

Educators' Exchange



PROFESSOR ALISON KITSON

*A CONVERSATION ABOUT
KINDNESS, SYSTEMS AND
KEEPING THE PERSON AT THE
HEART OF NURSING.*

DIGITAL CORNER
The Digital Educator

HEALTH AND WELLNESS CORNER
Stress Buckets and
Wellness Bingo

RESEARCH CORNER
From Findings to Practice:
The Art of Dissemination

EDUCATION CORNER
Talking about
Learner-centred Education

**WHAT'S
HAPPENING**

NATIONAL NURSE EDUCATORS
CONFERENCE (NNEC) MAY 2027

SOCIAL MEDIA
& WEBINARS

CONNECT
WITH US



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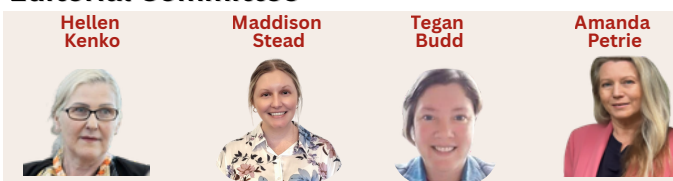
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Acknowledgement of Country

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.

Edition Editor (Spring)
Tegan Budd

Editorial Committee



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Professor Alison Kitson

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The editorial team invites members to contribute to the regular Regular Features in any of the corners. For inquires or to submit an artictla please email:



ANTSBULLETIN@GMAIL.COM



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From the President's Desk

Welcome to the spring edition of the Educator's Exchange. I hope you are all enjoying the start of spring and the slow climb into what will be a beautiful summer.

This edition I want to highlight the fantastic conference that is coming up next year. The National Nurse Educators Conference will be held in May 5-7th in Lutruwita Tasmania. The theme is 'Designing the Future of Nursing Education: leading innovation, strengthening workforce and sustainable healthcare'. We have some amazing keynote speakers lined up ready and will announce them all within the near future.

Abstract submissions have already opened on the 24th of August 2026 and we can't wait to see the innovation in nursing and midwifery education that is occurring across our country.

Now is also a great time to join or renew your membership with ANTS. The cost is only \$90 per year, or an absolute bargain at \$220 for 3 years, and membership will give you a discount on the cost of the conference.

I hope you enjoy this edition of The Educator's Exchange. The Educator's Exchange Team have worked very hard to ensure this issue is jam-packed with interesting articles and great information.

Enjoy!



Judy Van Tatenhove
ANTS President
Tommeginne Country



Australian Nurse
Teachers' Society

*Designing the Future of Nursing Education:
Leading Innovation, Strengthening Workforce
and Sustainable Healthcare*

[FOR CONFERENCE DETAILS](#)
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[THE LINK TO OUR CONFERENCE WEBSITE](#)

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PROSPECTUS



5-7 MAY
NNEC 2027
**21ST NATIONAL NURSE
EDUCATION CONFERENCE**

Hotel Grand Chancellor Hobart, TAS

dccam.com.au/nnec2027

SPRING 2026 | 4

Meet Our Speakers

We are pleased to introduce our featured speakers for the 21st National Nurse Educators Conference (NNEC) Tasmania 2027. Bringing diverse expertise and fresh perspectives, our speakers will inspire, challenge, and enrich conversations about the future of nursing education.



Prof Pauline Calleja

Professor Pauline Calleja is the Head of School and Dean in the School of Nursing & Midwifery at University of Southern Queensland, in Toowoomba, Australia.

Professor Pauline Calleja brings more than two decades of senior academic, clinical, and executive leadership experience across Australia and internationally, with a distinguished career spanning nursing and midwifery education, rural and remote health, research leadership, and workforce development. An internationally recognised nursing academic and researcher, Professor Calleja's research focuses on rural and remote health workforce development, nursing education innovation, and translation of evidence into practice and policy. Professor Calleja is recognised for her commitment to flexible, industry-engaged education and for building collaborative relationships with health services, government agencies, and professional organisations to strengthen healthcare workforce outcomes. Her leadership philosophy is grounded in inclusion, innovation, and community impact, with a strong commitment to improving equitable access to healthcare and education across regional, rural, and remote communities. Passionate about supporting the nursing workforce, Pauline's presentation will explore the role of gratitude and resilience in fostering staff wellbeing and how nurse educators can cultivate these qualities to strengthen individuals, teams and learning environments.

Prof Tracy Levett-Jones

Tracy Levett-Jones is a Distinguished Professor at the University of Technology Sydney. She is a world-leading nursing researcher who leads the Planetary Health Collaborative and Empathy Imperative research group. Tracy was inducted into the Nurse Researcher Hall of Fame in 2022 and has written ten books and over 300 journal articles. She has also been the recipient of multiple teaching and research awards and over seven million dollars of research funding.



ANTS President Judy Van Tatenhove

Judy Van Tatenhove, President of the Australian Nurse Teachers' Society. Clinical Nurse Educator in the Tasmanian Health Service.

Judy van Tatenhove has over 25 years' experience as a Nurse Educator working across multiple states of Australia and the United Kingdom. Judy brings extensive expertise in staff engagement, education, and workforce development within hospital and healthcare settings. With a Master of Clinical Nursing and Teaching and a Diploma in Creative Arts and Health, she combines clinical expertise with innovative approaches to learning, teaching and patient centred care. Judy also holds a Graduate Diploma in Cardiovascular Care Nursing and Grad Cert in Rehabilitation Nursing reflecting her lifelong commitment to excellence in patient care, professional development, and healthcare leadership.



Join us in Tasmania as we connect, learn, and celebrate the impact of nurse educators from across Australia.



PROFESSOR ALISON KITSON

"Person-centred care cannot rely on good intentions alone. It has to be designed into the way our systems work."

About Professor Alison Kitson

Professor Kitson is internationally recognised as one of nursing's leading voices in person-centred fundamental care, evidence-based practice and implementation science. Originally from Northern Ireland, Professor Kitson graduated from the University of Ulster in 1979 and quickly became aware of the tension between task-driven healthcare systems and the type of nursing care she believed patients deserved.

A scholarship opportunity led Professor Kitson to complete a PhD by the age of 28, launching a distinguished career that has spanned clinical practice, academia, professional leadership and international healthcare reform. She has held leadership positions with the Royal College of Nursing in the United Kingdom, contributed significantly to quality improvement and standards development, and become one of the world's most influential researchers in implementation science and fundamental care.

Professor Kitson's work consistently explores a central challenge facing healthcare: how do we ensure that evidence, compassion and personhood remain at the centre of care delivery? In her recent paper, *Getting Person-Centred Fundamental Care Right: Past Discourse and Future Directions* (2026), she argues that while healthcare has embraced the language of person-centred care, systems often fail to adequately support the physical, psychosocial and relational elements of care that matter most to patients. Rather than viewing person-centred care as an abstract philosophy, Professor Kitson advocates for "person-centred fundamental care" that integrates these dimensions into everyday clinical practice and organisational culture. This thinking aligns closely with her influential work in implementation science.

In a landmark publication with colleagues, Professor Kitson describes implementation science as the bridge between evidence and practice, helping healthcare organisations understand the cultural, leadership and contextual factors required to embed evidence-based care successfully. She argues that excellent care does not happen simply because clinicians know what to do; it requires systems intentionally designed to support and sustain best practice.

One of Alison's contributions to healthcare has been her work on the PARiHS (Promoting Action on Research Implementation in Health Services) Framework, developed alongside international colleagues.

The framework highlighted that successful implementation of evidence depends not only on the quality of the evidence itself, but also on the context in which change occurs and the quality of facilitation supporting that change. This work helped shift healthcare thinking from simply disseminating evidence to understanding how culture, leadership and organisational readiness influence whether evidence becomes routine practice (Kitson, et al., 2008).

Today, Professor Kitson chairs the International Learning Collaborative (ILC), a global network dedicated to advancing person-centred fundamental care across healthcare systems worldwide. Through research, education and international collaboration, the ILC works to ensure that healthcare systems worldwide are designed not only to be safe and efficient, but also deeply human.

I was privileged to interview Professor Kitson for our Australian Nurse Teachers Society Bulletin. With such a short amount of time, we talked about so many topics that impact nursing, nursing care, and the research that leads our care.

Interview: *"We must never lose sight of the person"*

Amanda: You've been involved in person-centred care for much of your career. Has the concept changed over time?

Alison: The language has changed, but the philosophy remains the same. When I started nursing, we talked about individualised care rather than routinised care. Later it became holistic care, and now we call it person-centred care. At its heart, good nursing is about placing the person at the centre of everything we do and building a trusting relationship with them.

"Good nursing practice is knowing how to put the person at the centre of what you do, and that has to come from being able to develop a trusting relationship."

What makes nursing unique is our ability to engage with a person's humanity. We bring together clinical information, their life story, their experiences, fears, hopes and circumstances, and integrate all of that into meaningful care. That is the essence of nursing.

"To me, this is the unique part of nursing. The nurse is the one who engages with the humanity of the patient."

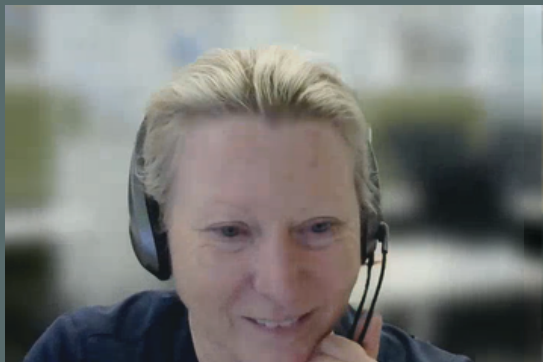


Image: Amanda Petrie (left) and Professor Alison Kitson (right) discuss the Fundamentals of Care and what it takes to get it right.

Beyond kindness: the importance of fundamental care

Amanda: Person-centred care can sometimes seem difficult to translate into practice, particularly in challenging environments such as correctional health.

Alison: Respecting and valuing people is important, but person-centred care is more than compassion alone. People have physical, psychosocial and relational needs. If a patient is uncomfortable, hungry, unable to sleep or unable to access basic care, then person-centred care is not happening, regardless of the language we use. That's why our work focuses on person-centred fundamental care; ensuring physical care, emotional wellbeing and relationships are considered together. It is these fundamentals that create truly sustainable systems of care.

"If you can't make people comfortable, give them the right food, or know that they need to go to the toilet, then person-centred care doesn't happen."

The International Learning Collaborative (ILC): A global movement

Amanda: What led to the creation of the International Learning Collaborative?

Alison: The ILC emerged following concerns about failures in fundamental nursing care, particularly highlighted by the Mid Staffordshire inquiry in the UK. Many of the proposed solutions focused on individual nurses, but I felt the problem was much bigger than that. If delivering person-centred care was simply a matter of individual choice, we would have solved the issue long ago.

The reality is that healthcare systems are often designed around tasks, processes and efficiency rather than human relationships. We created the International Learning Collaborative to bring people together globally to explore how systems can support person-centred fundamental care consistently and sustainably.

Today, the ILC includes members and organisations from around 20 countries, sharing research, implementation strategies and practical solutions to improve care experiences for patients and clinicians alike.

"We know that you cannot deliver person-centred fundamental care if you do not have an organisation committed to doing it and executive leaders committed to doing it."

Why implementation science matters

Amanda: Implementation science is a growing area of interest for many nurses. How do you describe its role?

Alison: Implementation science begins with high-quality evidence that we know works and asks, "How do we make this happen in practice?" The challenge is rarely the evidence itself. The challenge is culture, context, leadership, resources and established routines.

"The deficit isn't generated by the nurses. The deficit is that the system doesn't know how to articulate person-centred care and doesn't know how to make it happen."

For example, we know there is strong evidence that delirium can be reduced through simple strategies such as maintaining mobility, supporting adequate hydration and nutrition, and keeping people cognitively engaged. The real work is helping teams adapt their culture and workflows so these practices become routine.

Implementation science provides the methods and tools to support that change. Rather than simply issuing directives, it helps clinicians, leaders and organisations work together to understand barriers, test solutions and measure impact.

A final reflection

After more than four decades in nursing, Professor Kitson remains passionate about ensuring healthcare systems support the kind of care nurses aspire to provide.

"We have invested heavily in safety and quality systems, but we still need to ensure we build in that human connectedness. Person-centred care cannot rely on good intentions alone. It has to be designed into the way our systems work."

"Our systems are letting us down. We want to deliver this care. The question is: what can we do to help make it happen?"

As healthcare continues to evolve, Professor Kitson's message is clear: the future of nursing depends on maintaining a relentless focus on the person while creating systems that enable nurses to provide the compassionate, evidence-based care they know is possible.

References

Kitson AL. (2026). Getting Person-Centred Fundamental Care Right: Past Discourse and Future Directions. *Journal of Advanced Nursing*, 82(Suppl 2), S109-S115.
Kitson, A. L., Rycroft-Malone, J., Harvey, G., McCormack, B., Steers, K., & Titchen, A. (2008). Evaluating the successful implementation of evidence into practice using the PARIHS framework: theoretical and practical challenges. *Implementation Science* 3(1).
Tucker S, McNett M, Mazurek Melnyk B, Hanrahan K, Hunter SC, Kim B, Cullen L, Kitson A. (2021). Implementation Science: Application of Evidence-Based Practice Models to Improve Healthcare Quality. *Worldviews on Evidence-Based Nursing*, 18(2), 76-84.



Australian Nurse
Teachers' Society

SCHOLARSHIPS & GRANTS

***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 1 st 2026	Closed
2	April 1 st 2026	Closed
3	July 1 st 2026	Closed
4	October 1st 2026	October 31 st 2026

THE DIGITAL EDUCATOR

Digital Corner

By H. Kaneko



Digital Assessment Innovation:

Bridging the Digital Gap

With integrated Electronic Medical Records (ieMR) and electronic medication systems across most Australian states and My Health Record nationwide, graduates cannot afford a digital gap. Traditional paper testing no longer cuts it. Our students need mobile-friendly tools that mirror modern clinical spaces, test clinical reasoning, and satisfy national training standards.

Active Apps for Your Assessment Toolkit:

- **Mentimeter:** Acts as a live "confusion barometer." Students anonymously toggle their understanding during complex lectures, signalling when to pause and re-explain concepts.
- **Socrative:** Runs frictionless "exit tickets" or rapid quizzes via student smartphones. Students join instantly with a room code—no personal accounts required.
- **Slido:** Crowdsources and upvotes anonymous student questions during lectures to create a prioritized, clear review list before major exams.
- **EDpuzzle:** Embeds open-ended clinical questions into videos. The playback pauses at critical moments, forcing students to commit to a diagnostic rationale.
- **Tracprac:** Replaces paper clinical clipboards. Instructors and preceptors evaluate and track real-time clinical skill competency right at the patient's bedside.

Overcoming Faculty Resistance

Implementing a new digital assessment strategy can spark resistance due to technical intimidation, administrative burden, or fear of academic dishonesty.

Use this three-step framework to successfully manage change within your institution:

- **Highlight Time Savings:** Show markers how platforms like Socrative automate grading and eliminate physical paper shuffling.
- **Neutralise Cheating Concerns:** Use EDpuzzle to embed unpredictable, open-ended clinical rationales that require contextual thinking.
- **Appoint Peer Super-Users:** Upskill early-adopter educators to provide immediate, local troubleshooting during live lecture crises.

Your 3-Step Launch Strategy

- **Prep:** Direct students to the free ADHA Digital Health Foundations for Nursing course.
- **Practice:** Use Mentimeter or Socrative for low-stakes, ungraded review sessions first.
- **Audit:** For Diploma of Nursing pathways, cross-check digital tool data with VET Resources Assessment Kits.



National Alignment: Mapping Digital Tools to Competencies

To maintain ANMAC program accreditation and satisfy the Nursing and Midwifery Board of Australia (NMBA) Standards for Practice, digital assessments must serve a clear regulatory purpose. By aligning specific tools with the Australian Digital Health Agency (ADHA) Capability Framework, we turn simple classroom apps into robust evidence of compliance.

Tool	Practical Nursing Use-Case	NMBA RN Standard	ADHA Digital Domain
Mentimeter	Live, anonymous "confusion barometer" checks..	Standard 1: Thinks critically & analyses practice..	Domain 5: Technology comfort.
Socrative	Rapid diagnostic quizzes via student smartphones.	Standard 3: Maintains capability for practice.	Domain 3: Data & Information Quality.
Slido	Crowdsourced student questions to prioritize reviews.	Standard 2: Engages in professional relationships.	Domain 1: Digital Professionalism.
EDpuzzle	Embedded video pauses for clinical rationales.	Standard 4: Comprehensively conducts assessments.	Domain 4: Information-Enabled Care.
Tracprac	Bedside logging of ANSAT placement competencies.	Standard 6: Provides safe, responsive quality practice.	Domain 2: Leadership & Advocacy.



HEALTH & WELLNESS CORNER

with M. Stead

THE STRESS BUCKET

Stress is a part of life but finding the balance can be difficult for nurse educators, especially when they commence in the nurse educator role. The Stress Bucket is a simple psychoeducational model that explains how stress accumulates and affects an individual's wellbeing. Developed by Brabban and Turkington (2002), the model portrays stressors as water flowing into a bucket based on work demands, relationship difficulties, financial pressures, illness, and life challenges. The size of the bucket represents an individual's capacity to cope with stress, which is influenced by factors such as personality, life experiences, physical health, and available support. When stressors exceed coping capacity, the bucket overflows, leading to symptoms such as anxiety, irritability, emotional exhaustion, and burnout. The model aligns with Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping, which proposes that stress occurs when perceived demands exceed an individual's perceived coping resources.

A key feature of the Stress Bucket model is the "tap" at the bottom of the bucket, representing coping strategies that release stress and prevent overflow. Adaptive coping strategies such as problem-solving, seeking social support, exercise, mindfulness, relaxation techniques, and engaging in meaningful activities help regulate stress and build resilience. Conversely, maladaptive coping strategies such as avoidance, withdrawal, or substance use may provide temporary relief but can ultimately worsen stress.

The Stress Bucket concept is consistent with broader psychological theories, including McEwen's (1998) Allostatic Load Theory, which describes the cumulative physiological effects of chronic stress, and Hobfoll's (1989) Conservation of Resources Theory, which emphasises the importance of maintaining and replenishing personal resources to protect wellbeing. Consequently, the Stress Bucket can be widely used in mental health and nursing education as an accessible framework for promoting self-awareness, resilience, and effective stress management.



Join us in some
Wellness Activity
Bingo on the next
page

References

- Brabban, A., & Turkington, D. (2002). *The stress bucket model*. Cognitive Behaviour Therapy resources.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513-524. <https://doi.org/10.1037/0003-066X.44.3.513>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338(3), 171-179. <https://doi.org/10.1056/NEJM199801153380307>



WELLNESS ACTIVITY BINGO



Small actions. Big impact. Take care of you! ♥

Drink
enough
water



Take a
20-minute
walk



Stretch
for 10
minutes



Eat a
healthy
meal



Get
enough
sleep



Practice
deep
breathing



Spend time
in nature



Write down
3 things you're
grateful for



Listen to
your favorite
music



Take a
break from
screens



Read for
20
minutes



Do something
kind for
someone



FREE
SPACE



Try a new
healthy
recipe



Journal
about your
day



Meditate
for 10
minutes



Declutter
one small
space



Do a
workout you
enjoy



Get some
sunlight



Call or
message a
loved one



Set a small
goal for
yourself



Enjoy a
relaxing bath
or shower



Practice
positive
self-talk

I am
enough ♥

Do
something
creative



Reflect on
what went
well today



Be kind to your mind. Be good to your body. You matter.



RESEARCH CORNER

By T. Budd

From Findings to Practice: The Art of Dissemination

So, you're involved in a project — now what?

Perhaps you have become involved in a research project, contributed to a quality improvement initiative, evaluated a teaching innovation, started a pilot or are working towards a PhD. You may have identified a problem, explored an idea, collected some data or begun to make sense of what you are seeing. But as the project develops, an important question is often overlooked: how will you share what you are learning?

- Who needs to know what you are discovering?
- Who could benefit from what you are learning?
- Could someone else use, adapt or build on your work?
- And who might offer a perspective that could strengthen the project?

These questions bring us to an often-overlooked part of research, quality improvement and teaching evaluation: *dissemination*. Sharing what we are learning creates opportunities for our work to influence practice, education and research, but it can also invite others into the project while there is still time for their ideas, experience and feedback to make a difference. Dissemination does not have to wait until the final report is written or the results are published. It can be part of the project from the very beginning.

What do we mean by dissemination?

In simple terms, dissemination is the process of sharing and communicating knowledge, findings, ideas and learning with others who may benefit from, use or build upon it. It can take many forms, from a conversation with a colleague or presentation at a team meeting, through to a conference poster, oral presentation, webinar, publication or professional networking activity.

Importantly, dissemination is not simply about getting your research out there. It is about thinking deliberately about who needs to hear it, why they need to hear it, how best to communicate it, and what might happen as a result. The audience, the message and the method should therefore work together: Who needs to know? Why do they need to know? What could they do with what you have learned?

Dissemination doesn't have to wait until the end. There is a common assumption that dissemination happens once a project is complete: the research is finished, the report is written, the findings are analysed, and then we decide where to present or publish the work. But dissemination can, and should, happen throughout the project.

Think about a PhD candidate who shares emerging findings at a conference, discusses developing ideas with colleagues or receives feedback through a professional network. The research is not finished, but sharing the work creates opportunities for others to ask questions, challenge assumptions and offer different perspectives. Similarly, a pilot of a new clinical education approach, an early-stage research project or a teaching evaluation may benefit from being shared before the final results are available.

Sharing what we are planning, what we are trying and what we are learning invites others into the process rather than waiting until everything is neatly wrapped up. What if dissemination isn't the final destination, but part of the journey?

From *idea to impact*

SHARE WHAT YOU LEARN



Consider
your audience



Look further



Make connections



Think about impact



Consider a conference



Create a compelling poster



Prepare your presentation



Make your abstract count



Keep the conversation going

*Your project may end,
but the conversation doesn't have to.*

Sharing work while it is developing creates opportunities for feedback. A colleague might suggest a different approach to data collection. A clinical educator might identify a practical issue that could influence implementation. A researcher working in a related area might introduce you to literature, expertise or a potential collaborator you had not previously considered. One conversation can make a surprisingly significant difference.

Someone might see your early presentation and ask, "Have you considered looking at it from this perspective?" or suggest another educator who has already encountered the problem you are investigating and can help you avoid a similar challenge. Maybe clinical colleagues identifies an opportunity to test your approach in another setting.

That person may not simply become part of your audience, they may become part of the project. This is important for quality improvement, where change is often iterative. We try something, see what happens, reflect, adapt and try again. Sharing the learning during that process can bring additional voices into the conversation and help shape the next cycle. It reminds us dissemination is not simply about telling people what we have discovered. It can also be about inviting people to help us discover what comes next.

So, where do you start?

Once we begin thinking about dissemination, the first question is who is our audience? Start close to home. This might be your teaching team, clinical colleagues or research group, shared through a staff meeting, email update, infographic or short presentation. Then look further: Who is the next most impactful audience? Could your work be useful to another service, university, college, TAFE or even another discipline?

Networking can help find these connections. Think about people whose work you read, colleagues presenting on similar topics, professional organisations and special interest groups. Conferences, webinars and LinkedIn (all of which ANTS have), can open doors. Sometimes a simple conversation can lead to a new connection or collaboration.

It is also worth asking whether your work needs to reach a national or international audience to have impact. A change within your own teaching team or clinical setting can be just as meaningful.

What could change because someone heard about your work?

Conferences provide an opportunity to take your work into a wider conversation. With NNEC 2027 approaching, consider how your work connects with the conference themes and what your audience could take away. The same project may be framed differently depending on the audience.

If you are preparing a poster, check the conference requirements beforehand; poster size, orientation and submission requirements can vary. Keep your poster visually clear, with a strong title, concise text, and clear take-home message. Include contact details and, where useful, a QR code for further information. If someone looks at your poster for 30 seconds, will they understand what your project is about?

For an oral presentation, know your time limit and identify your key messages. Tell the story: Why did this matter? What did you do? What did you discover? What does it mean? Then practise with a colleague and time yourself. A fresh pair of eyes can help identify what needs to be clarified or cut out.

Your abstract is often the first opportunity to capture someone's attention, so make it count. Is your title engaging? Is your aim clear? Are the findings and impact evident? The **ANTS Abstract Myth Busting Series** provides practical guidance to help shape this.

Finally, think about what happens after you share your work. Make it easy for people to find you, ask questions and continue the conversation. Dissemination isn't simply about telling people what you did. It is about creating opportunities for someone to say, "We have a similar problem," "Could we try this here?" or "Perhaps we could work on this together."

Your project may end, but the conversation doesn't have to.





LEARNER-CENTRED EDUCATION: PUTTING THE LEARNER AT THE HEART OF PROFESSIONAL DEVELOPMENT

by Amanda Petrie

Where to start?

This piece aims to spark conversation about how we develop learners who can truly flourish in their learning experiences. This goes beyond recognising that adult learners are responsible for their own learning (Knowles, 2016); it emphasises cultivating curiosity, ownership and professional identity so that learners are intrinsically motivated to grow within the profession.

When we speak of person-centred care in nursing, we invoke a philosophy that is respectful, responsive and tailored to the individual. Yet when we turn our attention to the education of nurses themselves, an important question emerges: are we applying the same philosophy to our learners that we ask them to apply to their patients? McCormack (2020) reminds us that person-centredness requires us to see the individual within the wider context of the collective. For me, this means recognising the unique needs, experiences and goals of individual learners while creating learning environments that strengthen the cohort as a whole.

What do we mean by learner-centred education?

Although much of the literature refers to student-centred learning, I use the term learner-centred education because learning in nursing does not end at graduation. Learner-centred education positions learners as active participants in their development, recognising the knowledge, experiences, values and motivations they bring to every educational encounter. The focus shifts from simply transmitting content to creating opportunities for learners to question, participate, collaborate and construct their own understanding (Berg & Lepp, 2023).

As a sessional tutor, I am continually reminded that some of the most powerful learning occurs when students realise they do not have to rely solely on me for answers. I enjoy watching the energy in the room shift as learners share experiences, question ideas and build on each other's contributions. In clinical education, I draw on Vygotsky's concept of the More Knowledgeable Other (MKO), creating opportunities for nurses to learn from one another. This reflects Lave and Wenger's (1991) view that learning is socially constructed through participation in communities of practice.

Theoretical foundation of learner-centred education

Learner-centred education draws strongly on Rogers' humanistic philosophy, which views learning as a process

involving the whole person. Meaningful learning occurs when respect is shown (Rogers, 1969). Knowles' theory of andragogy (1980) complements this by recognising that adult learners bring prior experience, value relevant learning and increasingly assume responsibility for their development.

Vygotsky's Zone of Proximal Development and More Knowledgeable Other further emphasise social interaction, scaffolding and learning with others. Cornelius-White's (2007) meta-analysis provides further support for learner-centred relationships characterised by empathy, trust, respect and participation. Together, these perspectives move us beyond positioning the educator as the sole source of knowledge and towards learning as a shared and relational process.

Why it matters for nursing education

Nursing sits at the intersection of rapidly evolving knowledge, high-stakes practice and deep relational work. Nurses need to continually learn, adapt and make evidence-informed decisions, while their educational needs vary considerably. In clinical education, I have worked with nurses who have more than thirty years of experience alongside those who have only recently graduated. A standardised, content-focused approach cannot always respond effectively to this diversity. Learner-centred approaches instead begin with what learners already know, their experiences and what they need to learn. McCormack et al. (2020) describe person-centred curricula as supporting learners in the processes of knowing, doing, being and becoming healthcare practitioners. These concepts resonate strongly with learner-centred approaches, which similarly recognise learners as active participants in their professional development.

Creating opportunities to share and build on this knowledge allows understanding to be co-constructed. Through dialogue, reflection and participation, learners can develop confidence, identify gaps in their knowledge and take greater responsibility for their professional development. While nursing education must meet competency standards and organisational requirements, learner-centred approaches allow educators to remain responsive to the diverse needs of learners within these constraints.

Self-directed learning as a professional imperative

The goal of learner-centred education extends beyond creating a learning community. It is about supporting nurses to critically reflect on practice, identify their learning needs and take responsibility for their ongoing professional growth. My understanding of this has been shaped by my experience as a mental health nurse, where reflective practice is central to professional development. I have seen how reflection helps clinicians make sense of complex situations, challenge assumptions and identify opportunities for learning.

The Nursing and Midwifery Board of Australia expects nurses to engage in reflection, continuing professional development and the maintenance of professional competence. Nurses are not simply recipients of mandated education; they are active participants in maintaining their own professional capability. A phrase often heard in education is, "they are adult learners, they should be self-directed." While there is some truth in this statement, self-direction rarely develops by chance. Learner-centred education can help develop the autonomy, reflective capacity and professional responsibility required for contemporary practice (Berg & Lepp, 2023). Learning through participation and dialogue Theory only becomes meaningful when we can apply it

intentional while remaining responsive to what learners bring to the room. Perhaps most importantly, learners need to feel safe to say, "I don't know." If we want nurses to recognise gaps in their knowledge and seek further learning, uncertainty needs to be understood not as failure, but as a starting point for learning. The educator does not disappear; rather, the role shifts towards creating purposeful, safe and evidence-informed experiences while giving learners increasing ownership of what and how they learn.

A Closing Reflection

Nel Noddings (2005) argued that at the heart of good education is a caring relationship in which the educator is genuinely attentive and responsive to the learner as a unique person. Throughout my career, both as a nurse educator and mental health nurse, I have been reminded that learning rarely happens exactly as planned. Some of the most meaningful learning emerges through reflection, dialogue, shared stories and collective sense-making. Perhaps, just as we recognise that the person in the bed is more than a diagnosis, task list or collection of symptoms, we need to recognise that the learner is more than a recipient of education. Each arrives with experiences, aspirations, strengths and uncertainties that influence how they learn and who they become as practitioners.



Image: Clinical facilitator providing clinical education 'at the elbow'.

to practice. If learner-centred education positions learners as active participants in their own development, what does this look like in everyday nursing education? For me, it begins with the learner: what does this nurse already know? What experiences have shaped their understanding? What problems are they currently facing? Clinical scenarios, case discussions, reflective questions and peer teaching can create opportunities for learners to connect theory with practice. This also requires the educator to listen as much as to speak. Learner-centred education does not mean abandoning structure or learning outcomes; it means being learners are active participants and educators create conditions characterised by authenticity, empathy and

Learner-centred education is not simply a teaching strategy. It is a commitment to seeing the learner as a person, recognising the knowledge they bring, creating opportunities for participation and supporting lifelong learning. Reflecting on my own practice, I have come to believe that if learners leave a workshop with greater confidence in their ability to learn, reflect and seek answers for themselves, then perhaps the most important learning has already occurred. Perhaps the role of the educator is not to teach learners everything they need to know, but to create the conditions in which they never stop learning. As Carl Rogers (1969) observed, "The only person who is educated is the one who has learned how to learn and change."

- References
- Berg, E., & Lepp, M. (2023). The meaning and application of student-centred learning in nursing education: An integrative review of the literature. *Nurse Education in Practice*, 69, 103622. <https://doi.org/10.1016/j.nepr.2023.103622>
- Cornelius-White, J. (2007). Learner-centered teacher-student relationships are effective: A meta-analysis. *Review of Educational Research*, 77(1), 113-143.
- Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy* (2nd ed.). Cambridge Adult Education.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge University Press.
- McCormack, B. (2020). Educating for a person-centred future: The need for curriculum innovation. *International Practice Development Journal*.
- McCormack, B., Borg, M., Cardiff, S., Dewing, J., Jacobs, G., Jones, N., Karlsson, B., McCance, T., Dickson, C. A. W., van Lieshout, F., Kmetec, S., & McCormack, B. (2020). Developing philosophical and pedagogical principles for a pan-European person-centred curriculum framework. *International Practice Development Journal*, 10(Suppl. 2).
- Noddings, N. (2005). Identifying and responding to needs in teacher education. *Cambridge Journal of Education*, 35(2).
- Nursing and Midwifery Board of Australia. (2025). Registered nurse standards for practice. <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>
- Rogers, C. R. (1969). *Freedom to learn: A view of what education might become*. Charles E. Merrill.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.

CONFERENCE CONNECTIONS

From South Australia to the Maldives Reflections from the Third International Joint Conference for Healthcare Professionals July 7 - 9 2026

Travelling from South Australia to the Maldives for the 3rd International Joint Conference for Healthcare Professionals (IJCHP) in July 2026 was an incredible professional and personal experience. Attending alongside a colleague provided the opportunity to present our work, chair sessions, and connect with health professionals from around the world, and contribute to the international exchange of knowledge.

The conference created a valuable platform to share my research and evaluation work focused on enhancing paediatric clinical learning experiences and understanding nursing students' experiences of working with children. Discussions also explored the next steps in building capability and capacity to strengthen paediatric placements and improve experiences for students, educators, and clinical teams.

Our poster presentation explored first-year simulation and the importance of communication before students encounter challenging situations, including palliative care and escalation of care in the clinical setting. These experiences reinforced the importance of preparing students not only with clinical skills, but with the communication, confidence, and emotional preparedness required for complex care.

Another highlight was facilitating a practical workshop on gamification using jigsaw puzzles to enhance communication and encourage participants to experience different perspectives. Sharing a simple, interactive teaching strategy provided an opportunity to consider how gamification can support collaboration, communication, and reflective learning across different educational contexts.

Perhaps one of the greatest highlights was meeting other health professionals from across the globe. Healthcare systems, cultures, and professional experiences were often very different, yet the similarities in the challenges faced were striking. Communication, workforce pressures, education, and delivery of quality care were common themes, alongside emerging approaches such as sustainability considerations in healthcare and virtual reality to develop empathy.

And then there was the Maldives itself! Coming from the South Australian winter, the hot and humid climate was certainly a change, but the beautiful destination provided an unforgettable backdrop. Experiencing traditional Maldivian customs, ceremonial proceedings, local food and the genuine kindness of its people added a wonderful cultural dimension to the trip.

Most of all, the experience brought new connections, new ideas, and an enormous sense of pride in representing our workplace, sharing our work internationally, and watching colleagues confidently share their expertise on an international stage. Perhaps the greatest lesson was that, despite differences in healthcare systems, cultures and contexts, our challenges transcend borders, our learning connects us, and our shared commitment to better care and education moves us forward.



Image: Tegan Budd (left), IJCHP Conference organiser Dr Fathimath Shifaza (centre) and delegate Katy Thai at the 3rd IJCHP



Image: Tegan Budd presenting paediatric research (above) and with a gift from the Maldivian Nurse's Association (below)



CONFERENCE CONNECTIONS



Image: Libin Jose with his conference poster at the ACN National Nursing Forum 2026

Reflections from ACN National Nursing Forum 2026: The Power of Nurses in a Changing World

I am sincerely grateful to the Australian Nurse Teachers Society (ANTS) for providing me with the opportunity to attend the Australian College of Nursing National Nursing Forum 2026 in Melbourne from 5-8th August 2026 . Receiving the registration ticket through ANTS enabled me to participate in this valuable national forum where nursing leaders, educators, clinicians, researchers, and policymakers came together to reflect on the future of the profession in Australia.

The theme, "The Power of Nurses in a Changing World," strongly resonated with me throughout the conference. It was a timely reminder that nurses are not only adapting to change but are actively shaping the direction of healthcare through leadership, education, research, advocacy, innovation, and compassionate care.

One of the key messages I took from the forum was the importance of enabling nurses to practise to their full scope, with the introduction of Nurse prescribing in Australia. A statement from one presentation stayed with me: "The best day of the week is the day I'm coming to work."

This captured what is possible when nurses feel trusted, supported, and empowered in their roles. When nurses are enabled to use their full knowledge, skills, and experience, patients, health services, communities, and the profession all benefit. Another major reflection for me was around nursing workforce sustainability. The discussions on the National Nursing Workforce Strategy reinforced that the future nursing workforce will not be shaped by recruitment alone, but by what happens after nurses enter the profession. This strongly connected with my own research interest in supporting New Starter Registered Nurses in regional and rural Australia.

A personal highlight was presenting our research poster, "Navigating the Transition: Supporting New Starter Registered Nurses in Regional and Rural Australia." The opportunity to share this work, engage in meaningful conversations, and hear different perspectives from colleagues across Australia was both encouraging and inspiring.



The forum also challenged me to think more deeply about equity, inclusion, and culturally safe care. The message that equality alone is not always enough was powerful. As nurse educators, we have a responsibility to prepare future nurses to recognise inequities, advocate for change, and deliver care that is person-centred, culturally safe, and responsive to community needs.

I left the forum feeling energised, motivated, and deeply appreciative of the opportunity provided by ANTS. The experience reaffirmed my commitment to nursing education, workforce development, research, and leadership.

My sincere thanks to the Australian Nurse Teachers Society for supporting my attendance and for continuing to invest in the professional growth of nurse educators. Opportunities like this strengthen not only individual practice but also the broader nursing education community.

Libin Jose

(He/Him) RN, MACN | B.Sc Nursing, MBA(HRM), GDipN(Clin.Ed), MCritCareN, GradCertTAEd
Lecturer – Nursing | PhD Candidate CQU | College of Nursing and Midwifery /School of Nursing, Midwifery and Social Sciences, Cairns
CQUniversity Australia



Have you recently attended a conference, workshop, symposium, or professional event? We'd love to hear about it?

Conference Connections provides an opportunity for ANTS members to share key insights, emerging trends, innovative ideas, and practical learnings gained through professional conferences and events. By sharing your experiences, you help colleagues who may not have been able to attend and contribute to the collective knowledge of our nurse educator community.

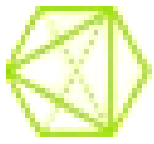
In this edition, we extend our sincere thanks to Libin Jose, ANTS Treasurer, for sharing his conference reflections and contributing to the Bulletin.

If you would like to contribute to a future edition, please submit a 350-550 word overview, along with any relevant photographs, to bulletin@ants.org.au.
Subject: Conference Connections
Attention: Editors

We look forward to sharing your conference experiences with the ANTS community.

ANTS Editorial Team

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Australian College of Nursing

ANTS has an affiliation with the ACN which provides tangible and intangible benefits to ANTS members including ACN membership discounts and collaboration across nursing organisations. If you are not an ACN member your ANTS membership will provide you with a discount if you wish to join. The ACN website can be accessed via the link or typing acn.edu.au in a browser.

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Nursing Education updates

Coalition of National Nursing and Midwifery Organisations (CoNNMO)

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. To access this information, visit the CoNNMO website.

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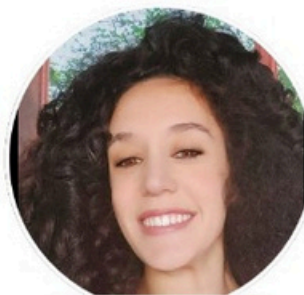
WEBINARS

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YEAR



Australian Nurse
Teachers' Society
PRESENTS

HOW NURSE EDUCATORS SHAPE WORKFORCE SATISFACTION AND RETENTION



Ester Severino

Bridge the Gap: Clinical Education & Staff Retention.

*Discover how Nurse Educators
shape the real learning
experience not just the
expectation.*

This session dives into the
powerful role of the educator as
mentor, socialiser, and career
shaper, and how this directly
strengthens frontline well-being
and reduces burnout. Real
impact. Real connection. Real
retention.

Event Details



TUESDAY
14th October 2026



6:30pm (AEST) – NSW, VIC, TAS,
ACT
6:00pm – SA
5:30 m – QLD
5:00pm – NT
3:30 pm – WA
8:30 pm – NZ



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