ANTSW

Australian Nurse Teachers' Society

Working Together for the Future of Nursing and Midwifery

Volume 19 Issue 1

AUTUMN EDITION eBulletin

ANTS

Australian Nurse Teachers' Society

Working Together for the Future of Nursing and Midwifery Education

CONTENTS

Acknowlegement of Country

We acknowledge the Traditional Custodians of the land on which we live, work and gather, and pay our respects to Elders past and present. We recognise and celebrate the continuing connection of Aboriginal and Torres Strait Islander peoples to Country, culture, and community, and extend that respect to all First Nations peoples today.

WWW.ANTS.ORG.AU

ANTSBULLETIN@GMAIL.COM

From the President's Desk

Dear Members,

Welcome to the autumn edition of the ANTS eBulletin!

As we begin a new year, I want to extend my heartfelt thanks to all committee and subcommittee members for your dedication, expertise, and unwavering commitment to the ongoing work of our organisation. Your efforts underpin everything we do, and your contributions continue to strengthen our direction, our operations, and our capacity to support nursing education nationally. I am deeply grateful for the time, professionalism, and passion you each bring to the Australian Nurse Teachers' Society.

And to all our members involved in nursing education across the country, whether working within health system–based education roles or teaching through our many education facilities nationwide. Your work elevates the standards of learning for nurses everywhere and plays a crucial role in shaping the future of our profession. As we reflect on the lessons and achievements of the past year, we are building on this collective knowledge to strengthen the foundations of nursing education and foster a more connected and innovative future.

I would also like to acknowledge and apologise for the delays in delivering some of our planned service improvements, including the upgraded website, expanded email capacity, and the timely availability of webinar recordings. These enhancements remain a priority, and our teams are working diligently to ensure they are reliable, accessible, and equipped to meet the needs of our growing membership. Thank you for your patience as we finalise this important work, and for your continued support as we move into a year of growth, refinement, and renewed momentum.

Thank you
Judy Van Tatenhove
ANTS President
Tommeginne Country

EDITOR'S NOTE

Welcome to our first Autumn edition as a new editorial team. As a team, we come from different areas of education—clinical, academia, leadership, and a range of specialties. What stood out very early on was how uniquely each of us works. We all bring different strengths and perspectives, and clebrate this diversity that has helped our team grow. We hope it also brings richness and broader appeal to our Bulletin content.

While keeping many of our historical items, we continue to develop our Editors' Corner contributions, which now include our Digital Corner, Education Corner, Health and Wellness Corner, and Research Corner. We would like to continue inviting our members to contribute to our Corners. While we hold space with our own contributions, we are always seeking knowledge, insights, and stories from others —and we are more than happy to share these spaces with our education community.

We are incredibly proud of this edition, as we have been fortunate to highlight the amazing contribution that Purple House makes to the Indigenous community in Alice Springs and to education in remote settings. Please enjoy our Spotlight piece by Hellen and Katie Merriman featuring Sarah Brown.

We will share the theme for our next Bulletin with members and encourage contributions, particularly for the Shout Out. This section can highlight the achievements of colleagues and members can use this space to shout out and showcase their own amazing education teams. This edition's Shout Out goes to an incredible colleague, Kristie Davis, who travelled to Cambodia to provide education to a local community. While we are sharing only a small excerpt from her story, she generously shared many reflections about her journey—one she hopes to take again next year.

We welcome you to share your team's achievements and shine a light on the wonderful contributions being made across our education community. We would also really love to hear about the conferences, symposiums, and forums that our members have attended. Please send in your experiences—we will feature them in our upcoming Bulletins.

Editorial Team

Maddison Stead

Hellen Kaneko

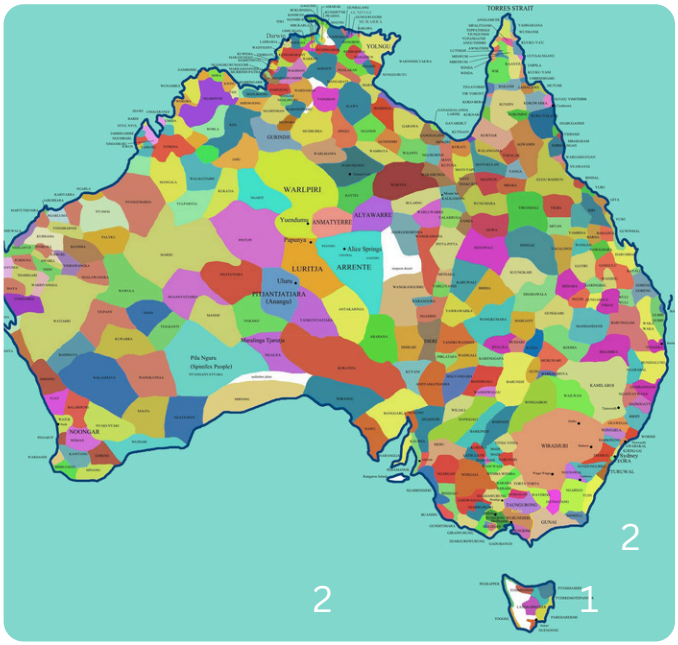
Tegan Budd

Amanda Petrie

MEMBERSHIPS

The National Committee would like to acknowledge and welcome our new members who have joined ANTS in 2026. It is exciting to see so many educators from different states, education platforms, and specialty areas - we look forward to hearing about what is occuring in your area. If you would like to share a story, please send a bio piece (200 words) to for inclusion in our next edition. Email to ANTSBulletin@gmail.com

New Members	New Members
Amanda Pereira-Alury	NSW
Sharon Minton	NSW
Christine Schutz	SA
Susan Wilkin	SA
Raelene Yates-Hockey	VIC



"Aboriginal peoples" by Daniel Brown CCBY-SA2.0

AFFILIATIONS

Australian College of Nursing

ANTS maintains our affiliation with ACN which continues to provide tangible and intangible benefits to ANTS members including ACN members discounts and collaboration across nursing organisations. If you are not an ACN member your ANTS membership will give you a discount if you wish to join. The ACN website can be accessed at:

acn.edu.au

VOTE NOW

Cast your vote for the 'ANTS eBulletin' new name

SCAN THE QR CODE TO VOTE OR CLICK HERE

Purple House

Meet Sarah Brown

Hellen Kaneko and Katie Merriman

In 2024, I had the privilege of attending the Council of Deans' Symposium in Darwin, where I heard Sarah speak about rural and remote healthcare. Her presentation—together with the extraordinary work of Purple House—left a strong and lasting impression on me. Because of this, when our Bulletin team later reached out to Purple House to see if they would be interested in being featured, we were delighted by their enthusiasm. Their story is powerful, and their contribution to communities across Australia deserves recognition.

I encourage you to explore their website to learn more about their services. From the mobile dialysis bus to the vast geographical area they support across South Australia, Western Australia, and the Northern Territory, their impact is nothing short of remarkable. https://www.purplehouse.org.au/

In the garden of a residential house in Alice Springs, a remote nurse kneels on the ground cutting the toenails of a dialysis patient. The nurse is Sarah Brown and the place is Purple House of which Sarah has been the CEO for the past 23 years. This small act of service perfectly sums up Sarah's unique nursing style. A fearless advocate for high quality, community-led healthcare for Indigenous Australians, Sarah has spent her nursing career putting community at the centre.

Graduating from UNE with a Master of Nursing, Sarah previously worked as a bush nurse in communities as diverse as Cape Barren Island (TAS) and Balgo (WA) to Yuelamu and Harts Range (NT). She also completed a Graduate Diploma in Health Service Management and a Graduate Diploma in Aboriginal Education. She's worked as an Aboriginal Health Service Manager in the Kimberley and Arnhem land and as a University Lecturer, Youth Worker and Volunteer Coordinator. In 2017, she was named Hesta Australia's Nurse of the Year and received a Member of the Order of Australia in 2020 (AM) for her service to community health, remote area nursing, and the Indigenous community.

These days, when she's not cutting toenails, making cups of tea or rubbing achy shoulders with bush medicine, Sarah sits in a small office behind the kitchen, lobbying to politicians and working alongside an Indigenous Board of Directors to run the Indigenous owned health organisation, Purple House.

This return home was cut devastatingly short for some elders who began to receive diagnosis of end stage renal failure and were faced with an impossible choice: move to Alice Springs for lifesaving treatment or stay on Country without care.

The story of Purple House begins about 550kms west of Alice Springs in a remote Aboriginal Community called Walungurru (Kintore). In the 1980s, Pintupi people were finally able to return to Walungurru after years of being forcibly displaced from their homelands. This return home was cut devastatingly short for some elders who began to receive diagnosis of end stage renal failure and were faced with an impossible choice: move to Alice Springs for lifesaving treatment or stay on Country without care.

"Everyone came from Kintore and they were living in Alice Springs on renal and I was a bit worried... thinking about the old people... missed desert Country and community... worried about children and wanted to go home." - Bobby West, Purple House Director and renal patient

Walungurru wanted dialysis in their community. They wanted their old people to be home with family, living on Country and keeping culture strong. They were told this was going to be impossible. So they decided to do something about it. In 2000, the Western Desert Dialysis Appeal raised over $1 million through an art auction featuring stunning works by Pintupi artists. Pintupi leaders knew Sarah Brown from her time as a nurse educator in Walungurru in the early 1990s and asked her to help.

"We didn't really know what we were doing, but we worked it out together." - Sarah Brown

Sarah jumped at the opportunity to help Walungurru achieve their dream and after years of planning, in September 2004 the first dialysis patient returned home. From a dream of one dialysis chair, Purple House now operates dialysis clinics in 20 remote communities across the NT, WA and SA with several more on the horizon. We also operate 2 Remote Aged Care Centres, a Primary Healthcare Clinic, a Bush Medicine Social Enterprise and offices in Alice Springs, Darwin and Perth providing support services for patients stuck in town.

Everything is centred around the moto "keeping all our families well" and helping patients live the best life possible. Purple House run a patient cooking group, weekly ceramics classes and a Pintupi-Luritja language group that develops resources for patients.


Kintore Women's Collaboration

Purple House employ a team of renal and transplant preceptors, have a project helping palliative care patients get back home on Country and are forging pathways for community members to work in their clinics.

Before Purple House was started, Central Australia had the worst survival rates on dialysis in the country. Today, this desert region has some of the best. A living example of what can happen when healthcare is led by community for community.

Purple House is entering a major growth phase, with 11 new dialysis clinics set to open across the NT, WA and SA over the next two years. This exciting expansion will require a 96% increase in Purple House's dialysis nursing workforce.

At a time of widespread dialysis nurse shortages, Purple House is responding with innovative and community-led workforce solutions. One such initiative is the pilot project of their Indigenous Workforce Program in Lajamanu (NT), a remote Warlpiri community located 557km southwest of Katherine and 875km south of Darwin.

Purple House has been delivering dialysis services in Lajamanu since 2013. The program is backed by Purple House's Board of Directors and inspired by the vision of the late Mr Ross, a Purple House patient preceptor and respected Warlpiri elder. Mr Ross dreamed of seeing local people employed within the dialysis clinic, providing care for their own community. He believed this would not only strengthen local employment but also foster deeper understanding of dialysis and kidney disease within the community.

The Indigenous Workforce Program is guided by a patient advisory committee, whose clear message was to create meaningful employment opportunities for young people and develop both male and female roles to meet cultural needs.

Central to the program is the recognition that patients are experts in understanding how they wish to be cared for and what culturally safe support looks like in practice.

"When we keep patients at the centre of everything we do, individuals are strong, families are strong, and communities are strong." Abbey Quonoey (Program Coordinator/Health Educator)

Up to four trainees will undertake paid training, with guaranteed employment upon completion. The program allows community members to enter the workforce without having to leave their community for study. For many participants, this may be their first job, and the program actively supports trainees to access identification and overcome other barriers commonly faced when entering employment.

Training is individually tailored to each participant's educational background and interests and includes core clinic tasks such as setting up and stripping dialysis machines, providing social support to patients, and other role-specific responsibilities.

One trainee, for example, has expressed a strong interest in plumbing and water treatment. In response, Purple House biomedical engineers are developing training modules focused on the clinic's water treatment systems. This role will significantly reduce the workload on remote nurses by supporting equipment maintenance and troubleshooting, while also building valuable technical skills within the community.

One trainee, for example, has expressed a strong interest in plumbing and water treatment. In response, Purple House biomedical engineers are developing training modules focused on the clinic's water treatment systems. This role will significantly reduce the workload on remote nurses by supporting equipment maintenance and troubleshooting, while also building valuable technical skills within the community.

The Indigenous Workforce Program is not solely about upskilling community members. It also creates a powerful opportunity for two-way learning, enabling nurses to work alongside local experts in culture, language and community knowledge. By sharing responsibilities within the clinic, the program helps reduce the demands placed on remote nurses, supporting nurse retention.

Mr Ross's legacy is the driving force behind the program. While currently in its pilot phase, the long-term vision is for this model to be adapted across all Purple House sites, strengthening culturally safe care while building sustainable

"For me, a successful community service involves working towards making yourself redundant. By listening to community and supporting the development of the necessary skills and resources the hope is that you can remove yourself from the equation." Abbey Quonoey (Program Coordinator/Health Educator)

Purple House is also developing pathways to grow their dialysis nursing workforce through internal dialysis training and supported remote practice opportunities, with plans expected to progress over the coming years.

If you have nursing students interested in volunteering or doing a placement with Purple House in Alice Springs, contact the Purple House Volunteer Coordinator: volunteer@purplehouse.org.au

Donate: https://www.purplehouse.org.au/support-us/donations/

Volunteer: https://www.purplehouse.org.au/support-us/volunteer/

Work with us:
https://www.purplehouse.org.au/careers/current-vacancies/

Community consultation days in Lajamanu

Are you looking for a scholarship or grant?
ANTS offers scholarships and grants to eligible members.

Individual grants up to $2000
Scholarships to a maximum of $1000
Both are available in the field of education nursing and midwifery educators and academics.

Interested in applying? Application forms are on the ANTS website. To apply, submit a completed ANTS Scholarship and Research Grant Application Form to office@ants.org.au by the closing date of the relevant funding round. The 2026 opening and closing dates for each funding round are:

Round	Opening date	Closing date
1	January 1st 2026	Closed
2	April 1st 2026	April 30th 2026
3	July 1st 2026	July 30th 2026
4	October 1st 2026	October 31st 2026

Making the Most of Microsoft 365©: Practical Tools for Nurse Educators

Microsoft 365© is a powerful and comprehensive suite of digital tools that can significantly enhance teaching, collaboration, and workflow management for nurse educators across both clinical and academic settings. With applications such as Word, Excel, PowerPoint, Outlook, OneNote, SharePoint, OneDrive, Teams, Sway, and Stream, many educators are already regular users. However, it's worth pausing to consider whether we're fully leveraging the platform's potential—or simply using a small fraction of what's available.

Organising and Sharing Educational Resources
Tools like OneNote are particularly well suited to nurse educators, offering a flexible way to organise lecture notes, lesson plans, assessment ideas, or clinical guidelines in one central, searchable location. SharePoint and OneDrive further support this work by streamlining document storage and sharing, ensuring that students and colleagues can securely access the most up-to-date resources from anywhere, whether on campus or in a clinical setting.

Creating Engaging Learning Materials
For educators looking to move beyond traditional slide decks, Sway provides an engaging alternative for creating interactive presentations, newsletters, or learning modules. Its visual, web-based format supports multimodal learning and can be particularly effective for presenting clinical concepts, orientation materials, or professional updates in an accessible and appealing way.

Microsoft Teams: More Than Meetings
While many educators use Microsoft Teams primarily for meetings or messaging, it offers much more. Teams serves as a central hub where educators can collaborate on lesson plans, assessments, research projects, or curriculum development in real time. Files, conversations, and meeting recordings are stored together, reducing duplication and improving continuity. Teams also supports breakout rooms, making it ideal for small-group discussions, case studies, tutorials, or problem-based learning activities—approaches that promote active participation and deeper learning. Meeting recordings can be automatically saved and shared, supporting revision and reflective learning.

Newer Features Worth Exploring
Several newer Microsoft 365 tools may be less familiar but highly valuable for nurse educators:

- **Microsoft Loop** allows for the creation of dynamic, interactive content—such as shared tables, task lists, or learning activities—that can be co-edited within Teams chats or other Microsoft 365 apps. This supports collaboration and co-creation, key principles in contemporary education.
- S**hifts,** available within Teams, is a practical scheduling tool well suited to clinical environments. It can be used to manage clinical placements, student rosters, or staff schedules. Learners or staff can view shifts, request changes, or swap shifts directly in the app, improving transparency and efficiency.

Practical example:
A nurse educator coordinating clinical placements could use Shifts to manage student rosters, Stream to share short clinical skill demonstrations, OneDrive for placement documentation, and Teams as a single communication hub —creating a secure, streamlined digital ecosystem for students and supervisors.

T**eams or Zoom?**
While Zoom is often praised for its simplicity and reliability, Teams offers a more integrated solution for educators already working within Microsoft 365. By combining video conferencing with collaboration spaces, file storage, scheduling, and video recording, Teams reduces the need to switch between platforms. The best choice will depend on organisational requirements and personal preference, but Teams' versatility makes it a strong option for many clinical and academic educators.

Start Small—and Build
Importantly, educators don't need to adopt every tool at once. Starting with just one—such as OneNote for teaching preparation or Teams for collaboration—can make a meaningful difference. Over time, small changes in how we use these tools can lead to improved efficiency, stronger collaboration, and more engaging learning experiences.

Reflect

- **W**hich Microsoft 365 tool has made the biggest difference in your teaching practice?
- Is there a feature you know exists but haven't explored yet?
- How could one Microsoft 365 tool simplify your teaching or clinical coordination this year?

RESOURCES

MICROSOFT 365 FOR NURSE EDUCATORS
A ONE-PAGE QUICK GUIDE (CLINICAL & ACADEMIC SETTINGS)

resource 1

ONENOTE CLASS NOTEBOOK – EDUCATOR GUIDE

HTTPS://SUPPORT.MICROSOFT.COM/ONENOTE-CLASS-NOTEBOOK [SUPPORT.MI...ROSOFT.COM]

Plan, Organise & Prepare

OneNote

Organise lecture content, lesson plans, clinical guidelines, and assessment notes in one searchable notebook
Embed PDFs, images, audio, and video (e.g. clinical videos or policy updates)
Share notebooks with students or colleagues; integrate with Teams
[support.mi...rosoft.com], [onenote.com]
OneDrive & SharePoint
Securely store and share teaching materials and clinical documentation
Ensure version control and single sources of truth for policies, resources, and placement documents
[microsoft.com]

resourse 2

GETTING STARTED WITH MICROSOFT LOOP

HTTPS://SUPPORT.MICROSOFT.COM/MICROSOFT-LOOP [SUPPORT.MI...ROSOFT.COM]

Teach & Engage

Microsoft Teams

Central hub for teaching, meetings, file sharing, and collaboration
Use breakout rooms for tutorials, case discussions, or simulation debriefs
Record sessions and share them automatically with learners
[support.mi...rosoft.com], [microsoft.com]

Sway

Create visually engaging learning resources, newsletters, or orientation materials
Ideal for multimodal learners and mobile viewing
Excellent alternative to long PowerPoint slide decks
[sway.cloud.microsoft], [teachers.tech]

Demonstrate & Reinforce Learning

Microsoft Stream

Securely record and share lectures, clinical demonstrations, or training sessions
Automatic captions and searchable transcripts enhance accessibility
Videos are stored in OneDrive/SharePoint and easily embedded in Teams
[microsoft.com], [theeducati...isthub.com]

resourse 3

SHIFTS IN MICROSOFT TEAMS – GETTING STARTED

HTTPS://SUPPORT.MICROSOFT.COM/SHIFTS [SUPPORT.MI...ROSOFT.COM]

Collaborate & Co-Create

Microsoft Loop

Create shared, live content such as checklists, tables, learning activities, or project plans
Loop components update in real time across Teams, Outlook, and OneNote
Supports co-creation and collaborative learning
[support.mi...rosoft.com], [computerworld.com]

Coordinate Clinical Education

Shifts (in Microsoft Teams)

Manage clinical placement rosters, student shifts, or educator schedules
Students and staff can view shifts, request swaps, or update availability
Particularly valuable in clinical and practice-based environments
[support.mi...rosoft.com], [learn.microsoft.com]

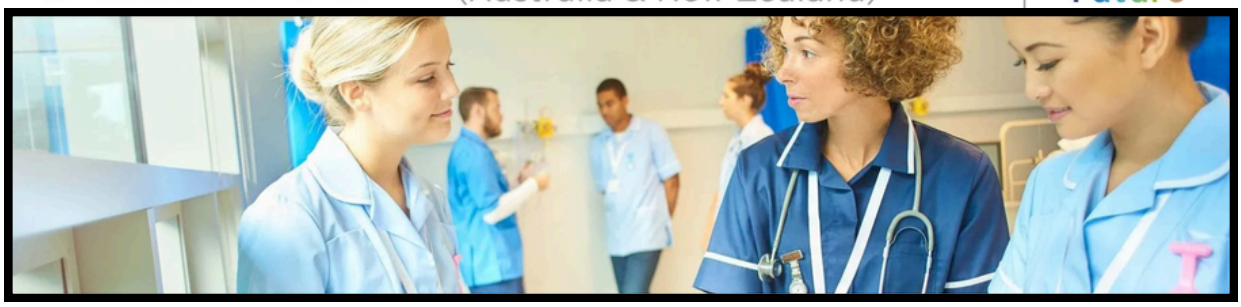
Start Small

You don't need to use everything at once. Many nurse educators start by:
Using OneNote to streamline teaching preparation
Using Teams as a single communication and resource hub
Adding Stream videos to support revision and blended learning
Small changes can significantly reduce workload and improve learner engagement.

LIFE LONG LEARNING

The Council of Deans of Nursing and Midwifery

CDNM COUNCIL OF DEANS OF NURSING AND MIDWIFERY (Australia & New Zealand) Creating The Future



Overview

The follow information is available on the CDNM website. Please see the link below for further information.

Developed by the Council of Deans of Nursing and Midwifery (Australia and New Zealand), and hosted by The University of Melbourne, Mobile Learning Unit, the "Clinical Facilitation: Essential Skills and Principles" short course is tailored to empower healthcare professionals seeking to elevate their clinical facilitation skills. Whether you're an experienced clinical facilitator or embarking on your educational journey, this course is designed to equip you with the tools needed to excel in this critical role.

Clinical facilitation is a dynamic and pivotal aspect of preregistration nursing and midwifery student education. It requires a unique blend of clinical expertise, effective communication, and andragogy proficiency. In this concise yet comprehensive online course, we will guide you through the fundamental skills and principles that underpin successful clinical facilitation.

Further information is available on the CDNM website: https://www.cdnm.edu.au/clinical-facilitation--essential-skills-and-principles

ENQUIRE HERE

Nursing Education Updates

CoNNMO

Coalition of National Nursing & Midwifery Organisations

The CoNNMO is made up of 63 national nursing and midwifery organisations that work together to advance the nursing and midwifery profession to improve health care. ANTS is a participating member of CoNNMO and is supportive of sharing the latest news from the Coalition, for example, information on the National Nursing Workforce Strategy, and a message from the Chief Nursing and Midwifery Officer.

Access to CoNNMO is available online, and we have provided a link to the presentation from the 2025 meeting. This includes the PowerPoint presentation delivered by the Commonwealth Chief Nursing and Midwifery Officer, Adjunct Professor (Practice) Alison McMillan.

Commonwealth Chief Nursing and Midwifery Officer Presentaton

To access this information, visit the CoNNMO website or follow the links below.

ENQUIRE HERE

RESEARCH REQUESTS

Effectiveness of Organisational Support After Clinical Incidents

Melanie Buhlmann

- Have you received or sought organisational support after being involved in a clinical incident?
- Were you a registered or enrolled nurse or a registered midwife in Australia at the time of the event?
- Are you willing to share your experiences of organisational support following a clinical incident, adverse event or medical error?

The incident can have occurred within any clinical setting and/or geographical location across Australia. We are seeking nurses and midwives who have been involved in a clinical incident to complete an online survey, which will take approximately 10-20 minutes.

Participants are warmly welcomed from all cultural backgrounds, including Aboriginal and Torres Strait Islander peoples. Your experiences and perspectives are invaluable. We are committed to creating a culturally safe, respectful, and inclusive space where all voices are heard and valued. Participation in this study is entirely voluntary, even if you are not in clinical practice anymore. Please do not participate in this study if the incident is undergoing legal proceedings or is under review by a healthcare organisation or disciplinary board.

Click here to access the survey directly
or scan the QR code.

You can find a promotional flyer here, and
information sheet here.

Please contact Melanie Buhlmann, PhD Candidate at mbuhlma0@our.ecu.edu.au

RESEARCH CORNER

WHAT IS QI?

Tegan Budd

You notice something in your workplace or on the nursing floor.
Maybe it's an increase in patient falls.
Maybe wound dressings aren't healing as expected.
Maybe parents keep asking the same questions before discharge.
You know something isn't working as well as it could.
So what do you do next?

For many nurses, the answer is to start a quality improvement (QI) process. Nurses constantly observe patterns in patient care and take action to improve practice. In fact, much of what happens on the clinical floor already reflects the early stages of research: identifying problems, collecting information, testing solutions, and evaluating outcomes. The exciting part is these everyday improvements can also contribute to evidence-based knowledge and potentially become publishable research.

Evidence-based practice sits at the heart of modern nursing. It ensures care we provide is guided not only by clinical experience, but also by the best available research and patient preferences (Tschannen et al., 2020). When nurses systematically investigate problems in practice, they contribute to a growing body of knowledge that informs safer, more effective care.

Quality improvement (QI) and research are important approaches used in nursing to improve patient care. QI focuses on improving existing healthcare processes within a specific clinical setting by collecting and analysing data, identifying problems, testing changes, and monitoring outcomes to enhance practice locally (Baker, 2017). In contrast, research is a systematic process used to generate new knowledge by answering clinical questions, testing interventions, or solving problems using scientific methods (Baker, 2017). The findings from research are shared more broadly through publications and conferences to inform nursing practice.

Together, QI and research help ensure nursing care is guided by evidence rather than tradition, supporting continuous improvement in care quality, safety, and patient outcomes (Baker, 2017).

The following are six key steps that can help guide this process, from recognising a clinical issue through to sharing findings to benefit the wider nursing profession:

Step 1: Identify the Problem
Clinical research often begins with observations made in everyday nursing practice. Nurses may notice recurring issues in patient care and begin to question why they occur and who they affect. Reflecting on these patterns helps clarify the problem and identify opportunities to improve outcomes.

Step 2: Look at the Evidence
Before introducing changes, it is important to review existing research. A literature search can reveal what strategies have already been tested and whether similar problems have been addressed elsewhere. Sometimes the solution already exists in the evidence, while other times gaps in knowledge highlight opportunities for new research.

Step 3: Choose the Right Approach
The research approach should match the question being asked. Some projects use quality improvement methods, while others use quantitative methods to measure outcomes or qualitative methods to explore experiences. Choosing an appropriate design strengthens the credibility and usefulness of the findings.

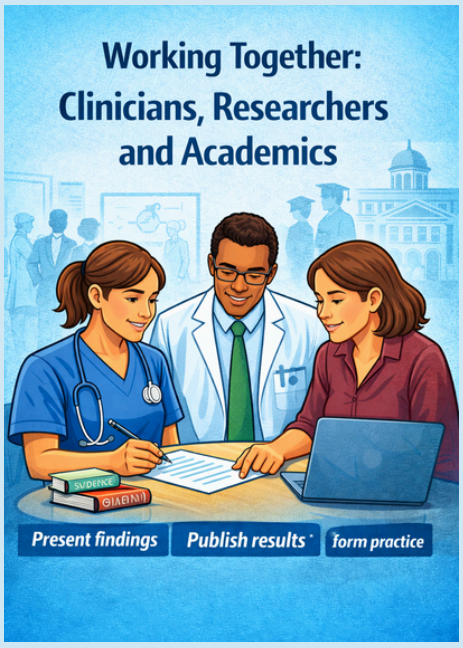
Step 4: Consider Ethics
Research involving patients, families, or healthcare staff requires ethical approval. In Australia, this typically involves review by a Human Research Ethics Committee (HREC). Ethical review ensures research is conducted responsibly and protects the rights, safety, and confidentiality of participants.

Step 5: Collect and Analyse Data
Once approved, researchers collect and analyse data using appropriate methods. This may include surveys, interviews, clinical audits, or patient outcome measures. Data must be gathered and analysed systematically so the findings are reliable and meaningful.

Step 6: Share What You Learn
Sharing results is an important part of the research process. Publishing or presenting findings allows other clinicians and organisations to learn from the work. This helps expand the nursing evidence base and supports improvements in patient care.

Working Together: Clinicians, Researchers and Academics
Collaboration between clinicians, researchers, and academics helps turn clinical questions into meaningful research that improves patient care. Clinicians bring practical insights from everyday practice, while researchers and academics contribute expertise in study design, data analysis, andevidence generation.

Many clinical nurses work with university colleagues when developing projects for research or publication. Academic partnerships can support study design, data analysis, and navigating the publication process, helping translate everyday improvements in practice into valuable contributions to nursing knowledge.



Building connections with local universities can be a helpful starting point. If you are unsure where to begin, consider speaking with your unit manager or clinical/ward educator, who may help identify research ideas, connect you with academic partners, and support collaborative problem-solving within your clinical setting.

Have you got a Quality Improvement (QI) project you can share with us?
What problems and solutions have been part of your workplace you can proudly share with the nursing community?

References:

Baker, J. D. (2017). Nursing Research, Quality Improvement, and Evidence-Based Practice: The Key to Perioperative Nursing Practice. *AORN Journal, 105*(1), 3–5. https://doi.org/10.1016/j.aorn.2016.11.020

Tschannen, D., Alexander, C., Tovar, E. G., Ghosh, B., Zellefrow, C., & Milner, K. A. (2020). Development of the Nursing Quality Improvement in Practice Tool: Advancing Frontline Nursing Practice. *Journal of Nursing Care Quality, 35*(4), 372–379. https://doi.org/10.1097/NCQ.0000000000000457

Education Corner

Amanda Petrie

"Visually Enhanced Mental Simulation shows that powerful learning doesn't depend on high tech equipment—just structured thinking, shared understanding, and skilled facilitation."

Introduction

Across healthcare, simulation-based education continues to adapt in response to rising demands for flexible, practical, and evidence informed learning methods. While high fidelity simulation remains a valuable tool, its limitations—including high cost, complex technology, and the need for specialised space—have long been recognised. These challenges were highlighted as early as 2016 by Aliner and colleagues, 'Simplifying simulated practice for healthcare professionals and educators', where it was demonstrated that high quality learning does not always depend on advanced manikins or technology (Alinier, et al., 2016).

This early insight became an important stepping stone toward the development of Visually Enhanced Mental Simulation (VEMS). Dogan, Pattison, and Alinier (2021) discuss the implications for practice that further support previous work claiming that as an approach to learning, VEMS combines the representation of the patient with thinking aloud to rehearse clinical behaviour and education principles to team working skills. As clinical and academic environments alike continue to navigate staffing pressures, limited resources, and diverse learner needs, VEMS offers a pathway to high quality simulation that supports consistent, meaningful education across settings.

What Is Visually Enhanced Mental Simulation (VEMS)?

Visually Enhanced Mental Simulation (VEMS) is a low resource, discussion based simulation method designed to support clinical reasoning, decision making, and teamwork. Rather than relying on manikins or digital systems, VEMS uses simple visual representations—such as laminated images of patients, equipment, or physiological cues—paired with facilitated think aloud conversations.

This structure encourages learners to articulate their thought processes, share mental models, and work collaboratively through complex clinical situations. Brazil and colleagues describe VEMS as flexible, engaging, and easy to implement, noting that participants tend to focus more deeply on communication, prioritisation, and problem solving when relieved of the distractions posed by high tech equipment (Brazil, et al., 2025). Because the method requires minimal materials, VEMS can be delivered almost anywhere—making it suitable for classrooms, staff training rooms, rural and remote settings, and environments with security restrictions, such as correction services, or limited space

This adaptability may be one of the reasons the approach has gained momentum internationally. VEMS in Practice — A Simple Visual Example

The image is an example of the type of visual cue layout often used in VEMS style activities. Our amazing Sim Educator and Sim Co Emma Semmens and Tammie Mullane assemble patient representations, folders representing the draws of the Resus Trolley. All the contents are available in flat laminated printouts in the folders. This provides a structured starting point for guided discussion, clinical reasoning, and team based planning.

(Left to right, Tammy Mullane, Emma Semmens, CKW Health Service Sim Team)

VEMS in the Education setting

Emerging research shows that VEMS offers consistently strong educational value in both academic and clinical environments. Brazil's and colleagues qualitative work drawing on the insights of participants, highlights that learners find VEMS unexpectedly engaging, reporting that the simplified setup helps them concentrate on communication, teamwork, and clinical judgement without the pressure of managing technical equipment (Brazil, et al., 2025).

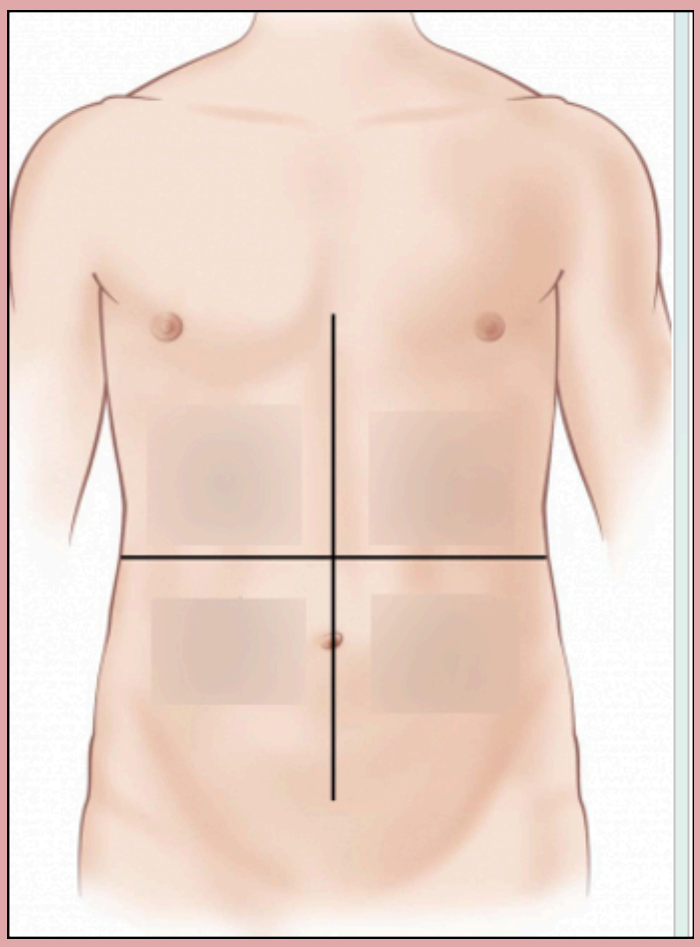
International literature supports this, with reviews noting VEMS as a low cost, high effectiveness modality capable of strengthening decision making, situational awareness, and collaborative practice. Additionally, global initiatives like the 'Let's go on safari' VEMS project developed in Canada by Dale-Tan (2016) demonstrated that VEMS can support interprofessional collaboration, helping teams examine shared assumptions and develop clearer strategies for patient care in a psychologically safe, low risk environment. Taken together, this growing body of evidence shows that VEMS is a robust, adaptable, and resource efficient simulation method—well suited to modern nursing education and capable of meeting the learning needs of teams working in diverse and constrained settings.

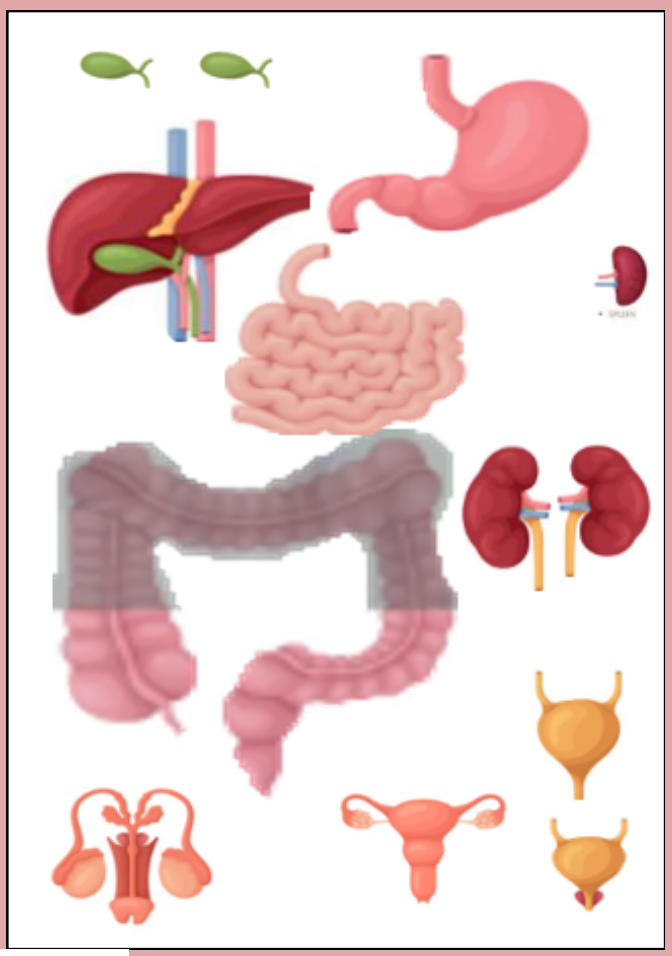
My Experience

In response to the need for interactive education with limited access to simulation resources, we developed a set of VEMS materials to support Emergency Nursing Graduates in practising structured abdominal assessment. Using simple cut and paste images and a small desktop laminator, we assembled a compact resource pack that enabled learners to work through assessment sequences in a hands on, discussion based way.

The participants engaged well with the activity and provided thoughtful feedback—some noting, with good humour, that certain anatomical elements could be refined for greater accuracy

While their observation about the small intestines being "mistaken for the brain" might be up for debate, the session clearly demonstrated the value of VEMS as a collaborative learning tool. We also added a set of e-scooter handle bars that could be placed over the torso to visualise trauma impact of handlebars to abdomin. This experience reinforced its potential, and we will continue to refine and expand these resources to support our nurses' learning in a practical and accessible way.





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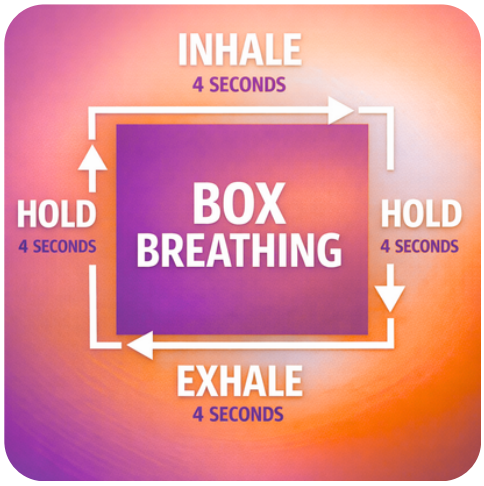
HEALTH & WELLNESS CORNER
with M. Stead

Integrating mindfulness into nursing education has been shown to enhance student well-being, emotional regulation, and resilience while reducing stress, anxiety, and burnout (Fenton et al., 2025). Recent reviews emphasize that mindfulness-based interventions (MBIs) such as meditation, guided imagery, and breathing exercises offer consistent short-term psychological benefits for nursing students, although evidence regarding long-term effects remains limited (Fenton et al., 2025). Recent research supports embedding mindfulness practices within nursing curricula to foster psychological well-being and strengthen professional preparation but this is determined based on the University and academic leads. To create better understanding of the benefits of MBI in education more consistent protocols and comprehensive outcome assessments are needed to fully understand, support comparability and sustainability of outcomes for nursing students to (Consorte et al., 2026).

Box breathing (also called square breathing) is a controlled breathing practice where you inhale, hold, exhale, and hold your breath again (typically for equal counts e.g. 4 seconds each) in a cyclical "square" pattern. It's used to calm the nervous system, enhance focus, and manage stress by engaging both mindful attention and parasympathetic activation (the body's "rest and digest" response). The concept of box breathing traces back to ancient pranayama (yogic breath-control practices from India) to regulate attention and physiological states. In modern times, it gained widespread recognition through high-stress training contexts, particularly among military where it became a practical tool for maintaining composure and cognitive control under pressure (Balban et al., 2023). Box breathing is a simple yet effective MBI to support reduction in anxiety and stress. This MBI is able to be implemented safely by nurses and for nurses as part of a holistic care approach to support emotional well-being (Morgan, 2025).



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Celebrating Our Members

Members Shout Out

SHOUT OUT TO KRISTIE DAVIS AND HILARY COLLINS

I am doing a Shout Out Kristie as she is a part of my amazing education team.

Kristie is a Clinical Nurse Clinical Facilitator and Hilary is a Clinical Midwife from Queensland Health.

Kristie has recently travelled to Cambodia to provide basic first aid education to the local School including teachers and students. Kristie has travelled in her own time to provide the local community with education.

Interview with Kristie

Amanda: Kristie, can tell us a little about how you came across this project and a little bit about the experience.

Kristie: I worked with a colleague at another hospital and her and her husband founded and sponsored a school in Cambodia that teaches English. I went over for a holiday and having conversations with the people, they talked to me about doing some first aid training for the school. So that's what we did when I went back over there.

(Staff member, Hilary Collins, Pillow Patient , Staff member)

(Em Kang, Deputy Director, Kristie Davis CNCF, Hilary Collins CMW)

Amanda: You explained to me that they didn't have a lot of resources, so the staff provided you with adhoc resources.

Kristie: Yeh so we used pillows and cushions as people, our driver gave use his daughter's toy to use as a baby (see image). Using what resources, they had that they would use for first aid. We actually gave them some bandages to treat snake bite and head injuries. Together we came up with a colour them, like they said, snakes are brown, mostly they have cobras, so the brown bandages are for snake bite.

They don't have defibs, so we taught them DRSABC and stopped there. Next year we are going back, but will take only the basic items. They had a lot of questions, and we talked through different scenarios. They are beautiful people and they have plans for us to come back. It was really just a lot of fun.

Kristie describes a great experience and opportunity. We are thankful for her time and for the images provided by Kristie and the Staff from the school. Please enjoy the photos that we provided by the staff and participants.

Amanda Petrie & Kristie Davis

WHAT'S HAPPENING!
CONFERENCES & WORKSHOPS

International Nurse Education Conferences 2026

- Canadian Nursing Education Conference. Ontario, Canada. June 1-2. https://www.casn.ca/2024/11/the-casn-biennial-canadian-nursing-education-conference-2026/
- 7th Asia Pacific Advanced Nursing Practice, Nursing Education, and Leadership Conclave. Singapore. June 18-19.
- 3rd International Joint Conference for Healthcare Professionals. Maldives. July 7-9. https://www.ijchp.org/
- International Nurse Education Conference (NETNEP). Edinburgh, UK. November 1-4. More details, including the conference app, will be available on the Elsevier website closer to the event date https://www.elsevier.com/en-au/events/conferences

Nursing Conferences 2026

- The Australian College of Critical Care Nurses Annual Education Meeting. The Australian College of Critical Care Nurses Ltd (ACCCN). Brisbane. March 26-27.
- ANMF Australian Nurses & Midwives Conference: Hosted by the Australian Nursing and Midwifery Federation (ANMF), 5–6 May 2026. Park Hyatt, Melbourne, VIC.
- CRANAplus Remote Nursing & Midwifery Conference: This 42nd annual conference focuses on the future of remote health under the theme "Distance. Dedication. Difference." https://crana.org.au/2026- conference
- APNA Festival of Nursing. Australian Primary Health Care Nurses Association (APNA). 30 July – 1 August 2026. Sofitel Melbourne on Collins, Melbourne, VIC
- National Nursing Forum (NNF): The Australian College of Nursing (ACN). "Power of Nurses in a Changing World." 6–7 August 2026. Melbourne Convention and Exhibition Centre, Melbourne, VIC
- ACNP National Conference. Australian College of Nurse Practitioners (ACNP). 14–16 September 2026 Adelaide Oval, Adelaide, SA
- Australian College of Perioperative Nurses (ACCORN). International Conference. Brisbane. May 14-16. https://www.acorn.org.au/acorn2026-conference
- 12th Council of International Neonatal Nurses (COINN) Conference. Australian College of Neonatal Nurses. Darwin. August 25-28. https://www.coinnurses.org/coinn-2026-darwin
- Australia & New Zealand Orthopaedic Nurses Alliance (ANZONA). Victoria. TBC Oct/Nov. https://anzona.net/education-conferences-and grants/

Something a little different – Education at Sea is a series of conferences that are offered on cruise ships. This exciting way of learning may be of interest for nurses and midwives in the Southern Hemisphere. For the conference schedule hosted by Education at Sea please click on the following link: Education at Sea | Cruise your way to professional development

Share your event!

Do you have an upcoming conference, workshop, symposium, or education event on the horizon? We'd love to hear about it! As a small organisation, we take pride in spotlighting the great work happening across our community, and our team is always happy to add member-submitted events to our growing conference list. If you or your team are hosting, presenting, or attending an event that others might benefit from knowing about, please send the details through to us. Sharing your event helps strengthen our professional network and keeps our Bulletin truly connected to the people it represents.
You can reach us at ANTSBulletin@gmail.com — we look forward to showcasing your contributions in our next edition!

BOOK REVIEWS

We are looking forward to our next submission of book reviews. If you missed the previous Bulletin edition and are interested in reading the reviews, please follow the steps below. We look forward to reading your reviews.

Opportunity to Review Elsevier Book Titles.
Elsevier has provided ANTS with a list of Nursing and Midwifery titles for review by interested members. If you wish to review a title you will be required to provide a written review and permission for its publication in the e-Bulletin and by Elsevier.

Here is how the review process will work from an ANTS Membership perspective:

- Select a title from the list provided (click here for the list).
- Send an email to ANTSBulletin@gmail.com advising the text you would like to review
- Our Elsevier Contact will share eBook codes with redemption instructions for the titles on our list.
- If any reviewer is interested in print copy only, Elsevier can also entertain that.
- Once your review is finalised it should be sent to ANTSBulletin@gmail.com for publishing in our quarterly bulletin.
- ANTS will share your final review with Elsevier so they can add them to their internal and external eCommerce sites and marketing promotional materials, with your permission.

To register, follow the link below. There is also a YouTube video for guidance:
https://youtu.be/hfwcbdM1lvY?si=yGxAORj8dFhC6shH

- Select your interest areas on the site when prompted and click 'Get started'.
- CONFIRM FACULTY STATUS:
- From the home screen, click "Go to Account Details", then 'Qualify'.
- Choose your institution and program.
- Provide a link to your professional online profile (e.g. LinkedIn) or upload documents verifying your educator status, then click 'Submit'.
- START USING YOUR ACCOUNT:
- You will receive a confirmation email once your status is verified, which usually happens within 24 hours but may take up to 5 days during peak times.

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Search **Australian Nurse Teachers' Society Inc.** and look for the logo.

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Eligibility for membership: ANTS comprises of Ordinary, Honorary, and Life Members.

Ordinary Membership categories are:

- Category One: Registered Nurses or Midwives who are engaged in the teaching of nurses and scholarship.
- Category Two: Registered Nurses or Midwives who are engaged in teaching of nurses as part of their role, but generally it is not their primary role.
- Category Three: Other persons who are primarily engaged in the teaching of nurse and midwives.