Working Together for the Future of Nursing Education

March 2014

How fast the year seems to be passing by, it only seems like we were attending New Year celebrations and now we are close to a quarter of the way through 2013.

It's almost April … nearly Easter … for those of you with school kids may be asking what happened to Term 1? If not I'm sure you will be thinking wasn't it Christmas last week?????? Now it's time for hot cross buns …

For ANTS being nearly April means that NNEC is approaching rapidly and in case you don't know some members of the SA Branch have been busy in final preparation for this event.

There is still time to register to attend, the formal program and social program are both well developed and an added bonus for the social program is that David Cunningham one of the SA members also plays in the band UK Blitz, who of course are the entertainers … I had the pleasure of seeing them play recently on a Sunday afternoon, I'm sure that no one will go home from the dinner wishing we had anyone else for the entertainment

Thank you to everyone that completed the survey monkey survey recently. The results will be presented at the AGM in Adelaide during NNEC. Once presented to the meeting the results will be available on the ANTS website also. This years AGM will take place at the conference on Wednesday afternoon, prior to the welcome reception … so if you don't attend the AGM you don't get a drink … not really! All members attending NNEC are encouraged to attend the AGM and if you can't attend as you are not going to be in Adelaide please complete the proxy and nomination papers that have been loaded onto the ANTS web-site.

There are still some branches lagging at the moment and without committees National Executive is endeavouring to support state branches where possible, but like all organizations we rely on the goodwill not only of the National Executive team but also State Members to keep branches going .

If you can give some time to ANTS and your branch then please do, national are committed to supporting branch development and are able to help out with planning and other activities as neeed.

Happy Easter to everyone.

I look forward to seeing plenty of at the AGM and NNEC 14 in Adelaide.

Michelle Girdler
ANTS National President / NNEC 2014 Chair
An ANTS post on the 3rd March informed members of the passing of Mary-Bridgid Naylor on Friday 28th February 2014.

“Mary-Bridgid was a past-President of ANTS and a committed nurse educator, and her enthusiasm and sense of humour will be missed. When speaking to Mary-Bridgid’s husband today, he said nurse education was her vocation”

“As ANTS President in 2006 Mary will always have a place in ANTS history.”

“Mary was an exceptional person, so full of spirit & passion. Her Irish humour, determination, absolute love of life and her energy will be her unique legacy to not only ‘education’ but to all who she leaves behind. Mary is not ‘someone’ easily forgotten and I was lucky to have crossed her path in this lifetime”

“Mary B (as she was affectionately known by her colleagues) was a committed educator who valued every opportunity to share her passion for nursing. One of Mary’s finest achievements was leading the development and accreditation of the Graduate Certificate in Specialty Nursing programs in the former Sydney West Area Health Service. As the coordinator of these programs Mary advocated for her students and actively supported them in their quest for knowledge - often going above and beyond the call of duty spending many additional hours with them enriching their learning. Her unfailing good humour ‘when the going got rough’ was legendary - she would often diffuse difficult negotiations with a well timed and outrageously wicked comment! Mary was much loved by her students and colleagues and she will be greatly missed but never forgotten”

An article written by Mary-Bridgid on the 2006 National Nursing Education Conference (NNEC) as the outgoing ANTS President and published in the ANTS Bulletin 2006 is re-published on page 5.
Are you an educator?
Does your portfolio includes education?
On occasion do you facilitate students?

If you answered YES to any of these questions then ANTS National and SA Branch invite you to attend:

**NNEC 2014 in ADELAIDE**
30th April – 2nd May

ABSTRACT: With the shrinking healthcare dollar Health Libraries and Clinical Education Units are being increasingly scrutinised. Their purpose is frequently questioned owing to the availability of online resources and courses in tertiary institutions. An independent and comprehensive assessment by SGS Economics on the value of health libraries and their ‘Return on Investment’ (ROI) identified an end-client benefit with a 9:1 ratio. Clinical Education Units are beginning to face the same issues and need to begin the process to quantify their value with a body of evidence.

Introduction
In Australia today healthcare and education typically command the ‘largest chunk’ of the state budgets. As a result clinically based nursing education units and health libraries within hospitals and other patient care settings have to contend with the fundamental question of their continuing role and purpose. Clinical Education Units vary from an individual whose role includes organisation orientation/induction of new staff, mandatory accreditation and exploring external education, through to the clinician attached to a specific unit within the organisation, and finally a dedicated education unit within institutions.

Literature Review
A review of the literature over the last five years in CINAHL using the terms ‘education, nursing’, ‘schools, nursing’, ‘return on investment’, ‘economic analysis’, ‘cost and cost analysis’ and ‘cost benefit analysis’ yielded a minimal number of citations relevant to the issue. There were a few studies on the cost benefits of specific post graduate courses to justify their continuation to fill a ‘gap in service’ left by the medical fraternity, the most notable being Fagerlund and Germano (2009) and limited number of articles on the cost analysis of undergraduate courses in university nursing faculties as cited in DeSilets and Dickerson (2010) and Springer, et al (2012). The remainder of articles reported on efforts to measure the economic value of continuing education within the patient care settings, some of which were published up to eight years ago with little new evidence or additional research being subsequently undertaken.

From Then To Now
The move from an apprentice-based education within the hospitals to the tertiary sector identified the disciplines of nursing and midwifery as professions within their own right and an accompanying
C APITAL ISSUES: 
ANTS CONFERENCE AUSTRALIAN CAPITAL TERRITORY, 
SEPTEMBER 2006

Nurse educators from across the world put aside their demanding work schedules in September to converge on Canberra for the Australian Nurse Teacher's Society 12th National Conference. The sense of freedom was exhilarating as I hit the road and left Sydney on September 13.

In no time I was in the nation's capital, thanks to the new motorway system out of Sydney. ACT Health's Staff Development Unit hosted the conference.

The Australian National University proved to be an excellent venue for presentations, workshops and networking. Educators from all States and Territories, as well as from New Zealand and America, gathered to learn, teach and inspire by sharing stories and research findings.

Networking began when I arrived late for the pre-conference dinner and sat on the one vacant chair in room, opposite a lady with an American accent. It took me a moment to realise I was having dinner with Patricia Benner.

Leadership can be difficult to define but you know it when you see it. Throughout the conference, educators of all ages experienced similar exciting and surreal moments as Patricia mingled with confidence and curiosity and we got to know her through the jovial conversations nurses create with ease.

"Here's to excellence in caring!" Patricia wrote on my Conference Program and Abstracts Handbook when, unlike others, I could not produce a copy of Novice to Expert for an autograph.

The excellent atmosphere at the conference was enhanced by the Keynote and Invited Speakers who discussed teaching and learning from different perspectives, covering undergraduate, post graduate and practice development.

Vision and reality in learning under-pinned every workshop and presentation on the ever-changing and challenging clinical environment. Educators were encouraged to take part in research and they learned 'tips' to facilitate the process, such as developing policy review statements to take to executives, and following through with publication.

A multidisciplinary "bench to bed side" approach to research, conducted collaboratively by scientists and clinicians, was advocated. Such an approach recognises that issues are often interdisciplinary.
We took home a number of messages, such as making collaborative research part of every unit, realising the importance of thinking about measurable outcomes, and highlighting the need for 'action sets' to integrate evidence or theory into practice.

On the final day, we faced the future. Sessions on e-learning, where virtual classrooms allow the audience to take part, demonstrated the impact of multimedia as a teaching and learning method. ACT Health and Conference Logistics certainly showcased capital issues in education, excellence, innovation, and research. and succeeded in re-energising participants for innovative and quality nurse education.

On behalf of ANTS, I congratulate the Canberra team for an excellent experience:

Mary B. Naylor, President ANTS.
development of evidenced-based practice unique to the individual disciplines (Levett-Jones, 2005). The majority of post-registration hospital certificates are now conducted in Universities and Registered Training Organisations (RTO). With the proliferation of online training courses and a steadily growing budgetary pressure on the health systems the nature, scope and size of Clinical Education Units is being examined and being challenged to an extent previously not seen. Fiscally these experienced staff could be deployed into direct patient care and the required education and training be outsourced as has already occurred in some healthcare organisations. The question that must be asked does this end justify the means?

In 2010 the Australian Health Workforce Ministerial Council pursuant to the Health Practitioner Regulation National Law (2009) approved the Continuing Professional Development Registration Standard in which nurses and midwives are required to participate in a minimum of twenty (20) hours of continuing professional development annually, with students and nurses/midwives with non-practising registration granted an exemption. This brings Australia in-line with other countries and other healthcare disciplines with the expectation on the individual to be responsible and accountable in meeting this standard. As stated by Levett-Jones (pg 229, 2005) “Nursing is a knowledge-based profession and technological expertise and a high degree of clinical acumen are qualities that healthcare consumers demand”. This provides a discussion point for the retention of Clinical Education Units as a repository of the organisational culture and individual’s needs with a focus on a continuing education framework.

The role of the clinical educator is variable in context from orientation/induction, support network for transitioning into new roles and encouraging the achievement of professional and personal goals through life-long learning. With the implementation of the National Standards and quality indicators the significance of a Clinical Education Unit comes to the forefront to ensure a reduction in sentinel incidents and staff preparation on contemporary practice. Clinical education is applicable across all levels from novice to expert using Benner’s (1984) framework to support patient care with positive outcomes in a culture of excellence and ongoing quality improvement.

Health Library Journey

None of the preceding arguments would come as a surprise to health librarians. For the last 30 or more years during periods of budgetary stress there have been repeated calls for health libraries to justify their existence and all too often they have fallen victim to closures. Without direct involvement in patient care they are seen as expendable and a savings target. It is a situation that increasingly resembles that of Clinical Education Units in contemporary Australian healthcare organisations. Within the context of the overall health budget, health libraries constitute a minute proportion of total costs. Currently on average the health library expenditure represents just 0.1% of total recurrent health expenditure in Australia (Australian Library and Information Association, 2013).
The Ants e-Bulletin has now been accepted for indexing in the Cumulated Index to Nursing and Allied Health Literature (CINHAL) the world’s premier nursing literature database.

All articles now submitted to the ANTS e-Bulletin will be searchable within the CINHAL database and the full text of these articles will be accessible to all its subscribers world-wide.

This will vastly increase the exposure of our published articles to an international audience and ensure that the contents of the e-Bulletin can now be retrieved by clinicians and researchers in the years to come. Inclusion in the CINHAL database gives recognition to the ANTS e-Bulletin as a significant publication and will ensure that those who publish in it and submit peer-review articles will now be cited in the premier nursing database.
As with Clinical Education Units it is difficult to quantify the end-user benefits, owing to the often-abstract character of service provision and amorphous application of information by the end-user in variable contexts and application. A considerable body of literature as can be seen by the bibliography has emerged on the economic value of health libraries in facilitating safe, cost effective patient care and supporting the adoption of best practice by clinicians.

The release of an independent report by SGS Economics, sums up the value of health libraries in the title - ‘Worth every cent and more. An independent assessment of the return on investment of health libraries in Australia (2013).’ This report was jointly commissioned by the Australian Library and Information Association (ALIA) and Health Libraries Inc. with the aim to identify hard financial data on the value (or not) of health libraries in the health care setting by measuring value through the concept of ‘Return on Investment’ (ROI). It could be argued that as it was commissioned by the health libraries there is a degree of bias. The first stage of the project was to conduct a survey of industry libraries, including health libraries and the second stage examined a selection of case studies across health libraries. The ROI study undertaken by SGS Economics sought to identify tangible end-client benefits primarily;

- The value of ‘time’ saved for library users and
- The value of ‘out of pocket expenses’ saved for library users e.g. subscription fees/content access fees.

The conclusion found Australian health libraries gave a return on investment of a ratio of 9:1 or $9.00 to every $1.00 invested. It goes on to identify that this is conservative as the study omitted the return on investment for patient care and “..the true value of health libraries is likely to be even higher.” (Worth every cent and more. Pg. 6, 2013).

An associated study titled, Questions of Life and Death, an investigation into the value of health library and information services (2012) assessed the use of health libraries by medical practitioners and associated outcomes. The result was that 95% of the respondents stated their use of a health library service had materially improved their skills development. In addition the other themes that emerged were:

- 83% helped improve health outcomes for patients;
- 75% changed thinking and improved their diagnosis or treatment plan;
- 95% discovered new and valuable information and
- 86% abreast of the latest clinical developments

**Conclusion**

Long ago health librarians learnt that the mantra of “a library being an inherently good thing’ and should therefore be maintained, without any measurable supporting evidence was utterly specious in times of cost cutting. Clinical Education Units are increasingly facing the same issue. A more thorough
literature search, including the elusive grey literature, may locate additional studies. However, relative to the size of the nursing and midwifery profession, and the scope of its published research, the results strongly suggest a lack of solid, comprehensive and well produced studies on the economic benefits of clinical education in hospitals and other healthcare settings.

Health librarians, in a service and profession, which was historically hard to measure and quantify economically its outcomes, have been able by dint of repeated efforts to demonstrate financial and patient care value. The absence of measurable, quantifiable data to reinforce the value of clinical education as an entity in its own right carries real dangers for educators, patients/clients who are the end-users and the workforce.

There is a gap in research on this topic, and the question the authors ask the reader is from a Clinical Education Unit perspective can we as a profession direct third parties to a similar body of evidence that demonstrates our value in hard economic terms to our institutions?

REFERENCES:


Nursing and Midwifery Board of Australia (2010), *Continuing Professional Development Registration Standard*


Value for Money: The Economic Evidence for Clinical Nurse Education and Health Libraries
Continued from page 11

BIBLIOGRAPHY:


Fairall, L et al. (2010) Cost effectiveness of educational outreach to primary care nurses to increase tuberculosis case detection and improve respiratory care: economic evaluation alongside a randomised trial.’ Tropical Medicine and International Health; March; 15(3): 277-86.


CONTRIBUTORS REQUIRED

ANTS has a PEER-REVIEWED Section awaiting original, previously unpublished articles from ANTS members. Manuscripts are invited on contemporary clinical or academic education issues, workforce issues relevant to nurse education, and educational research of interest to ANTS members. New and nephrite writers are encouraged to submit their work for consideration. Guidelines for Contributors can be accessed via the ANTS website link or page 16 of this e-Bulletin.

Want to dip your toe into the water instead?
Other options are workplace activities, which can include but are not limited to Current Projects with an educational focus; write an APP review suitable for educational use; Member Profile from a state group; conference report … the list is endless.
Beyond the Teaching Nursing Home

By Rosemary Saunders and David Stanley

*University of Western Australia*

The Faculty of Medicine, Dentistry and Health Sciences at the University of Western Australia (UWA) has developed and made novel use of an unoccupied aged care facility by turning it into a clinical learning space for students of nursing, social work, podiatric medicine and medicine. The project, led by the nursing team at UWA and supported by funding from Health Workforce Australia is called: Beyond the Teaching Nursing Home, Community Partnerships of Learning and Care. It was established to provide a dedicated learning environment for students from a range of health professional disciplines where they could practice clinical activities with real people, as well as in simulation situations with mannequins.

The clinical learning environment is located at Bethanie, Joondanna and is integrated into a retirement complex made up of two residential aged care hostels and a group of independent living units.

Residents from the facilities that surround the newly refurbished clinical learning space volunteer their time to simulating real-life patient scenarios with students. In the same way that students might undertake a clinical placement in practice. As such they are able to go into the co-located aged care facilities to practice clinical training with residents in their own environment. Residents are supported in their student interaction to respond and react as a patient would or might in an actual acute setting.

In this way students are encouraged to interact and communicate with real clients as they do in actual professional practice.

Associate Professor Rosemary Saunders says “the unique advantage of the project is the engagement of older adults in health professional education.” As older people are the largest group of people receiving care in many healthcare settings it is important that students have a good understanding of this client group’s needs.

Students are prepared to work in a range of healthcare environments and the clinical practice as part of the Beyond the Teaching Nursing Home experience helps them work in fields of practice beyond the aged care arena. As Professor Saunders says “the student’s experience of working with older adults will be valuable in a whole range of professional health environments.” Professor Saunders adds, that, “in many ways it demystifies the numerics of age and enhances overall client/nurse communication, care and interaction.”
Beyond the Teaching Nursing Home  
Continued from page 13

The project, which is based on engaging consumers in health and professional education, began with a community conversation that informed the residence of Bethanie Joondanna that student learning that would be taking place onsite. Residents could then volunteer or decline their availability through a consent process. There is now a residents’ reference group which has initiated a feedback program. As such, residents engaged in the project offer valuable and useful comments about the students’ simulated care, communication and physical interaction with them. Another aspect of the project evaluation showed residents themselves benefiting from the interaction with students as they developed their own social engagement.

The teaching initiative offers health professional students the unique opportunity to learn how older people wish to be treated while they learn skills central to their professional practice and the residents themselves have been able to show the students how they wish to be interacted with and communicated with.

Further Information can be had at: www.uwa.edu.au/bttnh

Expressions of Interest (EOI) for Reviewers

EOI for reviewers for the peer-reviewed content of the ANTS e-Bulletin

ANTS e-Bulletin is pleased to announce an EOI for peer-reviewers to support the editor of the NEW peer-reviewed section of the ANTS e-Bulletin.

The ANTS e-Bulletin is currently a non-refereed publication of interest to nurse educators working in a range of environments across Australia.

In order to support and nurture new writers and broaden the focus and readership of the e-Bulletin it will now accept manuscripts for the new peer-reviewed section.

To support this process the EOI is for nurse educators/academics to act as reviewers to both support and facilitate the publication process.

Interested persons are to reply to the EOI and include a short (two page) CV to David Stanley via email at david.stanley@uwa.edu.au

Interested in submitting an article instead refer to page 14 of the e-Bulletin
**SOUTH AUSTRALIA BRANCH REPORT**

Where has the time gone ... for SA as the Conference Organisers, March means that it is nearly April and NNEC 2014 is just around the corner. The final finishes are being made and the social program is much anticipated with a local band UK Blitz at the conference dinner.

*Still time to register to attend the conference as a full or day delegate.*

ANTS SA Branch will be back on board after May, so keep an eye on the website for postings on educational activities.

If you know any interesting speaker or would like to present or have for education night ideas/topics please notify the committee by email at:

michelle.girdler@health.sa.gov.au or karen.simunov@health.sa.gov.au.

Happy Easter and Thoughts for Anzac Day.

Regards Michelle Girdler, President, ANTS SA

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**WESTERN AUSTRALIA BRANCH REPORT**

Happy New Year to all our existing and new members.

2014 is shaping up to be an exciting year for ANTS WA members.

We start the New Year with a new state committee:

- Sandra Craigie (Chair)
- Julie Jackson (Treasurer)
- Catherine Buchholz (Secretary)
- Carolyn Keane (Committee Member)
- Donna Rodgers (Committee Member)

The committee and I are excited about the opportunity to support our fellow educators and are keen to hear any of your ideas. Keep a look out for our new education initiatives.

Sandra Craigie

WA Chair
QUEENSLAND BRANCH REPORT

The QLD (incorporating NT) Branch held an extraordinary meeting in February to discuss the way forward and thank members of the prior committees of which they are recognised for their hard work and creative energy in developing the branch to date.

One step is to seek feedback from members on how the committee could best serve their needs so keep your eyes out for a survey coming soon …

The first education activity for 2014 is planned with the venue to be Logan Hospital with further details to follow. The committee aims to enhance member ownership and participation in activities, therefore the remainder of the functions/activities being educational, social or professional will be informed by and developed from your feedback.

Lorraine McMurtrie, ANTS QLD

MEMBER PROFILE

WELCOME …

Julie Shaw as Education Committee Member to Queensland Branch of ANTS

At the Annual General Meeting Julie Shaw was elected to the Queensland Branch of ANTS as Education Officer. Julie comes to us with a wealth of clinical and educational experience. Initially training as a general registered nurse in the hospital system Julie has since obtained a Bachelor of Science (Nursing) qualification, Master of Public Health and Certificate IV in Training and Assessment.

Julie has broad experience in clinical nursing working in metropolitan and rural hospitals as well as in the community – her greatest joy in practice is working in orthopaedics and public health (community). Her nursing qualification has allowed Julie to travel and work in NSW, WA, QLD, PNG, Hong Kong and Taiwan.

As an educator Julie has worked in hospital based schools of nursing, in clinical units (orthopaedic and high dependency) and in universities providing education to undergraduate and post graduate students of nursing and public health. Currently Julie is a Lecturer at Griffith University teaching into the undergraduate nursing course.
E-BULLETIN PEER REVIEWED SECTION

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

ACKNOWLEDGMENTS
The acknowledgement of colleagues who are not named as authors should appear just before the reference list. The source of any funding or any potential conflict of interest should also be declared.

REFERENCES
The author is responsible for providing accurate references. Referencing must follow an Author-Date style, such as APA (American Psychological Association). The reference list must include details only of those works cited in the text, and all references cited in text must be listed.

SUBMISSION OF MANUSCRIPTS
All manuscripts, and related correspondence should be submitted via email to the Peer Review Section Editor. The peer-review process will be managed by the Peer Review Section Editor. It is anticipated that authors will receive feedback or a decision on the manuscript within 6 weeks of submission.

MORE DETAILED INFORMATION OR ASSISTANCE

e-Bulletin Peer Reviewed Section Editor David Stanley
david.stanley@uwa.edu.au or Telephone: 08 6488 1224
There are few of these wards left now; the introduction of air-conditioning, better sanitary conditions in hospitals, the patient’s insistence of privacy and more qualified nurses have changed the way hospitals are built. However, few nurses know that Miss Nightingale was a prime mover behind the design of hospitals and retained a strong influence on hospital design right into the 20th century.

Following her return from the Crimean war in 1856 Nightingale recruited a raft of informants and advisors to offer insights into the design of hospitals across the UK and Europe. Nightingale returned from the war infirmed with brucellosis and was unable to travel. Indeed she spent much of the rest of her life bed-ridden or reclining on a sofa. But she was persistent in her work on hospital design and she wrote about hospital construction mostly with the advice of Dr Sutherland who was her lifelong adviser on all things “sanitary”.

Nightingale’s first edition of her book “Notes on Hospitals” was published in 1859 and this initiated a stream of plans and hospital proposals being sent for her to consider and for her to comment upon, even the King of Portugal sent her plans for a hospital he had in mind to build. At home in the UK, Nightingale was much involved in the design of a number of “Pavilion” hospitals which all included the provision of what have become known as “Nightingale wards”.

Nightingale wards were designed to allow light in and air to circulate offering a free flow of air through the wards. The wards were independent of each other and were often large (in height and width) with beds lined up on either side with a clear space up the centre. Nightingale favoured a ward with 15 or 16 beds on each side and mobile curtains or screens able to be used between the beds to offer some degree of privacy. However, because she did not subscribe to germ theory she resisted and modified hospital designs that had smaller separate wards for infectious cases, as she believed the larger spaces would better support air flow. Nightingale was a manager through and through and she also cut out of her hospital designs rest rooms for nurses and laboratories for the study of disease, because she felt the nurses would become lazy and did not see the value of microscopic diagnosis.

The wards that Nightingale is known for where designed for the space they offered each patient, in a vertical direction as well as across the floor. However, Nightingale learnt something else in the Crimea that she felt was valuable and that was, that she could better watch the nursing staff misbehaving with recovering soldiers if there were no walls between the administrator and the nurse. Her
The point of this short article is that nurses may be wise to consider the influence of architecture, and ward or hospital design on the work they do. In a Nightingale ward, one qualified nurse could oversee many “lesser” nurses, but as soon as walls appeared and separated the beds, more and more qualified nurses were needed to oversee and offer care. Nightingale knew that if she was to manage the nurses at Scutari she needed to see them. So while large, open wards offered better sanitation, better patient observation and better air flow, they also meant that nurses could be monitored and observed along with the patients.

# Global Health Promotion

Celebrate and/or encourage celebration within your organisation with international and national health promotion events as activities, displays and competitions. *Think outside the Box!*

## April

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<th>Event</th>
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<td>10-16 World Homeopathy Awareness Week</td>
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<td>4-10 National Motor Neurone Disease Week</td>
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<td>5 World Hand Hygiene Day (NSQHS Standard 3)</td>
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<td>6 World Asthma Day</td>
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<td>29 Wear White at Work / White Wreath Day (Suicide Awareness)</td>
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<td>15 World Elder Abuse Awareness Day</td>
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Australian Nurse Teacher Society Research Grant

**Purpose:** To encourage research with a primary focus on Nurse and/or Midwifery Education.

**Research Funding:** grants are offered annually for AUS $2,000 based on the quality of the proposal in a manner consistent with accepted standards of research ethics.


**Submission:** open now

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Sigma Theta Tau International and Chamberlain College of Nursing Center for Excellence in Nursing Education Research Grant

**Purpose:** To support research focused on excellence and innovation in nursing education.

**Research Funding:** (2) grants are offered annually for US $10,000 based on the quality of the proposed research, the future promise of the applicant, and the applicant's research budget.


**Submission:** online ONLY and closes 1 May 2014

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Australian Nurse Teacher Society Research Grant

**Purpose:** To encourage attendance at conferences and seminars with a education related focus.

**Funding:** to a maximum of $1000 to ANTS members (criteria: member for 24 consecutive calendar months prior to application) to attend conferences and seminars.


**Submission:** open now .. Every quarter annually

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Australian Government Scholarships

**Purpose:** To support nurses and midwives with further study.

**Funding:** various funding options are available annually based pre-set criteria.

**Criteria, Guidelines and Submission:** [http://www.acn.edu.au/scholarships](http://www.acn.edu.au/scholarships)
**MARCH**

**14th Annual Hospital in the Home Conference**
26-27 March, Rydges Melbourne

**Australian Grief and Bereavement Conference**
26-28 March, Melbourne
http://www.grief.org.au/conference/about_the_conference

**Health Informatics: Nursing in the Digital Age**
27 March, Australian College of Nursing & e Health Education, Melbourne

**International Conference on Low Vision**
31 March-3 April, Melbourne Convention and Exhibition Centre
http://vision2014.org/

**APRIL**

**Palliative Care Nurses Australia 5th Biennial Conference**
Building a bridge to the future: the wide span of palliative care nursing
6-7 April, Sofitel Sydney Wentworth, NSW
http://www.pcna.org.au/conference/about

**No 2 Bullying Conference**
Identifying bullying / policy, prevention and management strategies
7-8 April, QT Hotel, Surfers Paradise
http://no2bullying.org.au/

**ACN Nursing and Health Expo**
12 April, Melbourne Convention and Exhibition Centre
www.acn.edu.au/expos

**Australian Pain Society’s 34th Annual Scientific Meeting**
Personalised Pain Management – Quest for the Holy Grail
13-16 April, Hotel Grand Chancellor, Hobart

**The Elephant in the Room Aged Care Conference**
29-30 April, Crowne Plaza, Terrigal, NSW

**15th National Nurse Education Conference: Changing Boards**
30 April-2 May, Adelaide Convention Centre, Adelaide
CONFERENCE DIARY … Continued from page 17

**MAY**

*5th Australian Emergency Nurse Practitioner Conference*
2-3 May, Royal Prince Alfred Hospital - Kerry Packer Education Centre, Sydney, NSW

*ACN Nursing and Health Expo*
3 May, Brisbane Convention and Exhibition Centre
www.acn.edu.au/expos

*World Congress of Cardiology [Reduced registration rate available until April 21]*
4-7 May 2014, Melbourne Victoria
www.worldcardiocongress.org

*Australian & New Zealand Disaster and Emergency Management Conference: Earth, Fire and Rain*
5-7 May, QT, Gold Coast
http://anzdmc.com.au

*AWMA National Conference: A gold standard: research and clinical practice*
7-10 May 2014, Gold Coast Convention & Exhibition Centre, QLD

*ACN Nursing and Health Expo*
10 May, Sydney Town Hall
www.acn.edu.au/expos

*Inclusive Learning Technologies Conference*
20-23 May, Gold Coast, Queensland
http://www.spectronicsinoz.com/conference/

*Australian Network on Disability National Conference*
21 May, Sydney
http://www.and.org.au/pages/events.html

*ACORN 16th National Conference: All for one and one for all*
21-24 May, Melbourne Convention & Exhibition Centre, Melbourne

*ACN Nursing and Health Expo*
23 May, Perth Convention and Exhibition Centre
www.acn.edu.au/expos

*Eating Disorders and Obesity Conference: A Shared Approach: assessment, prevention and treatment*
26-27 May, QT Hotel, Gold Coast
http://eatingdisordersaustralia.org.au/

*Applied Disability Research and Evaluation Conference*
26-27 May, Sydney

*Australian Primary Healthcare Nurses Australia National Conference*
29-30, Hilton Sydney
http://apnaconference.asn.au/
CONFERENCE DIARY ... Continued from page 18

6th APNA National Conference: Thriving through change
29-31 May, Hilton Sydney, NSW
http://apnaconference.asn.au/

JUNE

9th National Deafblind Conference
6-8 June, Mercure Grand Central Hotel Sydney
http://www.aomevents.com/deafblind2014

Emergency Nursing: The door that never closes
7-15 June, Pacific Island Cruise, Carnival Spirit, departs Sydney

Drug and Alcohol Nurses of Australasia (DANA) Conference: Speak Up
18–20 June 2014 at the Mercure Sydney, NSW
www.danaconference.com.au

International Dementia Conference
26-27 June, Hilton, Sydney
http://www.dementiaconference.com/

JULY

CNSA 17th Annual Winter Congress; Cancer Nursing: Leading in a time of change
24-26 July, Pullman Albert Park, Melbourne

AUGUST

8th International Council of Nurses, International Nurse Practitioner/Advanced Practice Nursing Network Conference; Advanced nursing practice: Expanding access and improving health care outcomes
18–20 August, Helsinki, Finland
http://www.nurses.fi/8th-icn-international-nurse-prac/

Community Health Nurses Western Australian Conference: No man is an Island
22-24 August 2014, Rottnest Island, WA
http://chnwa2014.iceaustralia.com/

15th International Mental Health Conference:
Mental Health: Innovation | Integration | Early Intervention
25–26 August with optional workshops on 27 August, QT Hotel, Surfers Paradise.
www.anzmh.asn.au/conference/

SEPTEMBER

CATSINaM 16th National Conference
"Embrace the difference within our people"
23-25 September 2014, Perth WA
http://catsin.org.au/
This month the front cover identifies the teamwork and successes of the Winter Olympic Teams from both the able-bodied and paralympic teams that represented Australia. In a few weeks this will be the ANTS Members who are coming in body to Adelaide, SA for NNEC 2014 (and those who will be with us in spirit). NNEC is getting closer each day and as an organiser we are busy .. There is still time to register!!

The e-Bulletin is always in need of stories, antidotes and topics to share!

I apologise for the lateness of the e-bulletin and to any stories I have missed my sincere apologies ... please re-send to me for inclusion in the next edition.

Karen Simunov, e-Bulletin Editor
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(L - R) Karen Simunov, Lorraine McMurtrie, Michelle Girdler and Stuart Taylor (Absent Christine Taylor)

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**Want to contribute to our (the Members) e-Bulletin?**

Share your experiences as a nurse, activities, challenges and successes or perhaps you would like to comment on an article from the previous e-Bulletin. Please send submissions as a word document to the Editor (contact details as above).

This e-Bulletin is published quarterly. Deadline for submissions and advertisements for the upcoming editions is NO LATER THAN

- 15th February [March Edition - autumn]
- 15th May [June Edition - winter]
- 15th August [September Edition - spring]
- 15th November [December Edition - summer]

*(exceptions possible with prior arrangement)*

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