

AUSTRALIAN NURSE TEACHERS SOCIETY E-BULLETIN

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COVER DESIGN: Wave Rock Western Australia

<https://media-cdn.tripadvisor.com/media/photo-s/04/71/a6/4d/wave-rock.jpg>

WORKING TOGETHER FOR THE FUTURE OF NURSING, MIDWIFERY AND HEALTHCARE

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FROM THE EDITOR'S DESK

Welcome to the Spring Edition for 2019

August was a **#sharethedignity** donation month ... at Central Adelaide Local Health Network we are an accredited white ribbon organization and the Education Department organised a Share the Dignity collection (refer to story page #.....). Our next philanthropic venture is **Backpacks for Kids – SA** through a childcare centre of a work colleague to provide backpacks/nappy bags to children entering foster care and emergency accommodation (available in each state).

For a while now (over ten years) I have also been the Newsletter Editor for another nursing association and at the recent August AGM/Conference I handed over the position to the upcoming generation of nurses who are going to be co-editors with me as their mentor. It is great to see the younger generation of nurses taking the reins in advancing nursing in speciality fields initially through membership then dipping the toes in the water with being on the committee and moving on to be an office-bearer.

In this newsletter I would like to introduce Beth Pierce from Griffith University with her first article submission and I welcome as a regular contributor.

If you attend a conference or study day or other activity, please write a short paragraph on your learnings and if available photos and send them through for submission.

Karen Simunov
E-BULLETIN EDITOR

ANTS PRESIDENT'S REPORT

No report due to leave



WEBSITE IS NOW OPEN

ABSTRACT SUBMISSION

Abstracts Open – February 2020

Abstract Submission Closes – May 2020

Notification of Acceptance – June 2020

Details of the Abstract Submission process and guidelines available late 2019.

CONFERENCE PROGRAM

Creating and supporting change in education and learning

Innovative educational programs

Student engagement initiatives

Collaborative health education projects

Supporting vulnerable groups through education

REGISTER YOUR EOI

<https://dconferences.eventsair.com/nnec-2020/eoi/Site/Register>

ACTIVE LEARNING: THE KNOWN, THE NEW, AND THE NEXT STEPS

BETH PIERCE, RN, BSCN, MSCN, GRADCERT HIGHER ED

As a nurse educator, you may have noticed the term active learning is prominent in contemporary debates about learning and teaching. This article presents some recent research findings and discusses how educators may plan and implement effective active learning strategies.

THE KNOWN

Active learning strategies are those that engage students with learning; requiring learners to do *meaningful activities* and *think* about what they do (Bonwell & Eison 1991; Prince, 2004). The premise of active learning is that through *doing* (e.g. reading, writing, discussing, problem solving) the learner focusses attention, uses higher-order cognitive processes, and will thus form, store and recall memories more readily (Bonwell & Eison 1991; Vorhauser-Smith, 2011). Examples of active learning strategies used in nursing education (including tertiary and clinical education) include group work to investigate cases/problems; creating concept maps to explore ideas; and working in pairs to share views on a particular topic. These active learning approaches contrast with traditional methods of teaching, such as the didactic lecture or seminar, whereby the learner passively listens, while the educator verbally conveys high volumes of information.

THE NEW

A Harvard study published in September 2019 has provided new and important insights into the way students *perceive* learning and teaching in active learning environments compared to passive didactic environments (Deslauriers, McCarty, Miller, Callaghan, & Kestin, 2019). Researchers reported that university students *felt* they learned *more* in passive didactic environments, even though in actual fact, they *performed better* on testing after active learning sessions. *Perceived* learning and *actual* learning were anti-correlated. Interestingly, students in active learning environments (compared to those in passive didactic environments) also reported less enjoyment with the learning experience and rated the lecturer as less effective. In this study, through interviews with students, researchers identified specific aspects of active learning that students disliked (transitions to group work during sessions; feelings of confusion; fear of errors).

Sadly, based on these findings, some educators might be discouraged from using active learning, particularly given that student satisfaction is often used as a measure of teaching performance, particularly in higher education. The Harvard researchers however were quick to point out in an interview with the Harvard Gazette that initial dissatisfaction with active learning can dissipate over time. As students became familiar with the active learning approaches used in their study, overall course evaluations improved (Deslauriers et al., 2019; Ruell, 2019).

THE NEXT STEPS

With knowledge of the aspects of active learning that learners dislike, educators can attempt to minimise/overcome these. This may involve:

- Selecting and setting up learning environments to minimise disruptions during transitions to group work
- Providing a clear plan for activities/learning to minimise confusion
- Providing reassurance to learners before/during sessions that you will still be actively involved with the learning process and available when concerns arise
- Explaining to learners that active learning is *uncomfortable* (it certainly requires effort!) but that the results are worth that effort. When Harvard researcher showed students the results of the study, the overwhelming majority of students indicated that the results would impact the way they study in the future! (Deslauriers et al., 2019)
- Giving learners early opportunities to assess their own learning (e.g. through regular but short non-graded quizzes). This can assist learners to recognise the value in active learning – getting them on board with this form of learning early (Deslauriers et al., 2019)

ACTIVE LEARNING STRATEGIES FOR YOUR PRACTICE

Below are some examples of active learning strategies that you might like to adapt and implement in your own educational setting.

Concept mapping + case study = reverse case study

This variation on a basic case study involves providing the learner (individual or in groups) with some basic patient-related information (i.e. patient diagnosis OR a list of meds OR a set of signs and symptoms). Ask learners to create their own case study using the information they have been provided AND by drawing a concept map. They should start by placing the patient in the middle of the map and then use the available information to create the branches of the map... For example, if provided with a set of signs and symptoms, learners can create an imaginary patient (at the centre of a map) and then propose (in branching circles/squares) nursing interventions, possible diagnostic tests, possible medications, possible services to access, etc. This activity will assist learners to ponder and connect aspects of care and services while reminding them that all paths lead back to the patient (Adapted from Orm, 2016)

Image Articulation

Present an image to the learner (relative to a main concept). Ask learners a combination of questions:

- What do you see? What's going on here? What words come to mind?
- What's confusing?
- How do you feel? How might the people in the image feel?
- What do you want to know more about?
- What questions would you ask if you were the nurse/student nurse?
- What does this image mean to you as a nurse/student nurse?

This activity gives learners a chance to hone observation, inspection, interpretation, and investigation skills. It can also assist them to reflect on practice, explore their own world view, and consider the viewpoint of others (Adapted from Yee, 2017).

Sketch-noting

Instead of learners taking notes during an education session, ask them to sketch a picture that represents what they've learned/are learning. This activity prompts learners to visualise their understanding and explore their learning from a different perspective. Sharing and discussing these sketches with others might also help them to recognise that people learn and interpret content in different ways (Adapted from Whenham, 2018).

Empathy Mapping

This activity is nicely suited to nursing education, where patient-centred care and reflection is a focus of learning. In this activity, learners write down what they think a person in a particular situation might say, think, do and/or feel. This "person" might be a patient with a certain condition (i.e. COPD, pre-surgery, chest pain); a family member of a patient (i.e. parent, child, etc.), or a nurse. This activity allows learners to pause and immerse themselves in another point of view (Adapted from Whenham, 2018).

CONCLUSION

This focus on active learning is a reminder that strategies that engage students are more effective for learning than passive strategies, and that you should not be dissuaded by any initial student feedback that potentially seems negative. I encourage you to incorporate some active learning strategies into your nursing education practice. If you choose to use any of the strategies suggested, please let me know how you go.

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Yee, K. (2017). *226 Active Learning Techniques*. Retrieved from <http://www.celt.iastate.edu/wp-content/uploads/2017/03/CELT226activelearningtechniques.pdf>

RESOURCES

15 active learning activities to energize your next college class. Webpage: <https://www.nureva.com/blog/education/15-active-learning-activities-to-energize-your-next-college-class>

226 Active Learning Techniques. Webpage: <http://www.celt.iastate.edu/wp-content/uploads/2017/03/CELT226activelearningtechniques.pdf>

Low-Risk Strategies to Promote Active Learning in Large Classes. Webpage: <https://www.teachingprofessor.com/topics/teaching-strategies/active-learning/low-risk-strategies-promote-active-learning-large-classes/>

Ten Active Learning Exercises to Engage Students and Stimulate Learning. Webpage: <https://evolve.elsevier.com/education/active-learning/10-active-learning-exercises-to-engage-students-and-stimulate-learning/>

AUTHOR INFORMATION

Beth Pierce, RN, BScN, MScN, GradCert Higher Ed, is a Lecturer and Curriculum Consultant at Griffith University. Currently undertaking a Teaching Fellowship focused on promoting active learning and other educational design approaches in nursing education.

ANTS RESEARCH GRANT / SCHOLARSHIP

ANTS WEB LINK: <https://www.ants.org.au/ants/mod/page/view.php?id=7>

Research Grants:

Individual grants not to exceed \$2000.00. Encouraging research with the primary focus on Nurse and/or Midwifery Education within all fields of nursing/midwifery educational practice a seeding grant to members (membership criteria).

Applications be considered as demand dictates.

Scholarships:

To a maximum of \$1000 are available (membership criteria) to attend conferences and seminars. Priority will be given to conferences with a strong nursing education focus.

Applications are available quarterly and close:

31st January

30th April

31st July

31st October

AHPRA | NURSING PROFESSIONAL STANDARDS

<https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/faq.aspx>

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

Registration as a registered nurse (RN) and/or enrolled nurse (EN) requires you to meet the NMBA's mandatory registration standards and practise within the relevant NMBA approved standards, codes, guidelines and framework.

FAQ on the Nurse Standards

Why have you removed the term 'competency' from the standards?

Research suggested that confusion existed between the use of the term 'competency-based assessment' in the vocational education and training (VET) sector and use of the term 'competency' in other settings.

What do I need to know about being registered as both a registered nurse and an enrolled nurse (concurrent registration)?

In accordance with the National Law, the NMBA recognises that you may hold registration as both an RN and as an EN (concurrent registration). The registration requirements, level of education, responsibilities and scope of practice of an RN and an EN are different. Practising in both roles may create potential risks including:

- being able to differentiate and change between practising as an RN or as an EN and working within the relevant responsibilities and scope of practice, and
- employers or colleagues clearly understanding whether you are practising as an RN or as an EN and supporting you to work within the relevant responsibilities and scope of practice.

I work outside of the acute sector do the standards apply to me?

Yes. The standards are for all areas and contexts of practice. The standards have been tested through observations of clinical practice in a range of locations and settings. They are to be read in conjunction with NMBA standards, codes and guidelines available on the NMBA website

Do the standards cover what is expected in relation to accountability, delegation and supervision?

Yes. The standards clearly indicate the standard of practice expected of an RN in relation to accountability, delegation and supervision. It is essential that the standards, and the definitions taken from the glossary in the standards and are read in conjunction with NMBA standards, codes and guidelines

VASCULAR NURSING CONFERENCE REPORT

Karen Simunov and Frank Guerriero

In August the 2019 ANZSVN Conference (combined Medical, Nursing and Radiology), was hosted in our home town of Adelaide with about 70 nurses registered from across Australia and New Zealand.

The 'Challenge the Panel' session, is a newly trialled format for completion of Day 1 of the nursing program which seemed to work quite well, with solid audience interaction with the panel of experts.

Recipients of the nursing awards were presented at the Conference Dinner with congratulations to Dr Sue Monaro (NSW) as the Vascular Nurse of the Year and ,,,,,,,,,, (SA) recipient of the Sheri Sandison Encouragement Award.

Finally, I would like to wrap this report up with an event that is somewhat sad and yet celebratory. 2019 sees the resignation of long standing Committee Member, Janice Caine (Vic) from the inception of the ANZSVN committee. In honour of Janice's contribution to vascular nursing and in particular the Victorian Branch (now folded). Janice has been awarded life membership to the ANZSVN. Additionally in recognition of her passion and generous donation of time the ANZSVN Best Presenter award is to be renamed as the the **JANICE CAINE BEST PRESENTER AWARD**. Janice has spent many hours as a judging panel member at our annual conference and thus we felt this appropriate legacy for her name.

The 2020 Conference will be held in Brisbane Queensland. Keep posted for details.

MEMBER COMPETITION | ACN MEMBERSHIP

ANTS has an affiliation with the Australian College of Nursing (ACN) and as a part of our package we receive a 12-month membership. This membership is activated at only when the ANTS recipient activates their registration. For equality the executive opens this opportunity as a competition to members to write a short article (no more than two pages) on a contemporary topic.



The 2019-2020 ACN Membership Competition the topic is:

"PERSONAL SAFETY FOR NURSES AND/OR MIDWIVES"

The article is open format and can be compiled of a story, pictures, workplace incentives or or programs being run in your work place.

Be inventive - share your ideas with other educators around Australia

Entries to be emailed to michelle.girdler@sa.gov.au and/or karen.simunov@sa.gov.au

#SHARETHE DIGNITY DRIVE IN MY WORKPLACE

Karen Simunov, Nurse Educator, CALHN Central Nursing Education

In support of White Ribbon Workplace Accreditation, CALHN Nursing Education initiated the inaugural white ribbon drive with a November 2018 *#itsinthebag* collection as part of the national campaign. Resulting in the donation of 40+ handbags, toward the total of 10,000 handbags collected across SA.

To continue this much needed support, in 2019 Nursing Education in partnership with Workplace Equality Respect Working Group began an August **#ShareTheDignity** Drive. A request went out across the three major healthcare sites within the network to make a real, on-the-ground difference to homeless women and victims of domestic violence and give dignity to South Australia's most vulnerable women.

#ShareTheDignity distributes goods to local organisations supporting women in need. Dedicated boxes were left in clinical areas and drop-off points in nursing education. In addition, the 'campaign' went to all South Australian Medical Imaging (SAMI) sites across the metro area via Susan Waters (Nursing Director, SAMI

"The response has been overwhelming from across the sites, from the basic necessities to luxury and feel-good items" said Michelle Girdler, CALHN Nursing Education Nursing Director.

"Where do we start?"

(L-R) Veronica Marrozi, Michelle Girdler and Karen Simunov



This support was echoed by Michael Coombe (Unit Nurse Manager, SAMI) *"I am proud to say we collect around 20kg of quality supplies for homeless women in Adelaide. Thanks all involved"*.

"Mission Accomplished – SAMI"
Michael Coombe (NUM) and colleague

One of our delivery points was made to Nunga Mi:Minar Inc. an organisation for Aboriginal and Torres Strait Islander women and their families, run by indigenous women. We were privileged to hear about and observe their work and services.



First Drop-off being presented to Nunga:Mi Minar CEO Tina

(L-R) Nancy Hermsen and Vicki Welgraven [Workplace Equality Respect Working Group] and Tina Grasso, Karen Schutz and Karen Simunov [Nursing Education]



The remainder of the donations were picked up by Judy, the #ShareTheDignity SA representative and filling the back of her four-wheel drive to the roof. In discussion with Judy, she stated that *"Nunga Mi:Minar was not an organisation known to us and [we are] always looking for new groups to assist"*. Email contact between the groups was arranged for strengthening the bond between services and colleagues.



Last but not least a BIG thank you to CALHN and SAMI staff for their generosity, as with the basics provided the recipients are given dignity making a difference in their lives.

A heartfelt thank you from Karen Simunov, Karen Schutz, Michelle Girdler, Tina Grasso and the CALHN Workplace Equality Respect Working Group.

PROFESSIONAL ASSOCIATION – PGNA PSYCHOGERIATRIC NURSE’S ASSOCIATION AUSTRALIA INC.



Originating in Sydney in the 1980s with the setting-up of Aged Care Assessment Teams to include psychogeriatric nurses as team members. Several nurses meet on a regular basis for professional peer support, and founding the Psychogeriatric Nurses’ Association (PGNA) in 1994. With formal constitution in March 1995.

The definitions incorporated into the Association’s current Constitution & Rules are worded to encompass all those human conditions which fall under the umbrella of “psychogeriatric” – inclusive of mental illness / mental disorder in late life as well as cognitive impairment in late life.

PGNA grew out of a need for peer support support and with an ever-increasing aging population is now poised to challenge policy makers at all levels to ensure that older people with a mental illness/mental disorder and/or a cognitive impairment are considered in health care planning process including implementation of service needs for these groups.

MEMBERSHIP

Extended to registered and enrolled nurses working in any field of psycho-geriatrics nationally, and even internationally. Associate members are other professionals who either work or have an interest in psycho-geriatrics become a member or continue your membership?

- Stay informed - quarterly PGNA Newsletter, bi-Annual Conference and webinars)
- Network: Connect with other clinicians across the healthcare system
- Participate: conference discounts, member only scholarships.
- Advocate for change: Contribute to submissions to inform the development of policies and practice affecting older people (particularly with Mental Health problems)
- Engage: networking, sub committees, working parties and other opportunities to connect and collaborate
- Represent: forums and advisory groups.

You can be as involved as you want ... its up to you.

But remember you make a difference just by adding your name to our membership.

Full Voting Membership – registered or enrolled nurse primarily engaged in, or with an interest in, psychogeriatric nursing.

Associate Non-Voting Membership – any other health care worker or professional person who has an interest in psychogeriatric nursing.

Life Membership – conferred by committee on full members who have, by their efforts, consistently promoted the interests and progression of the Association.

Further information: pgna.org.au

CONNMO MEETING OVERVIEW: OCTOBER 2019

COALITION OF NATIONAL NURSING & MIDWIFERY ORGANISATIONS

CHIEF NURSE AND MIDWIFERY OFFICE UPDATE:

Awaiting announcement of 'new' Chief Nurse position. Deb Thoms in the interim is acting as an Advisor at (3) days/week for (3) months.

Educating nurses of the future review completed and submitted September 2019 to Minister Hunt for actioning. Available at www.consultations.health.gov.au

NMBA UPDATE:

Decision making framework revised and approved for release early Nov

Regency off practice for review and consultation early 2020

Review of guidelines as per below:

- Blood borne status of HP
- Mandatory reporting
- Supervised practice (all national boards)
- Advertising
- Endorsement of prescribing scheduled medications
- International qualified N&M
- RN and Paramedic dual registration fact sheet

ACCREDITATION COUNCIL UPDATE:

Approx 100 accredited education providers for 200 approved programs (EN, RN, MW and NP)

Review of RN Accreditation standards now 5-standard format with essential (minimum) evidence requirements

Midwifery accreditation standards for 2nd consultation shortly

Assessor training under development .. peer review process and seeking new clinical assessors

Social media links on Linkd-in and Facebook now available

NURSING NOW CAMPAIGN:

Supported by WHO to improve status and focus on nursing world-wide. Australia's campaign is inclusive of nursing and midwifery.

2020 is the International Year of NURSE & MIDWIFE to acknowledge Florence Nightingale 200 year anniversary

Request for CONNMO associations to support this opportunity to impact policy and act on patients' behalf as a combined voice for Australian N&M in May 2020 in Canberra

PRESENTATIONS:

Nursing Informatics and digitalisation in health

Medicare Review with the NP Reference Group recommendations

Review of National Prescribing Competencies Framework and Toolkit

Australian Digital Health Agency update

Refer to CoNNMO website for full minutes and papers at <http://www.connmo.org.au/>

PERSONAL DEVELOPMENT/EMPOWERMENT

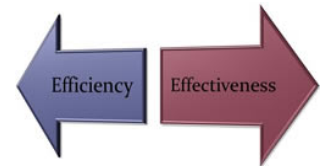
Working party: How productivity and efficiency can work together

ADAPTED FROM: <https://psnews.com.au/2019/10/07/working-party-how-productivity-and-efficiency-can-work-together/>

Most of us know the difference between effectiveness and efficiency.

Effectiveness is doing the right things; Efficiency is doing things right.

Their intersection yields high productivity.



However, confusion remains about the differences with the terms

viewed as synonyms. They're related but not interchangeable and in some cases, they couldn't be farther apart.

Productivity is simply output per unit of time, while efficiency is the best possible output per unit of time to maximise the level of efficiency and productivity. For example: *Andy produces 1,000 lines of code in a week. Brad produces 800 lines. It looks like Andy is more productive. True if Andy has a low error rate, but if his code requires 30 hours of debugging, and Brad's works the first time, Brad is clearly far more efficient.* This plugs straight into his true productivity, doing the 'right things right,' resulting in a higher productivity, however with observation this fact may be easy to miss.

Productivity is quantity; efficiency is quality.

Productivity measures bulk output; efficiency measures the proportion of output that works as intended.

Productivity is performance; efficiency is how well you perform.

Just because you perform something doesn't mean you do it well. Consider daytime TV actors vs movie counterparts. The first group produces a new show every weekday, doing a decent job. While, the second group have weeks/months to perfect their work, plus special-effects budgets.

Productivity doesn't take underlying costs into account; efficiency does.

Consider the coding example again. In a week Andy completed 1,000 lines of code while Brad did 800. Andy the productivity award winner. However, Andy's code was so buggy it doubled the cost of production. Brad's slower, methodical work resulted in code that worked right the first time at half the cost.

Productivity is a raw measure; efficiency is a refined one.

Raw productivity shows how much someone accomplished. Efficiency reflects productivity that generates profit and should always serve as an input to productivity planning - so that, ironically, it becomes an output as well. Productivity is just output; efficiency includes built-in quality control. It may not speed productivity, but it ensures that what you produce fits your needs and requirements the first time. Both productivity and efficiency matter.

Stretching to increase your productivity (working too fast) can make mistakes then having to spend precious resources to repair. Do you really want a millstone like that around your neck when you can avoid it by intentionally coupling productivity and efficiency? It's clear that efficiency and productivity must be inextricably linked if you want to achieve true productivity, but they can exist separately, sometimes to devastating effect.

Laura Stack is a keynote speaker, author and authority on productivity and performance.

Her latest book "Doing the Right Things Right: How the Effective Executive Spends Time". Contact details: theproductivitypro.com.

CONFERENCE AND HEALTH PROMOTION DIARY

| OCTOBER

Breast Cancer Awareness Month

Lupus Awareness Month

October Month

Dyslexia Awareness Month

Weeks of October |

4-11 National Amputee Awareness Week

5-11 Mental Health Week

13-19 Bleeding Disorders Awareness Week

15-21 National Nutrition Week

20-26 National Week of Deaf People (NWDP)

Days of October |

1 World Vegetarian Day

4 Odd Socks Day

10 World Mental Health Day

10 World Sight Day

11 Headspace Day

12 World Arthritis Day

15 Wellness Walk & Festival

15 Pregnancy and Infant Loss Remembrance Day

18 Developmental Language Disorder (DLD) Awareness Day

20 World Osteoporosis Day

24 World Polio Day

October Conferences |

8-10 45th International Mental Health Nursing Conference | *Integrated Care: People, Practice, Policy* | Sydney, NSW | <https://www.acmhn2019.com/>

17-18 ANMF 14th Biennial National Conference (BNC) | Melbourne | <http://bit.ly/anmf-bnc-2019>

24-26 Broken Sleep: Insights in biology, culture & parenting in today's world | Melbourne (and available online) | <https://bfc.breastfeedingconferences.com.au/index.php>

27-30 Australian and New Zealand Society of Occupational Medicine (ANZSOM) Annual Scientific Meeting | Adelaide | www.anzsom.org.au/asm-2019

| NOVEMBER

Lung Cancer Awareness Month

ALPHA-1 Awareness Month

Weeks of November |

10-16 Perinatal Depression and Anxiety Awareness Week

11-18 Alopecia Awareness Week

12-18 Antibiotic Awareness Week

Days of November |

- 1 International Drug Users Day
- 2 Healthy Hips Day
- 12 World Pneumonia Day
- 14 World Diabetes Day
- 17 World Prematurity Day
- 20 World Chronic Obstructive Pulmonary Disease Day
- 20 World Children's Day
- 30 Movember

November Conferences |

16 | Occupation, Health & Safety Conference | Melbourne

events@anmfvic.asn.au

13-16 | 28th Annual National Conference on Incontinence | Melbourne

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

| DECEMBER

Decembeard

Weeks of December |

12-24 December | National Skin Cancer Action Week

Days of December |

- 1 World AIDS Day
- 2 World Pollution Prevention Day
- 3 International Day of Persons with Disabilities
- 10 Human Right Day

| 2020

28 March | PharmaceuCare: Australasian Conference on Pharmacy Practice 2020 | Melbourne

http://pharmaceucare.com/australasian_conference_on_pharmacy_practice_2020/australasian_conference_on_pharmacy_practice

13-15 May | 15th Annual Critical Care Conference in the Vineyards | Lovedale, NSW

www.criticalcarevineyards.com.au

28-30 May | ACORN 2020 | Sydney

www.acorn.orf.au/conference-2020

27-29 July | Nursing Informatics International Congress | Brisbane

www.ni2020.org/visit/

28-30 October | 18th National Nurse Education Conference | Sea World, Gold Coast

www.dconferences.eventsair.com/nnec-2020

4-7 November | Wounds 2020 | Brisbane

www.wounds2020.com.au

AUSTRALIAN NURSE TEACHERS SOCIETY

2018-2020 NATIONAL EXECUTIVE CONTACT DETAILS

PRESIDENT	Michelle GIRDLER	South Australia
VICE PRESIDENT	Suzanne OWEN	Queensland
SECRETARY	Didy BUTTON	South Australia
TREASURER	Christine TAYLOR	New South Wales
STATE LIASION OFFICER	Peter TEEKENS	South Australia
MEMBERSHIP OFFICER	Stuart TAYLOR	New South Wales
E-BULLETIN EDITOR	Karen SIMUNOV	South Australia
GENERAL COMMITTEE	Mandy GALLACHER	South Australia
	Creina MITCHELL	Queensland
	Suzanne OWEN	Queensland

E-BULLETIN CONTRIBUTIONS

The official e-Bulletin of the Australian Nurse Teachers' Society Inc is published quarterly.

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SUBMISSION / ADVERTISING DEADLINES (EXCEPTIONS BY ARRANGEMENT)

Autumn Edition | 15th February

Winter Edition | 15th May

Spring Edition | 15th August

Summer Edition | 15th November

Submissions from members AND non-members are accepted

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