

AUSTRALIAN NURSE TEACHERS SOCIETY

E-BULLETIN

AUTUMN EDITION | VOLUME 12, ISSUE 1 | MARCH 2020



COVER DESIGN: 2020 International Year of the Nurse and the Midwife
<https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020/get-involved/campaign-materials>

ANTS

WORKING TOGETHER FOR THE FUTURE OF NURSING, MIDWIFERY AND HEALTHCARE

W | www.ants.org.au

E | office@ants.org.au

INSIDE THIS ISSUE

FROM THE EDITOR'S DESK	3
ANTS PRESIDENT'S REPORT	3
AUSTRALASIAN NURSE EDUCATOR'S CONFERENCE REPORT	4
NNEC 2020 ABSTRACT SUBMISSION NOW OPEN	8
REFLECTION, PLANNING ACTION!	9
2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE	11
CORONAVIRUS	12
NURSING EDUCATION REVIEW 2019 REPORT RELEASED	14
ORIGINS OF RESUS ANNIE	16
AHPRA UPDATE - 'New' Assessment Model for IQNM'	19
PROFESSIONAL ASSOCIATION – AIDH	21
NURSING PODCAST NURSING AND MIDWIFERY EMPORIUM	23
MANAGEMENT MATTERS	
Take the leap: Do we need a deep dive to disrupt buzzwords?	24
CoNNMO MEMBER ORGANISATION CONFERENCE LIST	26
HEALTH PROMOTION DIARY	27
NATIONAL EXECUTIVE AND CONTACT DETAILS.....	30
e-BULLETIN CONTRIBUTIONS	30



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

FROM THE EDITOR'S DESK

Welcome to the First Edition for 2020 and the beginning of Winter in Australia. Coronavirus is the talk of everyone with many myths and mixed messages being sent. Refer to the newsletter for the government website for UPDATES and correct information

If you have something of interest in your workplace to a photo story or a short story attend a conference or study day or other activity, please write a short paragraph and send through for inclusion.

Karen Simunov
E-BULLETIN EDITOR

ANTS PRESIDENT'S REPORT

Hello all

Today as I write my report like everyone, I'm sure I'm keeping an eye and ear on the virus crisis. I think we are in for some very interesting times. Between panic buying and rumours that are rampant across the country I wonder how we will limit the virus and more importantly contain the panic.

For many of us travel has been 'banned' by either our workplaces or through border closures or personal decision-making processes. Sadly, we know this will have an effect globally on businesses etc – but we need to make sure that logic and common sense is what we use to make our decisions. I've noted over the last few weeks a number of conferences and seminars have been postponed – even prior to the 'mass gathering' discussions held by the government. Based on the current situation we have decided to postpone the 2020 NNEC Gold Coast and move to 2021 – the date is yet to be decided, and we are collaborating with our New Zealand counterparts to make sure that we don't cross dates. Keep up to date on our web portal and abstract submissions will remain open

CoNNMO council had organised our next meeting in May at Parliament House with a number of politicians invited to discuss nursing strategy and 'big ticket' issues for nurses in Australia. We felt 2020 International Year of the Nurse and Midwife was the ideal opportunity to seek an audience with key parliamentary players and speak out for nurses and midwives across Australia. Unfortunately this was cancelled due to National travel restrictions and the priorities our Government needed to address. CoNNMO council met via videoconference last week and we aim to meet in Parliament in October – depending on the state of our nation

As it is 2020 Year of the International Nurse and Midwife – make the most of promoting Nursing and Midwifery in Australia and the importance of the role we all play in educating our future generations of nurses and midwives. I would love to read your stories through the year on how your workplaces and colleagues are involved in this year long celebration of us.

Take care all, further updates will come regarding NNEC 2020 / 21 as we are able to provide them, don't forget to submit abstracts and get ready for our special event

Michelle, ANTS President

AUSTRALASIAN NURSE EDUCATOR'S CONFERENCE REPORT

PETER TEEKENS, ANTS EXECUTIVE COMMITTEE REPRESENTATIVE



Dunedin Town Hall, and conference venue.

Nicely located in the centre of Dunedin.

(ANEC)" conference in New Zealand. The venue was the very Scottish themed South Island university town of Dunedin.

In November 2019, I was fortunate to attend the New Zealand equivalent of our biennial ANTS National Conference: the "Australasian Nurse Educator's Conference



The theme for the conference was:

"Navigating the future of nursing together through education and practice"

The website used for the for the event is still live <https://www.ivvy.com.au/event/akBANEC/> It with links to the programme, speakers, sponsors and some presentations from the conference.

The audience comprised about 300 delegates, plus trade and organising committee, with good representation from 'across the ditch' with around (50) Australian delegates present. The conference was also supported by (17) trade, and the principle sponsor was the Otago Polytechnic.

After the compulsory housekeeping and introduction (which included a rather alarmingly detailed "what to do in case of earthquake" section) the MC for the conference, Mr Ron Bull gave a very warm welcome, using traditional Maori language and English translations of the various local customs.

The three themes for the conference focused on People, Practice and Purpose, with a mix of keynote speakers and concurrent sessions occurring on each day. There was also a Panel Discussion of Keynote and invited speakers, which discussed trends and changes in nursing education.



*Guest Keynote Address - Day 1
Dr Kathie Lasater, Oregon Health and
Science University, Portland Oregon, USA*



*The main auditorium where
trade and poster displays
occurred with catering.*



*Concurrent session
where typically se*



Panel Discussion on Day 3

The conference dinner, held at the local polytechnic (similar to our Australian TAFE's) was heralded by a loud Scottish bagpipe and highland dancer, with local food and wines, together with the compulsory band and dancing to wrap up the evening.



The guest speaker at the Conference Dinner, was the Curator of the local museum, who talked on the History of NZ Nursing in the Wars, with extensive references to the roles and daily accounts of New Zealander and ANZAC nurses.

had the pleasure of presenting the “Pass the Baton” session on the final day of the conference, which was simply, the invitation to all present to attend our upcoming conference on the Gold Coast; in October this year.

- Given the competitive ‘Aussie v NZ’ rivalry that was present throughout most of the conference, the Passing on the Baton presentation commenced with the showing of this YouTube clip: <https://www.youtube.com/watch?v=0Wo4sEMoauU>
- An introduction to the Aims, membership and work of the Australian Nurse Teachers Society was given, together with a invitation
- A promotional video of the Gold Coast and with a focus on the NNEC 2020 Conference; Theme ... ‘INSPIRE, MOTIVATE AND EDUCATE’.

The next NZ ANEC conference is due to be held in 2021, with Auckland hosting the event.



Interesting to see the promotion of flights at Dunedin Airport from Dunedin to Brisbane (Very timely for our upcoming NNEC 2020 Gold Coast conference)

Otago Daily Times
[Send us news & photos](#) | [Subscribe](#)

[News](#)
[Sport](#)
[Life & Style](#)
[Entertainment](#)
[Business](#)
[Regions](#)
[Features](#)
[Video](#)
[Rural life](#)

Nurse educators in dialogue in Dunedin

By **Emma Perry**

524
 0

[News](#) > [Dunedin](#)

CONNECT WITH US

Facebook
 Twitter
 Email

Speaking to more than 300 nurse academics and clinicians about digital healthcare and health inequalities at the biennial Australasian Nurse Educators Conference held this week in Dunedin is Dr Lance O'Sullivan. PHOTO: GREGOR RICHARDSON

It was interesting to see the Conference made Page 2 of the local newspaper for Day 2 of the conference:
 Link to conference article: <https://www.odt.co.nz/news/dunedin/nurse-educators-dialogue-dunedin>



ABSTRACT SUBMISSION NOW OPEN

The Australian Nurse Teachers' Society (ANTS) invites you to submit an abstract for the 18th National Nurse Education Conference. This year's theme '**Inspire, Motivate, Educate**' reflects the life-long learning journey of the nursing and midwifery profession to share knowledge and to celebrate experiences.

The following key areas that may be of interest in the conference are outlined below.

These will be given preference for inclusion in the program:

- Creating and supporting change in education and learning
- Innovative educational programs
- Student engagement initiatives
- Collaborative health education projects
- Supporting vulnerable groups through education

(such as children, refugees, Aboriginal and Torres Strait Islanders)

[Abstract Submission Link](#)



Guidelines and templates are available on the Conference website for abstract submission.

KEY DATES

ABSTRACT SUBMISSION NOW OPEN

And will remain open until further notice

REFLECTION, PLANNING, ACTION!

AUTHORS: BETH PIERCE, LECTURER, GRIFFITH UNIVERSITY; CREINA MITCHELL, ACTING PROGRAM DIRECTOR NURSING, GRIFFITH UNIVERSITY

Reflection on education practices is a valuable way for the nurse educator to explore and validate their role and abilities (Legare & Armstrong, 2017; Scanlan & Chernomas, 1997). Regardless of practice setting/context, there are many aspects of teaching practice the nurse educator may choose to reflect upon – active learning; facilitating collaboration amongst students; ability to provide effective feedback; etc.

Planning for teaching is one area of practice that warrants reflection, particularly given the potential downstream benefits it reaps relative to student learning. Planning enables the educator to think carefully about the needs of learners; decide on what will be achieved by the teaching session (i.e. learning outcomes); select appropriate methods of teaching (i.e. active and experiential learning); and consider how the effectiveness of teaching will be evaluated (Moore-Cox, 2017). Effective planning also frees up time during the actual teaching session to “fine-tune” one’s chosen strategies rather than deciding which strategies to use.

A great way to capture planning, and to ensure that all staff involved with teaching a session are “on the same page”, is to use a lesson plan. Moore-Cox (2017) points out that lesson plans are used extensively in primary and secondary education, but are not always an expectation in tertiary education, or nursing education for that matter. She argues that lesson plans are a great way for nurse educators to plot the possible activities of a learning session (particularly active learning strategies), creating a road map to guide both staff and students.

S

he proposes that well-designed lesson plans in nursing education should:

- reflect curricular expectations and boundaries
- incorporate nursing standards/competencies
- identify learning outcomes
- detail the who, what and how long of active learning strategies
- detail strategies for promoting student-to-student collaboration and team work

We have adapted the lesson plan developed from Moore-Cox’s research into a word document for your use (accessible via the link below). Please feel free to access, download, and adapt it. If this version doesn’t tickle your fancy, there are a plethora of other free lesson plan templates available online (simply google).

<https://drive.google.com/file/d/1RDwdPH7a6fAGIkM79V2h2H3A8M6tGESa/view?usp=sharing>
(download via top right-hand corner by selecting the download icon)

Course: _____

Lesson (class) title: _____

Type of lesson (circle one): Lecture Seminar Tutorial Laboratory Other

Lesson duration: _____

Date plan Created: _____ Date plan revised: _____

Lesson (class) learning outcomes:

1. _____
2. _____
3. _____

Curriculum mapping:

- Which course LOs addressed? _____
- Which assessment addressed? _____
- Which NMBA Standards for Practice addressed? _____

PRE-LESSON: what should students do <u>before</u> class?				
Who?	What?	How long?	Educator responsibilities	Complete? (✓)
Examples: Individual students; or groups of students	Examples (one of these sufficient): <ul style="list-style-type: none"> • Module 1, Topic 1 • Read Smith & Smith (2020) article • Interview a family member about hospitalisation experience • Locate, read and post on the discussion board, one article RT deteriorating patient • Read case study posted online 	Example: 1 hour	Example: <ul style="list-style-type: none"> • Review online content/release to students; • Set up discussion board thread 	
LESSON: What will students do <u>during</u> class?				
Who?	What?	How long?	Session LO addressed?	
Examples: Individual students; pairs; groups of 4-5	Example: Pair and share activity – work with another students to identify 3 signs that patient in case study is deteriorating	Example: 15 minutes (5 min discussion in pairs + 10 min discussion about signs of deterioration)	Example: LO 1	
	Add Activity			
	Add Activity			
	Add Activity			
POST-LESSON: What will students do <u>after</u> class?				
Who?	What?	How long?	Educator responsibilities	Complete? (✓)
Examples: Individual students; or groups of students	Examples (one sufficient): <ul style="list-style-type: none"> • Work on 1st task in Assessment 1 • Complete 5 practice MCQs online • Post one "take-away message" from lesson on discussion board/answer garden 	Example: 10 min	Example: Set up 5 MCQs online and announce	Example

Adapted from Moore-Cox (2017)

Remember to share completed lesson plans with other educators who may be teaching the same session; this will assist in maintaining consistency. Developing lesson plans in collaboration with colleagues (called collaborative lesson planning) has also been shown to facilitate the sharing of ideas between novice and experienced educators, allowing them to all to gain greater awareness of effective learning and teaching principles (Norton et al., 2019).

REFERENCES:

- Legare, T. L., & Armstrong, D. K. (2017). Critical reflective teaching practice for novice nurse educators. *Teaching and Learning in Nursing*, 12(4), 312-315. <https://doi.org/10.1016/j.teln.2017.05.004>
- Moore-Cox, A. (2017). Lesson plans: Road maps for the active learning classroom. *Journal of Nursing Education*, 56(11), 697-700. <https://doi.org/10.3928/01484834-20171020-12>
- Norton, J., Helgevold, N., & Bjuland, R. (2019). The role of collaborative planning: How to use joint planning as a learning process in lesson study. In P Wood, D. Larssen, N. Helgevold & W. Cajkler. (Eds.), *Lesson study in initial teacher education: Principles and practices* (pp. 61-73). Emerald Publishing Limited.
- Scanlan, J.M., & Chernomas, W.M. (1997). Developing the reflective teacher. *Journal of Advanced Nursing*, 25(6), 1138-1143. <https://doi.org/10.1046/j.1365-2648.1997.19970251138.x>

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring for mothers and children; giving lifesaving immunizations and health advice; looking after older people and generally meeting everyday essential health needs. They are often, the first and only point of care in their communities. The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030.

That's why the World Health Assembly has designated

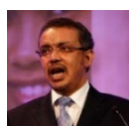


<https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020>

Join WHO and partners including, the International Confederation of Midwives (ICM), International Council of Nurses (ICN), Nursing Now and the United Nations Population Fund (UNFPA) in a year-long effort to celebrate the work of nurses and midwives, highlight the challenging conditions they often face, and advocate for increased investments in the nursing and midwifery workforce.

WHAT PEOPLE SAY ABOUT THE INTERNATIONAL YEAR OF THE NURSE AND MIDWIFE

<https://www.nursingtimes.net/news/2020-international-year-of-the-nurse-and-midwife/all-you-need-to-know-about-2020-year-of-the-nurse-and-midwife-07-01-2020/>



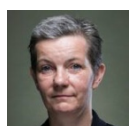
"Without nurses and midwives, we will not achieve sustainable development goals or universal health coverage"

Tedros Adhanom Ghebreyesus, director general, World Health Organization



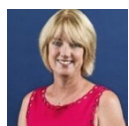
"The 20 million nurses around the world will be thrilled to see their profession recognised in this way"

Annette Kennedy, President, International Council of Nurses



"2020 is a time for us to say thank you. Enjoy the celebrations – you've earned them"

Andrea Sutcliffe, Chief Executive and Registrar, Nursing and Midwifery Council

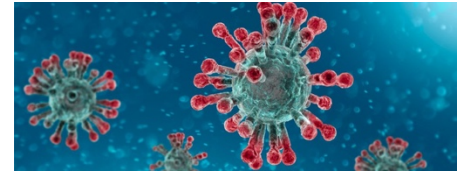


"The Year of the Midwife is a celebration of the contribution that midwives make to the lives of families"

Gill Walton, Chief Executive, Royal College of Midwives

CORONAVIRUS (COVID-19)

Every day the state of play is updated on the Corona Virus Coronavirus (COVID-19) impact on countries, quarantine requirements, spread, deaths and closure of borders.



This respiratory illness caused by a new virus with symptoms ranging from a mild cough to pneumonia. First detected in Wuhan, Hubei Province, China it has now been detected in 100+ locations internationally.

The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”). On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC).

SOURCE AND SPREAD OF THE VIRUS

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2). The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Some international destinations now have community spread of COVID-19 as it is not known how or where they became exposed.

CURRENT RISK ASSESSMENT

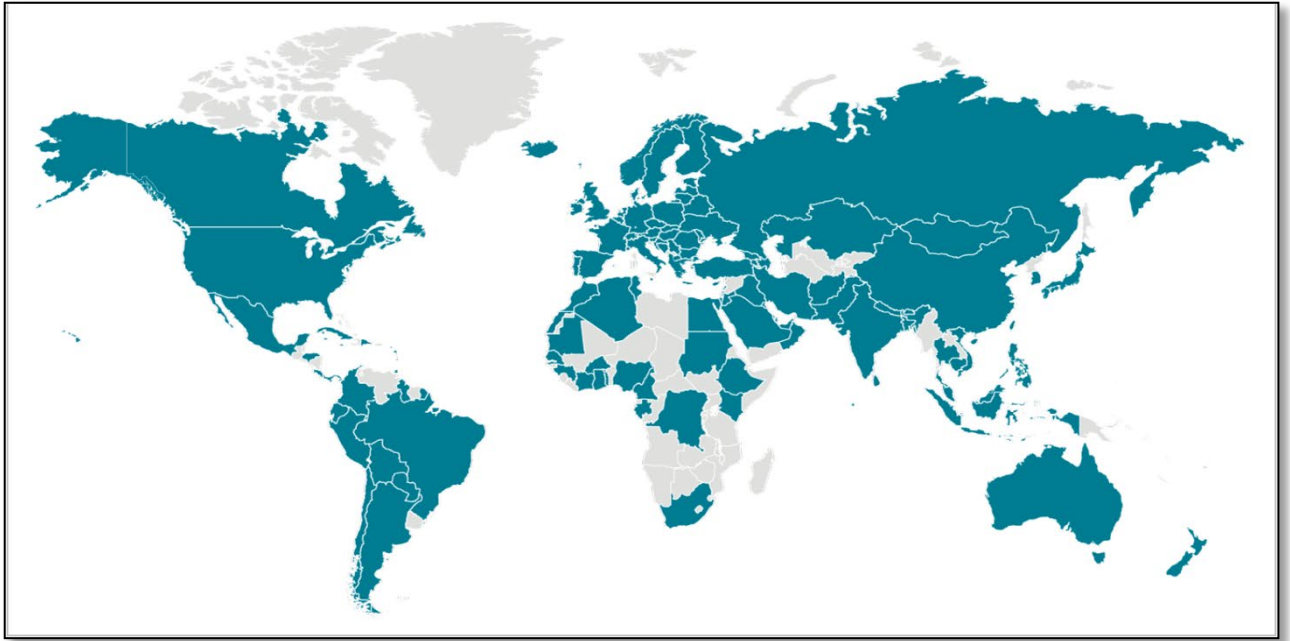
For the majority of people, the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low.

- Places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with increase in risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.

HOW PREPARED IS AUSTRALIA

Video link to the ABC 7.30 report (*approx. 5 minutes in length*)

<https://www.abc.net.au/7.30/how-prepared-is-australia-for-a-global-coronavirus/12004602>



World Map at 14/3/2020 <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/world-map.html>

WEBSITES FOR UPDATES

The following links are to each state department of health with a focus on Corona Virus

NSW <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

NT <https://health.nt.gov.au/news/coronavirus>

SA <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/infectious+disease+control/novel+coronavirus+%282019ncov%29+infection+for+health+professionals>

TAS https://www.health.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus

VIC <https://www.dhhs.vic.gov.au/coronavirus>

WA https://www2.health.wa.gov.au/Articles/A_E/Coronavirus

Reduce your risk of coronavirus infection:

-  Clean hands with soap and water or alcohol-based hand rub
-  Cover nose and mouth when coughing and sneezing with tissue or flexed elbow
-  Avoid close contact with anyone with cold or flu-like symptoms
-  Thoroughly cook meat and eggs
-  Avoid unprotected contact with live wild or farm animals

 World Health Organization

OTHER WEBSITES OF INTEREST

<https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>

<https://www.cdc.gov/coronavirus/index.html>

<https://www.elsevier.com/connect/coronavirus-information-center>

WHO Poster

<https://www.elsevier.com/connect/coronavirus-information-center>

NURSING EDUCATION REVIEW 2019 REPORT RELEASED

Dr Christine Taylor, National Treasurer, Ants

On 4 December 2019 the Independent Review of Nursing Education was released by the Department of Health. The report was authored by Emeritus Professor Steven Schwartz. As an organisation representing nurse educators in Australia, the ANTS National committee submitted views and recommendations for the review.

The review produced 26 recommendations based upon feedback from consultations, submissions and four literature reviews (fit for purpose/work ready/transition to practice; nursing as a career choice; clinical skill development; and future directions in health care delivery).

Out of the recommendations, the following may be of particular interest to members. Note: the final recommendation was that the “National Nursing and Midwifery Education Advisory Network (NNMEAN) should be given responsibility for monitoring the realisation of this review’s recommendations” (Schwartz, 2019, p. xii). It will be interesting to see how the NNMEAN progresses these recommendations as they can have huge impacts on organisations in terms of funding and placements. Universities and health providers are struggling to place students, and if all registered nursing students are to have 1,000 hours this will provide many challenges unless we think about the different solutions to our current practices.

Changes would have to be made in the tertiary sector if all nursing students were to undertake the same examination for registration. This can have advantage of providing a more consistent education across the country, but there is a risk that educators may ‘teach to the exam’ resulting in a greater assessment focus instead of learning.

We will be monitoring the implementation of the recommendations with interest and keep members informed of developments.

TERTIARY EDUCATORS

Recommendations also included ensuring courses focus on mental health and primary care and specify health informatics and digital health outcomes (Schwartz, 2019, pp. xiv-xvi).

Recommendation 4. NMBA should require all candidates for registration to undergo an independent assessment to demonstrate they have the literacy and numeracy skills required to practise safely.
--

Recommendation 6. NMBA practice standards should specify the core knowledge, skills, and procedural competence newly registered ENs and RNs require to function in any workplace setting.
--

Recommendation 7. To ensure quality and equity, NMBA and ANMAC should consider implementing an accreditation system for clinical placements. Only practice hours spent in accredited placements should count toward meeting practice hour requirements.
--

Recommendation 10. To ensure that all nurses are adequately prepared, ANMAC and the NMBA should
--

increase the minimum number of placement hours required for the Bachelor of Nursing degree to 1,000 hours. ANMAC/NMBA should also increase the minimum number of placement hours required for EN diplomas and graduate-entry master's degree programs proportionately.

Recommendation 11. The outcomes-based cognitive and behavioural assessments that will be used to determine whether internationally educated nurses are safe to practise in Australia should be used to serve the same purpose for domestic graduates.

HEALTH FACILITY IMPLICATIONS

Recommendation 13. NMBA and ANMAC should establish a national web-based TTP. The TTP should be flexible enough to be tailored to the individual needs and circumstances of different workplaces. Completing this TTP should be a requirement for all nurses in their first year.

Recommendation 22. In partnership with states and territories, the Commonwealth Department of Health should initiate an ongoing assessment of replacement, recruitment, and retention rates for generalist and specialist nurses across the country.

FULL REPORT AND LITERATURE REVIEWS AVAILABLE AT

<https://www.health.gov.au/resources/collections/educating-the-nurse-of-the-future-report-and-literature-reviews>

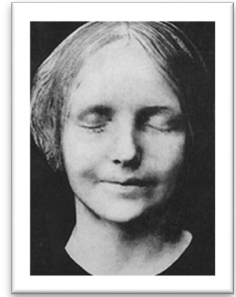
Schwartz, S. (2019). Educating the nurse of the future—report of the independent review into nursing education. Commonwealth of Australia. Retrieved from <https://www.health.gov.au/resources/publications/educating-the-nurse-of-the-future>

ORIGINS OF RESUS ANNIE

ADAPTED FROM PETER DOCKRILL, 24 DEC 2018 AT [HTTPS://WWW.SCIENCEALERT.COM/HOW-DEAD-GIRL-PARIS-ENDED-UP-MOST-KISSED-LIPS-IN-HISTORY-L-INCONNUE-DE-LA-SEINE-RESUSCI-ANNE-CPR-ANNIE-DEATH-MASK](https://www.sciencealert.com/how-dead-girl-paris-ended-up-most-kissed-lips-in-history-l-inconnue-de-la-seine-resusci-anne-cpr-annie-death-mask)

*Nobody knows what her name was.
We don't know her age or background.
How her life brought her to Paris, and left her drowned in the River Seine.
The girl known forevermore as 'L'Inconnue de la Seine'.*

*L'Inconnue photograph
(Public domain, undated)*



A lifeless body of a young girl, estimated to be 16 years of age, was pulled from the murky waters of the River Seine in the late 19th century. The exact history is a matter of some debate – but what follows is the most commonly told version of the story.

L'Inconnue, is estimated to have been about 16 years old when she died, and may have been a suicide as there were no marks on her body, with the conclusion she took her own life.



After being pulled out of the Seine, the body was transported to the Paris mortuary, and put on public display alongside the bodies of other unknown dead for the purpose of identification.

Despite the crowds, however, nobody recognised *L'Inconnue*, or at least none came forward. While she may never have been identified by the crowds who attended her corpse, that's not

to say
she

went unnoticed.

*Corpse viewing at the Paris morgue
(G. Garitan/ CC BY-SA 4.0)*

Even in death her serene appearance turned heads.

One of those belonged to an attendant at the mortuary, who ordered a plaster cast to be made of her face. Before long, *L'Inconnue's* alluring, deathly likeness was reproduced in facsimiles sold in souvenir shops across Paris, then Germany, and the rest of Europe.

The mesmerising mask of this unknown dead girl became a coveted cultural icon. Described as the "drowned Mona Lisa" by philosopher and author Albert Camus.

In time, *L'Inconnue's* frozen half-smile rested on mantels; hung in drawing rooms and positioned in artists' workshops as a mute, motionless model. Poets and novelists also became entranced.

At some point, *L'Inconnue* turned into a kind of morbid meme for early 20th century writers, who contrived countless dramatic histories for this heartbroken heroine, engulfed by ill fortune and the weight of water.



*L'Inconnue mask
(Phelps et al/Journal of
Paediatrics and Child Health)*

*"Death in water was a very romantic concept.
Death, water, and woman was a tantalising combination."*

Half a century after *L'Inconnue* fame and fascination she was transformed again, with the help of a man who was born decades after she died. Asmund Laerdal, was a Norwegian toy manufacturer. His company started in the early 1940s printing children's books and calendars, before moving on to small toys made out of wood.

After the war, Laerdal began to experiment with a new kind of material that had just entered mass production: plastic. Using this soft, malleable substance, he manufactured one of his most famous playthings: the 'Anne' doll, acclaimed in Norway as the "toy of the year... with sleeping eyes and natural hair".

One day, Laerdal's two-year-old son, Tore, nearly drowned. Had his father not rushed to intervene – pulling the limp boy from the water and forcing the water out of his airways – things would have turned out very differently. A group of anaesthesiologists approached Laerdal for a doll to demonstrate a newly developed resuscitation technique, known as CPR, they found an attentive, receptive listener.

With this group of researchers including, the Austrian physician Peter Safar, who had helped pioneer the CPR method, Laerdal embarked upon a history-making project: making a life-sized mannequin that people could use to practise life-saving techniques.

For a toymaker it was a challenge to make a realistic, functional mannequin; one that could reliably demonstrate the physical complexities of cardiopulmonary resuscitation. Aside from the technical issues, what kind of face would he give to this giant doll?

Laerdal recalled a strange, enigmatic half-smile. A serene mask he'd seen hanging on the wall at his in-laws' house. It was, of course, *L'Inconnue*.

Laerdal kept the name of his Anne doll, but gave the new mannequin *L'Inconnue's* face, along with a body of full sized adult dimensions. Including a collapsible chest for practising compressions, and open lips to simulate mouth-to-mouth resuscitation.



Laerdal felt it was important that the mannequin should be a female, suspecting that men in the 1960s would be reluctant to practise CPR on a male doll's lips.

The mannequin named *Resusci Anne* (Rescue Anne).

In America, she was known as CPR Annie.

Since the 1960s, other CPR mannequins have become available, however

Asmund Laerdal with Resusci Anne (Laerdal)

Resusci Anne is considered the first and most successful 'patient simulator' ever!

Resusci Anne is responsible for helping hundreds of millions of people learn the basics of CPR and save a life and why it is often said to have the 'most-kissed face of anyone in history'.

Today, the Laerdal company estimates that two million lives have been saved by CPR.

Ironically, most of these rescues were the eventual result of people kneeling down and coming face to face with the replica of an unknown dead girl from Paris who perished long before the technique could ever have saved her.

With time, the resuscitation replica became famous herself – separately from *L'Inconnue* and the bygone trends of late 19th century Paris.

The lyric "Annie, are you OK?" from the Michael Jackson song "Smooth Criminal" actually stems from American CPR training, in which students practise speaking to their unresponsive plastic patient, CPR Annie.



Resus Annie, Laederal

Today, however, many doubt that the flawless features of *L'Inconnue's* mask could have ever come from a drowned girl. Skeptics suggesting that the face of a corpse, especially one retrieved from a river, would be misshapen, bloated, or scarred. Some say the mask may have instead been taken of a live model and later became somehow swept up in another girl's legend.

For those who have independently studied *L'Inconnue's* history, such as paediatrician and educator Megan Phelps (University of Sydney's School of Medicine), who travelled to Paris as part of her research – the richness of the mystery is its own reward.

"The challenges of learning more about her story and her impact as a cultural icon have given her even more significance for me"

"She has been an enigmatic figure for me, and I have thoroughly enjoyed the figurative and literal journeys on which she has taken me."

Others are sceptical of how the famous mask came to be:

- perhaps the dead girl was the original basis of the mask, with features intentionally moulded into a more aesthetically pleasing visage to disguise the blemish of drowning and death
- hybrid possibility somewhere in the middle is *L'Inconnue* posed for the moulder, and later drowned herself from which point the mask became famous, and a legend grew around it.

All these hypothetical scenarios have been suggested, but we will likely never know the one true tale. *L'Inconnue's* remains are thought to have been disposed of in an unmarked pauper's grave, and police records from the era make no mention of this mysterious girl. But while the morbid myth provides an undeniably intriguing, fascinating story we tell ourselves, perhaps it no longer really matters whether we solve the mystery.

Whoever this face once belonged to in the 19th century, the ultimate story of *L'Inconnue* and *Resusci Anne* is something that transcends any one person:

a face that became a mask that embodied an ideal of beauty for generations.

Only then, it became something even greater still:

the literal face of a life-saving technique that prevented millions more from dying before their time.

There, in the still calmness of her face, something indefinable, drawing us to her all along,
inviting us to wake her up, to revive her, to try to save her.

AHPRA UPDATE | NEW ASSESSMENT MODEL FOR INTERNATIONALLY QUALIFIED NURSES AND MIDWIVES (IQNMs).

<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Transition-to-a-new-assessment-model-for-internationally-qualified-nurses-and-midwives.aspx>

From March, all IQNMs who wish to make a new application for registration will need to enter their qualifications information into the online Self-check. IQNMs will then be advised of the steps (assessment stages) they need to complete before they are eligible to apply for registration.

The NMBA will transition to an outcomes-based assessment (OBA) for IQNMs who hold a qualification that is relevant but not substantially equivalent or based on similar competencies to an Australian approved qualification (and who demonstrate they meet the mandatory registration standards). This will replace the current need for bridging programs.

The new model of assessment includes:

- the online Self-check for all IQNMs
- an orientation program for all IQNMs who are advised to continue with the assessment process, and
- an OBA for some IQNMs.

Self-check

IQNMs who are assessed as holding a qualification that is substantially equivalent or based on similar competencies to Australian approved qualifications (and demonstrate meet the mandatory registration standards), will be eligible to apply for registration following completion of Orientation Part 1.

IQNMs who are assessed as holding a qualification that is relevant but not substantially equivalent or based on similar competencies to Australian approved qualification (and who can demonstrate they meet the mandatory registration standards), will be required to successfully complete an outcomes-based assessment (OBA) prior to being eligible to apply for registration.

IQNMs that do not hold a relevant qualification (under section 53 of the National Law) or do not meet the required assessment criteria *will need to upgrade their qualification in Australia before being eligible to apply for registration*. Their qualification can be upgraded in Australia (through completion of an NMBA approved program of study) or any other country of choice providing the qualification meets the qualification assessment criteria.

Orientation program

All IQNMs who are advised to proceed in the IQNM assessment process will need to complete the orientation program in order to be registered in Australia. There are two parts to the orientation program.

Part 1 - online learning course to introduce IQNMs to Australia and Australian healthcare context.

Part 2 - more in-depth online introduction, including content on diversity of Australian culture. Completed once registered with NMBA and requirement of registration until completed.

In addition to completing the orientation program, expectation that all nurses and midwives in Australia seek out and be part of the workplace induction and/or local orientation provided by their employers. Guidance for employers on the content to include will be provided.

What is the OBA?

A two-stage assessment process: a multiple-choice question exam (MCQ) and an objective structured clinical exam. IQNMs must pass the first stage before moving to the next stage.

- Stage one - cognitive assessment, computer-based MCQ exam. Must pass to move to part two.
- Stage two - behavioural assessment in the form of an objective structured clinical examination (OSCE). The OSCE has been developed to assess that an IQNM demonstrates the knowledge, skills and competence of a graduate level Australian nurse or midwife.

When will the OBA for IQNMs start?

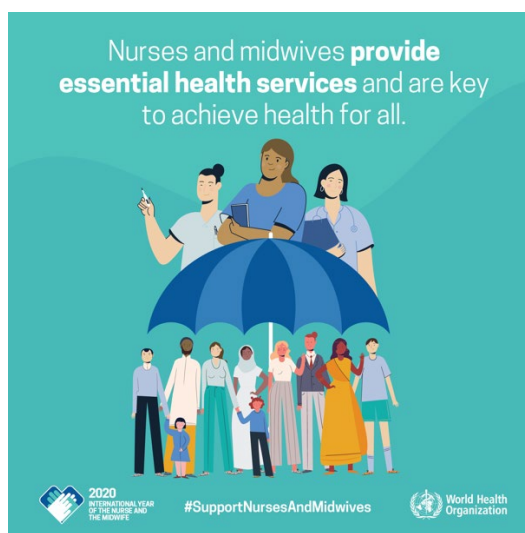
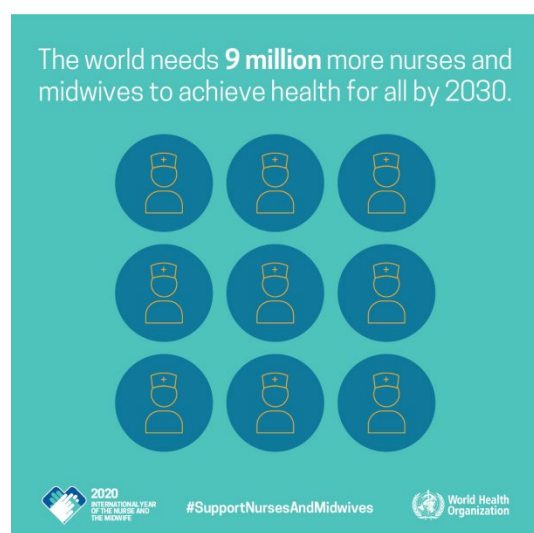
The new model of assessment will start in **March 2020**, and all IQNMs with relevant but not substantially equivalent qualifications (and who demonstrate they meet the mandatory registration standards) will be referred to the OBA and will no longer be referred to bridging courses.

What if I have already started a bridging course?

IQNMs who have already started a bridging course should continue to complete the program.

Are there still bridging programs available for IQNMs?

Bridging programs are expected to continue into 2021 for IQNMs who hold a referral to bridging. A referral to bridging does not guarantee a place in a program.



FORMATION OF NIA AND HISA AND ACHI

- 1985 Nursing Computer Group Victoria (NCGV)
- 1986 National network of health informaticians
- 1991 IMIA-NI conference in Melbourne
- 1991 NCGV changed to NIA
- 1993 Health Informatics Conference - Brisbane
- 1993 HISA
- 2001 NIA SIG of HISA
- 2002 Australasian College of Health Informatics (ACHI)

FORMATION OF AIDH

2020 Health Informatics Society of Australia (HISA) merged with the Australasian College of Health Informatics (ACHI) to form the Australasian Institute of Digital Health as voted by members

VISION

The vision of the Institute is healthier lives, digitally enabled. There are three strategic pillars:

- Innovation and discovery - Leading and influencing the progression of digital health
- Workforce participation - Building the digital health capability of the healthcare workforce and champion expertise
- Citizen engagement - Elevating the voice of consumers and building the clinical willingness

Our range of accessible programs and services are available to any member of the public and the Institute is a non-profit organisation.

MEMBERSHIP

Various memberships categories are available, valid to 31st March of the following year.

Fellow	Individual	Student / Concession / Retired
Associate Fellow	Affiliate Individual	Affiliate Student

EDUCATION / SHORT COURSE PROVIDERS

Post university postgraduate coursework programs may offer a single subject as a short course.

In addition, incorporated training providers offer structured learning in Health Informatics and equivalent fields. Vocational training offer accredited units of study, as well as single subjects.

CAREER BUILDING

Members and Fellows enjoy numerous digital health and health informatics career building opportunities: Networking across Australasia through State and national conferences and events, mentoring, fellowship, education and the certification of their skills.

Many agencies have supported their employees through the Certified Health Informatics Australasia accreditation and are seeing benefits in the workplace. Whatever stage of your career in healthcare, the Australasian Institute of Digital Health offers the next step to success in the digital health ecosystem

SERVICE SPECIALTY AREAS

The AIDH offers short term strategic advisory services. Fellows and members are invited to provide input and opinion on a wide range of digital health and health workforce questions.

- Primary care
- Aged care
- Medical imaging
- Nursing workflow
- Emergency discharge processes
- Medication management
- Data definition and collection design
- .. and others

PUBLICATIONS

- White paper - What is digital health and why does it matter?
- Allied health - Allied health professionals have untapped potential:
- Leadership in Clinical Informatics - What is digital health and why does it matter?
- The future of healthcare is digital (HIC 2018)
- CHIA A Practitioner's Guide to Health Informatics in Australia (2nd edition)
- Security Check - HISA's cybersecurity community of practice survey report
- Australian eSafety Professional Practice Guidelines
- Guidelines for the Protection of Health Information: Protecting Health Information is Everyone's Business (2015)
- Nursing Informatics - Nursing Informatics Joint Position Paper
- CHIA - Health Informatics Competencies Framework

NURSING PODCAST | NURSING AND MIDWIFERY EMPORIUM

posted on the ANTS website 22 november 2019

Nicole Nash-Arnold from Nurse Manager HQ and Sue Walker from the Nursing CPD Institute talk to Nurses around the globe about "This Nursing Life". Sue and Nicole have worked together for years now and waxed lyrical for most of that time on all things nursing.

WHO ARE THEY?

Sue is the founder of the Nursing CPD Institute, as well as the Nurses for Nurses Network. Sue co-founded these businesses to empower nurses with their clinical prowess. You can hear more about Sue and her story in Episode #4 of the podcast.

Nicole has a background in theatre nursing, education as well as senior and executive nursing leadership roles. I run Nurse Manager HQ. My bag is nursing culture: whether that's helping nurses communicate with their team, with their clients or with each other. You can hear more about her story in Episode #5 of the podcast.

HOW DID IT COME ABOUT?

Meeting Mark Aitken saw that all the things that Sue and Nicole had discussed ad-naseum were all the things that Mark felt passionate about as well.

The big issues they had intuitively felt nurses were worried about with interactions through Nurses for Nurses and Nurse Manager HQ were mirrored back from Mark and his work with Nurse + Midwife Support. Nurses were worried about how to progress their career, retirement and finances, wellness and where to go for educational opportunities

And so that was it! A platform was needed to be put together to give nurses the information, resources and stories that they needed to live their best nursing life.

Nursing + Midwifery Emporium was born for exactly that reason. Sue's and Nicole's vision was to create a place where nurses could access a variety of non-clinical information about their careers and the lifestyle of being a nurse.

Listen to the Nursing and Midwifery Emporium Podcast at <http://www.nmemporium.com/> on 'This Nursing Life'

MANAGEMENT MATTERS | TAKE THE LEAP: DO WE NEED A DEEP DIVE TO DISRUPT BUZZWORDS?

ADAPTED FROM: <https://psnews.com.au/2020/03/02/take-the-leap-do-we-need-a-deep-dive-to-disrupt-buzzwords/?state=sa>

What is the new buzz word in your organisation? In the corporate world it's a continual loop of inventing new, positive words that polish up old, negative ones.

Silicon Valley has recast the chaotic-sounding "break things" and "disruption" as good things.

An anxious cash grab is now a "monetisation strategy" and if you mess up and need to start over, just call it a "pivot" and press on.

It's the Uber for BS, you might say.

As a educator we often have to weave our way through reports or papers, which are full of awkward turns of phrase. Even more tedious is organisations, always seem to want to arm "stakeholders" with tools for their "toolboxes".

Not quite a cliché, not quite a term of art, a buzzword is a profound-seeming phrase devised by someone important to make something sound better than it is.

Typically, the buzzword develops a shibboleth status in a given field — "We're all about The Journey" — to the point where everyone is saying it and everyone feels as if they must say it.

Meanwhile, with each repetition and slide deck, the term grows more hackneyed, and many of its speakers grow more nauseated at its mention.

Does anyone actually say "disrupt" with a straight face anymore?

Ask on Twitter about everyone's least favourite buzzwords, people really "*mind-shared*" some good ones. "*Capacity*" grates, as does "*at-risk*" when describing people, along with the delightfully redundant "*root cause*". The "*optics*" of "*growth hacking*" do little to "*value-add*", as well.

But the strange thing is, these folks are from the fields in which those words are used.

Like everyone's loud tipsy uncle, the buzzwords people know best tend to be the ones that irritate them most. That so many people continue to use these words anyway speaks to one of the most powerful quirks of office life — and the power dynamics that make it so difficult to change. According to Gretchen McCulloch, the author of *Because Internet*, buzzwords were born from the artifice of the office itself.

At work, people are paid to do things they wouldn't otherwise do in their leisure time.

They don't dress at the office the way they do at home; they don't act at the office the way they do outside of it; and they don't talk about drilling down and rightsizing around their friends. Buzzwords mark the boundary of work life, broadcasting "*I'm working!*". They allow workers to relate to one another — the much-decried "*synergy*" is an important part of a lot of people's jobs, after all.

Frankly, buzzwords also help save time.

You can command a co-worker to "*get their ducks in a row*" and have them basically know what

you mean. In this way, speaking in business jargon is a way of showing that you fit in with the office. From a more cynical perspective, buzzwords are useful when office workers need to dress up their otherwise pointless tasks with fancier phrases — *you know, for the optics*.

Coalminers, doctors and tennis instructors have specific jargon they use to get their points across, but ‘all-purpose business language is the language you use when you aren’t really doing anything’, says anthropologist David Graeber, the author of *Bullshit Jobs*.

Similarly, buzzwords can provide a PR-friendly gloss on whatever “*pain points*” you’re trying to cover up.

Given its ubiquity, we might expect workers to stop worrying and embrace the buzzword.

What’s so wrong with a little thought-leading?

The reason buzzwords are so annoying, McCulloch says, is that language is inherently a reflection of the people who speak it and the circumstances in which it’s used. Terms such as “*circling back*” and “*touching base*” are inseparable from that one annoying work task you’re just trying to get someone to respond to. ‘If you find corporate buzzwords annoying, it’s probably because you find work annoying,’ McCulloch says.

The fact that buzzwords are a joke even to many of the people who rely on them suggests that work, and its language, is a kind of pretence. And speaking the language of work reminds people that they’re pretending. Graeber remembers the first time he and his high-school friends shook hands, as kind of a gag. It became a recurring joke, as in ‘Oh, this is what adults do’.

‘People in these offices are permanently caught at that moment,’ Graeber says. We’re forever “*closing the loop*” on things because of a vague notion that this is what adults do.

Few people enjoy faking it in this way, though.

Buzzwords are a reminder, in a way, of a time in life when it was acceptable to speak more plainly and say what you really meant. The realisation that you’re rarely doing much of either anymore can be depressing.

Blue-sky scenario, you would ditch the wheelhouses and start speaking more straightforwardly. But McCulloch warns that doing so may brand you as an iconoclast — something that’s more fraught for women and people of colour, who already face greater barriers to acceptance in the workplace.

For many workers, it can be risky to tell your boss that you’re going to “*come up with really random, insane ideas to see if you like any of them*”, rather than that you plan to “*think outside the box*”. So, rather than disrupting the status quo, you may just want to leverage your ability to speak Corporate to bring more to the table. At least until you become the boss.

*Olga Khazan is a staff writer at The Atlantic. She tweets at @olgakhazan.

This article first appeared at www.theatlantic.com.

CoNNMO MEMBER ORGANISATION CONFERENCE LIST

ANZSOM Annual Scientific Meeting

19-22 March, Peppers Silo, Launceston, Tasmania

Visit: <https://www.anzsom.org.au/annual-scientific-meeting/asm-2020>

CDNM Symposium Future-proofing the profession: A think tank for nursing and midwifery

26-27 March, Sunshine Coast Convention Centre, Novotel Twin Waters, QLD

Visit: <https://www.cdnm2020.com/>

APNA National Conference Valued / Visible / Respected

21-23 May, International Convention Centre, Darling Harbour, NSW

Visit: <https://www.apna.asn.au/conference>

Nursing Informatics International Congress Nurses and midwives in the digital age

27-29 July, Brisbane Convention and Exhibition Centre, South Brisbane, QLD

Visit: <https://ni2020.org/>

DANA Australasian Conference and Nurse Practitioner Symposium Vision 2020

13-14 August, Adelaide, SA

Visit: <https://www.danaonline.org/category/conference/>

ACN National Nursing Forum Champions of Change

19-21 August, National Convention Centre, Canberra, ACT

Visit: <https://www.acn.edu.au/events/national-nursing-forum-2020>

46th International Mental Health Conference (ACMHN) 2020 Vision: Mental Health Nursing in Focus

14-16 October, Surfers Paradise Marriott Resort & Spa, Gold Coast, QLD

Visit: <https://www.acmhn2020.com/>

38th CRANApplus Conference Passion. Purpose. Influence. Impact.

14-16 October, QT Canberra, ACT

Visit: <http://www.cranaconference.com/>

National Nurses Educators Conference (NNEC) Inspire, Motivate, Educate

28-30 October, Sea World Resort, Gold Coast, QLD

Visit: <https://dcconferences.eventsair.com/nnec-2020/>

Wounds 2020 Connect, Collaborate, Innovate

4-7 November, Brisbane Convention and Exhibition Centre, Brisbane, QLD

Visit: <http://www.wounds2020.com.au>

HEALTH PROMOTION DIARY

MARCH		
1-31	National Epilepsy Awareness Month	<i>Wear purple in support of National Epilepsy Awareness Month. Purple Day on 26 March.</i>
1-7	Hearing Awareness Week	<i>Helps bring hearing impairments to local community attention.</i>
6	March into Yellow	<i>March into Yellow challenge raises profile and awareness of endometriosis. Encouraged to wear yellow and raise money for a cure.</i>
8-14	World Glaucoma Week	<i>Builds awareness of what is the leading cause of irreversible blindness. Raises funds to advance research on glaucoma.</i>
10	National Day of Women Living with HIV	<i>Started in 2016 to help highlight and bring attention to women suffering from the disease, who are often neglected.</i>
12	World Kidney Day	<i>Global awareness campaign focuses its attention on raising awareness for Chronic Kidney Disease.</i>
13	World's Greatest Shave	<i>Commenced in 1998, money raised goes to support individuals and their families living with the disease(s) and blood cancer research.</i>
13-20	Coeliac Awareness Week	<i>Raises awareness of symptoms of coeliac disease. Provides insight into diagnosis, prevention and treatment.</i>
15	Undiagnosed Children's Awareness Day	<i>Approximately 1 in 20 children are born with a genetic disorder. 60% who present with syndromic features never receive a diagnosis.</i>
15-22	Multiple Birth Awareness Week	<i>Multiple Birth Awareness Week celebrates families raising twins, triplets and beyond and the challenges.</i>
21	World Down Syndrome Day	<i>How important access to health care, intervention programs and inclusive education is for wellbeing of someone with down syndrome.</i>
23-29	Kidney Health Week	<i>Campaign at grassroots level, to raise awareness of prevention and early detection of kidney disease.</i>
24	World Tuberculosis Day	<i>Education and awareness of how common tuberculosis is and how it is responsible for the deaths of several million people every year. Also raises funds to help eliminate tuberculosis as a public health issue in developing countries.</i>
25	FND Australia Awareness Day	<i>Neurological disorder affecting motor, movement and sensory functions of the body. Second most common reason for neurology referral. Unite voices across oceans/borders #Voices4FND.</i>

APRIL		
2	Go Blue for Autism	<i>Promotes autism awareness by encouraging everyone to don blue.</i>
7	World Health Day	<i>Marks the establishment of the World Health Organisation.</i>
7-13	World Allergy Week	<i>Awareness of the impact of allergies. Participate by wearing a spot of red in your home, school or workplace.</i>
11	World Parkinson's Day	<i>Raises funds and awareness to help look for a cure.</i>
13	Wear Green for Premies	<i>Wear green to show your support for babies born prematurely in Australia every year.</i>
24-30	World Immunization Week	<i>Promotes life-saving benefits of vaccinations for people around the world and of all ages.</i>
25	World Malaria Day	<i>Campaign that aims for a 90% reduction in malaria by 2030.</i>
28	World Day for Safety and Health at Work	<i>Event aims to improve awareness of work-related safety, accidents and diseases worldwide.</i>

MAY		
1-31	Neurofibromatosis Awareness Month	<i>Aim to provide information to people and healthcare professionals, to learn and understand more about what exactly Neurofibromatosis is.</i>
1-31	Art for Epilepsy	<i>Art for Epilepsy raises money by getting Australian artists to create artwork and sell them for epilepsy.</i>
1-31	Miracle Month of May	<i>Awareness and funds for premature and sick newborn babies as well as their families and the hospitals that take care of them.</i>
1-31	Ehlers-Danlos Awareness Month	<i>Awareness for the 13 multi-systemic, heritable disorders that affect connective tissue, the most abundant tissue in the body.</i>
1-31	Crohn's & Colitis Awareness Month	<i>Awareness for Inflammatory Bowel Syndrome (IBS), which more than 5 million people live with.</i>
4-10	Tourette Syndrome Awareness Week	<i>Teaches us more about what Tourettes is and tackles stigmas created by false information about the disorder.</i>
5	World Asthma Day	<i>Global Initiative for Asthma to improve awareness around the world.</i>
6	International No Diet Day	<i>Celebrates body acceptance and diversity. Encourages all to have a healthy relationship with food and exercise as well as our body.</i>
8	International Thalassaemia Day	<i>Commemorate patients and raise awareness of the condition to improve patient care and research.</i>
8	World Red Cross Day	<i>Day the Red Cross founder Henry Dunant was born, celebrating the incredible work done by Red Cross staff and volunteers.</i>
10	World Lupus Day	<i>Raise awareness of this autoimmune disease and the way which it may cause abnormalities in vital organs.</i>
12	International Awareness Day	<i>International Awareness Day for Chronic Immunological and Neurological Diseases, including Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), Fibromyalgia (FM), Gulf War Syndrome (GWS) and Multiple Chemical Sensitivities (MCS). May 12th was chosen as the official day as it's the birthday of Florence Nightingale who was believed to have suffered from ME/CFS.</i>
13-19	Schizophrenia Awareness Week	<i>Tackles the stigmatised and marginalised individuals living with schizophrenia. To teach about the facts and dispelling the myths.</i>
14-18	Myopia Awareness Week	<i>Draws attention to the essential role optometrists continue to play in altering the way we approach and treat myopia.</i>
15	Tuberous Sclerosis Complex Global Awareness Day	<i>Tuberous Sclerosis Complex Global Awareness Day raises awareness for a rare disease that affects more than 2000 people in Australia.</i>
17-20	Pneumonia Awareness Week	<i>This week-long event aims to educate Australians about the risks and impacts of pneumonia.</i>
19	World IBD Day	<i>World IBD Day is organised by patient organisations and fights for those suffering from inflammatory bowel conditions such as Crohn's disease.</i>
24-30	National Palliative Care Week	<i>Organised by Palliative Care Australia and supported by the Department of Health. Importance for people affected by chronic diseases.</i>
25	World Thyroid Day	<i>Campaigns for those suffering from this disease and recognises the medical professionals worldwide who are fighting it.</i>
25-31	Exercise Right Week	<i>Motivate to get fit. Benefits of exercise. How to create own regimes and exercise plans.</i>
25-31	Spinal Health Week	<i>Importance of spinal health. Impact on improving overall health/wellbeing.</i>
30	World MS Day	<i>Improving quality of life for those suffering and teach about the disease.</i>
31	World No Tobacco Day	<i>The harm the tobacco industry poses to sustainable nation development .</i>

JUNE		
1-30	Bowel Cancer Awareness Month	<i>Potentially one of the most preventable cancers through the early detection of abnormalities from screening.</i>
1-30	Cytomegalovirus (CMV) Awareness Month	<i>Common virus that infects people of all ages and is the leading preventable viral cause of developmental disabilities. Awareness to improve lives and teach people more.</i>
1-5	Orthoptic Awareness Week	<i>Held each year by the Orthoptic Association of Australia and helps promote the importance of taking care of your eyes with regular eye examinations.</i>
1-7	Haemochromatosis Awareness Week	<i>Awareness of haemochromatosis, or inherited iron overload disorder, by teaching communities more about the condition.</i>
1-7	Heart Rhythm Week	<i>Arrhythmias are responsible for sudden cardiac arrest deaths each year. Can be avoided with greater public awareness of their risks and symptoms.</i>
11-17	Infant Mental Health Awareness Week	<i>Encourages government, industry and consumers to look at the needs of babies and toddlers and to invest in the essential services that support children in their earliest years.</i>
14	World Blood Donor Day	<i>Remind us all about the importance of blood donation and how much more blood is needed to help all those who need it.</i>
15-21	International Men's Health Week	<i>Awareness of the importance of good health in men, boys and their families.</i>
17	Red Apple Day	<i>Purchase a red apple pin, for Bowel Cancer Awareness Month.</i>
19	World Sickle Cell Day	<i>Established to raise awareness of the disease, to improve treatment and help find a cure.</i>
21	International Day of Yoga	<i>The importance of the union between the body and consciousness to help us all lead a healthier life.</i>
29	World Scleroderma Day	<i>Highlights the brave people living with this disease to demand equal treatment and care for people with scleroderma.</i>

JULY		
1-31	Dry July	<i>Not-for-profit organisation aimed at improving the lives of adults living with cancer. By giving up alcohol for the month, it's a good opportunity to raise awareness of individual drinking habits and the importance of a healthy, balanced diet and lifestyle.</i>
13-20	National Diabetes Week	<i>A fundraising event to help raise awareness and work towards prevention.</i>
22-28	National Pain Week	<i>Aims to contribute to de-stigmatisation of the experience of chronic pain.</i>
26 - 2	DonateLife Week	<i>Week-long event to promote critical importance of organ/tissue donation.</i>
28	World Hepatitis Day	<i>Raise awareness in Australia and worldwide of hepatitis.</i>
30	Gastroschisis Awareness Day	<i>Gastroschisis is a birth defect that causes the intestines to protrude from a hole in the abdomen. Gastroschisis Awareness Day aims to raise awareness of the issue and find solutions.</i>

AUSTRALIAN NURSE TEACHERS SOCIETY

2018-2020 NATIONAL EXECUTIVE CONTACT DETAILS

PRESIDENT	Michelle GIRDLER	South Australia
VICE PRESIDENT	Suzzanne 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
	Suzzanne OWEN	Queensland

E-BULLETIN CONTRIBUTIONS

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

The opinions expressed by the contributors do not necessarily reflect the views of the executive or other members of the Australian Nurse Teachers' Society. The editor reserves the right to edit or delete submissions for length, content, or policy. All advertisements and items are taken in good faith but the Australian Nurse Teachers' Society Inc. cannot accept responsibility for misrepresentations by advertisers nor does inclusion of any item imply endorsement by the Australian Nurse Teachers' Society Inc. All rights reserved

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

E | newsletter@inet.net.au OR karen.simunov@sa.gov.au