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## Message from the chairperson's desk

I reflected on the past few months of the year and realized 2013 has been another exciting year for the NEA and the nursing profession.

The launch of the Nursing Strategy in March 2013 by the Minister of Health, has given us something new to look forward to in the coming months.

We, as the NEA, spent time with two transformational leaders from the NLN in April and developed a new blueprint for the organisation. We look forward to sharing some of the details with our members at the AGM.

The ICN Congress held during May in Melbourne, Australia was another global event for nurses. We shared new developments in nursing and once again attempted to find solutions to the global nursing challenges. It was exciting to see such a strong contingency from South Africa.

The nursing education stakeholder group established in 2010, and responsible for the development of Nursing Qualifications Framework and the Clinical Education Model, moved the structure to a new level and established the South African Nursing Education Network which will have a direct link to the ICN Education Network.

The 42nd South African Council was announced by the Minister of Health in July. Their work is cut out for them following the various developments during the previous term of office of the 41st Council. This Council will be responsible for the implementation of the new qualifications and the new scopes of practice.

With all these exciting developments, we can only commit to raising the bar in nursing. This can only be measured by improvements in patient care

*Sharon Vasuthewan*



## Nurse educators celebrating Mandela Day



During July of each year the world celebrates Mandela Day. This event is celebrated on 18 July, the birthday of Nelson Mandela. On this day the world celebrates the of this great leader and the example of service he has role modelled for us. On Mandela Day people from all walks of life are called upon to provide 67 minutes of their time to provide a community service which will make a difference in the lives of others Less fortunate than themselves.

In 2010, NEA and FUNDISA combined this call with the global centenary celebrations of the contribution made by Florence Nightingale to nursing with a call to nurses to go back to practice for 100 minutes. As nurse educators, we were called upon to spend 100 minutes at the patients' bedside. Whether you did 67 or 100 minutes, what did you do to celebrate the greatness of these leaders? Tell us about it!

# THE NEA ACTIVITY GALLERY

## East London Chapter

### *Clinical facilitation*

Submitted by Viola Janse van Vuuren



The clinical facilitation workshop took place in East London at the end of June. The workshop focused on managing some of the situations which commonly arise during clinical facilitation; the different roles of the participants involved in clinical education sessions; and students' learning styles in clinical education and how best to teach students with different learning styles.



### *Teenage pregnancy & HIV/AIDS Awareness Day*

Submitted by Nomfusi Kiti



Part of the requirements to complete their nursing education programme requires the students at the Lilitha College of Nursing to embark on a community project. The students noticed that a particular community was affected by HIV/AIDS and teenage pregnancy. They took a stand and organised an Awareness Day. All community stakeholders, including the police and social workers were involved in the programme which aimed to improve the awareness of all stakeholders.

### *Revitalising nursing colleges in KZN*

Submitted by Derek Smith

The Minister of Health indicated at the Nursing Summit that a revitalisation plan was in place for upgrading some of the nursing colleges in the country. The Edendale Nursing College in Pietermaritzburg is one of those colleges undergoing extensive renovations. See the progress in the accompanying photos taken by Derek Smith.



## Pretoria Chapter

Submitted by Rina de Swardt

The Pretoria Chapter launched their Ambassador programme at the end of June. The purpose of the NEA Ambassador programme is to engage NEA members at institutional level to ensure that all nurse educators and nursing education managers are kept informed about the NEA programmes and activities as well as nursing education and health related matters that concern nursing education. The NEA Ambassadors will be the link between the NEIs and the NEA Chapter Management Committee and NEA Board. Ultimately the purpose is to improve the two-way flow of information between NEA members and the formal NEA structures.



### *Novice Researcher Project*

The Novice Researcher project has 5 participants for 2013. The facilitator for 2013 is Professor Gisela van Rensburg from UNISA. The research project that the group has selected this year focuses on the experience of learners with English as the teaching language. They will be presenting their project at the NEA/FUNDISA conference in September 2013.



# Nursing Education Stakeholder activities

## *College Principals and Academic Staff (CPAS)*

During the first semester of 2013 CPAS held two meetings, one hosted by the Henrietta Stockdale College of Nursing in Kimberley and one by the North West College of Nursing in Mmbatho. The Kimberley meeting took place on 14 February, Valentine's Day, where the hosts made a special effort to celebrate this day. One of the important items on the agenda of the CPAS was the election of the new Exco which will be formally announced at the August 2013 meeting that will be hosted by the Limpopo College of Nursing. The Exco will consist of the following persons:

<i>Western Cape:</i>	Mr D Govin
<i>Eastern Cape:</i>	Mrs N Links
<i>Northern Cape:</i>	Mrs M Selemela
<i>KZN:</i>	Ms J Makhathini
<i>Free State:</i>	To be confirmed
<i>Gauteng:</i>	Mrs S Peters
<i>Mpumalanga:</i>	Mrs T Maunye
<i>North-West:</i>	Mrs N Gontsana
<i>Limpopo:</i>	Mrs A Mogashoa
<i>Private sector:</i>	Ms S Nell, Netcare



## *PHEPSA*

The Private Health Education Providers of South Africa hosted their first national conference with the theme "Destined for Greatness" in Durban during May 2013. The programme focused on greatness in partnerships, education and people addressing public-private partnerships, greatness in teaching, safe practice environments and research innovation. The day was concluded with a motivational speaker and role play by students depicting ideal situations in practice.



## *SANEN*

The nursing education stakeholders have been meeting on a quarterly basis for some years to discuss common issues.. The group has been extended to include a broader range of education stakeholders and will in future be known as the South African Nursing Education Network (SANEN).

## *Norms and Standards for NEIs*

The Infrastructure Unit Support Systems (IUSS) Project at the Council for Scientific and Industrial Research (CSIR) hosted a consultative workshop with some of the public and private nursing colleges at the CSIR in June 2013. The IUSS, in collaboration with the Department of Health and the Development Bank of SA, develops health facility guides and is in the process of developing a guide for Nursing Education Institutions with the objective to improve NEI infrastructure. The DBSA presented for discussion a draft document for the Masterplan and Feasibility Study for Nursing Education Institutions in South Africa.

A draft document will finally be made available for consultation and input by stakeholders - please check on [www.iussonline.co.za](http://www.iussonline.co.za) in a few weeks' time or contact NEA to find out if the document is available for discussion.

This website is also a valuable site to consult for information on norms and standards and progress reports on a variety of the revitalization projects in the country



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## **Emperor's Palace, Gauteng, South Africa 25 - 27 June 2014**



The Forum for Professional  
Nurse Leaders



Nursing Education Association



**ANNUAL NURSING EDUCATION CONFERENCE**  
In collaboration with the  
**FORUM FOR PROFESSIONAL NURSE LEADERS**

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Reading widely is an essential component of the nurse educator's professional armour. Not only does it empower us with a wealth of knowledge and information, but it also is essential for our teaching responsibilities such as using evidence based practice and remaining up to date in the fields in which we teach. So, it is the right thing to do as an educator.

### Subscribe to scientific journals

The good news is that you can now subscribe to scientific journals for free. Two of the journals in which nurses publish, namely Curationis and Health SA Gesondheid are now available as AOSIS Open Journals on line. All you have to do, is to go onto their websites and subscribe on line - the process is clear and easy to follow.

You can go to <http://www.curationis.co.za> or <http://www.hsag.co.za> to subscribe to these two journals.



Alternatively, you can also go to <http://www.openjournals.net/> to read about open journals and the wide variety of journals that is available from this source. AOSIS OpenJournals specialises in publishing scholarly content across a broad spectrum of scientific fields.

The Africa Journal of Nursing and Midwifery (AJNM) is published by UNISA and enquiries about subscription can be directed to the editor at e-mail: [ehlervj@unisa.ac.za](mailto:ehlervj@unisa.ac.za) or fax 012 347 8287.

A new journal published by Elsevier, the International Journal of Africa Nursing Science (IJANS) will be launched at the 2013 NEA/FUNDISA conference in September.



## International Journal of AFRICA NURSING SCIENCES

The IJANS journal seeks to advance the international understanding and development of nursing and midwifery in Africa – *be a part of it.*

Submit your articles via:  
**<http://ees.elsevier.com/ijans>**

Contact us for more information : [enquiressa@elsevier.com](mailto:enquiressa@elsevier.com)  
Editor-in-Chief: Prof Hester C. Klopper (PhD, MBA, FANSA)



The image is a promotional graphic for the International Journal of Africa Nursing Sciences (IJANS). It features a large, faint outline of the African continent in the background. On the left, there is a cover image of the journal, which includes a grid of photos of healthcare professionals and the IJANS logo. On the right, the journal's title is displayed in large, bold, black letters. Below the title, a short paragraph describes the journal's focus. Further down, there is a call to action to submit articles via a specific URL. At the bottom, contact information for the editor-in-chief is provided. The Elsevier logo, featuring a tree and a figure, is located in the bottom right corner.

# International activities

## ICN conference



The International Council of Nurses' conference took place in Melbourne Australia this year. This is an important event in the nursing profession where not only updates and global news are accessed, but also great networking opportunities present themselves. A strong contingent of South African nurses attended the conference, particularly from the Western Cape. South Africans featured strongly on the conference programme with many presentations being done by them – well done colleagues!



The newly elected ICN president for the next term of office, Judith Shamian, comes from the Canadian Nurses' Association (CNA) – congratulations and the South African nurses wish you well with your presidency!





# International activities



## JBI Visit

One of the strategies of NEA's blue print is best practice in nursing education. Part of the Australian visit included a visit to the Johanna Briggs Institute in Adelaide. The JBI was named after the first matron of the hospital where JBI is based. The primary concern was the abandonment of all nursing education colleges in 1990/1 for the establishment of university units. The concern about taking post-basic training to universities was that it would become too theoretical and the number of clinical hours insufficient. A school for clinical nursing was set up in the hospital to develop the profession and to do research only in the hospital, therefore the clinical setting. Funding was scarce, so it was important to conduct research that would add value – the focus was not on high end research but on the implementation of research findings in clinical practice.

Seven centres have been set up (5 in Australia, 1 New Zealand and 1 in Hong Kong). To generate revenue, resources were developed for system reviews and a service to develop practice manuals with evidence for all the proposed practice procedures and policies. The process has been automated for others to develop their own manuals. JBI started with 7 staff members and by 2000 had multidisciplinary staff to cover all health related fields. JBI has divisions namely reviews, translation science, synthesis science and implementation science which is the golden horizon that we all want. Currently JBI partners with Wolters Kluwer who manages part of the work through OVID. Collaborative centres can be set up and seed money is provided for this process. Collaborative partners of JBI have to show their commitment by investing resources. Annually face-to-face meetings take place and a certain amount of work has to be produced in between meetings.



NEA and Life Healthcare delegates with Dr Suzi Robertson-Malt (Director, Implementation Science)



NEA and Life Healthcare delegates with Alan Pearson, Executive Director, JBI

## ICN Nursing Education Network

The international realities of migration, advances in communication technology, a worldwide nursing shortage and educating and preparing a diverse nursing workforce has become a critical priority, as we well know in South Africa. To address this ICN has established the ICN Nursing Education Network (ICNEN) to provide a forum to address nursing education issues worldwide.

Did you know that the ICNEN was launched at the ICN conference that took place in South Africa in 2009? You can become a member of the network and be part of the global network of nurse educators. Are you a member of the network yet? Go to <http://www.icn.ch/networks/nursing-education-network/> to access the electronic membership form and the September 2012 newsletter.



ICN Education Network (ICNEN) Steering Committee members from left-to-right: Jean Barry (ICN Nursing & Health Policy Consultant); Jane Mills (Australia); Virginia W Adams, USA (Chairperson); Anne-Marie Kanerva (Finland); Lian-Hua Huang (Taiwan) & Sharon Vasuthevan (South Africa)



# Let's Talk - Leadership Branding

## NEA debate & discussion corner

*This page is created for NEA members to air their views on education matters relating to the education and training of nurses and midwives. Send your contribution to [ceo.nea@edunurse.co.za](mailto:ceo.nea@edunurse.co.za)*

**At the NEA-NLN workshop hosted at the CSIR Conference Centre in April this year, the NLN leadership portrayed very well how important leadership branding is. Professional nurses and educators fulfil a leadership role - therefore personal branding is essential. Let's discuss why and how!**

What do the following groups have in common? Coca-Cola, Woolworths, Disney, Nike...and others? Except for having strong leadership, we would all have different things to say, but clearly quality and consistency would be two of the concepts that come to mind. Each of these holds tangible value that differentiates them from other organisations. Great brands have personality, arouse emotion and are consistent in fulfilling expectations.

### People leaders

If we say Nelson Mandela, Martin Luther King, Steve Jobs, Oprah....what comes to mind? They were not equally well-known to all of us, and we would use different words to describe them, but each of them has made a difference in some way to people and how they live – and have left or will leave a living legacy! In addition to the above, brands also have special meaning for their target market.

### So what about me?

Glenn Llopis says that, as leaders, we have to be known and recognised for who we are. "If you cannot live your authentic identity, then you are living someone else's perception of you". This supports what was said at the leadership workshops during 2012. Your personal brand is the powerful, clear idea that comes to mind whenever other people think or talk of you. It conveys your identity and distinctiveness as a leader which conveys the value you offer. It's what you stand for – the values, abilities and actions that others associate with you. We are all branded and if we do not create one brand for ourselves, others will do it for us! It is essential that we make it a lifelong commitment and in this process we have to integrate our work into our personal brand authentically. Take control of your personal brand before others do it for you!

### How do you establish a brand?

Firstly, one should be results driven focusing on your clients or students and their future employers, colleagues and your employer as well as other important role players in your industry. A leadership brand is outwardly focused. While focusing on your strengths, it is essential that you clarify what is expected of you.

Secondly, what would you like to be known for? Identify descriptors and discuss with colleagues or your supervisor to identify whether this is what would be expected of a nurse leader. Students are brutally honest – be brave and ask them for some words that describe you!

Once you have descriptors, develop two-word phrases that reflect your desired identity. This will not only describe your desired identity but also start to describe the behaviour that is required to get you there. For example, if your desire as a nurse leader is to be, amongst others, collaborative and deliberate, you can combine these two words as deliberately collaborative. This is a suitable desire in the nursing profession as the profession is based on collaborative and collective action to ensure good education in the quest to produce safe practitioners who can deliver quality care.

Then one can contract a leadership statement that connects steps two and three (what you want to be known for) with step one (desired results): "I want to be known for being...so that I can deliver...". Once this is done, reflect on the brand statement to determine if this brand identity best represents who you are and what you do; whether it creates value in the eyes of others and the organisations; what the risks are when exhibiting the brand; and most importantly whether you can live this brand.

Then go and make your brand identity real. Remember that a personal brand is not static – it is a journey during which it evolves in response to the different expectations you face throughout your career. Enjoy the journey!

### Taking the journey<sup>2</sup>

The characteristics of 21<sup>st</sup> century leaders according to Glen Llopis include seeing opportunity in everything, anticipating the unexpected, unleashing his/ her passion, living with an entrepreneurial spirit, working with generous purpose and leaving a legacy. As leaders we have to calibrate ourselves. Finally, we have to recognise that personal branding that it is not about us or about self-promotion – it is about being responsible enough to be yourself and to trust yourself to benefit others in ways that come most naturally to you.

### References:

1. Ulrich, D & Smallwood, W.N. 2007. Leadership brand: developing customer-focused leaders to drive performance and build lasting value. Harvard Business School Press.
2. Personal branding for leaders <http://www.youtube.com/watch?v=RzKajy6WaBs#>

# Celebrating Women's Day

During the next quarter we also celebrate national Women's Day in South Africa. International Women's Day is celebrated annually in March each year. In South Africa we have selected 9 August on which to celebrate national Women's Day as this was the day in 1956 that a 20,000 woman-strong march took place in Pretoria to the Union Buildings to object to the Pass-laws of the time. The song "When you touch a woman, you strike a rock", has since become the motto of the women's movement in South Africa and continues to be a symbol of women's strength against racism and sexism.

## MDG 3: Gender equality and empowerment of women

South Africa has been performing well in respect of MDG 3 which aims to promote gender equality and empower women. Indeed, South Africa could be considered to have reached the goals of MDG 3 as indicated in table 1. But there are challenges because the gender dynamics in South Africa SA are complex.

Table 1 South African progress with MDG 3 (UNDP)<sup>1</sup>

Goal 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN					
Ratio of girls to boys in education:					
<ul style="list-style-type: none"> <li>• Primary</li> <li>• Secondary</li> <li>• Tertiary</li> </ul>	0.97:1 (1996)	0.96:1 (2009)	1.1	Likely	MDG
	1.13:1 (1996)	1.05:1 (2009)		Achieved	
	0.86:1 (1996)	1.26:1 (2009)		Achieved	
Share of women in wage employment in the non-agriculture sector (%)	43 (1996)	45 (2010)	50	Likely	MDG
Proportion of seats held by women in parliament (%)	25 (1994)	44 (2009)	50	Likely	MDG
Ratio of literate females to males of 15-24 years of age	1.1:1 (1996)	1:1 (2009)	1.1	Achieved	Domestic

## Constitutional mandate

South Africa has a constitutional mandate and obligation on gender equality with a legislative process that provides the building blocks for a gender equitable society. In practice however, it has not been easy to make these processes work for women. Considering the representation of women in political structures, which is one of the goals of MDG 3, indicators show that in 2009 there was a 44% representation of women in parliament, 42.4% in provincial legislatures and only 19% in the National Council of Provinces where Limpopo had the highest proportion (49%) of women with the Northern Cape having no women representatives. Five of the nine provinces have female premiers<sup>1</sup>.

## Violence against women and children

But the biggest challenge to the achievement of MDG 3 in South Africa is the high prevalence of violence against women and children in our country. While a study by the Medical Research Council (MRC) indicates that homicide in South Africa is declining, gender based homicides are disproportionately resistant to the change and rape homicides have increased proportionally. We need to increase our prevention efforts and it is also essential for health, police and justice departments to prioritise such cases so that those who kill women are held accountable and punished<sup>2</sup>. Eliminating violence against women is a prerequisite for gender equality and the empowerment of women – we need to address gender based violence on all fronts.

## The health of mothers and children

Where South Africa is performing poorly is in respect of the health of mothers and babies. Statistics indicate that in South Africa there is an increase in the number of deaths of mothers and infants under 5<sup>3</sup>. The deaths of mothers have increased from 369 (1994) to 625 (2010) making the achievement of the goal of 38 by 2015 impossible. The deaths of infants at birth remains unchanged at 54(1994) and 53 (2010) while the target is 18, and the deaths of under 5's increased from 59 (1994) to 104 (2010) with a target of 20 in spite of a 98% immunisation of children coverage by 2010.

## What about nursing education?

What does all this information mean for us as nurses and educators? Firstly it places an obligation on all of us to keep track of important policy indicators as practitioners so that we remain alerted to the concerns and begin to analyse where things are starting to go wrong. Secondly, as educators we have to use this information in the facilitation of learning to improve the ability of practitioners to critically and analytically analyse and respond to the changing healthcare environment. As nurses we have an incredibly important role to play in the empowerment of women and the protection of our children – let's take up this responsibility not only as responsible citizens, but especially as nurse educators preparing the future professionals.

## A final word

Gender equality starts at home, says Piliso-Seroke, Chairperson of the Commission on Gender Equality. "It's how we as parents promote gender equality that matters. I'm calling on mothers, fathers and siblings to teach each other how to value girls and women, and to recognise them as human beings. In some instances we have given up on men, but we know we can reach young people to make a difference"<sup>3</sup>. This supports the previous statement, namely that nurse educators must ensure that gender equality is observed and promoted at our homes and in the NEIs in which we work.

1. UNDP. 2010. Millennium Development Goals. Country report 2010. Report accessible at <http://www.undp.org.za/millennium-development-goals/mdgs-in-south-africa> [http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/South%20Africa/southafrica\\_2010.pdf](http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/South%20Africa/southafrica_2010.pdf)
2. Abrahams, N; Mathews, S; Jewkes, R; Martin, LJ & Lombard C. 2012. Research Brief August 2012. EVERY EIGHT HOURS: Intimate femicide in South Africa 10 years later! Accessible at <http://www.mrc.ac.za/policybriefs/everyeighthours.pdf>
3. Commission on Gender Equality. Read more at <http://www.southafrica.info/about/democracy/cge.htm#Uevln09FqU#ixzz2ZgiAnYr>



2-4 Sept 2013

“Making the Journey Together”

## ANNUAL NURSING EDUCATION CONFERENCE

**THEME: *Making the journey together!***

Birchwood Conference Centre, Gauteng, South Africa  
**2 – 4 September 2013**

**R**egistration for the conference is open and can be done on the ANEC website at <http://www.anec.co.za/> You can also access the conference website via the NEA website - on the home page click on the reference to the conference

The programme will be finalised by the end of July 2013 when all presenters are expected to be registered and paid-up for the conference. The provisional programme framework will be made available on the ANEC website.

Registration for the conference can be done on the NEA website at [www.edunurse.co.za](http://www.edunurse.co.za).

The registration fees are as follows:

*Members Full registration (after 30 June) : R3 800*

*Non Members Full registration (after 30 June): R4 000*

*Registration for a single day : R 1 500 per day  
(excludes evening functions)*

Please also indicate whether you will be attending the evening functions for catering purposes.

Be sure to select the workshop you want to attend:

**Session 1:**

Low fidelity simulation **OR** Mobile learning

**Session 2:**

High fidelity simulation **OR** Preceptorship **OR**

Evidence-based practice

**Registration entitles delegates to the following benefits:**

- ♦ Entrance to the conference and all sessions
- ♦ Delegate pack and bag
- ♦ Conference documentation
- ♦ Refreshments
- ♦ Lunches
- ♦ Access to exhibition area
- ♦ Welcome cocktail
- ♦ Gala dinner



## East London Chapter

27 March Research  
 27 June Clinical Teaching  
**2 - 4 September FUNDISA/NEA Conference**  
 26 September Nursing Education Standards  
 21 November Leadership  
**Contact:** solumine.gysman@lifehealthcare.co.za

## Free State & Northern Cape Chapter

14 March Clinical teaching and assessment  
 15 May Nurse educator standards  
 22 August Strengthening research culture  
**2 - 4 September FUNDISA/NEA Conference**  
 15 November Leadership in higher education  
**Contact:** WelmanA@ufs.ac.za

## Johannesburg Chapter

3 February Clinical facilitation  
 10 April Symposium  
 12 June Leading in higher education  
 14 August Strengthening research culture  
**2 - 4 September FUNDISA/NEA Conference**  
 13 November Nursing Education standards  
**Contact:** sue.armstrong@wits.ac.za

## Kwazulu Natal Chapter

15 February @ Pietermaritzburg  
 19 April @ Unizul  
 30 August @ Durban  
**2 - 4 September FUNDISA/NEA Conference**  
 06 December @ DUT, Durban  
**Contact :** nokuthulas@dut.ac.za

## Limpopo Chapter

25 February NEA Meeting @ Sovenga campus  
 06 March Strengthening research culture @Sekhukhune Campus  
 25 April Nursing education standards @ Sovenga Campus  
 14 May NEA Meeting @ George Makari Hospital  
 20 June Clinical facilitation @ Giyani Campus  
 30 July Leadership in higher education @ Thohoyandou  
 20 August NEA meeting Kgapane Hospital  
**2 - 4 September FUNDISA/NEA Conference**  
 27 November NEA Meeting @ Siloam hospital  
**Contact:** Noria.Mogale@dhsd.limpopo.gov.za

## Mpumalanga Chapter

23 May Nursing Education Standards  
 27 June Reflection on Clinical Facilitation  
 25 July Leadership  
**2 - 4 September FUNDISA/NEA Conference**  
 26 September Strengthening research culture  
**Contact:** MargaretMab@social.mpu.gov.za

## Northwest Chapter

14 March @ Klerksdorp  
 16 May @ Carletonville  
**2 - 4 September FUNDISA/NEA Conference**  
 22 August @ Potchefstroom  
 17 October @ Mmbatho  
**Contact:** Erika.Kotze@telkomsa.net

## Port Elizabeth Chapter

06 March  
 08 May  
 14 August  
**2 - 4 September FUNDISA/NEA Conference**  
 13 November  
**Contact:**  
 Sandi.Honiball@lifehealthcare.co.za

## Pretoria Chapter

15 February  
 07 May  
 21 August  
**2 - 4 September FUNDISA/NEA Conference**  
 22 November  
**Contact:** kzagenhagen@gmail.com

## Western Cape Chapter

08 March Nursing Education Standards @ CT Learning Centre  
 24 May @ WCCN (language Lab)  
 23 August @ CPUT  
**2 - 4 September FUNDISA/NEA Conference**  
 18 October @ WCRC  
**Contact:** majorv@cput.ac.za