

AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING



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E-BULLETIN

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ANTS

www.ants.org.au

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FROM THE EDITORS DESK

I write this editorial as we approach the Chinese New Year (also known as Spring Festival) which is marked by the combined luni-solar Chinese calendar with (15) days of festivities and ending with the Lantern Festival.

The chinese zodiac is depicted by (12) animals to mark each year and one of the (5) elements [Metal, Water, Wood, Fire and Earth], forming a (60) year cycle. The Monkey is the 9th animal of the zodiac for those born in the years: 1944, 1956, 1968, 1980, 1992, 2004 and 2016..

2016 is the Year of the Fire (or Red) Monkey and is repeated once every 60 years. Therefore if you turn 60 years old in 2016 this is considered lucky.

Monkey people are considered sociable, quick, intellectual fast studies, and mischievous tricksters who love practical jokes. The Fire Monkey creates passion, but can also produce irritation.

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

Hi all welcome to the first members bulletin for 2016

And its already February!

I hope you all had a good start to the year and im sure everyone is well into the years work

The big upcoming event for this is NETNEP, being held in Brisbane April 3-6 - as Im sure everyone is already aware of. If you haven't registered yet you still have time. ANTS will have a 'trade stand' in the exhibition area and we will hold our AGM during the course of the conference. I'm hoping to see many members during the 3 days.

The next bulletin will have a full wrap up of the conference for those unable to attend.

Prior to the AGM there will be some information for members on the Moodle, please access these and complete forms etc prior - as time frames will be limited and we need to cover the AGM business in the allocated time.

National Exec team are working on the agenda and will post information to Moodle in the near future.

Until next time - take care , stay safe and see you at NETNEP and the AGM

Michelle



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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

NETNEP 2016

6th International Nurse Education Conference



3-6 April 2016 | Brisbane, Australia

Transforming education practice through scholarship, development of academic leadership and evaluation research: committed to improving the lives of communities worldwide

Care of the patient is becoming increasingly complex, not only in relation to the outcome from new technologies and medicine, but also in relation to the needs of an increasingly ageing population, many with long term health and social care needs.

This complexity of care delivery requires practitioners who are able to respond with an equivalent complex skill set, underpinned by an advanced knowledge base as well as the core caring skills that are inherently nursing.

NETNEP 2016 encourages the sharing of research and practice of nursing, midwifery and health care education as it impacts on the learning experience of students and qualified practitioners, and the health and social care needs of individuals and communities worldwide.

For this conference we will be adding a new stream for the Midwifery Profession: Midwifery Education in Practice, where there is focus on collaborative education initiatives between women and midwives and delivery of education within the maternity services internationally.

NETNEP 2016 encourages the sharing of the research and practice of nursing and healthcare education as it exists in the classroom and in clinical practice and promotes networking opportunities for colleagues from around the world. The NETNEP series of conferences has attracted delegates from more than 40 countries worldwide which brings a richness of sharing with, and learning from, each other. This networking and collaboration is promoted throughout the conference.

Whom should attend NET-NEP 2016

The conference experience is for anyone involved in the delivery, development and organisation of nursing and healthcare education, as well as those who actively engage in participating in educational programmes. The conference particularly welcomes contribution from faculty, nursing, midwifery and healthcare educationalists, academic administrators, senior education managers, practitioners, researchers and students.

ANTS 40TH NATIONAL ANNUAL GENERAL MEETING 4 APRIL 2016, BRISBANE, QUEENSLAND

The upcoming ANTS 40th AGM 2016 will be held during at the NETNEP 2016 Conference.

VENUE:	Brisbane Convention & Exhibition Centre
DATE and TIME:	4th April commencing at 1145 hours

To assist with the conduct of the AGM the ANTS web site will manage key AGM preparations and documents accessible via this link:

<http://www.ants.org.au/ants/course/view.php?id=45>

Log onto our ANTS website and complete the following documents online:

- ANTS RSVP Register - Apology and Attendance
- ANTS 40th AGM Proxy Register
- ANTS Nomination for National Executive and/or State Committees
- ANTS 40th AGM Questions on notice/New Business Register

An additional AGM email/post closer to the event will call-on members to:

- complete an online Pre-AGM poll to approve Minutes of the previous AGM
- approve the ANTS 2015 Annual Financial Statement
- allow questions on notice to be raised

THE POLL SHOULD BE COMPLETED WHETHER OR NOT YOU CAN PHYSICALLY ATTEND THE AGM

The ANTS National Executive thanks all members for their support and looks forward to hearing members' comments and contributions to the Society.

National Committee

If you have difficulty logging in please email Stuart Taylor for assistance at office@ants.org.au



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 – February 2016

This is the first newsletter for 2016. I trust you all had a safe and relaxing festive season. Already it is clear that 2016 will once again be a busy year in health. The work of Primary Health Networks (PHNs) continues to evolve and I hope that many nurses and midwives will be involved in these and other changes across the course of the year. I find that meeting with, and talking to, nurses and midwives across the country is particularly useful in my role, and as I travel to Brisbane, Adelaide and Sydney over the next month, I look forward to meeting some of you, and working with you throughout the year.

Until next month,

Debra

PBS prescriptions

Since 1 November 2010, authorised Nurse Practitioners and Midwives have been able to prescribe certain Pharmaceutical Benefits Scheme (PBS) listed medicines for the medical treatment of their patients. Around ten new drugs, marketed as more than 50 brands of medicines that can be prescribed by authorised Nurse Practitioners and/or Midwives, have been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) and listed on the PBS as of 1 December 2015. These medicines are used for the treatment of conditions such as chronic obstructive pulmonary disease (COPD), Parkinson's disease, mild to moderately severe Alzheimer disease, migraine attacks, gram-positive coccal infections, nausea and vomiting, hypertension, corticosteroid-responsive dermatoses, and gastro-oesophageal reflux disease. [Further information on these medicines can be found on the PBS website.](#)

Future of Australia's aged care sector workforce

On 1 December 2015, the Senate referred the following matter to the Senate Community Affairs References Committee for inquiry and report: *The future of Australia's aged care sector workforce*. Submissions should be received by 4 March 2016 and the reporting date is 30 June 2016. [The terms of reference and committee secretariat contact details can be found here.](#)

Subscribe for aged care updates

The Department of Health regularly sends email updates to help aged care providers stay in touch with changes to the sector. The subscription service offers any individual or organisation the option to opt-in to receive these important updates. There is no limit to the number of email addresses that can be subscribed either per organisation or in total. Any organisation in aged care is encouraged to subscribe at least one email address per organisation. This ensures key information is received as it becomes available. [Visit the Department's website to subscribe](#) or to see more information including messages recently sent to the sector.

2016 ICN Global Nursing Leadership Institute

The International Council of Nurses (ICN) has recently announced the invitation for applications to attend the 2016 Global Nursing Leadership Institute (GNLI). Interested nurses in senior or executive level positions from across the world [can access all information and application forms on the GNLI website](#). The 2016 GNLI will take place from 17-23 September 2016 in Geneva.

New measures to encourage childhood immunisation

As a new school year gets underway, Minister for Health Sussan Ley is reminding parents of new measures to encourage families to keep their children's vaccinations up to date. From this year, to continue receiving family assistance payments from the Commonwealth (Child Care Benefit, Child Care Rebate, and Family Tax Benefit Part A Supplement), children and young people up to 20 years of age must be fully immunized, on a catch-up schedule, or have an approved medical exemption. For more information, please go to the [Department of Human Services Immunisation website](#) or the [Department of Health Immunisation website](#).

New national approach to dementia support

The Australian Government recently announced the next phase in a new national approach to programmes and services supporting people with dementia and their carers. Minister for Aged Care, Sussan Ley, said the restructure follows the findings of last year's *Analysis of Dementia Programmes* report which showed what was working well and what can be improved. [For the entire media release, please click here.](#)

NMBA communiqué

The Nursing and Midwifery Board of Australia has published its December communiqué. [Please click here to access the document.](#)

National Continuous Quality Improvement (CQI) Framework for Aboriginal and Torres Strait Islander Primary Health Care

In 2015, the Department of Health commissioned the Lowitja Institute to develop a *National CQI Framework for Aboriginal and Torres Strait Islander primary health care*. The purpose of the Framework is to “...foster commitment and a coordinated approach to CQI in primary health care for Aboriginal and Torres Strait Islander people, where ever and whenever they seek care”. It defines medium to long term strategic directions, supports planning by governments and service providers, provides a basis for shared learning and will guide national implementation of CQI. The draft Framework is currently in its final stages of consultation and following endorsement will be published in the first half of 2016. Watch this space!

Healthy for Life programme expansion

The Department of Health has a long history of supporting quality improvement and safety in Aboriginal and Torres Strait Islander primary health care, commencing in 2002 with *Continuous Improvement Projects*. In 2006, the Department rolled out *Healthy for Life*, which was the first widespread population health programme based on the principles of Continuous Quality Improvement (CQI). The 2014 Federal Budget included \$36 million over three years to expand the *Healthy for Life* programme in Aboriginal Community Controlled Health Services (ACCHS). This will result in ACCHS nationally who provide primary health care services receiving funding to support CQI initiatives within their service.

MBS Review – consultation on obsolete items

A number of MBS items have already been identified by the Clinical Committees as obsolete. That is, these items or services which have no clinical purpose in contemporary practice, the services identified are better covered under other items, or the items are no longer used for the purpose for which they were introduced. There are 23 MBS items recommended for removal in this first stage of work and we would like your views on this first set of recommendations before final decisions are made. You are invited to provide feedback using the [Citizen Space online consultation tool](#). Consultations close on 8 February 2016.

Publications

Harding, E., Wait, S. and Scrutton, J. (2015). State of play in person-centred care: A pragmatic review of how person-centred care is defined, applied and measured, featuring selected key contributors and case studies across the field. *The Health Foundation*. [Available for download here.](#)

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 at cnmo@health.gov.au.

PD OPPORTUNITY - INVITATION FROM APNA

Dear Australian and New Zealand Society for Vascular Nurses (ANZSVN),

APNA is excited to announce the delivery of several workshops over the first half of 2016.

Specifically, the scheduled workshops will provide education to nurses on the Timely Diagnosis of Dementia and/or Advance Care Planning.

Taking better care of our ageing population - APNA's 2016 workshops

How are nurses going to enable better quality care for Australia's ageing?

By attending one of APNA's workshops this year, that's how! APNA has teamed up with Alzheimer's Australia and Decision Assist to provide nurses with important education and skills on either one or both of the following topics:

- Timely Diagnosis of Dementia in Primary Health Care **and/or**
- Advance Care Planning: Do You Really Know What Your Patient Wants?

The following opportune locations are first on the 2016 workshop line-up:

- Gold Coast - 26 February
- Bundaberg - 18 March
- Wagga Wagga - 15 April
- Melbourne - 5 May
- Terrigal - 19 May



You haven't heard the best part - it's completely FREE.

However, in order to attend be one of the first 50 people to complete a registration form.

More information and register at <http://www.apna.asn.au/>

The Supporting GPs and Practice Nurses in the Timely Diagnosis of Dementia Project is funded by the Australian Government. It is delivered in partnership by Alzheimer's Australia, Australian Primary Health Care Nurses Association, Alzheimer's Australia Victoria, Dementia Training Study Centres, Australian Primary Health Care Research Institute.

PROFESSIONAL ASSOCIATION | PRIMARY HEALTHCARE NURSING

Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

GENERAL PRACTICE NURSING

A general practice nurse is a registered or enrolled nurse employed by, or whose services are otherwise retained by a general practice. Approx. 63% of general practices employ at least (1) practice nurse (2012 data) to provide nursing practice across multiple areas including;

- lifestyle education
- aged care
- women's health, men's health
- infection control, immunisation
- chronic disease management
- cancer management
- Aboriginal health and much more
- mental health
- maternal and child health
- health promotion, population health
- diabetes
- wound management

With the return of focus to the primary health care sector, general practice nursing offers a great opportunity to work collaboratively in a team setting in a variety of contexts from rural to discrete populations/groups.

MEMBERSHIP

Individual Membership: nurses working in primary health care.

Group Membership: When two or more APNA members work in the same workplace.

Associate Membership: Others who support the role of nurses working in primary health care, including PHN staff, but who are not qualified nurses.

Organisational Membership: Organisations who wish to support the primary health care nurse profession. Includes four contacts.

Student Membership: For students only, includes access to members only section of website.



<http://www.apna.asn.au>

HEALTH IT - TO LEAD OR BE LED

There is increasingly awareness of the need for use of clinical data to support high quality healthcare delivery. Yet it has traditionally been difficult for clinicians to engage and participate in influencing the quality of the data that they need to support their care of patients, for research and analysis, to underpin clinical decision support and exchange with other healthcare providers.

In this seminar and practical workshop our international experts will explain and demonstrate this alternative approach to eHealth - where shared information structures, terminology systems and decision rules are successfully developed, verified and driven by the clinical experts themselves, and then subsequently implemented into clinical software applications.

This will provide a strong foundation for:

- Recording & exchanging health information
- Data aggregation & comparative analysis
- Clinical decision support
- Reducing the fragmentation of current eHealth activities
- Preventing vendor 'lock in' & data silos
- Bootstrapping new eHealth development
- Delivery of a future 'roadmap' for existing clinical applications



Brisbane 16-17 March 2016

Sydney 6-7 April 2016

Melbourne 13-14 April 2016

Momentum is now gathering in Australia and a number of international eHealth programs to change this, using a new clinician-led approach which involves standardisation and sharing of high quality, computable clinical data specifications.

<http://www.gehco.org/events/health-it-lead-or-be-led/> for further details and to register

Kind regards

Dr Evelyn Hovenga

RN PhD FACS FACHI FACN Trustee Director & Administrator Global eHealth Collaborative (GeHCo)

503/166 Wellington Pde, East Melbourne Vic 3002

evelyn.hovenga@gehco.org

www.gehco.org

LIMB-iless

Be Involved · Be Informed · Be Inspired

In conjunction with Limbs4Life, Ottobock Australia is proud to announce and invite you to the first annual LIMB-iless Amputee Conference to be held at Novotel Sydney Brighton Beach, on Saturday 8th November 2014.

You will hear from a variety of speakers on a range of topics that will both inform and inspire.

Professional Ottobock prosthetist's and trained staff members will be on hand to show the latest products available on the market. Our experts can show you the best new components and services suitable for government funded amputees, private payers and third party funded individuals.



Where	Novotel Sydney Brighton Beach Cnr. The Grand Parade & Princess Street Brighton le Sands NSW 2216 Australia
When	Saturday 8th November 2014
Time	9am to 4pm
Cost	TBC per person (Includes morning tea, lunch and afternoon tea)
Registration	TBC

Parking is available at the venue for \$15 per day

This conference is limited to 200 guests only so please get in quick to avoid disappointment

If accommodation is required please contact Novotel Sydney Brighton Beach and mention the Ottobock conference for discounted rates.



ARNA

Australasian Rehabilitation
Nurses' Association

Founded in the Illawarra in 1991

2016 ARNA 26TH ANNUAL CONFERENCE

**MELBOURNE
10&11OCTOBER**

**Hands, Hearts and Minds:
Capturing the Essence of Rehabilitation**

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**





State of Play

Australian Wound Management Association
National Conference 2016
Melbourne Convention Centre
9-12 November 2016



Call for Abstracts closes in one month!

Submit your abstract now for the inaugural Wounds Australia Conference 2016, to be held in Melbourne 9-12 November 2016

Abstract submissions close 19 March 2016

We encourage submissions from a wide range of organisations or individuals who are researching, practising or developing resources regarding wound management. In particular, we welcome submissions regarding the current and future practice of wound care as shown in the conference theme 'State of Play'.

Your abstract must address one or more of the following themes:

- Palliative Wound Care
- Dressings
- Tissue Repair (From bench to patient)
- Skin Integrity
- Diversity(culture/low income) & Wounds
- Wounds in Developing Countries
- Pain
- Chronic Wounds
- Negative Pressure Wound Therapy
- Psychological Impact of Wounds
- Ageing
- Wound Service Teams
- Wounds in General Practice
- Wound Innovations
- Acute Wounds
- Infection

Submissions are required for both oral presentations and poster presentations

[Please click here to download the abstract template or for further information.](#)

Abstract submissions close **5pm AEDT on 19 March 2016**

For enquiries please contact Nicole Murphy on 02 6281 6624 or email nicole@conlog.com.au

CONFERENCE DIARY

| MARCH 2016

3rd Commonwealth Nurses and Midwives Conference | 12-13 March 2016 | London UK

Toward 2020: Celebrating nursing and midwifery leadership

www.commonwealthnurses.org/conference2016/

21st World Council of Enterostomal Therapists Biennial Congress | 13-16 March | South Africa

Embrace the circle of Life | www.wcet2016.com/

Australian Pain Society 36th Annual Scientific Meeting | 13-16 March 2016 | Perth

Pain: Meeting the Challenge | www.dcconferences.com.au/aps2016/

6th Florence Nightingale Foundation Annual Conference | 17-18 March | London

www.florence-nightingale-foundation.org.uk/



| APRIL 2016

NETNEP 2016 | 6th International Nurse Education Conference | 3-6 April 2016 | Brisbane

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

New Zealand Resuscitation Council | 7-9 April 2016 | Auckland | <http://www.nzrc2016.co.nz>

World Indigenous Cancer Conference | 12-14 April | Brisbane

www.menzies.edu.au/

LIMB-itless Amputee Conference | 30 April | Melbourne

www.trybooking.com/147667

| MAY 2016

Australian Primary Health Care Nurses Association National Conference | 5-7 May | Melbourne

Nurses: the heart of primary healthcare www.apnaconference.asn.au

Cancer Nurses Society of Australia 19th Annual Congress | 12 - 14 May | Cairns

Bridging the Gap - Distance, Culture, Workforce & Knowledge | <http://www.cnsacongress.com.au>

ANMF Undergraduate Student Nurse/Midwife Study Day | 13 May | Melbourne

<https://www.anmfvic.asn.au/events-and-conferences/2016/05/13/2016-anmf-undergraduate-student-nurse-midwife-study-day>

12th World Congress of Nurse Anesthetists | 13-16 May | Glasgow, UK

Building bridges between nurses and anesthetists | www.wcna2016.com/

Australian Dermatology Nurses' Association National Conference | 15-16 May | Perth

www.adna.org.au/events/

Australian College of Operating Room Nurses 17th National Conference | 24-28 May | Hobart

A devil of a time | www.acorn.org.au

| 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 2016 | Geneva, Switzerland

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

| JULY

9th World Congress on Active Ageing | 28 June-1 July 2016 | Melbourne |

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

Australasian Delirium Association 3rd Biennial Conference | 14-15 July 2016 | Sydney

21st International AIDS Conference | 17-22 July, Durban, South Africa | www.aids2016.org/

4th Asia-Pacific Global Summit & Expo on Healthcare | July 18-20, 2016 | Brisbane |

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

| 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 Nurses Conference | 10-12 August | Launceston

Contact 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

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 2016 | Wellington



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

| 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>



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

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

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



ANTS CLINICAL EDUCATOR OF THE YEAR AWARD

Recognising Excellence in Nursing and Midwifery Education in the Clinical Setting

This award recognises excellence of the clinical educator to encourage innovative teaching practices in the education of Nurses and Midwives in the clinical / workplace settings. Open to all categories of members who contribute to nurse/midwifery education external to the academic setting.

Nominate YOURSELF or a COLLEAGUE today

Full details of selection criteria and nomination forms are available on the ANTS web-site

www.ants.org.au

HEALTH PROMOTION DATES

MONTH of | March

- 1 International Wheelchair Day <http://internationalwheelchairclub.com/international-wheelchair-day/>
- 10 World Kidney Day <http://www.kidney.org.au>
- 13-20 Coeliac Awareness Week <http://www.coeliac.org.au>
- 14-20 Brain Awareness Week <http://www.dana.org/BAW/>
- 19 Earth Hour <https://www.earthhour.org/celebrating-earth-hour>
- 19 Let's Laugh Day <http://www.nationaldaycalendar.com/lets-laugh-day-march-19/>
- 21 World Down Syndrome Day www.un.org/en/events/downsyndromeday/

MONTH of | April

- 2 World Autism Awareness Day www.un.org/en/events/autismday/
- 7 World Health Day www.who.int/campaigns/world-health-day/
- 11 Pause4Parkinson's / World Parkinson's Day <http://shakeitup.org.au>
- 11-17 Osteopathic Healthcare Week <http://www.osteopathy.org.au>
- 24-30 World Immunisation Week <http://www.who.int/campaigns/immunization-week/2016/event/en/>

MONTH of | May

- Thyroid Awareness Month <http://www.thyroidfoundation.org.au>
- 65 Roses for Cystic Fibrosis <http://www.cysticfibrosis.org.au>
- 1 White Shirt Day <http://www.ocrf.com.au>
- 1-7 Heart Week <http://heartfoundation.org.au/>
- 3 World Asthma Day <http://www.nationalasthma.org.au/theasthmaexperts>
- 10 World Lupus Day <http://www.lupus-sle.org>
- 15-21 Food Allergy Awareness Week <http://www.allergyfacts.org.au>
- 19 World IBD Day <http://www.worldibdday.org>
- 22-28 Macular Degeneration Awareness Week <http://www.mdfoundation.com.au>
- 22-28 Kidney Health Week <http://www.kidney.org.au>
- 22-28 National Palliative Care Week <http://palliativecare.org.au>
- 23-29 Exercise Right Week <http://essa.org.au>
- 26 National Sorry Day www.nsd.org.au/
- 27-3 National Reconciliation Week www.reconciliation.org.au/nrw/



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

- September 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 | BRIAN TRAINING

LUMOSITY

Split into sessions of three games played against the clock and change each time. Track progress and compare performance to meet your goals:

- memory
- attention
- problem solving
- processing speed or flexibility of thinking



PROS | Variety of online brain games that cater to improving specific cognitive abilities and custom-tailored courses for every area of the brain.

CONS | Customer service options lack live chat support and a telephone number for technical support.

COST | Free for limited access OR Full subscription for \$15/month or \$80/year

COGNIFIT BRAIN FITNESS

Designed by neuroscientists to improve cognitive abilities with fun and addictive games

- track progress and access insights about overall brain health
- challenge friends
- adapts difficulty to your profile
- provides recommendations based on your results



PROS | Combines online brain fitness games with a social media to connect with friends and compare scores

CONS | Missing strategy, problem solving games and basic customer service options

COST | Free for four games OR Full subscription for \$13/month or \$120/year

Adapted from <http://dailyburn.com/life/tech/train-your-brain-apps/> Accessed 12/2/2016

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AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING



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Submissions should include an **abstract** of up to 250 words maximum. The abstract should be informative and report on the key aspects of the publication and include the methodology and key findings of the paper. The abstract should not contain abbreviations or references. Up to five keywords can be provided.

The **acknowledgement** of colleagues who are not named as authors should appear just before the reference list. The source of any funding or any potential conflict of interest should also be declared. The author is responsible for providing accurate references.

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Student Clinical Supervision Models

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ABSTRACT

The demand for clinical nursing placements and the provision of quality clinical supervision is an ongoing issue within Australia. Undergraduate nursing students value their time on clinical placement as it is an extension of the theory learned at University and a time to consolidate theory into practice. The aim of this paper was to search the literature to compare the types of clinical facilitation models currently in used across Australia to determine if there is a "gold standard" of clinical supervision. Four different models were identified; 1) The Preceptor Model; 2) The Clinical Facilitator Model; 3) The Group Supervision Model and 4) The Dedicated Education Model. For any of these models to be successful, the preceptor and clinical facilitator are required to work together to ensure student performance is evaluated fairly and effectively and to ensure student assessments are fed back to the University. However, staffing, patient loads and patient acuity along with fiscal restraints have adversely affected preceptor and facilitator effectiveness. This paper also highlights that there is a need to further investigate how to support students while on a clinical placement to ensure that students, universities and health care sites needs are met within ever tightening budget restraints.

KEYWORDS: clinical facilitator, nursing, preceptor, student supervision

Introduction

A nursing student on clinical placement requires a link between the health care agency and the University to oversee student progress and monitor student learning objectives while they are on placement. The clinical area is a busy environment with patient safety a priority. The clinical facilitator is the vital link between the health care site and the university in which undergraduate students, clinical facilitators and registered nurses meet to discuss patient care alongside student progress in a safe and supportive environment, in turn providing support and growth for undergraduates through the use of peer feedback and reflection. This paper will discuss the types of student clinical supervision models currently

in use across Australia and will discuss the enabling factors and potential barriers which educational facilities encounter when placing a student. The clinical facilitator and the RN preceptor, together with supportive ward staff and an enthusiastic student are essential components to ensure a successful clinical placement.

Preceptor Model

In this model, a student is allocated an experienced health care staff member, who has a patient load and works alongside the student in a 1:1 ratio to support and provide direct and indirect supervision each day (Franklin 2013; Taylor et al. 2015). It is preferable that preceptors are educated on how to preceptor a student, as research, by Brammer (2006), found that there were eight variations of understanding between registered nurses about the role of preceptoring. While some nurses viewed students as workers and delegated tasks, others viewed students as learners and focused on the student needs, with the RN being flexible while offering structured learning. The way in which an RN understands the preceptor role may promote or impede the quality of student learning.

Nurses are clinicians, role models and educators (Sundler et al. 2014). However, some nursing staff viewed students as a burden (Croxon & Maginnis, 2009). A study by Sundler et al. (2014) found that newly graduated nurses who acted as preceptors had trouble 'letting go' of responsibility and being uncertain about patient care. Croxon and Maginnis (2009) found that nurse stress and a heavy workload affected the preceptor relationship, with students stating they felt they were 'in the way.' This was a finding supported by Brammer (2006), and Russell and Hobson (2011). Research by Sundler et al. (2014) found that students who were assigned one preceptor were more satisfied with the supervisory relationship than those who had experienced multiple preceptors due to lack of continuity. The value of the preceptor in the clinical environment cannot be discounted, with preceptor education critical to preceptor preparation (Sundler et al. 2014).

The nurse manager plays a part in preparing the ward for students by creating an effective learning environment (Bisholt et al. 2014; Ohlsson, Engstrom & Johansson 2014). It is important that managers' roster preceptors according to student demands to ensure consistency of preceptors in times of staff shortages (Cassidy et al. 2012). Cassidy et al. (2012) found that preceptors needed training in completion of assessment documentation, to enable student supervision, meshed with workload demands and judgement of accurate competence can be made. Preceptor burnout is high as nursing preceptors take on a

patient load in addition to preceptoring a student (Russell & Hobson 2011). In summary, the preceptor should have formal preceptorship training with training in adult education, completion of assessment documentation and training in reflective practice. The preceptorship role can be described as working in partnership with a student to enhance safe and competent clinical skills.

The Clinical Facilitator Model

Clinical Facilitators are clinical teachers who are casually employed by the University and are Registered Nurses, Midwives or Academics. They are employed for the time of the practicum placement (Franklin 2013). The University hold an orientation session for facilitators (Mallik & Aylott 2005). The ratio of facilitator to student has widely been accepted as 1:8 with facilitators often working between two wards or two health care sites (Franklin 2013; Bourgeois, Drayton & Brown 2011). The limitation of this model is that the facilitator can often be seen as the 'middle' person, because they are employed by the University and not by the health care site, this can often mean that they do not have intimate knowledge of the ward environment or ward staff. Furthermore when compared to the preceptor model, students preferred the facilitator model as they felt they could readily draw upon the facilitators skills and knowledge. However, this model was only preferred when the facilitator was seconded from the ward by the university to supervise students. In addition, the facilitators preferred this model as they felt they could solely concentrate on students' clinical learning objectives without having to juggle patient care (Franklin 2013).

In summary, the clinical facilitator role is more formal than the preceptor role and students preferred this model in comparison to the preceptor model. This model works in conjunction with the preceptor model. The difficulty with this model is the 1:8 ratio deemed as the necessary support required for ward staff and students. A few problems arise from this ratio including that most wards cannot accommodate 8 students at one time and so students are dispersed across the hospital which dissipates the clinical facilitators time as they travel from ward to ward to seek out students. As well, they may take more time with the less capable students rather than encouraging excellence in the performance of other students (Barnett et al. 2008).

Group Supervision/Cluster Model

The cluster model is defined as a combination of the clinical facilitator model and preceptor model and is popular as it is time effective as students can be facilitated in one group, on

one ward. Students can be clustered together in one group of eight or in smaller groups of pairs (Holst & Horberg 2013; Bourgeois, Drayton & Brown 2011). This model had the benefit of offering clusters of students, such that students felt secure in knowing that they were supported by one another while gaining competence and independence (Holst & Horberg 2013). The cluster model requires a supportive clinical nurse manager as experienced registered nurses from the ward are seconded into the position of clinical teacher to support students these nurses are replaced by casual staff, to alleviate any reduction in staffing numbers (Bourgeois, Drayton & Brown 2011). Through access to staff who are experienced practitioners, this model ensures students felt a sense of 'belongingness.' In addition, staff fatigue was planned for and managed by ensuring multiple registered nurses were seconded to the position of clinical teacher. Rosters were also able to be organised so that between student teaching, staff could have a break, which in turn reduced burnout. This break was also deemed necessary as the teaching staff were developing the role and would continue to do so, even when not formally in the role. Each staff member was also required to attend a facilitator workshop day at the relevant university, where they were provided with information about learning and assessment requirements. This day also promoted facilitator networking and educated the staff about university protocols and changes to the curriculum. In conjunction with the hospital an additional workshop was offered which taught more specific aspects of clinical teaching, such as briefing and debriefing. The cluster model was trialled with 8 students per ward per week. Students were able to be continuously monitored by clinical teachers and students felt they received the immediate support they required. Another positive factor in regard to the cluster model was that the clinical teacher became a liaison link between the ward staff and students. In Western Australia, the cluster model has been implemented successfully across a small number of health care sites. The model was received positively by both students and the university (Bourgeois, Drayton & Brown 2011).

Dedicated Education Model

This model provides a supportive clinical environment with student satisfaction being seen as high (Bourgeois, Drayton & Brown 2011; Franklin 2013; Mallik & Aylott 2005). The model works on the premise that a partnership is formed between the health service and the University with the appointment of a Clinical Liaison Nurse on the ward who becomes the clinical facilitator and provides the link to the University (Franklin 2013). This model combines the facilitator model and preceptor model and has increased student numbers.

Table 1. Supervision Models in use across Australia

Type of Model	Type of Support	Format for student participation	Ratio of student to support person	Barriers	Benefits
Clinical facilitation	Structured	Indirect and direct supervision; role modelling/ peer feedback/student reflection	1:8 -	8 students may not be able to be accommodated on one ward, cost, casual staff	immediate assistance for student, facilitators do not have to juggle patient care in addition to student
Dedicated education	Nurse Educator appointed and is the link to the University	Partnership between the University and health care site	1:8		Increase student numbers
Group supervision and cluster	Structured - Dedicated clinical teacher seconded from the ward	Student peer support; direct supervision	Works in collaboration with preceptor and clinical facilitator model 1:8	Quieter students can be left behind, CNM needs to support this model for rostering requirements	Clinical teacher is available immediately to provide maximum support to staff and students as they are familiar about .hospital policies, which promotes patient safety
Preceptor Model	In addition to student, RN takes on a patient load. Direct and indirect supervision	Experiential learning/peer feedback and student reflection, RN resource person for student,	1:1 Works in collaboration with a clinical facilitator	Staff shortages; demanding workloads; multiple preceptors; lack of training for role; lack of clarity of role for RN	Suitable for first year nurses and less acute settings, and suitable for rural areas

Discussion

Table 1 lists the most commonly used supervision models in Australia. There still appears to be a lack of clarity within the literature about which clinical supervision model should be used as the 'gold standard'. The best supervision model is one that supports student learning while maintaining patient safety (Chesser-Smith 2005). It also needs to be financially viable and support students to make a successful transition to a graduate nurse. As well it should allow the student to work safely and independently, using critical thinking as a baseline for decision making (Russel & Hobson 2011). The preceptor model has been the most widely discussed model in the literature (Franklin 2013; Taylor et al. 2015) with the shift now being moved to the preceptor-facilitator model due to preceptor burnout, increasing clinical workloads and increasing patient acuity (Russell & Hobson 2011). The preceptor-facilitator model has received positive feedback from students, but only when facilitators are seconded from the ward as they can solely concentrate on student's needs without having to juggle patient care. In turn, this means that students feel supported and they can link theory to practice and develop critical thinking skills. However, some wards cannot accommodate the increase in student numbers that this model may impose. Meaning that the students may be dispersed across the hospital and so the facilitators' time on the ward is shortened as they travel from ward to ward to supervise all the allocated students. Another limitation of this model is the lack of career advancement for facilitators as facilitators are employed on a casual, sessional basis and due to the casual nature of the employment "quality" sessional facilitators are difficult to recruit and retain. In addition, facilitators are not employees of the health care facility in which they are facilitating, so they may not be aware of the clinical learning environment and maybe unfamiliar with the preceptors and nurse managers.

Conclusion

Regardless of the clinical supervision model chosen, a clinical placement is a shared learning activity, as students contribute to patient care and they bring knowledge and up to date practices to the clinical area. Further to this, a student's experience of a clinical area, may determine if it is the area in which they would choose to work in the future. Therefore, it is in the best interests of all parties to accommodate as many undergraduates as is safe and practical and to support them well with their learning. Supervising students is important for a nurses own professional development, it is good practice and is a vital role to sustain the workforce as it nurtures future nurses.

This paper found that the preferred facilitation model in Australia is the Clinical Facilitator Model over the Preceptor Model. This was due to increasing clinical workloads, staff burnout and lack of preceptor training. In addition, it is important that ward managers are on board to provide a supportive learning environment for students as managers can promote student learning in the clinical area by providing staff rosters which reflect the value of preceptors and allow study days for preceptor training which in turn, will reduce preceptor burnout and ensure staff are willing and able to effectively preceptor students.

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References

- Barnett, T., Cross, M., Jacob, E., Shahwan, Aki, L., Welch, A., Caldwell, A., & Berry, R. (2008). Building capacity for the clinical placement of nursing students, *Collegian*, 15, 55-61.
- Bisholt, Ohlsson, Engstrom & Johansson, S., & Gustafsson, M. (2014). Nursing students' assessment of the learning environment in different clinical settings, *Nurse Education in Practice*, 14, 304-310.
- Bourgeois, N. Drayton, N. & Brown, A-M. (2011). An innovative model of supportive clinical teaching and learning for undergraduate nursing students: The cluster model. *Nurse Education in Practice*, 11, 114-118.
- Brammer, J. (2006). A Phenomenographic study of registered nurses' understanding of their role in student learning - An Australian Perspective, *International Journal of Nursing Studies*, 43, 963-973.
- Cassidy, I., Butler, M., Quillinan, B., Egan, G., McNamara, M., Tuohy, D., Bradshaw, C., Fahy, A., O'Connor, M., & Tierney, C. (2012). Preceptors' views of assessing nursing students using a competency based approach. *Nurse Education in Practice*, 12, 346-351.
- Chesser-Smyth, (2005), The lived experience of general student nurses on their first clinical placement: A phenomenological study, *Nurse Education in Practice*, 5, 320-327.
- Croxon, L., & Maginnis, L. (2009). Evaluation of clinical teaching models, *Nurse Education in Practice*, 9, 236-243.
- Franklin, N. (2013). Clinical Supervision in undergraduate nursing students: A review of the literature. *Journal of Business Education & Scholarship of Teaching*, 7(1), 34-42.

- Holst, H., & Horberg, U. (2013), Students learning in clinical practice, supervised in pairs of students - a phenomenological study, *Nursing Education and Practice*, 3 (8), 113-124.
- Mallik, M, & Aylott, E.(2005). Facilitating practice learning in pre-registration nursing programmes- a comparative review of the Bournemouth Collaborative Model and Australian models, *Nurse Education in Practice*,5, 152-160.
- Ohlsson, U., Engstrom, A.K., & Johansson, A.S. (2014). Nursing students' assessment of the learning environment in different clinical settings, *Nurse Education in Practice*, 14,304-310.
- Russell, K. & Hobson, A. (2011).The Team Leader Model: an alternative to preceptorship, *Australian Journal of Advanced Nursing*, 28,(3).5-13.
- Sundler, A., Bjork, M., Bisholt, B., Ohlsson, Engstrom, A., Gustafsson, M. (2014). Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: A questionnaire survey. *Nurse Education Today*, 34, 661-666.
- Taylor, M., Brammer, J., Cameron, M., & Perrin, C. (2015). The sum of all parts: An Australian experience in improving clinical partnerships, *Nurse Education Today*, 35, 297-303