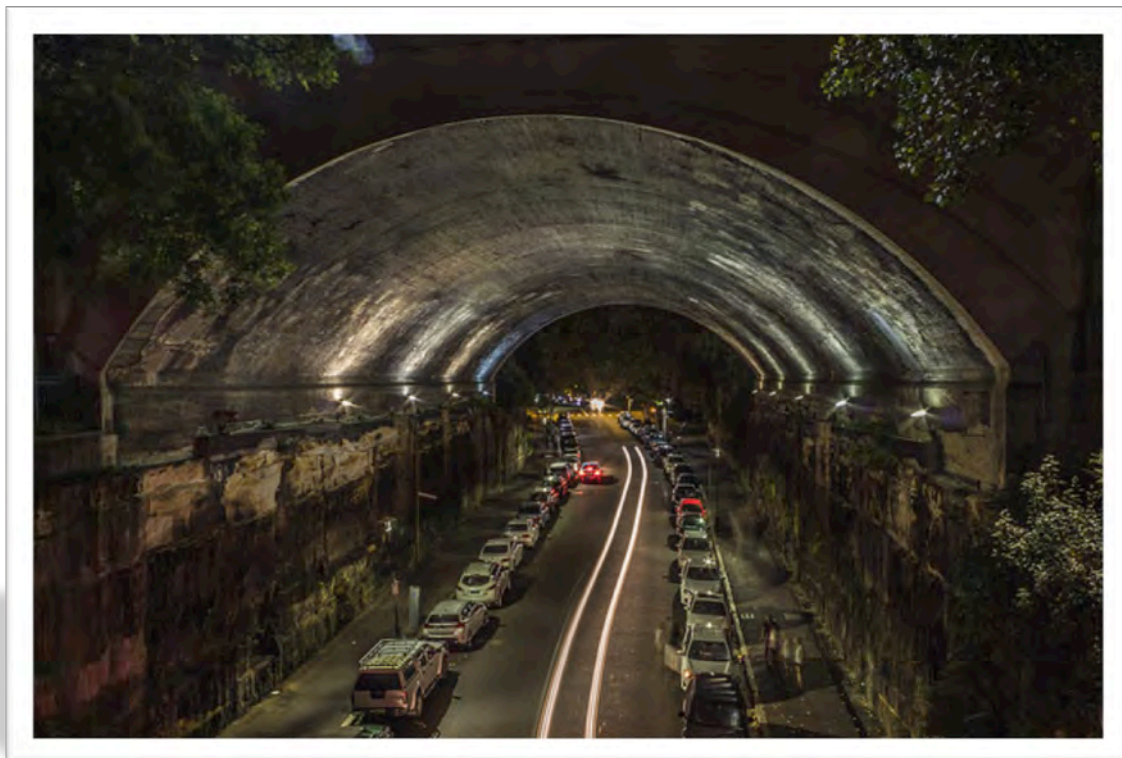


AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING, MIDWIFERY AND HEALTHCARE



COVER DESIGN: Argyle Tunnel- The Rocks, Sydney, NSW

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E-BULLETIN



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.

Being a Nurse and have a fear of needles (only when they are aimed in my direction) is something that has prevented me becoming a blood donor. The other day I decided to 'take the plunge' after reading the workplace communiqué about the Australian Red Cross Blood Service's inaugural Red25 Health Services Challenge.

RED25 is a life-saving social responsibility program by the Australian Red Cross Blood Service, to unite workplaces, community groups, schools and universities around Australia to save lives through blood donation. Together, Red25 members work towards ensuring that 25% of Australia's blood donations are secured. (Accessed from <https://www.donateblood.com.au/red25> 16/7/2106)

I registered online, booked an appointment, after all the thought of being given the 'best biscuit in the world' is an incentive alone. Over the next week I received text messages providing instructions, directions to the donor centre and the option to withdraw.

On arrival at the donor centre, I completed a questionnaire; had a health check and was given my long awaited biscuit. Post donation I received additional texts including notification that my blood was sent to the Royal Melbourne Hospital, Victoria.

Eighteen SA hospitals and health service groups participated from May 1 to July 31 with 559 donations, saving 1,677 lives. I am proud to say that my hospital (TQEH) came first in our category with (34) donations and FMC came second in their category.

Thinking of giving blood?

Check your eligibility | most people can donate blood, but some can't for health/lifestyle reasons

Request an appointment | many blood donor centres are open after office hours and on weekends

Donate | friendly specialist donor centre team will be with you throughout the process

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

P.S. I did not get to eat the biscuit but my son assures me it is the best biscuit, next one is MINE!

Karen Simunov
e-Bulletin Editor

ANTS PRESIDENT REPORT

Hi all

Welcome to this edition of the e-bulletin, its Spring! Finally - well I guess that depends on where you live also. Hope everyone managed through the coughs and colds season without too much drama. As usual though I am sure all of you have had very busy winters at work.

In the last bulletin I mentioned that National Exec was commencing planning the next NNEC that will be held in 2018. We have reached a decision that this will be held at the Crowne Promenade in Melbourne and are now working with DC conferences to get things off the ground for what we hope will be a fantastic event. If you would like to be a part of the planning for NNEC 2018 - let us know of your interest, and particularly if you are a member in Victoria - we need home state members to help us out with this.

ANTS will be again supporting the ACN conference in October and will have a 'trade stand' at the event. If you are going to ACN stop by and say hello to Christine and Stuart Taylor.

In recent months ANTS has been able to provide scholarships to members from submissions they have provided for research and conferences. The following members have been awarded scholarships after consideration from the National Executive:

Research Scholarship Grant:

Dr Bev Copnell, Monash University

Conference scholarship:

Bernadette Thomson

Jenny Tait

Carolyn Keane

Margaret Mason

Don't forget that conference and research scholarship grants are available to members.

Information and criteria are available from <http://www.ants.org.au/ants/> - scholarship applications.

ANTS educator of the year nominations are now open- see the website for further information and nominations.

Enjoy the rest of the bulletin and happy spring everyone



Michelle Girdler
National ANTS President

NATIONAL AMPUTEE AWARENESS WEEK

4 - 11 OCTOBER



Limbs 4 Life is the peak charity for amputees in Australia and provides services to tens of thousands of amputees and their care givers who rely on our programs and services for assistance pre and post amputation. Without Limbs 4 Life many amputees and people with congenital limb deficiencies would go through the trauma of limb loss alone.

Regardless of the cause of amputation, many amputees experience poor psycho-social outcomes which negatively impacts their ability to regain independence and lead fulfilling lives. Through information, Peer Support delivered by trained amputee volunteers and guidance, Limbs 4 Life works to assist new amputees to regain confidence, return to work and feel socially included.

The Peer Support Program aims to:

- Support client lead goals
- Share current amputee-specific health literacy resources
- Promote long-term positive health based outcomes

National Amputee Awareness Week was created to build community knowledge of limb loss, minimise the stigma that amputees can face, encourage good quality of life outcomes, educate the wider community of the prevalence of amputation in hope they better manage their healthcare.

If you would like to support the ribbon/poster campaign, please contact us at info@limbs4life.org.au to receive your awareness pack.

Limbs 4 Life thanks you for wearing a ribbon
in support of Australian amputees.

Melissa Noonan | CEO



PO Box 282 Doncaster Heights VIC 3109

T | 1300 78 2231

W | www.limbs4life.org.au



There are **28 amputations** performed everyday in Australia due to:

- Diabetes
- Cancer
- Vascular disease
- Infection
- Congenital differences

*Australian Institute of Health and Wellbeing (AIHW), National Hospital Morbidity Database, 2014

National Amputee Awareness Week 4-10 October

Information and support 1300 78 22 31



limbs4life.org.au

limbs4life

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

INVENTION OF THE INTERNET

In the heart of Silicon Valley 40 years ago this August, a small team of scientists set up a computer terminal at a picnic table and conducted an extraordinary experiment, they proved that a strange idea called the internet could work.

It's easy to picture Thomas Edison inventing the lightbulb, because a lightbulb is easy to visualize. You can hold it in your hand and examine it from every angle. The internet is the opposite. It's everywhere, but we only see it in glimpses. This feature of the internet makes it seem extremely complex, yet fundamentally it is simple. And that simplicity is the key to its success.

The people who invented the internet came from all nations with the mothership the US defense department research arm [Advanced Research Projects Agency; later becoming Defense Advanced Research Projects Agency].



*An old image of Rossotti's, one of the birthplaces of the internet.
Photograph: Courtesy of the Alpine Inn Beer Garden, formerly Rossotti's*

As a military venture, creation of the internet offered a way to bring computing to the front lines. In 1969, a computer network [Arpanet] linked mainframes at universities, government agencies, and defense contractors around the country.

BUT the problem was it was not mobile! The computers were gigantic by today's standards, and to be useful to forces in the field, it had to be accessible anywhere in the world. This is the dream that produced the internet.

Making this dream a reality required doing two things.

#1 building a wireless network that could relay packets of data by radio or satellite

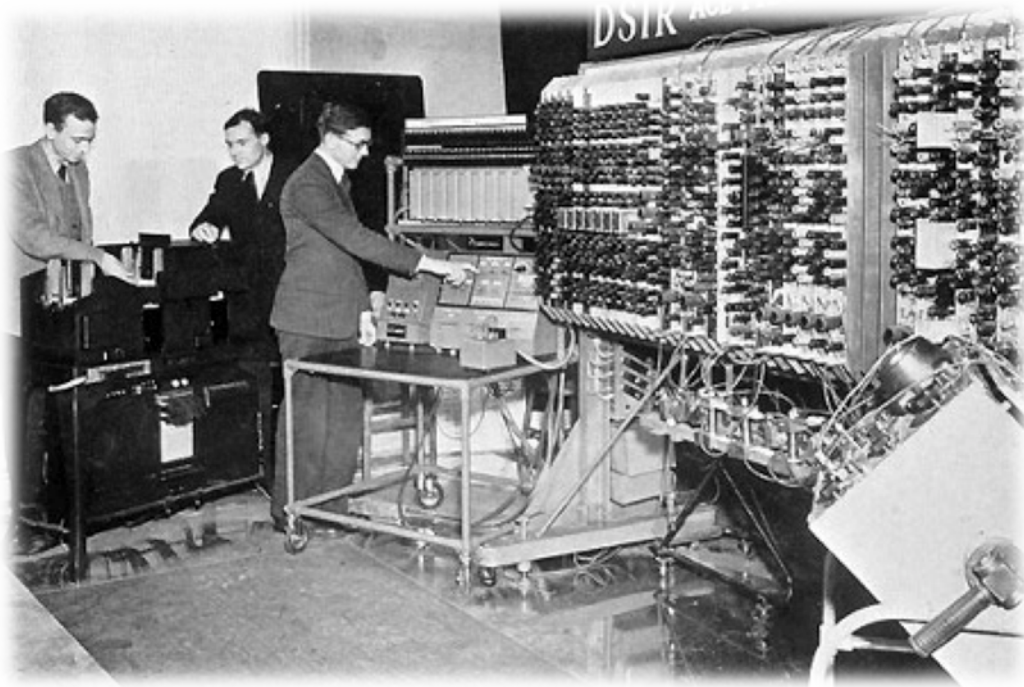
#2 connecting those wireless networks to the wired network - "Internetworking"

Getting computers to talk to one another - networking - had been hard enough. But getting networks to talk to one another - internetworking - posed a whole new set of difficulties.

In response, the architects of the internet developed a kind of digital Esperanto: a common language that enabled data to travel across any network. In 1974, two Arpa researchers named Robert Kahn and Vint Cerf published an early blueprint. Drawing on conversations

happening throughout the international networking community, they sketched a design for “a simple but very flexible protocol”: a universal set of rules for how computers should communicate.

Vinton Cerf and Robert Kahn, devised the first internet protocol “to be future-proof and potentially infinite”. Then, on 27 August 1976, from a group effort, it started working from radio signals in a wireless network to electrical signals in the wired network preserving the data perfectly. Two networks had become one ... the internet worked! The next step was to start working on connecting three networks, which they achieved in November 1977



Early Internet [<http://www.historyofthings.com/history-of-the-internet>]

20 years later, the internet had outgrown its military roots and gone mainstream, and people were becoming curious about its origins. What made the internet a big deal is its flexibility. Forty years ago, the internet teleported thousands of words from the Bay Area to Boston over channels as dissimilar as radio waves and copper telephone lines. Today it bridges far greater distances, over an even wider variety of media. It ferries data among billions of devices, across multiple networks in milliseconds.

We think of the internet as a world of its own, as a place we can be “in” or “on” - the internet is composed of many, many networks as a master weaver. Forty years ago, this universe first flickered into existence in the foothills outside of Palo Alto, and has been expanding ever since.

Adapted from https://www.theguardian.com/technology/2016/jul/15/how-the-internet-was-invented-1976-arpa-kahn-cerf?CMP=oth_b-aplnews_d-3

Published: 12 Jul 2016

MAILBOX DISCUSSION

RESPONSE TO 'MINDFUL MEETINGS'

JUNE 2016 E-BULLETIN ARTICLE

Dear Editor,

Thank you for providing the topic 'Mindful Meetings' for discussion in the eBulletin. On the use of technology in meetings (June, 2016, pp. 35-36), the question that needs to be asked is, 'Why do people take technology to meetings? There are a number of answers to this including:

1. The organisation may be promoting an environmental friendly strategy by discouraging the use of paper based information and promoting the use of technology.
2. It is useful to have access to technology in meetings to clarify facts.
3. Participants may choose to attend to other business and not waste their time when meetings are ineffectively chaired.
4. A participant may be waiting on an important email that requires an immediate response.
5. Technology is useful when recording the meetings activities for example, cameras and word processors.

Mindfulness in meetings may relate more to participants' preparedness for meetings rather than the presence of technology. Often participants are reading documents that should have been read in preparation for the meeting and we all know it is difficult to focus on a meeting and comprehensively read a document at the same time.

Technology provides useful communication tools. Current communication and work in health and education organisations requires the use of technology. In promoting 'Mindful Meetings' effectively: the participants should be aware of and in compliance with preparatory meeting attendance requirements; the chair should manage the meeting effectively; and technology used appropriately throughout the meeting.

Regards,

Julie Shaw & Suzanne Owen

Griffith University, Menzies Health Institute Queensland

ONLINE CPD

ACUTE POSTOPERATIVE PAIN | DUE FOR HOSPITALS

<http://www.nps.org.au/health-professionals/cpd/activities/due-for-hospitals/acute-postoperative-pain>

The acute postoperative pain (APOP) drug use evaluation (DUE) is a quality improvement activity to assist hospital surgical, anaesthetic, pharmacy, and nursing staff working with surgical patients to conduct an audit of patient care in the area of acute postoperative pain.

Learning objectives

Participation in this activity will assist health professionals to:

- audit the quality of patient care in APOP management by measuring key quality indicators
- provide real-time reporting of key indicators/performance measures at an individual hospital level
- provide indicator feedback data in an accessible format that helps implement an appropriate educational intervention/quality improvement strategy
- undertake educational intervention for behaviour change.

For Nurses it is recommended that 25 CPD hours be recorded for the purpose of self-directed CPD.

INTENSIFYING TREATMENT IN TYPE 2 DIABETES - CASE STUDY

http://www.nps.org.au/health-professionals/cpd/activities/case-studies/intensifying-treatment-in-type-2-diabetes?utm_medium=email&utm_source=16-08-11&utm_campaign=nurse-update

Now with custom-built versions for professions – Pharmacist / Nurse / GP

Two different patients with type 2 diabetes. How would you manage their diabetes care?

Deepa is a 49-year-old accountant with a history of gestational diabetes. She was diagnosed with type 2 diabetes 3 months ago.

Barry is 55 and was diagnosed with type 2 diabetes 5 years ago. He has been taking metformin for the last 3 years, though his lifestyle modifications have been inconsistent.

How would you assess and manage these patients? What patient factors would you consider? What questions would you ask these patients to assess their adherence to medicines? What types of ongoing monitoring would you recommend?

Complete this online case study and receive instant feedback on your responses, compare your approach with your peers and read expert commentary provided by leading Australian GP Dr Roy Rasalam.

This activity is endorsed by ACN according to their Continuing Professional Development (CPD) Endorsed Course Standards. It has been allocated 1 CPD hour according to the Nursing and Midwifery Board of Australia - Continuing Professional Development Standards

ANTS TEACH AND LEARN WEB PAGE

The Teach and Learn area is available to all members and guests to highlight and discuss matters of educational interest.

As an ANTS member we would like to encourage you to exchange your experience and professional ideas. We hope by providing members with an area of the ANTS web site people will be encouraged to share experiences, knowledge and resources freely.

This is a new experience for ANTS and we are looking for individuals willing to help.

All members have Moodle Teacher level access and can utilise all currently installed Moodle modules.

If anyone would like additional modules loaded (see <https://moodle.org>) please make a post in the Teach and Learn News Forum below or email office@ants.org.au

You can make posts or create a topic areas highlighting some educational resource of interest.

It's a Blank canvas awaiting some paint!

LINK: <http://www.ants.org.au/ants/course/view.php?id=42>

There is also the Members Area for people who wish to play with Moodle in a less formal way. You can even have a private Moodle Course area to experiment with.

=====

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/midwife

NEW MEMBER WELCOME

| AUGUST

Judith HOBART	CNE	MLHD	NSW
Theresa JOHNSON	CNE	QLD Health	QLD
Kristin SKINNER	CNE	Grafton Base Hospital	NSW

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/col

EDITORIAL

We still have to work to break the silence



This year, as I completed my AHPRA forms on line, I ticked for the last time a 'yes' to the question of being employed in a role that required me to be a registered nurse. I had just accepted a new job that required me to give up the paid roles I continued to have in both nursing education and research since moving into my first 'non-nurse' role almost five years ago. Would this mean that next year I might be no longer able to call myself an RN after 37 years? Does this even matter?

In September 2015 Kelley Johnson, the Miss Universe contestant from the USA state of Colorado, walked onto the stage in scrubs and gave a monologue on her special talent, 'Being a Nurse'. For those who didn't see the YouTube clip, she gave a poignant reflection on her experience of making a difference in the life of one dementia patient and how he had taught her about the important contribution nurses make in people's lives, through the lens of being 'Just a Nurse'.

In the days following Kelley Johnson's monologue, she was ridiculed on a national television show called *The View*, by women who profess to be leaders among women and examples of how far women have come since the times of our forbearers. Kelley was laughed at, her talent of being a nurse compared unfavourably with the talents of singing, dancing and stereotypical desires for world peace. Centre-stage was ridicule of Kelley's wearing of a nursing 'costume', her scrubs, and of wearing a 'medical' stethoscope, implying that this was an illegitimate tool for someone who was 'just a nurse'. The hosts later gave an apology of sorts, suggesting nurses needed to chill and not be so sensitive, which served only to galvanise nurses and their supporters into social commentary about what being 'just a nurse' really means. The apology suggested that despite increased understanding of and research about the important impact nurses have on outcomes for patients, social attitudes often reflect nurses as simply there to support the more important medical doctor who does all of the real work. The show has continued to lose important sponsors, such as Johnson and Johnson, as a result of the remarks, the apology and the social media storm that followed.

Amongst the passionate social media commentators who supported the critical role of nurses in the days following was a surgeon by the name of William R Blythe who spoke eloquently about nurses' roles across the patient care pathway that rendered his own role into one of minor actor.

Another important friend of nurses, perhaps the person who has most studied what nurses contribute, Suzanne Gordon, took to social media to correct the injustice and to re-activate her previous 'Just a Nurse' campaign from 2001. For several decades Suzanne has called on nurses to share with the public what they know and to learn to speak differently about their profession in order to help the public better understand their contribution. Her work includes the seminal book she authored with Bernice Buresh, 'From Silence to Voice'. Many nurses see this call to voice as unimportant, their mission being to focus on the wellbeing of patients. I am not of this view as I believe the silence that surrounds the work of nurses has more impact than we can imagine. Here are just some of the ways I believe the silence of our nurses' voices impact:

- Our silence influences who comes into nursing – students are actively discouraged from being nurses especially when they have the grades to get into seemingly 'more important' professions. I have stood in the line at Open Day and talked to potential medical students about why they are seeking to go into medicine. Almost all of their answers have much more to do with the role of nurses than the role of doctors. As Suzanne Gordon says, shows like *ER* have doctors performing largely nurses' work. Without this there would be very few doctors in the picture.
- Our silence reduces the influence nurses have in changing systems of care. Nurses know how systems work and often do the hard work of changing the way things are done in order to improve patient outcomes, from waiting times through complication reduction and prevention of unnecessary death. However, every time a new hospital, government or system advisory committee is announced we search to find the name of the one nurse amongst the

many doctors. Sometimes we do not even see that one nurse, and everyone wonders why the system rarely works or that changes fail to take account of the daily delivery of patient care.

- Our silence influences Government policy decisions about things like Medicare billing items, rendering nurses as always subservient to doctors and costing our health system much more than is needed for work nurses are well prepared to and do undertake. Note there is no nurse on the current Medicare review committee.

The silence and invisibility of nurses for members of the public was brought to the surface for me recently when my niece had a ten hour operation to remove a very large cancer from her adrenal gland. Post-operatively the doctors were a minor and intermittent presence at her ICU bed while the nurses did the work of making sure her ravaged body healed without complications. Indeed the operating consultant had still not visited her at day 10 post-op and counting. On her second day post-operatively I observed the acute pain team discussing her pain management. Her Fentanyl epidural was not working well on the right side and they planned to start a Ketamine infusion. The team, a male and a female, talked in depth about the right approach, my initial impression being that they were two registrars or a junior consultant and registrar, such was the tone of the conversation and my own lack of recent experience in the clinical milieu. Towards the end the female suggested a plan to make some provisional changes possible over the next 24 hours, 'or otherwise I will need to get you back' she said. At this moment I thought, I know now that you are the advanced practice nurse on the pain team. As she handed him the medical form to write up the medications my suspicions were confirmed. If she was a doctor she would have written the prescription she had devised herself. All of the planning was hers. Her call to not disturb him later by having a backup plan, cleverly disguised her attempt to ensure my niece was not left in pain while waiting for a doctor to write a prescription. A couple of days later when my niece's pain was again unstable, it was this APN that stayed with her through an increase in her Ketamine dose to help her manage the auditory and visual hallucinations this caused. My niece could not have got through this with anywhere near the level of skill if not for the presence of this nurse. However, I can bet that most people observing would have thought this skilled APN was a doctor and nothing about her attire or identification corrected this impression.

This silence and invisibility of nursing leads to misunderstanding by the public of what nurses do. My darling mother, proud of me as she is, once said, 'so what is it that you do?' I replied, 'these days mostly research' to which she replied, 'but it's not real research is it because it doesn't

save lives!'' At that point in my life I was unable to reply with sufficient thought to this question. Today I would say, yes Mum it does. Every patient who is better prepared to self-assess their response to treatment and knows about their risk of blood infections after chemotherapy who comes in to hospital without hesitation is a potential life saved. Every patient who is supported to stay on chemotherapy or radiotherapy because a nurse has delivered one of the interventions my team has developed has less risk of their cancer coming back and indeed might be saved by this research''.

This leads me back to the beginning. Why is it important to me and to the profession that I remain an RN in both my heart and my title as I move into this next stage of my career where being a nurse is no longer a requirement of the job? Too many nurses who take up roles outside of nursing are seen to do so because they were 'too good' or 'too smart' to be 'just a nurse'. That is not me. I am as much a nurse in my daily life in my new role as I ever was at the bedside, in the classroom or in my research department. All I have ever done is seek larger canvases on which to try and make a bigger difference to outcomes for patients, especially those who are most vulnerable to the non-system in which healthcare is often delivered. Too many nurses who leave 'nursing' roles abandon their nurse identity and it is interesting to me that this does not occur for other disciplines such as medicine, physiotherapy and social work. Indeed I remember going to a social work alumni dinner at the University some years ago and being surprised by the four sitting members of the Victorian Government in the room proudly declaring themselves social workers. I had no idea if there were any Government members who were nurses. I am sure there were and are, but the silence of their voice and nursing identity is in contrast to our colleagues in social work.

I don't have room here to explore the question of whether this moving away from nursing identity is because the nurse experiences more respect and authority for the role taken when the nursing identity is left behind. What I do know is that I have certainly experienced my views being dismissed in the context of the same views being expressed by a doctor and accepted. Short of an 'out a nurse campaign' we must give some thought about how to profile the fabulous nurses who make a big difference as leaders in our world as one part of giving voice to the contribution of nurses and the skills they gain and have to offer. We need everyone to be part of breaking the silence! For me being a nurse is and always will be a key part of my identity.

Sanchia Aranda, RN, B.App.Sci (Adv Nurs), MN, PhD, GAICD
Chief Executive Officer, Cancer Council Australia,
Australia
E-mail address: Sanchia.aranda@cancer.org.au

QLD BRANCH REPORT

The Queensland Branch continued running the monthly educational seminars at Gold Coast Hospital and Health Service. The topics covered at the 2016 meetings since our last report are:

- 21st June - Clinical placement: Perspectives of education institutions and health care organisations
- 19th July - Professionalism in leadership: Leading by example using the standards in leadership. This topic created great discussion and members requested that we continue the discussion the following month as we had only discussed the first three standards.
- 16th August - Professionalism in leadership: Leading by example using the standards in leadership
- 20th September- Innovations in education

Fellow educators from the TAFE sector, the private hospital system and aged care providers were formally invited to attend and participate in the activities with a very good turnout.

Please note that Certificates of Attendance will be provided to all attendees and those from previous meetings will also be available for collection.

For those members in other parts of Queensland, if you have any ideas for an education session and would like this facilitated, please get in touch with us.

Contact us via the ANTS website or send an email to Julie Shaw j.shaw@griffith.edu.au

ANTS SCHOLARSHIP APPLICATIONS

Scholarships are available to assist ANTS members to attend conferences, seminars etc. which are relevant to nurse teachers to a maximum of \$1000 are available to ANTS members to attend conferences and seminars (quarterly - criteria apply).

JULY - OCTOBER 2016 SCHOLARSHIP RECIPIENT

Bernadette THOMPSON (PAH, QLD)

American Nurses Credentialing Centre (ANCC) Magnet Conference
October 4-7, Orlando, Florida

ANTS RESEARCH GRANT APPLICATIONS

To encourage the initiation of research in all fields of nurse/midwifery/healthcare education practice the provision of Seed Grants not exceed maximum of \$2000 are available to ANTS members (ongoing - criteria apply).

RESEARCH APPLICATION RECIPIENT

Dr Bev COPNELL, Monash University

PROPOSAL: Paediatric Nursing Content in Undergraduate Curricula



Expression of Interest to attend

The Advanced Debridement Course

SYDNEY

Rydges - North Sydney
18th & 19th November 2016

OR

MELBOURNE
MANTRA on Russell
2nd & 3rd December
2016

Senior Faculty

Professor
Donald MacLellan
BSc MD MBA
FRACS

The Advanced Debridement Course 2016

The Advanced Wound Debridement Course has been designed for wound practitioners who wish to advance their practical wound debridement skills with more formal training under the expert guidance of an experienced surgeon – Professor Donald MacLellan.

No matter how experienced in wound debridement you are, this course will allow you to take full advantage of enhanced debridement knowledge and skills.

Presentations will include:

- ♦ Anatomy & Physiology
- ♦ Debridement and Biopsy Methods
- ♦ Analgesia & Local Anaesthetics
- ♦ Histopathology - methods & reports
- ♦ Legal & Ethical issues

Demonstrations/Practice will include:

- ♦ Instrument Skills - Debridement
- ♦ Instrument Skills - Biopsy
- ♦ Instrument Skills - Suturing

The Advanced Debridement Course 2016

The course commences at 9.00am on Friday with Welcome & Introduction and will conclude at 4.45pm on Saturday .

A registration fee of \$600inc GST to cover course fees and will secure your attendance at this course.

To register your interest in this course log onto our website at

www.hemi-australia.com

Or complete the following form and email to
Robyn Ridings at

hemi-australia@bigpond.com

Name:
Position:
Faculty:
Ward/Department:
Address:

Phone/Mobile
Email:

Please include billing address if different to
above:

PROFESSIONAL ASSOCIATION | HSA NZ-NG

HAEMATOLOGY SOCIETY OF AUSTRALIA AND NEW ZEALAND

NURSES GROUP

The Haematology Society of Australia and New Zealand (HSANZ) came into being in 1998 after the amalgamation of the Haematology Society of Australia and the New Zealand Society for Haematology.

In 2007, the HSANZ Nurses' Group (HSANZ-NG) was established. The group brings together specialist haematology nurses from Australia and New Zealand under the HSANZ umbrella, recognising continuing growth in the nursing stream at the HAA Annual Scientific Meetings and the increasing numbers of nurses wishing to join the Society.

In 2012 the HSANZ Nurses Group signed a Memorandum of Understanding with the Cancer Nurses Society of Australia to establish a professional affiliation. This MOU articulates a relationship based on a common commitment to optimise outcomes for the health care of the community affected by cancer and for cancer control initiatives.

HSANZ membership offers the following benefits:

- Networking
- Grants & Awards
- Members online resources
- Attend the Annual Scientific Meeting for a reduced registration fee.

Nurses working in all areas of haematology are encouraged to join HSANZ as Associate Nurse Members.

Individuals engaged in haematology nursing or the development of this sphere of nursing or specialty who have demonstrated a commitment to and enthusiasm for haematology nursing and have been employed in the field for a minimum of two years.



<https://www.hsanz.org.au>

NEWS FROM APHRA

One of the roles of the NMBA is the regulation of the nursing and midwifery professions in Australia. Tribunals and other regulatory outcomes are published on the APHRA website.

TRIBUNAL REPRIMANDS, DISQUALIFIES NURSE FROM REGISTRATION 27 JUL 2016

A tribunal has reprimanded a nurse and disqualified her from applying for registration for three years.

The Nursing and Midwifery Board of Australia (NMBA) referred Ms R to the Queensland Civil and Administrative Tribunal for professional misconduct. Between January 2010 and March 2011, while Director of Nursing at Nanango Hospital, Ms R used a local taxi service on 15 occasions at the expense of Queensland Health, without authority to do so. Ms R claimed that she believed she had verbal authority from her line manager to use the taxis. However, in the course of the police investigation the manager denied giving such authority indicating it was limited to late night call outs when she felt unsafe.

Ms R had previously been convicted on 22 March 2001 of three counts of stealing and four counts of dishonestly obtaining property while employed as a nurse at Nambour General Hospital. In 2002, Ms R undertook that she would attend, at her own expense, a psychiatrist or a psychologist at least twice per month for a period of six months. In July 2003 she was found by the professional committee to have been in breach of that undertaking because she had not attended counselling at the frequency required.

In making its decision, the Tribunal stated that it took into account the mitigating factors raised by Ms R including that there had been 12 years between the first series of offences and the second and further explanations relating to a very difficult divorce and mental and financial strain. The Tribunal considered that the sanction proposed by the NMBA to disqualify Ms R from registration for three years was consistent with the level of current disciplinary orders in the nursing profession.

The Tribunal reprimanded Ms R and disqualified her from applying for registration for a period of three years and ordered that she pay the NMBA's costs.

The decision will be published on AustLII.

Accessed <http://www.nursingmidwiferyboard.gov.au/News/2016-07-27-nurse-disqualified.aspx>
11/08/2016

CONFERENCE DIARY

| SEPTEMBER

- 5th Rural and Remote Health Scientific Symposium | 6-7 September | Canberra
Excellence in rural and remote health research | <http://ruralhealth.org.au/symposium2016/>
- 8th National Paediatric Bioethics Conference | 7-9 September | Melbourne
<http://www.rch.org.au/bioethics>
- Enrolled Nurse Professional Association Conference | 8-9 September | Woolongong
I can and I will. Watch Me! | www.enpansw.org/
- Australasian Neuro-Science Nurses Association | 9-11 September | Brisbane
The Jewel in the Crown: keeping it safe in our hands | www.anna.asn.au
- 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
- XIX International Congress for Tropical Medicine and Malaria | 18-22 September | Brisbane
<http://tropicalmedicine2016.com/>
- Australasia-Pacific Post-Polio Conference | 20-22 September | Sydney |
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, USA | www.iarmm.org
- Australasian Neonatal Nurses Association Conference | 22-24 September | Melbourne
www.acnn.org.au/news-and-events/acnn-national-conference/

| 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>
- CRANApplus 34th Annual Conference | 12-14th October | Hobart |
Going To Extremes: How isolation, geography & climate, build resourcefulness & innovation in healthcare
<https://crana.org.au/conference/call-for-abstracts>
- Childbirth and Parenting Educators of Australia National Conference | 12-14 October | Adelaide | *Nuture the Primal Instinct* | www.ivvy.com/event/capea

World Federation for Mental Health International Conference | 17-19 October | Cairns
www.wfmh2016.com

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.birthandbeyondconference.ca/

Australian Disease Management Association 12th Annual National Conference | 20-21 October
| *Person-centred healthcare: Achievements and challenges* | www.adma.org.au/

42nd International Mental Health Nursing Conference | 25-27 October | Adelaide
<http://www.acmhn2016.com/>

Australian College of Children and Young People's Nurses Conference | 26-28 November
| *Honouring the past, treasuring the present, shaping the future* |
www.accypn.org.au/conference-2016

34th Audiometry Nurses Association of Australia Annual Conference and AGM | 26-28 October
| Newcastle | <http://anaa.asn.au/conference-2015/>

21st Nursing Network Violence against Women International Conference | 26-28 October
| *Strengthening healthcare systems to promote safety and health of women and families*
| Melbourne | www.latrobe.edu.au/jlc/news-events/NNVAWI-Conference-2016

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

Hospital in the Home 9th Annual Scientific Meeting | 2-4 November | Adelaide
Bridging the GAP - Governance, Accountability, Partnerships
<https://hithsociety.wildapricot.org/Conference>

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

25th National Conference on Incontinence | 9-12 November | Adelaide |
www.continence.org.au/national-conference.php

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

7th Biennial Ngā Pae o te Māramatanga International Indigenous Research Conference |
15-18 November | Auckland | www.indigenousresearch2016.ac.nz/

National Primary Healthcare Conference | 23-25 November | Melbourne
www.phaa.net.au/events/event/NPHCC-2016

| DECEMBER

International Indigenous Health Conference | 1-3 December | Cairns
www.indigenousconferences.com/

| SAVE THE DATES 2017

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

7th Emirates Diabetes & Endocrine Congress | 15-18 February | Dubai
<http://www.edec-uae.com>

6th International Conference on Vascular Dementia | March 6-8 | Brisbane
Email: vascular dementia@neuroconferences.com

5th Annual WNC: *The Role of Nursing in Leading and Advancing Global Health* | July 24-25
| Singapore | <http://nursing-conf.org>

Australian & New Zealand Orthopaedic Nurses Association Conference | October 25-27
| *Let's Articulate, Align and Unite* | Perth | <http://www.ona.asn.au/conference2017.html>

| SAVE THE DATE 2018

16TH NATIONAL NURSE EDUCATION CONFERENCE (NNEC) | MELBOURNE

1 May | Pre-conference Workshops

2-4 May | Nursing/Midwifery/Health Education Conference

HEALTH PROMOTION DATES

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>

Childhood Cancer Awareness Month - Worldwide <http://www.thetruth365aus.org>

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>

Polio Awareness Month <http://www.polioaustralia.org.au>

Shoctor - Defibrillator Awareness Month <http://www.cardiacarrest.org.au>

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

4-11 Amputee Awareness Month www.limbs4life.org.au

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

15 Pregnancy & Infant Loss Awareness Day <http://www.pregnancylossaustralia.org.au>

20 World Osteoporosis Day <http://www.osteoporosis.org.au>

22-29 10th International Brain Tumour Awareness Week <http://www.btaa.org.au>

23 SUDEP Awareness Day <http://www.sudepglobalconversation.com>

MONTH of | November

Lung Health Awareness Month

6-12 Australian Food Safety Week <http://foodsafety.asn.au>

13-19 Perinatal Depression and Anxiety (PNDA) Awareness Week <http://www.panda.org.au>

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

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

16 World COPD Day <http://lungfoundation.com.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 | DIABETES AUSTRALIA

The Diabetes Australia app is a great resource for meal planning, latest news and health articles.

PROS | Search for events in your state or territory using the location or map feature

Add an event to your calendar, invite friends and set a reminder

Keep track of your appointments and set a reminder.

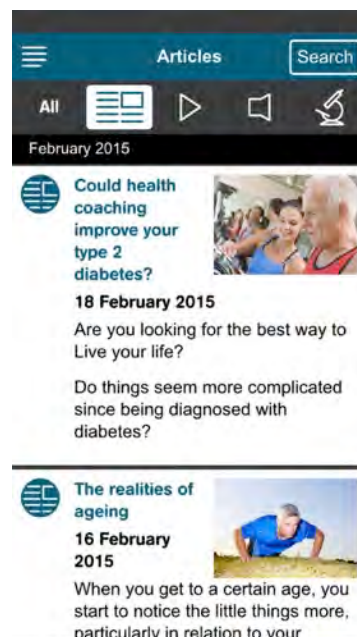
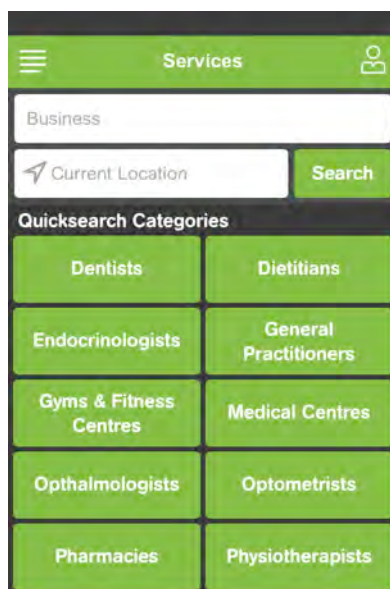
Services section (home page) provides contact details for healthcare professionals

By default, the app will find services closest to your physical location

Check out the great recipes, try a online yoga class and take Fast Facts Quiz!

CONS | Not stated

COST | Free for Android and Apple phones ... updated version 1.02 is now available



Adapted from <https://www.diabetesaustralia.com.au/diabetes-australia-app> Accessed 11/08/2016

AUSTRALIAN NURSE TEACHERS SOCIETY

2015-2017 NATIONAL EXECUTIVE CONTACT DETAILS

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	Peter TEEKENS	South Australia
	Crena MITCHELL	Queensland
	Suzzanne OWEN	Queensland

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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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