

## **CONFERENCE REPORT**

Sigma Theta Tau 41<sup>st</sup> Biennial Convention  
Grapevine,  
Dallas,  
Texas: 28 October – 2 November 2011

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Sigma Theta Tau (STTI), an honour global nursing society, held its 41<sup>st</sup> Biennial Convention in Grapevine, Texas, with the title 'People and knowledge: connecting for global health'.

On 28 October 2011, a worthwhile pre-conference workshop was attended that focussed on writing and publishing. The workshop was presented by Ms Susan Gennaro, the editor of the STTI's journal, called Journal of Nursing Scholarship, and by Ms Jo Rycroft, the editor of Worldviews on Evidence-Based Nursing. Some workshop participants brought manuscripts-in-progress for group evaluations and suggestions for 'the way forward'. This proved to be a lively participatory workshop emphasising that the publication of any article is usually a long and arduous process. Some journals accept fewer than 20% of the manuscripts they receive. It is an art to select an appropriate journal for any manuscript. One recommendation was to approach a journal that has been frequently mentioned in the list of references, as the focus of the manuscript might match the focus of the journal.

On 29 October 2011, a site visit was available to the University of Texas at Arlington College of Nursing Smart Hospital. This is a well-equipped hospital with 'smart' manikins. Although most healthcare workers are familiar with practising cardio-pulmonary resuscitation on manikins (such as 'resusci-Anne'), these 'smart' manikins might be unknown to them. The Smart Hospital's manikins represent adult men and women, adolescents, children of all ages and newborn babies. There are even 'smart' 'pregnant' manikins that deliver babies, in a way programmed by a distant computer technician, while the nurse's actions are video-recorded for later evaluations. The manikins in the intensive care unit can 'experience' a variety of emergency situations, as programmed by a technician in a remote control room. Simulation situations enable student nurses to acquire skills and competence in coping with situations that they

might not encounter in reality. Simulation also offers students opportunities to become competent practitioners prior to performing procedures on patients. Student nurses can obtain up to 40% of their clinical learning experiences in this 'smart' hospital. They can even do so during the night as clinical facilitators are always available. Practical examinations are video-recorded for assessment and for future learning opportunities. No figures could be provided about the costs of running such a hospital of 'smart' manikins, except that its initial costs exceeded US\$10 million, making this financially inaccessible to many nursing colleges.

The keynote and plenary sessions of the conference emphasised the need not only to conduct and publish research, but to implement evidence-based nursing practice. Many concurrent sessions and posters addressed nursing leadership issues; the global necessity of effective nursing education; the recruitment and retention of nurses; and the challenges posed by the ageing global nursing workforce. The last issue was quite evident during the conference as most delegates were probably older than 60, many were retired nurses and a few even used wheelchairs to get around the conference venue.

Clinical issues addressed during the conference included gerontology, adolescent health issues, women's health issues, community health and the millennium development goals. During the clinical sessions, I co-presented a paper with Dr L Rajeswaran on nurses' needs and challenges encountered in providing cardio-pulmonary resuscitation in Botswana (see abstract attached).

Further information about this and future STTI biennial conventions can be accessed at:  
<http://www.nursingsociety.org/STTIEvents/BiennialConvention>