation to fulfil their duties and how to manage the situation, and a safe simulation environment meets this objective.

In Australia currently there are no laws associated with infant abandonment. For further information I found this link; <http://www.abc.net.au/news/2013-08-01/healy---abandoned-babies/4859024>

6. **Nursing students' clinical judgment in patient deterioration simulations: A randomized control trial comparing two methods of debriefing** *P. Lavoie*, J. Pepin, S. Cossette* *Université de Montréal, Canada*

This randomized control trial compared two methods of debriefing: REsPoND and Plus-Delta. The former is an evidence and theory based reflective debriefing developed for patient deterioration simulation, and the latter is an evaluative debriefing to identify good in-simulation behaviours and those that need improvement. A sample of 118 nursing students were randomized to either methods, which they experienced after two different patient deterioration simulations. **Results showed that for both methods, students' score remained stable before and after the first debriefing, but improved significantly after the second one.** A possible explanation for the similar outcomes in the two groups is that, although the theoretical backgrounds and the analytics processes of the debriefing methods were different, the themes addressed by students were similar in nature. **Therefore, it seems that the themes of the debriefings had a**

greater impact on learning outcomes than the methods used to address them. Future research should investigate this hypothesis with a factorial design (method*themes) to see which combination would result in optimal learning outcomes.

7. **A video of a head injury simulated scenario used to prepare nursing students to clinical placement** L.M. Hansen*¹, I.J. Thidemann¹, M. Fossum² ¹University of Agder, Norway, ²Deakin University, Australia

Background: Innovative teaching strategies and simulated scenarios are used in educational processes to replicate clinical practice (Klassen 2011). Berragan (2011) argues that even though simulation offers development of practical skills, it should never replace time spent with patients. However, little is known about nursing students' perceptions of videos of simulation scenarios. A video of a head injury simulated scenario was constructed and videotaped.

Aim: The aim of the study was to examine how a group of nursing students perceived using a video simulated scenario of a head injury to prepare for clinical placement in acute care hospitals.

Methods: A total of 170 nursing students in the Bachelor of Nursing program, in Norway, participated in the survey. The survey consisted of 11 likert-scale questions and three open questions constructed for this study. Descriptive statistics and thematic analysis were used for data analysis.

Results: Overall, the results show that the students recommended using video recorded simulated scenarios as a part of the program.

Conclusion: Students perceived the simulated scenarios as a good support for their learning and preparation for clinical placement. **Videos of simulated scenarios may contribute to prepare students for clinical placement in the nursing education.**

Professional Development and Technology

1. **Using simulation based activities to prepare expert clinicians as adjunct nursing faculty** T.P. Reid*, K.A. Hinderer, L.A. Seldomridge, J.M. Jarosinski *Salisbury University, USA*

The Eastern Shore Academy and Mentorship Initiative (ES-FAMI), a partnership of nursing programs in rural Maryland, U.S.A., was designed to cultivate quality adjunct faculty to address regional needs for clinical teachers. **With an emphasis on recruiting multiethnic, multicultural faculty,** a 30 contact hour program was developed to provide foundational knowledge about teaching/learning theory, structuring a clinical experience, providing feedback on written work and clinical performance. Participants engaged in 4 hours of simulated teaching encounters to refine their skills as new faculty. **Simulations were used in two ways. First, participants viewed and critiqued teaching encounters developed by ESFAMI program faculty. Next, participants created their own clinical situations that were enacted and video-recorded for review and critique.** Qualitative and quantitative data from end-of-program feedback supported the use of simulation pedagogy to facilitate learning, creative problem solving, and honesty in providing feedback among novice nursing faculty.

2. **Using a peer network to increase digital health content in undergraduate nursing education in Canada** *C.J. Baker*¹, M. Charlebois², L. Nagle², K. Crosby¹* ¹*Canadian Association of Schools of Nursing, Canada,* ²*Canada Health Infoway, Canada*

The Canadian Association of Schools of Nursing (CASN) and Canada Health Infoway (Infoway) launched a national project to develop, publish and integrate Entry-to-Practice Nursing Informatics Competencies for baccalaureate programs. This document, published in 2012, outlines the skills, knowledge and attitudes (competencies) related to nursing informatics that all nurses should have upon the completion of their degree. To support the integration of these competencies, a companion document with additional information and teaching strategies was published: the Nursing Informatics Teaching Toolkit. The next step was to entrench these documents in baccalaureate nursing education.

To ensure that the full value of digital health was achieved in the clinical realm, the Digital Health Nursing Faculty Peer Network was created. The Network joined ten Peer Leaders with seven colleagues each (seventy total) to create an online and in-person network of technology focused educators. The Network created a unique opportunity for nurse educators to support their peers in building knowledge and overcoming barriers in integrating informatics into their courses and preparing their students to successfully deliver health care in an increasingly digital age.

3. **Building a simulation website to support nursing faculty: Is it worth the effort?** *B. O'Neill*, C. Ryan, S. Roy, T. Simes* *Central Queensland University, Australia*

A panel review of the pilot simulation repository was undertaken. This panel review consisted for four focus groups on four separate campuses. The pilot simulation repository website was demonstrated and comments recorded from focus group participants. These comments were then thematically analyzed. Overall the pilot simulation repository website was welcomed with excitement and an overall sense of relief. Relief that was expressed in relation to decreased personal stress, more effective time management and support. The site was seen as a focal point for growth of simulation in the nursing curriculum. Still more concerns and possible barriers were identified for future redevelopment of the online repository. Further details of these findings from this research will be described in this presentation.

Clinical Learning and Patient safety

1. **“But I always get an A!”: An innovative approach to determining excellence in clinical nursing evaluation** *C.A. Besse*, P.S. Wagner* *University of Saskatchewan, Canada*

To enhance consistency in evaluation they developed and implemented a unique approach to assist instructors and students to identify an excellent (>80%) or exceptional (>90%) level of student clinical practice. The authors suggested four criteria that must be consistently present throughout the clinical performance of students who may potentially achieve excellent and exceptional nursing grades. These criteria include: independence, creativity, use of theory to plan care, and consideration of target populations. When combined with other strategies, integrating these criteria

during clinical nursing evaluation has served to reduce subjectivity, and thus, diminish grade inflation.

2. **The value and importance of feedback** *C. Jeffrey Princess Alexandra Hospital, Australia*

Both staff and students need to have a common understanding of the nature and various forms of feedback. In addition to the well-recognised features of quality feedback (timely, specific, constructive) two underpinning issues need to be addressed before embarking on the feedback process namely;

Ensuring all staff are trained in giving consistent and effective feedback that is most useful to students;

Students need to be made aware of what constitutes feedback and how best it can be used to their improve learning.

Feedback is valued by learners **however the type of feedback received is tantamount to the stage/level of the learner. As learners' progress from beginner learners to more experienced learners in their clinical field so must their feedback**

3. **Leading with a SMiLE: Exploring a student led clinic practice education model for educational impact and service improvement** *S. Way*¹, D. Colbourne^{1,2}, M. Hutchings¹, W. Marsh^{1,2}, D. Bick³* ¹*Bournemouth University, UK,* ²*Portsmouth NHS Foundation Trust, UK,* ³*King's College London, UK*

Changes in health service provision within the UK have made it very **difficult for universities to meet the practice requirements of undergraduate, pre-registration midwifery programmes**

This innovative collaboration between a university and NHS Trust could provide a valuable solution to these challenges, while at the same time improving the care for mothers and babies. Student-led clinics have been evaluated in the context of improved care outcomes for patients (Gu 2012) rather than focusing on the impact and effectiveness this educational approach has on the student learning experience.

Results: With the support of university ethics approval, early service evaluation of the clinic suggests that students found it benefitted their learning, built their confidence and gave them opportunities to develop their postnatal skills. Peer learning and team working relationships were also improved.

4. **ViCTOR: When an observation tool can save a child's life** *H. Codman*¹, M. Trueman¹, M. Allen^{1,2}, J. Sloan³* ¹*The Royal Children's Hospital, Australia,* ²*Murdoch Children's Research Institute, Australia,* ³*Pediatric Clinical Network, Australia*

To assist in the implementation, a number of accessible, innovative and user-friendly resources were developed to be delivered by a 'train-the-trainer' model. A comprehensive communication plan was also established to increase awareness among all employees and highlight the significance of the practice change. Inter-professional education sessions were conducted over a four week period, across medical, nursing and allied health staff along with discipline specific sessions.

ViCTOR went 'live' throughout the hospital on a single day, with the implementation team placing ViCTOR directly in patients charts and transcribing the four previous sets of patient observations, which allowed a seamless transition by midday. **In the 24 hours post implementation, nursing staff demonstrated excellent compliance with the charts and there were no resulting medical emergency calls.** Ongoing review and education at unit level has led to improvements in documentation and identification of unique unit specific escalation procedures. In the subsequent six months following implementation, regular auditing has demonstrated favourable support for the charts contribution to recognising and managing clinical deterioration.

The implementation of ViCTOR was achieved through a clear implementation plan and hospital wide engagement. Staff concerns in the preparatory stage were addressed, ensuring minimal impact when launched. Follow up has ensured ongoing improvements in utilisation of ViCTOR, resulting in minimisation of risk for deteriorating paediatric patients.

Work Place Safety for Patients, Staff and Students

1. **Harnessing the power of stories, statistics and simulations: Reflections on an evolving patient safety program** *KEY Note Speaker T. Levett-Jones, The University of Newcastle, NSW, Australia*

The presentation presented the speaker past and current research and her students ongoing research in the three areas of Critical thinking, Communication and Empathy. The use of actual patient cases whose age was similar to the nursing students was a powerful learning element to build critical think skills because students could readily identify with the patient. See this Critical thinking Instructor resource developed by the speaker as part of n Australian Teaching and Learning (ALTC). Grant http://www.utas.edu.au/_data/assets/pdf_file/0003/263487/Clinical-Reasoning-Instructor-Resources.pdf .

2. **'Get out of there' undergraduate nurses' experiences of bullying** *H. Courtney-Pratt^{*1,2}, J. Pich², T. Levett-Jones², A. Moxey¹, N. Govind¹ ¹University of Tasmania, Australia, ²University of Newcastle, Australia*

Undergraduates (n=710) from an Australian university participated in an online survey, those who experienced bullying were invited to participate in a semi structured interview to explore their experience, response, and to identify strategies viewed as helpful for the future (n=35) Four themes emerged.

Get through the placement: students in clinical placement reported getting through the time and leaving as a means to manage.

Just get out of there: students avoided offending individuals through a range of mechanisms including altering enrolments, placement choice, or seeking different peer groups.

Don't rock the boat: students recognised that behaviours were associated with poor culture including poor patient care but felt reporting or attempting to address the behaviours was futile.

Wanting to know: students felt unprepared for behaviours of others. They wanted to know more about managing events, and assurance that action would be taken if reporting occurred.

An inherent powerlessness was evident; students felt vulnerable in relation to success in undergraduate programs, yet felt they had ‘survived’. Although advice from clinical facilitators or academics was often sought, formal reporting of experiences was unlikely to occur. Participants suggested a range of strategies to prepare for, and make sense of bullying, including education and peer support. The findings challenge a reliance on policy and procedure, including reporting structures, as the means to address bullying, and suggest wider approaches be considered.

3. **Undergraduate midwifery students’ experiences of workplace violence** *L. McKenna*, M. Boyle, J. Wallis Monash University, Australia*

Workplace violence has been widely reported amongst health professionals and has been shown to have a range of health and other impacts, including worker attrition. Much has been written about workplace violence in nursing, particularly in such settings as emergency departments. Midwifery practice environments can be particularly emotive and midwives often work in closed areas with women, their partners and families. While there is some evidence that horizontal violence exists within midwifery, little is known about midwifery students’ exposure to violence during clinical placements, and how they manage experiences when they do occur.

This presentation reports findings from a study that aimed to explore experiences of workplace violence for undergraduate midwifery students from one Australian university. The study utilised cross sectional survey and semi-structured interviews to understand students’ experiences. Findings indicated that **students were exposed to a range of workplace violence, including intimidation, physical abuse and sexual harassment. Students often chose to manage these experiences on their own, in some cases, because they were unaware of what to do about them.** Our study suggests that **students need to be made more aware of the formal supports that exist for them, and need a way to formally report their experiences so they can be appropriately supported.**

Innovative Student Learning Experiences

1. **SMILE: Student Managed Initiative in Lifestyle Education** *L.J. Ward*¹, D. Ward², F. Trimboli¹ et al ¹La Trobe University, Australia, ²Griffith University, Australia*

Student Managed Initiative in Lifestyle Education project, 2015 has been refined and extended to include a **multidisciplinary approach to undergraduate Health care education**, and redesigned to provide an opportunity for Health Care students and community members to come together to learn from each other. SMILE, 2015, aimed to provide students with an opportunity to facilitate health education sessions under supervision, **build their confidence and practice their communication skills.** SMILE also aimed to provide community members with an opportunity to **connect with students and learn about wellbeing and healthy life style choice in a supportive caring environment.** The project was facilitated in a community centre, in Melbourne

Australia, 2015 for 2 hours a week for 8 weeks. Ten community members and ten health care students participated. A problem based learning approach and a number of reflective art making activities were used to support learning consolidation

2. **Blending art and science in nurse education: Innovative and creative bioscience teaching enriches nursing students' learning and well-being** *K. Rogers*, M. Bennett, S. Porter Queen's University Belfast, UK*

Year one undergraduate nursing students participated in a series of workshops designed to explore the cells, tissues and organs of the human body through felt. The project was facilitated by lecturers in nurse education in partnership with an artist from Arts Care, a unique arts and health charity in Northern Ireland. **Felting engages all the senses and involves manually teasing out individual wool fibres, which are reconstructed to form intricate designs before being finally bonded together using warm soapy water.** Evaluation was based on individual reflective journals completed by each student throughout the project.

Results The creative process translated and transformed the students' learning of cells, tissues and organs, creating striking, memorable art works, which have been exhibited across Northern Ireland. **Analysis of student reflections revealed the project was associated with positive emotion, engagement, meaning, positive relationships, and accomplishment - elements** which have been identified as contributing to overall well-being (Seligman, 2011)

3. **The Professional edge program: Promoting altruism in nursing and midwifery students** *E.D. Button Flinders University School of Nursing and Midwifery, Australia*

Altruism or selflessness is the principle or practice of concern for the welfare of others and is seen as an important quality for clinical nurse leaders (American Association of Colleges of Nursing 2013). Many nursing students today spend minimal time on campus because of competing commitments of work and family life. The Professional Edge Program was developed as a mechanism to formally recognise voluntary contribution (minimum 30hours over three years) of undergraduate Nursing & Midwifery students over their enrolment in the School of Nursing & Midwifery at Flinders University in Australia. Over the three years students are provided with structured opportunities to contribute to the School community. These opportunities include but are not limited to:

- Assisting in School orientation, open day and career night activities
- Participating in research activities assisting higher degree students within the School such as survey tool and focus group trials
- Assisting as a 'standardised patient'
- Being the student representative on School committees
- Providing clinical mentorship to second year students during placement
- Mentoring commencing students
- Tutoring students in an area of strength
- Helping students gain confidence in Library or computer use
- School promotional media activities
- Giving feedback on new FLO or School websites.

In the final semester of their studies students can apply to the program coordinator and receive their Professional Edge Program certificate of completion outlining their contribution and the total hours volunteered. The certificate is then submitted with the students' documentation when applying for positions as registered nurse graduates. Anecdotal positive feedback from students involved in the program indicates they enjoyed the program and appreciated receiving formal acknowledgement from the School for their contribution to the life of the School.

4. **Experiential learning through applied drama in nursing education** *M. Morrison-Helme*¹, M. Lepp¹ ¹University of Cambridge, UK, ²University of Gothenburg, Sweden*

Aim: The aim of this study was to describe student's experiences of learning about nursing through drama.

Method: This qualitative study was undertaken with nursing students in their fourth semester of a 3 year bachelor programme. Applied Drama was utilised as a medium for action, reflection and transformation (Taylor 2013) in a workshop. Four focus group interviews were conducted following the drama workshop with a total of 16 students. The data from these interviews was analysed using a phenomenographic approach.

Findings: Three themes and attendant categories emerged. The themes were: "To explore the future professional self", "To develop an understanding of the patient perspective", and "To reflect on the nature of learning".

Conclusion: Drama gives opportunities to test how behaviour affects others in order to increase self-awareness and reflection on professional identity and practice. Acting as a patient gave participants an opportunity to experience the patient perspective. **This developed insight and an embodied understanding of new knowledge, and has important implications not only for approaches to pre-service nurse education, but also on-going professional development.**

Thank you to the ANTS National Executive for the financial support to attend the conference. I have made professional links with three educators from New Zealand and two from Griffiths University and hope to pursue research and educational resources development with them. I had re-established a connection with a past student now working in Roxby Downs and together we are hoping to develop a clinical placement opportunity for Bachelor of Nursing students.

Didy Button 13 April 2016



Monthly

NEWSLETTER

from Chief Nursing and Midwifery Officer, Adjunct Professor Debra Thoms



Australian Government

Department of Health

Message from the chief nursing and midwifery officer – June 2016

Welcome to the June edition of the CNMO newsletter. It is hard to believe we are already midway through 2016! You may be aware that on 9 May 2016, the Government assumed a Caretaker role, with an election to be held on 2 July 2016. For further information on the Caretaker period, please view the [Guidance on Caretaker Conventions](#), published by the Australian Government Department of Prime Minister and Cabinet.

In other news, I have recently returned to Canberra after attending a number of nursing and midwifery meetings in Geneva, as well as attending the World Health Assembly, the governing body of the World Health Organisation (WHO) made up of representatives from the WHO's 194 Member States. It was a very productive, successful and busy few weeks! Australia facilitated some historic decisions, including establishing a new WHO Health Emergencies Programme, with a budget of US\$160m for the 2016-2017 biennium, to enable WHO to more effectively respond to infectious disease outbreaks and other health emergencies. We also endorsed the first ever Global Strategy and Plan of Action on Healthy Ageing. Later in the newsletter, you will see a number of links to further information about these meetings.

I look forward to working with you over the next half of 2016.

Until next month,

Debra

National Cancer Screening Register

Following a competitive tender process that commenced on 10 August last year, the Department of Health has appointed Telstra Health to develop and operate the new National Cancer Screening Register (the Register), which will support the renewed National Cervical Screening Program and the expansion of the National Bowel Cancer Screening Program.

The commitment to establish a national cancer screening register was first announced in the 2015-16 Budget. Following a detailed Request for Tender (RFT) process, a contract for the service provider was signed on the 4th May 2016.

The Department of Health will now work with Telstra Health to implement the Register. There will also be significant collaboration with the Department of Human Services and the state and territory governments to transition nine separate cancer screening registers into a single National Cancer Screening Register. The Register is expected to be operational to align with the commencement of the renewed National Cervical Screening Program on 1 May 2017.

The Register will create a single view for Australians participating in cervical and bowel cancer screening, meaning for the first time: one record for each participant.

By integrating the Register with GPs' desktops, GPs will be able to identify patients' screening eligibility and history to support real time clinical decision-making. Health professionals, including pathology providers, will have improved access to their patients' information.

Don't Make Smokes Your Story - National Tobacco Campaign

The Government has recently launched the latest phase of the National Tobacco Campaign as it aims to Close the Gap in smoking rates. The *Don't Make Smokes Your Story* campaign features new advertising material that focusses on the values within Aboriginal and Torres Strait Islander communities, such as the health and wellbeing of their families. Aboriginal and Torres Strait Islander people over the age of 15 are 2.8 times more likely than other Australians to be daily smokers, and it is estimated that smoking accounts for one in five Aboriginal and Torres Strait Islander deaths. *Don't Make Smokes Your Story* is the most recent phase of the Government's sustained and multi-faceted approach to reducing smoking rates over the past several decades—an ongoing initiative that has resulted in a substantial decline in national smoking rates. [For further information, please visit the campaign website.](#)

Current consultations

As noted, the Government has entered a caretaker period. Policy decisions that bind a future Government will not be made during this period. However, the Department is proceeding to consult during this period so that if the incoming Government agrees to the proposed approach, implementation can occur as soon as possible.



Monthly

NEWSLETTER

from Chief Nursing and Midwifery Officer, Adjunct Professor Debra Thoms



Australian Government

Department of Health

The following two consultations are currently open:

- Increasing Choice in Home Care – Stage 1 – Proposed changes to delegated legislation (closes 9 June 2016)
- National Strategic Framework for Chronic Conditions: Online Public Consultation on the second draft (closes 22 June 2016)

[For further information, please visit the Department of Health's consultation hub.](#)

Geneva – documents of interest and further information on various meetings

1. [Global Forum for Government CNMOs meeting – Communique and Global Strategic Directions for Nursing & Midwifery](#)
2. [Triad Communique](#)
3. [World Health Organisation Global Strategy for Human Resources for Health](#)
4. [World Health Assembly \(WHA\) information](#)
5. [Global strategy for Women's, Children's and Adolescent's Health](#)

Publications

1. Australian Institute of Health and Welfare (2016). Incidence of insulin-treated diabetes in Australia 2014. [Available online.](#)
2. Department of Health (UK) (2016). Improving the physical health of people with mental health problems: Actions for mental health nurses. [Available online.](#)
3. National Council of State Boards of Nursing (2016). A Changing Environment: 2016 NBSBN Environmental Scan. *Journal of Nursing Regulation*, 6(4), pp.4-37. DOI: [http://dx.doi.org/10.1016/S2155-8256\(16\)31007-9](http://dx.doi.org/10.1016/S2155-8256(16)31007-9)
4. National Quality Forum, National Quality Partners, Antibiotic Stewardship Action Team (2016). Antibiotic Stewardship in Acute Care: a Practical Playbook. [Available online.](#)

5. Saint, S., Green, M.T., Krein, S.L., Rogers, M.A.M., Ratz, D., Fowler, K.E. et. al. (2016). A program to prevent catheter-associated urinary tract infection in acute care. *New England Journal of Medicine*. 374(22), pp.2111-2119. DOI: <http://dx.doi.org/10.1056/NEJMoa1504906>.

CATSINaM Cultural Safety Training Workshop – 26 & 27 July 2016

The next Cultural Safety Training Workshop is scheduled for 26 – 27 July 2016 in Canberra at Majura Park. It will be facilitated by Sharon Gollan and Kathleen Stacey, both of whom have extensive experience developing and delivering cultural respect and safety training. Please express your (and other colleagues') interest in attending by contacting Colleen Gibbs at policy@catsinam.org.au or by phoning 02 6262 5761 by 16 June 2016.

Mailbox

If you have any feedback or would like to contact the Office of the Chief Nurse and Midwifery Officer, please email the new, central [CNMO mailbox](#).



MEETING REPORT FOR CONMO HELD 27TH MAY 2016 ANMF VICTORIAN BRANCH OFFICE MELBOURNE

Department of Health Update

Nil rep was available, so no update occurred

N&MB update

Update of board activities so far in 2016, done by a presentation that provided an overview of:

- Codes for nurse and midwives
- Midwifery standards
- National health support service
- Outcomes based IQNMS
- Focus groups for standards in progress / ongoing (NSW last one - about to happen)
- RIPN medication schedule - transition process in progress...will be a long process
- Update re CPD hours 20 hrs for Nurses and Midwives will remain at present , no increase to required hours will occur as yet

ANMAC Update

- HPAC: health professions accreditation council
 - Review of accreditation / registration - internal 2017, external 2018 processes to be undertaken by ANMAC
 - QI / risk assessment processes will be followed
 - Accreditation costs to be reviewed
 - RN standards work will occur later this year
- General discussion regarding ANMAC role / function

Presentations

Prof Sanchia Aranda- Cancer Council of Australia CEO

Spoke on the status of nurses in Australia and the need to increase the voice of nursing, raise the profile and public debate in regards to health care, health systems and public rights. Book- Silence to voice - what nurses need to tell the public: stated all nurses should read this.

Sue Ellen-Kovack - Remote Area Nurse and delegate for the Australian Red Cross

A very interesting presentation on being a volunteer nurse on a Red Cross mission to Sierra Leone during the height of the Ebola. She talked of the challenges, the issues of providing this level of care in sub optimal conditions and the good outcomes, comradery and experiences the mission team had during their time.

Sue Ellen had a number of photos that accompanied her talk - these pictures certainly brought home the reality of the Ebola outbreak effects on the people involved, the victims, the families and the people who cared for them.

Priority Workshop

The CoNMO council developed a list of priorities taken from a survey sent a few months ago to members. Attendees were in groups asked to look at the priorities and the process that CoNMO will work on these over the next months.

Once the list is reprioritised according to attendee feedback this will be distributed to the membership for further and ongoing work.

Member Reports

Tabled as per CoNMO website and emails prior to the meeting.

Next Meeting

To be held in Sydney on 7 October 2016

MEDICATION SAFETY UPDATE

TGA Are Changing Some Medicine Ingredient Names

In different countries, different names may be used to describe the same medicinal ingredient. This can be confusing for healthcare professionals who travel internationally (and consumers) or those whom have trained overseas. Some medicine ingredient names used in Australia are being aligned with names used internationally.

Not all medicine ingredient names are changing - full list is available on the TGA website.

When will we begin to see the changes?

There will be a four year transition period for the changes, from April 2016 to April 2020.

The new medicine ingredient names and dual labelling will gradually start to appear on product packs, in product information, consumer medicine information leaflets, references and computer software.

What types of changes are the TGA making?

There are different types of changes from minor spelling changes to more significant name changes. Significant changes requiring dual labelling

Significant changes, and products containing these medicine ingredients will need to include both the new and old ingredient names (dual labelling) for the four year transition period PLUS a further three years after this (until 2023).

For example: _old name: frusemide and _new name: furosemide (frusemide)

Other name changes that are significant, but do not require dual labelling.

For example: _old name: insulin - human and _new name: insulin

Minor changes in spelling and changes to salt names and hydration.

For example: _old name: amoxycillin and _new name: amoxicillin

TGA is Changing Some Medicine Ingredient Names

In different countries, different names are used to describe the same medicinal ingredient. This can be confusing for Australian consumers and healthcare professionals who travel internationally, as well as other people like doctors who have trained overseas or people trying to access medicine information online. The TGA is updating some medicine ingredient names used in Australia to align with names used internationally. This has been done by a number of other countries over the years, including the United Kingdom in 2003 and New Zealand in 2008. There will be a four year transition period for these changes, from April 2016 to April 2020.

This reference includes examples of some of the medicine names that are changing. It does **NOT** include all the names that are changing. A full list of medicine ingredient names that are changing is available on the TGA website: [List of affected ingredients](#)

Examples of significant name changes – MUST be dual labelled	
Old name	New name
actinomycin D	dactinomycin (actinomycin D)
amethocaine hydrochloride	tetracaine (amethocaine) hydrochloride
benzhexol hydrochloride	trihexyphenidyl (benzhexol) hydrochloride
colaspase	asparaginase (colaspase)
cysteamine bitartrate	mercaptamine (cysteamine) bitartrate
dothiepin hydrochloride	dosulepin (dothiepin) hydrochloride
eformoterol	Formoterol (eformoterol)
frusemide	furosemide (frusemide)
glycopyrrolate	glycopyrronium bromide (glycopyrrolate)
hydroxyurea	hydroxycarbamide (hydroxyurea)
lignocaine	lidocaine (lignocaine)
oxpentifylline	pentoxifylline (oxpentifylline)
phenobarbitone	phenobarbital (phenobarbitone)
procaine penicillin	procaine benzylpenicillin (procaine penicillin)
salcatonin	calcitonin salmon (salcatonin)
tetracosactrin	tetracosactide (tetracosactrin)
trimeprazine tartrate	alimemazine (trimeprazine) tartrate
Examples of other significant name changes – dual labelling NOT required	
chlorbutol	chlorobutanol hemihydrate
chlorpheniramine maleate	chlorphenamine maleate
hexamine hippurate	methenamine hippurate
maldison	malathion

Adrenaline and Noradrenaline*	
Old name	New name
adrenaline	adrenaline (epinephrine)
adrenaline acid tartrate	adrenaline (epinephrine) acid tartrate
adrenaline acid tartrate (epinephrine acid tartrate)	adrenaline (epinephrine) acid tartrate
adrenaline hydrochloride	adrenaline (epinephrine) hydrochloride
noradrenaline acid tartrate	noradrenaline (norepinephrine) acid tartrate monohydrate

* **Adrenaline and noradrenaline will remain as the approved names in Australia.**

Instead labels of medicines containing adrenaline or noradrenaline will include the relevant international name (epinephrine and norepinephrine, respectively) in brackets after the ingredient name indefinitely.



Examples of minor name changes – dual labelling NOT required	
Old name	New name
amoxycillin	amoxicillin
beclomethasone	beclometasone
dipropriionate	dipropriionate
cephalexin	cefalexin
cephazolin	cefazolin
cyclosporin	ciclosporin
chlorthalidone	chlorthalidone
clomiphene	clomifene
cholecalciferol	colecalfiferol
cholestyramine	Colestyramine
oestrogens - conjugated	conjugated estrogens
dimehticone	dimehticone
oestradiol/ oestriol	estradiol/ estriol
flumethasone	flumetasone
flupentixol	flupentixol
indomethacin	indometacin
pericyazine	periciazine
thioguanine	tioguanine

MINDFUL MEETINGS

*D STANLEY (CORRESPONDING AUTHOR); ASSOCIATE PROFESSOR, CHARLES STURT UNIVERSITY, BATHURST, NSW
K STANLEY; LECTURER, CHARLES STURT UNIVERSITY, BATHURST, NSW*

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Abstract:

Advances of technology seem to require us all to be continually connected to our iPhones, iPads and laptops constantly checking messages, emails, blogs, Facebook updates and a host of other suddenly vital electronic formats. Where once we attended meetings with colleagues to discuss matters of concern and ways to improve working practices and move initiatives forward. It appears that lately, the majority of the people in meetings are now more preoccupied with their mobile devices than being present and attentive to the meeting agenda. This paper considers the impact of inappropriate electronic device use in meetings and the advantages of creating more mindful meetings.

There is a place for all of this technology. However if we are to build a culture of cooperation and collaboration with our colleagues, we wonder if technology, rather than being the time saving, initiative enhancing tools they should be, are in fact becoming a barrier to staff being present and emotionally or attentively tuned to the meeting or matters at hand.

The emotional energy required when attending meetings is a significant aspect of a meetings' success and the mindset of those present impacts on others in the room, the degree to which agenda items are managed and the way discussions are progressed or outcomes achieved. When colleagues are distracted from the purpose of the meeting by attending to other activities such as emails, their focus and their emotional energy changes. They are no longer 'present' and their focus can be distracted or deflected. It is not for nothing that road safety laws have been changed to ensure that drivers remain focused on the task at hand (driving) and fines are applied to those caught trying to use their hand held electronic device while driving. In the same way that drivers can become distracted, those in meetings that are tempted and drawn by electronic devices may respond in the meeting following their emotional energy being influenced by issues external to the meeting and their responses and attention may not be related to what is happening within the meeting.

Therefore, if they are then requested to participate or add to the discussion in the meeting their responses may not be authentic or may even project the feelings that were aroused by the message they had just received. For all of the other attendees that are present and focussed, observing this type of behaviour can lead to feelings of frustration and a belief that there is a lack of a commitment to them, the meeting or the task at hand.

Managing successful committee meetings often presents a number of procedural challenges and facilitating opportunities for discussion and fair contributions will always present

challenges for meeting chairs. However, as more and more meetings are being conducted via video conference or skype, additional barriers and challenges mean that the task of chairing meetings and coordinating input or dialog has become even more challenging. Failing to recognise the additional disruption that comes from participants being distracted or ill-focused because they are not engaged or 'present' as they tinker with electronic tools is only adding more complexity and the potential for miss-communication to the process of managing meetings.

What is proposed is the need to engage in 'Mindful Meetings'. In Mindful Meetings the chair should request at the start of the meeting that participants refrain from using electronic devices other than for the purpose of following the agenda or minutes. Perhaps even providing ground rules that request that all mobile devices be switched off or not visible during meetings could help to reduce distractions. The chair should role model positive behaviours throughout the meeting as a way in which to promote an environment that is conducive to professional comradeship and teamwork.

While electronic communication is a vital aspect of the modern healthcare environment, used poorly or indiscriminately, electronic devices can be tools of isolation and distraction, compounding meeting inefficiency or effectiveness and leading to staff frustration and inattention. Employing 'Mindful Meetings', where everyone is genuinely present and engaged, where electronic devices are used appropriately and in support of the meeting, not as tool to take the mind of the participants out of the meeting, are more likely to achieve department/organisational objectives and outcomes and promote a culture of collegiality and professional collaboration. If people are not 'present' during meetings, then we wonder if they really are 'meetings' at all.

Do you have any comment?

Does this occur in your workplace?

Add to the discussion in the next eBUlletin by sending a reply to the Editor

karen.simunov@sa.gov.au

ONLINE CPD

Chronic pain: opioids and beyond

<http://www.nps.org.au/health-professionals/cpd/activities/case-studies/chronic-pain-opioids-and-beyond>

In this case study you will meet Pina, a 78-year-old woman who is experiencing worsening arthritic pain. She is finding it increasingly difficult to cope with the pain, especially as she lives alone. [Need to register but it's free and secure].

Learning objectives

By completing this case-study you will be able to:

- Implement a systematic approach to managing chronic non-cancer pain.
- Discuss pain management goals with patients experiencing chronic pain.
- Identify contributing factors (yellow flags) to chronic non-cancer pain.
- Recognise and support patients with chronic non-cancer pain in whom a trial of opioid therapy may be beneficial.
- List adverse effects associated with long-term opioid therapy.

This activity is endorsed by ACN and has been allocated 1.0 CPD hours according to the Nursing and Midwifery Board of Australia - Continuing Professional Development Standard.

An Orientation for Nurses New to General Practice

<http://apna.e3learning.com.au/content/store/store.jsp>

The foundation program provides an understanding of roles, responsibilities and skills necessary for nurses working in the general practice environment. Adapted from APNA's successful face to face workshops this module was developed with funding provided by the Australian Government Department of Health.

The content includes primary health care and the Australian healthcare system, professional practice, professional development, clinical assessment, chronic disease management, wound management, quality and safety, scheduling care and triage, infection prevention and control, information management and eHealth, health promotion and preventative care.

Duration: approx. 12 hours / 12 CPD hours

Cost: FREE for both APNA Members and Non-Members

PROFESSIONAL ASSOCIATION | ARNA AUSTRALASIAN REHABILITATION NURSES' ASSOCIATION

The Australasian Rehabilitation Nurses' Association (ARNA) began as the Australian Rehabilitation Nurses' Association in 1991 in the Illawarra District of New South Wales when several Rehabilitation Nurses got together to discuss ways of networking and enhancing the education of nurses in the rehabilitation setting. Since then ARNA has grown to include all the states and territories of Australia and has members in New Zealand and other nations.

ARNA continues to be a conduit for the exchange of information and knowledge for rehabilitation nurses and providing information for educational and professional enhancement. It is an association run by nurses for nurses and also encourages multi and interdisciplinary sharing of information and knowledge.

OUR MISSION & VISION

Our Vision: Connecting rehabilitation nursing expertise with the needs of our communities.

Our Mission: To inspire and support nurses to provide excellence in clinical rehabilitation.

OUR VALUES

Professionalism: Ensure the highest standards of reputation and service

Leadership: Be ambassadors of our Association and our Profession

Accountability: Deliver on promises and expectations with honesty and integrity

Collaboration: Build open and honest relationships with great communication

Excellence: Promoting best rehabilitation practice and services

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



ARNA

Australasian Rehabilitation
Nurses' Association

Founded in the Illawarra in 1991

20 ARNA 26TH ANNUAL
CONFERENCE
16 Hands, Hearts and Minds:
Capturing the Essence of Rehabilitation
MELBOURNE
10&11OCTOBER

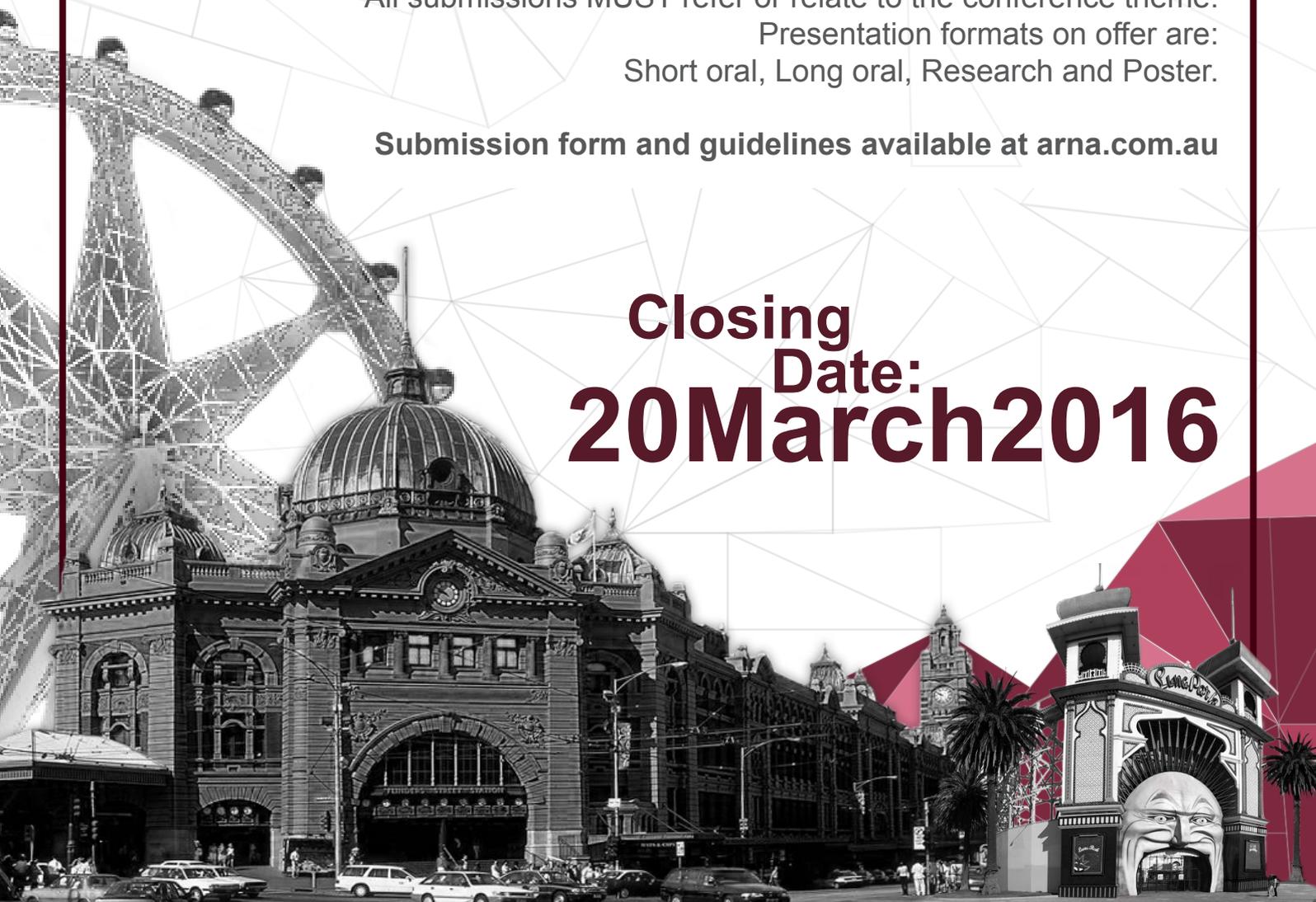
CALL FOR ABSTRACTS

We invite you to submit an Abstract
for presentation at the 2016 ARNA Conference

All submissions MUST refer or relate to the conference theme.
Presentation formats on offer are:
Short oral, Long oral, Research and Poster.

Submission form and guidelines available at arna.com.au

Closing
Date:
20 March 2016



INTERNATIONAL NURSING APPOINTMENT

NIH APPOINTS PATRICIA FLATLEY BRENNAN, RN, PHD, TO LEAD THE NATIONAL LIBRARY OF MEDICINE

Starting as the US Surgeon General's Library after the American Civil War the National Library of Medicine (NLM), has been a center of information innovation since it's founding in 1836. The world's largest biomedical library and the producer of Medline, NLM maintains and makes available a vast print collection and produces electronic information resources on a wide range of topics. It also supports and conducts research, development, and training in biomedical informatics and health information technology.

NLM Directors have traditionally been doctors, both military and civilian. The newly appointed Director of the NLM is Dr Patricia Flatley Brennan RN; the first female and non-physician director in its 150-year history.



NLM Director: Patricia Flatley Brennan, RN, PhD



NLM Logos



National Library of Medicine

Dr. Brennan comes to NIH from the University of Wisconsin-Madison, where she is the Lillian L. Moehlman Bascom Professor at the School of Nursing and College of Engineering. A pioneer in the development of information systems for patients and actively participates in external evaluations of health information technology to repurpose engineering methods for health care. Academically has a Master of Science in Nursing (University of Pennsylvania) and a PhD in Industrial Engineering (University of Wisconsin-Madison).

- Clinical experience in critical care nursing and psychiatric nursing
- Academic positions at Marquette University, Case Western Reserve University and University of Wisconsin-Madison.
- Past president of the American Medical Informatics Association
- Elected to the Institute of Medicine (now the National Academy of Medicine) in 2001 and Fellow of the American Academy of Nursing, the American College of Medical Informatics, and the New York Academy of Medicine.

REFERENCES: https://www.nlm.nih.gov/about/logos_and_images.html
<https://www.nih.gov/news-events/news-releases/nih-appoints-patricia-flatley-brennan-rn-phd-lead-national-library-medicine>

ANTS SCHOLARSHIP APPLICATIONS

Scholarships are available to assist ANTS members to attend conferences, seminars etc. which are relevant to nurse teachers.

Scholarships to a maximum of \$1000 are available to ANTS members (criteria apply) to attend conferences and seminars.

Priority will be given to conferences with a strong nursing education focus

JANUARY/APRIL 2016 SCHOLARSHIP RECIPIENTS

- Andrew Woods - Report page
- Creina Mitchell - Report page
- Lynda Canniford - Report page
- Didy Button - - Report page

REQUIREMENTS AND GENERAL RULES

1. Applicants are required to be current financial members of ANTS
2. It is required that applicants have been members for a period of at least twenty four (24) consecutive calendar months immediately prior to application.
3. Previous recipients of ANTS scholarships are ineligible for a further scholarship for a period of twenty four (24) months from the time of the last scholarship.
4. Applicants must produce a submission which will include the expected benefits to the participant and to the Society.
5. Successful candidates must enter into an agreement with the National Executive to supply a written report within three (3) months after attendance at the conference.
6. The amount of money for each scholarship will be dependent upon the length and location of the conference or course to a maximum of \$1,000, depending on the available funds and the relevance to nurse education.
7. The application must contain an account of costs and proposed expenditure, including details of any other scholarship received or applied for in relation to this conference/course.
8. Closing dates for applications will be 31 January, 30 April, 31 July and 31 October each year. A sub committee of members who have not applied for a scholarship will be appointed by the National Executive to consider the applications.
9. Late applications will not be considered.

CONFERENCE DIARY

| JUNE

International Dementia Conference | 16-17 June | Sydney

www.dementiaconference.com/

Renal Society of Australasia Annual Conference | 20-22 June | Gold Coast

From evidence to excellence: New heights in renal care | www.renalsociety.org/

13th Global Conference on Ageing | 21-23 June | Brisbane

www.ifa2016.org.au

(AACBT) 8th World Congress of Behavioural and Cognitive Therapies | 22-25 June |

Melbourne <http://www.wcbct2016.com.au/>

18th International Conference on Nursing Informatics and Technology | 23-24 June |

London, UK www.waset.org/conference/2016/06/london/ICNIT

13th International Congress in Nursing Informatics | 25-29 June | Geneva, Switzerland

eHealth for all Every level collaboration - From project to realization | <http://ni2016.org/>

9th World Congress on Active Ageing | 28 June-1 July | Melbourne

<http://wcaa2016.com.au/>

| JULY

Aboriginal Health Conference | 2-3 July | Perth

The youth of today, the elders of tomorrow | www.ruralhealthwest.com.au/

Nurses for Nurses Network Beautiful Bali Member's Retreat | 8-15 July | Ubud, Bali

www.nursesfornurses.com.au/events/147/Beautiful-Bali

Australasian Delirium Association 3rd Biennial Conference | 14-15 July | Sydney

4th Annual Worldwide Nursing Conference (WNC) | 18-19 July | Singapore

The Role of Nursing in Leading and Advancing Global Health | <http://nursing-conf.org>

21st International AIDS Conference | 17-22 July | Durban, South Africa

www.aids2016.org/

4th Asia-Pacific Global Summit & Expo on Healthcare | July 18-20 | Brisbane

<http://healthcare.global-summit.com/asia-pacific/>

Health Informatics Society of Australia 24th HIC Conference | 25-27 July | Melbourne

Digital health innovation for consumers, clinicians, connectivity, community

www.hisa.org.au/hic/

| AUGUST

Vascular 2016 National Conference | 5-8 August | Sheraton on the Park, Sydney
Vascular Challenges | <http://www.vascularconference.com>

Cystic Fibrosis Australia and New Zealand (CFANZ) Nurses Conference | 10-12 August |
Launceston
Email gaylene.bassett@ths.tas.gov.au

28th Aeromed Australasia & College of Air & Surface Transplant Nurses | 24-26 August
| Queenstown
www.aeromedconference.com/ or www.flightnursesaustralia.com.au/our-events-1

| SEPTEMBER

Midwives on Board! Education at Sea | 3-16 September | NCL Jade: Greek Island cruise
depart Venice
Riding the Waves of Contemporary Practice and Innovation |
www.educationatsea.com.au/conferences/midwives-on-board-2016

Palliative Care Nurses Australia 6th Biennial Conference | 11-12 September | Canberra
www.pcna.org.au/conference

New Zealand Association of Gerontology & Age Concern | 16-18 September | Wellington,
NZ

Polio Australia's 2016 Australasia-Pacific Post-Polio Conference | 20-22 September |
Sydney
Inaugural Polio Conference: *Polio: Life Stage Matters*
www.poliohealth.org.au/conference-sydney-2016

IARMM General Assembly jointly with 5th World Congress of Clinical Safety | 21-23
September Boston, Massachusetts, USA | www.iarmm.org

| OCTOBER

ARNA 26th Annual Conference | 8-10 October | Melbourne
Hands, Hearts and Minds: Capturing the Essence of Rehabilitation |
<https://www.arna.com.au/ARNA/Conference/2016>

14th Surgical Nursing & Nurse Education Conference | 10-12 October | Kuala Lumpur, Malaysia
<http://surgical.nursingconference.com/registration.php>

CRANaplus 34th Annual Conference | 12-14th October | Hobart, TAS
*Going To Extremes: How isolation, geography & climate, build
resourcefulness & innovation in healthcare* | <https://crana.org.au/conference/call-for-abstracts>

21st International Congress on Palliative Care | 18-21 October | Montreal, Canada.
www.mcgill.ca/palliativecare/congress

Transplant Nurses Association Conference | 19-21 October | Adelaide

www.tnaconference.com.au

Birth and Beyond Conference | 19-22 October | Ontario Canada

www.birthisandbeyondconference.ca/

International Mental Health Nursing Conference | 25-27 October | Adelaide

<http://www.acmhn2016.com/>

5th International Conference on Violence in the Health Sector | 26-28 October | Dublin, Ireland. http://oudconsultancy.nl/dublin_5_ICWV/index.html

18th South Pacific Nurses Forum | 31 October-4 November | Honiara, Solomon Islands
Through Nursing Excellence for Universal Health | www.spnf.org.au

| NOVEMBER

16th Clinical Nursing & Nurse Education Conference | 7-9 November | Melbourne

<http://clinical.nursingconference.com/registration.php>

The Lowitja Institute Indigenous Health and Wellbeing Conference | 8-10 November | Melbourne

www.lowitja.org.au/conference

9th European Public Health Conference | 9-12 November | Vienna, Austria

All for Health -Health for All | www.ephconference.org/future-conferences-128

11th National Australian Wound Management Association Conference | 9-12 November | Melbourne
State of play | www.awma2016.com.au

| SAVE THE DATES 2017

International Conference: Impact of Global Issues on Women & Children | 9-12 January 2017
| Manipal, India | <http://conference.manipal.edu/ic2017/>

7th Emirates Diabetes & Endocrine Congress | 15-18 February 2017 | Dubai

<http://www.edec-uae.com>

6th International Conference On Vascular Dementia | March 6-8 2017 | Brisbane

Email: vasculardementia@neuroconferences.com

HEALTH PROMOTION DATES

MONTH of | June

- Bowel Cancer Awareness Month <http://bowelcanceraustralia.org/>
- 3 Mabo Day <http://www.indigenous.gov.au/eddie-mabo-the-man-behind-mabo-day>
- 12-18 National Blood Donor Week <http://www.donateblood.com.au>
- 3-19 International Men's Health Week <http://www.menshealthweek.org.au/En/Default.aspx>
- 15 Red Apple Day <http://www.redappleday.org>
- 20-26 World Continence Week <http://www.continence.org.au>
- 29 World Scleroderma Day <http://www.sclerodermaaustralia.com.au>

MONTH of | July

- 2-10 Vascular Nursing Week www.anzsvn.org
- 3-10 NAIDOC week www.naidoc.org.au/
- 4-10 Sleep Awareness Week <http://www.sleephealthfoundation.org.au>
- 10-16 National Diabetes Week <https://www.diabetesaustralia.com.au>
- 25-31 National Pain Week <http://www.chronicpinaustralia.org.au>
- 28 World Hepatitis Day <http://www.hepatitisaustralia.com/world-hepatitis-day/>
- 30 Gastroschisis Awareness Day <http://averysangels.org>
- 30-7 DonatLife Week www.donatelife.gov.au/

MONTH of | August

- 1-8 Dental Health Week <http://www.ada.org.au>
- 5 Jeans for Genes Day <https://www.jeansforgenes.org.au>
- 9 International Day of World's Indigenous People <http://www.un.org/en/events/indigenousday/>
- 22-28 Be MedicineWise Week <http://www.nps.org.au>
- 26 Daffodil Day <https://www.daffodilday.com.au>

MONTH of | September

- Steptember Month <https://www.september.org.au>
- Dementia Awareness Month <https://fightdementia.org.au>
- Prostate Cancer Awareness Month <http://www.prostate.org.au>
- 8 R U OK Day <https://www.ruok.org.au>
- 10 World Suicide Prevention Day http://www.who.int/mental_health/prevention/suicide/wspd/en/
- 12-18 National Stroke Week <https://strokefoundation.com.au/>
- 15 World Lymphoma Awareness Day <http://www.lymphoma.org.au>
- 21 World Alzheimer's Day <https://fightdementia.org.au/about-us/campaigns/dementia-awareness-month>
- 29 World Heart Day <http://www.world-heart-federation.org/what-we-do/world-heart-day>

MONTH of | October

- Breast Cancer Awareness Month <http://nbcf.org.au>
- Shoctober - Defibrillator Awareness Month <http://www.cardiacarrest.org.au>

Lupus Awareness Month <http://www.lupus-sle.org>

10 World Mental Health Day http://www.who.int/mental_health/world-mental-health-day/en/

MONTH of | November

Lung Health Awareness Month

14 World Diabetes Day <https://www.diabetesaustralia.com.au>

14-20 Antibiotic Awareness Week <http://www.nps.org.au>

20-26 National Skin Cancer Action Week <http://www.cancer.org.au>

MONTH of | December

Decembeard Australia Month

1 World AIDS Day <http://worldaidsdayworldwide.org/>

4-10 National Handwashing Awareness Week <http://www.henrythehand.org>



APP REVIEW | CPD PORTFOLIO IN YOUR POCKET



Ausmed CPD

By Ausmed Education | NETNEP 2016 conference sponsor

Ensure your Continuing Professional Development documentation is up to date and accessible. Main features include:

- Document CPD activity in one 'tap'
- Store photos of your certificates with your documentation
- Keep track of your total CPD hours in live time
- Offline mode and synchronise your changes next time you go online
- Manage two professions concurrently (ideal for nurses with two qualifications)
- Built-in reporting tool; reflection tool, documentation reminders
- Track CPD across multiple registration periods

PROS | Auto synchronise with the Ausmed.com website (free) for cloud back-up.

Document on the go, then reflect later on a tablet or desktop

Download a full PDF summary of your documentation from the website.

CONS | Not currently available on Android

COST | Free

Remember: it's not done unless it's documented.

Adapted from <https://www.newsmaker.com.au/> and www.ausmed.com Accessed 21/6/20

AUSTRALIAN NURSE TEACHERS SOCIETY

2015-2017 NATIONAL EXECUTIVE CONTACT DETAILS

President	Michelle GIRDLER	South Australia
Vice President	Julie SHAW	Queensland
Secretary	Didy BUTTON	South Australia
Treasurer	Christine TAYLOR	New South Wales
Membership Officer	Stuart TAYLOR	New South Wales
e-Bulletin Editor	Karen SIMUNOV	South Australia
General Committee	Mandy GALLACHER	South Australia
	Peter TEEKENS	South Australia
	Crena MITCHELL	Queensland
	Suzzanne OWEN	Queensland

E-BULLETIN CONTRIBUTIONS

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SUBMISSION / ADVERTISING DEADLINES *(EXCEPTIONS BY ARRANGEMENT)*

Autumn Edition 15 th March	Winter Edition 15 th June
Spring Edition 15 th September	Summer Edition 15 th December

Submissions from members AND non-members are accepted

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