

Poster summary

Session 106

Verbal nursing handovers: an integrative review of the different models available

Shannon Bakon

Background

The handover of information is a key nursing responsibility that ensures patient outcomes through continuity of care. Inadequate handovers are recognised as an opportunity for miscommunication that may lead to adverse health outcomes. There are many processes available to assist with the standardisation and conveyance of this information as this process is widely recognised as an opening for error that may compromise patient safety.

Aim

To explore the literature surrounding the different types of handover models available and their efficiency in improving handover communication practice.

Review Methods

This paper was an integrative literature review that employed an inductive exploratory design. A computerised database search was employed including CINAHL, PubMed and Science Direct and a manual citation search with included papers limited to papers published 2005-2016, in English with full text freely available. This included a systematic search strategy, a critical appraisal of the papers utilising the Critical Appraisal Skills Programme, an inductive data extraction and thematic analysis.

Results

Fifteen papers were included in this review. The results detailed that there are various handover models in use, yet there is no evidence that any one model is superior to another or that any one model can be utilised generically in most health care settings.

Conclusions

More research is warranted to determine if any of the stated tools are able to be generically applied or adapted to several different acute settings.

Key words: Communication; Framework; Handover; Hand off; Nurse.

Strategies for supporting staff to facilitate immersive simulation into an undergraduate nursing degree programme.

Cath Tuohy & Sandra Jones

Background and Aim

The Nursing Council of New Zealand (NCNZ) require undergraduate nursing programmes to include simulation in their curricula. Simulation experiences enhance confidence and competence in clinical skills, and encourage critical thinking and the exercising of clinical judgement, with immersive simulation being designed to present a clinical scenario as true and close to reality.

There is a growing use of simulation as a learning strategy here at Whitireia NZ which reflects a widespread trend in undergraduate nursing education both in Aotearoa New Zealand and internationally.

The tutorial team in the BN programme at Whitireia NZ is made up of a diverse team of educators with different clinical backgrounds. All are confident to some degree in working with students in simulated scenarios. However, the implementation of medium fidelity immersive simulation into the second year of the programme in 2015 generated some unease and a discussion about faculty readiness and confidence in running the immersive sessions. This informed our research aim.

Methodology

This research takes an appreciative enquiry (AI) approach, informed by the action research cycle. AI is underpinned by the notion that solutions to challenges are already held by people within the organisation. The use of focus groups has produced qualitative data that has been thematically analysed by the researchers.

Results

This is currently in the analysis stage. Research findings will be presented at conference.

Key words: Simulation; technology; support; appreciative inquiry research; transition.

Reflecting on yourself in health research: utilising auto ethnography to describe life with severe allergies **Cassie Carstensen**

Introduction

Auto ethnography as a methodological approach has been under-utilised in health research. However, because of the way the researcher engages in the overall process, it provides a much deeper understanding of the research area. Written auto ethnographic accounts can be highly engaging to read. This presentation discusses the ways a qualitative auto ethnographic research methodology can be utilised to engage with health practitioners whilst informing them about the research. It draws upon a study that explored the experience of raising a child in New Zealand with severe allergies. This research focused on the impact on the family written from the perspective of the child's mother, who is also a nurse and nurse educator.

Background

The aim behind using this methodology is that the researcher will convey knowledge from a personal perspective, increasing understanding and becoming a catalyst for further conversations about the subject matter.

Results

Utilising this methodology, the researcher was able to describe in detail the day-to-day life of a whanau living with severe allergies and to make recommendations in terms of how health services can enhance the daily life of those living with allergies. This presentation recommends ways that health educators can use auto ethnography as a relevant approach to health research.

Conclusion

The methodology of auto ethnography allows researchers to look back as they move forward, and this study recommends it as a valid and useful research approach for the health sector.

Why do nurses like to eat their young? Are educators contributing to the phenomenon?

Chelsea Gannon-Willmott

Introduction

This presentation will provide attendees with thought provoking dialogue and challenge assumptions that are based within the reality of nursing culture and horizontal violence. It aims to deliver a perspective beyond the current research, which largely focuses on the prevalence of this phenomenon.

Method

A sociological, anthropological and psychological lens will be used to deconstruct nurse on nurse behaviour and pull apart some of the truths that exist within the workplace and education sector. Throughout the discussion, personal accounts will be injected which are from a variety of contexts and sources and the audience will be invited to interact and share. We will look at the cycle of horizontal violence, debate varying explanations for its existence and question why this culture remains despite nonviolence policies integrated within many NZ DHB's and educational institutions. Finally, the discussion will conclude with cognitive rehearsal techniques, concepts to support colleagues, students and oneself, reflective inquiry and the importance of self-care strategies.

Conclusion

Above all, this presentation will be a fresh take on this topic, and intends to make an impact.

Session 206

Shining light on spiritual care

Linda Christian

Introduction

Spiritual care is not well practiced within New Zealand and this is consistent with international experience. This presentation attempts to shine some light on spiritual care and encourage reflection on how and why it should be addressed in an increasingly 'technical and science focused' undergraduate nursing curricula.

Background

A fundamental premise of nursing is its commitment to holistic care, and it is argued that at the centre of holistic care is spiritual care. The nursing profession has a professional and ethical responsibility to ensure that holistic care and compassion grounds practice transpire. Especially in light of an increasingly complex healthcare environment, a well-documented ageing population, increasing incidence of chronic illness, disability and changing expectations of healthcare consumers.

Results

Spirituality is an ancient concept and has received much attention internationally. However, review of literature suggests that there remain common barriers to consistent practice of spiritual care, including lack of an accepted definition of spirituality, attitudinal objections, lack of education and little consensus about teaching. Despite these documented barriers, it is also apparent there is a groundswell of awareness of its value and importance to contemporary patient care. Without attending to spiritual care, are we truly delivering holistic care?

Conclusion

Future nurses must meet the changing needs of our communities and skills - genuine spiritual care is one avenue that can help to ensure compassionate, holistic care. As educators, we should reflect on our own attitudes and practices towards how we prepare students to attend to spiritual care.

Preceptors by design - developing and supporting preceptors of new graduate nurses

Dayna Hollings, Michelle Evans & Tania Iurcu

Introduction

The purpose of this presentation is to share the journey of an improvement initiative to develop preceptors' skills and knowledge to effectively support new graduate transition to practice. The development of our learner-centred workshops will be explained, including content, approach and suggestions for future development opportunities.

Background

The transition of new graduate nurses requires supportive structures, appropriate feedback, positive learning environments and prepared preceptors. The evaluations of the new graduate experience highlighted areas for improvement in the delivery of ongoing support throughout their first year of practice. We developed an interactive workshop, based on adult learning principles to provide preceptors with the knowledge, skills and resources in an interactive, educational and supportive environment. The workshop was facilitated to meet the needs of preceptors of new graduates from a range of clinical areas within the DHB.

Results

Participants' feedback positively highlighted their need to interact and debrief in a supportive environment, as well as their dedication to provide the necessary support for new graduates. Workshop evaluations have led to the initial 4-hour session being extended to an 8-hour day, with content adapted to meet the learning needs at the time.

Conclusion

When feedback from new graduate nurses identifies areas of their orientation that could be improved, look at the preceptors first. Arm them with the skills, knowledge and resources to successfully support the development of our future workforce!

Key words: Preceptors; new graduate nurse transition; interactive workshop.

Fundamental cares as the platform for all care: a challenge for nurse educators

Claire Minton

Introduction

There is a growing concern within the international literature that fundamental cares, described as physical, psychosocial and relational needs, are being neglected, resulting in a failure to provide respectful patient-centred care. This is an important issue for nursing education. Fundamental cares (as skills/tasks) are generally taught early in undergraduate nursing degrees. Students transition throughout their nursing degree, and are continually subjected to influences, particularly within the acute care context that hinder their ability to incorporate fundamental cares - the platform upon which all care is based.

Background

The curative focus of the biomedical model continues to influence nursing education about acute care. In practice, evolving technology and specialised knowledge and skills are often prioritised over fundamental care, meaning there is less time to comfort and listen to patients' concerns.

Results

With emphasis on the 'physical body', nursing students learn how to work 'on the body' through medicine, science and practice, whereas fundamental care connects with patients' experiences of their 'lived body'. In addition, highly technical and specialised nursing is seen as more prestigious than fundamental patient cares within practice. The delivery of some aspects of fundamental cares by healthcare assistants further devalues the perception of a nurse's role in this care.

Conclusion

In this presentation we argue that Nurse Educators need to critique the teaching and learning of fundamental cares, and their importance in patient-centred care. We will offer suggestions of how students can be better prepared to continue to prioritise fundamental care as they transition to newly registered nurses.

Key words: Fundamental cares; acute care; undergraduate nursing education.

Using metaphor to make sense of pathophysiology with undergraduate nursing students

Patricia McClunie-Trust

Introduction

Undergraduate nursing students sometimes find it challenging to understand the abstract scientific concepts that underpin clinical reasoning. Making links between theory and practice in this context requires something more to connect students' understanding.

Background

Metaphor is a conceptual tool that helps people to make sense of relationships between seemingly disparate or contrasting ideas. In creating an association between an abstract concept in relation to a more concrete and easily understood idea, metaphors build an interpretive 'bridge' to understanding and practical application. It turns abstract concepts into a more embodied form of knowing, creating an 'experiential' connection that allows students to imagine scientific concepts in relation to everyday life experiences.

Results

This poster will present an analysis of everyday teaching moments with undergraduate nursing students, where a lecturer uses metaphor as a bridge to understanding pathophysiology. The 'bridge' is a metaphor using the idea of traffic congestion in Hamilton City to explain congestive heart failure. Traffic congestion is a problem particularly around the South-East area of the city that contains the university, high schools, and primary and a middle school, and provides a major thoroughfare through the city.

Conclusions

Students driving to class experience traffic congestion, which occurs frequently, making the commute slow and difficult. Various locations on the route are identified as anatomical locations and the causes and effects of congestive heart failure can be interpreted in relation to what happens when the traffic slows. Traffic backs up, the roundabouts are clogged, so there are backwards and forwards flow effects of Congestive Heart Failure.

Key words: pathophysiology, nursing students, metaphor, experiential learning, congestive heart failure

Session 306

Educational framework for sustainability to undergraduate nurses

Emma Collins

Introduction

In this poster, the concept of sustainability is considered, alongside nursing practice and an educational framework.

Background

Sustainability is a relatively new concept emerging in the discipline of nursing. It is a multifaceted concept embedded within a systems framework, influenced by international, national and local factors. Sustainability can be difficult to articulate and evidence in daily nursing practice and therefore difficult to teach to undergraduate nurses.

The Otago Polytechnic School of Nursing, Dunedin, New Zealand has been challenged to ensure our student nurses on graduation can demonstrate they are sustainable practitioners through our institutional philosophy. To meet this challenge there has been considerable background work undertaken, beginning with faculty staff reflecting on what sustainability means in nursing practice.

Results

An in-depth review of literature, development of workshops, curriculum mapping and addressing gaps in sustainability teaching have lead the School to develop a model for teaching and articulating sustainable nursing practice.

Conclusion

Through this transformative and innovative practice, we are leading a change in current teaching practice, to meet the needs of nurses to be sustainable practitioners. Sustainability is therefore now well integrated throughout our curriculum and our graduates are ready to practise sustainably in this system we call Earth.

Key words: Sustainability; undergraduate nursing; educational framework; sustainability model; undergraduate nursing curriculum.

In-acting the 2016 New Zealand Health Strategy in first year undergraduate nursing to transform registered nurses for the future

Julie Beck

Introduction

In better meeting the health needs of people, families and communities now and in the future, New Zealand (NZ) transformed the national health strategy in 2016. This transformation is a shift in emphasis from an illness-focused professional directed system to a person, family, community focus with health promotion at the central core.

Background

The goal is that 'All New Zealanders will live well, stay well, and get well in a system' that is 'people powered, providing services close to home, is designed for value and high performance and works as a team in a smart system'. Therefore this new strategy means there is major transformation in the way that everyone in the health service works.

Conclusions

Nursing students are prepared for this new focus in the Bachelor of Nursing programmes in NZ. This poster will explicitly demonstrate this with examples of teaching and learning strategies, and student experiences from the first year undergraduate nursing programme at Manukau Institute of Technology that align with the NZ Health Strategy and the transforming of registered nurses for the future.

Teaching paediatrics to undergraduate nursing students in a Bachelor of Nursing Programme

Emma Collins

Introduction

In New Zealand, paediatrics is taught as a component of the Bachelor of Nursing Programme. Students graduate as comprehensive nurses, with the ability to work immediately in a paediatric setting. The Nursing Council of New Zealand sets guidelines for nursing schools to comply with when developing their curriculum. However, the teaching of paediatrics is ultimately determined by the school.

Rationale

It was unclear exactly what to teach undergraduates in regards to child health, and there were no clear guidelines in the literature as to what is taught elsewhere.

Methodology

In 2015, a curriculum mapping exercise was undertaken to determine where and when paediatrics was taught

in the Bachelor of Nursing programme. Curriculum mapping allows for greater transparency within a course and can provide better alignment. This was completed using the New Zealand Child Health Nursing Knowledge and Skills Framework from the College and Youth Section (NZNO) and Plunket NZ (2014).

Results

After the exercise was completed, it was discovered that there were some areas that needed to be covered further and some aspects that were covered better than previously thought. Since then, a robust and staircased delivery of paediatrics has been established, keeping in line with the philosophical underpinning of the school.

Conclusion

Students now graduate with a clear and transparent introduction to paediatric nursing, and are able to articulate where and when this learning occurred. This is transformative in that this school is preparing students well to work with children upon graduation, to meet the needs of our growing population.

Key words: Paediatrics; curriculum mapping; child health teaching; undergraduate nursing.

A mixed methods integrated literature review exploring nurses' recognition and response to unsafe practice by their peers

Wendy Blair

Introduction

This presentation will summarise an integrative review of literature (2004 to 2014) undertaken to inform a larger mixed methods study. This review used Whitemore and Knaf's revised framework for integrative reviews (2005) to critically examine how nurses recognise and respond to unsafe clinical practice in their peers.

Background

Unsafe nursing practice impacts on patient safety, workplaces and individuals. Despite the importance of recognising unsafe practice - including professional codes that mandate reporting - it remains unclear how registered nurses recognise behaviours and cues that constitute unsafe practice in their peers and how they respond to these situations.

Results

Nineteen articles from 15 studies were included in the review. Using a systematic integrative approach, the following four themes emerged:

Behaviours and cues for recognising unsafe practice

Nurses' response to witnessing unsafe practice

Consequences of being reported for unsafe practice

Factors that contribute to unsafe practice

Conclusions

These Findings indicate the reasons for unsafe practice are multifactorial, with behaviours and cues that indicate unsafe practice, impacted by organisational and individual characteristics. The responses of individual nurses are varied, and there are professional and personal costs of being reported or reporting unsafe practice. The small number of studies reviewed limits the conclusions that can be drawn. However they highlight that nurses can identify unsafe practice in their peers, and the need for further research to support identification and reporting.

Session 406

Trials and tribulations of using technology in the classroom - Reflections from a novice!

Chris Gaul

Introduction

As the world becomes more digitally active, the use of technology in education is becoming increasingly more common. Whether it has a place in every classroom is a contentious hot topic.

Background

The use within undergraduate nursing programmes has not escaped these developments, but it is probably fair to say that anecdotally the implementation of technology has been predominately the use of simulation to replicate clinical scenarios. There are many different applications, programmes and educational software available to educators. Identifying appropriate tools, understanding their suitability and finding time to become familiar with such technologies can feel like a minefield as a novice user. In an attempt to try 'new ways', a journey into the world of apps and software was embarked upon!

Results

This presentation will show-case examples of different applications that have been tried and tested, with the sole aim of enhancing the learning experiences of our nursing students. These include the use of Socratives, One Note Classbook, Moodle and the increased use of digital mobile devices.

Conclusions

The benefits seen so far for the learners have been increased engagement, development of skills for the future, and improved methods of feedback, whilst one of the benefits for educators has been reduced time marking. Motivation, enthusiasm and a willingness to extend one's self are key skills required for these challenges. I will share my lived experiences and offer reflections on the good, the bad and the wouldnt go there again!

Key words: technology; education; reflection.

No pain, more gain: rolling out CoolSense technology with a hiccough or two

Becky Conway

Introduction

Children in hospital experience a number of painful procedures including infusion and phlebotomy, which they find frightening and anxiety-provoking. Commonly, topical anaesthetic creams are used to numb the site of injection, but these can be expensive and effectively prolong the procedure.

Background

A Child Health service trialled a new pain numbing technology called CoolSense in one patient care unit. The trial included a qualitative evaluation survey that would capture child and family experiences with CoolSense. Overwhelming positive feedback from respondents described more effective numbing of the injection site and reduced waiting times.

In addition, CoolSense represented a substantial financial saving.

CoolSense was then rolled out to four other clinical areas alongside an education programme. Following roll out, reports of skin injury and device malfunction lead to withdrawal of the product from three clinical areas, while two areas continued to use CoolSense and log every application. No skin injury occurred during the period of logging each application.

Results

A number of mitigating factors were found to have contributed to the unsuccessful launch of CoolSense including: a broken device which was not removed from circulation; unclear understanding of skin injury; staff were overwhelmed with competing information on new technologies; in one area, the Charge Nurse was absent during implementation; the rumour-mill was rife; storage issues.

Conclusion

Successful implementation of even the best technologies requires more than passion. At the time of writing, CoolSense will be re-introduced with a new round of education, proper storage in place and mindfulness of staff reactions.

Key words: paediatric nursing; child health; procedural pain; technology.

Empowering student nurses' learning in the DEU through ICT access

Kathy Trezise

Introduction

The rationale for this presentation is to describe the increased student engagement in a newly formed Dedicated Education Unit (DEU) through the access to information technology. It has been widely discussed at a regional level that lack of access during the undergraduate years to technology was seen as a barrier to fully immersing the student in the clinical environment and the ability to "walk in the shoes" of the registered nurse.

Background

The Dedicated Education Unit concept was planned to be implemented at Capital and Coast District Health board (CCDHB) in July 2016 to coincide with the pre-registration nine week clinical placement for students from Massey University and Whitireia New Zealand. A cohort of 26 students was the ideal pilot group to test the feasibility of providing students with the same computer access as registered nurses.

It was time to walk the talk and trust the professionalism of our future colleagues with this additional responsibly and to demystify the computer applications in a District Health Board.

Results

The students embraced the responsibility with great enthusiasm fully engaging with the technology, and willingly providing feedback via survey monkey on their experiences and verbally through focus groups - "*I felt like a nurse*" aptly sums up the responses.

Students used the access wisely to take on-line e-learning programmes, communicate with their clinical liaison nurse and review patient diagnostic results to enhance their placement and course requirements.

Conclusion

If you are considering how to provide additional opportunities to enable the transition from student to graduate nurse role, then access to health technology is another piece of the puzzle. There should be no surprises for your graduate nurses as they enter our workforce

Key words: Student engagement; research, technology; dedicated education unit.

Being a learner: students' experience of nurse lecturers during practicum

Adam Proverbs

Introduction

The purpose of this presentation is to share a research project which explores student experiences of clinical lecturers during practicum. The presentation will report on data concerning student experiences of dialogue with nurse lecturers, and how learning is supported in clinical environments.

Background

Learning in clinical environments is a key aspect of the Bachelor of Nursing pre-registration programme. Nurse lecturers assist students' knowledge acquisition in practicum to become safe nursing practitioners making informed clinical judgments. Nursing students have limited situational and ready-to-hand knowledge of how to approach clinical scenarios. Therefore, this research explores student experiences of dialogue with nurse lecturers in practicum, and how learning is supported in practicum.

Methodology

A purposive sample of three third-year nursing students from two different education providers were interviewed, with data analysed using an interpretive phenomenological approach.

Results

Being a Learner emerged as the central theme with three sub-themes evident; *experiencing the unfamiliar*, *being good in clinical environments*, and *professional sense-making*. Support through dialogue with nurse lecturers provides a significant source of safety for students, especially when faced with challenging situations in practicum.

Conclusion

Nurse lecturers enhance learning opportunities by listening to student experiences and providing strategies to help students make sense of clinical situations. Lecturers encourage growth and enhance reflective skills of students using ready-to-hand clinical situational knowledge, lecturers encourage growth and enhance reflective skills of students. Education providers who prepare nurse lecturers sufficiently, enable students to feel supported and valued, therefore, allowing knowledge acquisition.

Key words: student nurse; education; clinical learning; nurse lecturer; reflection.

Supporting internationally qualified nurses – the learnings in a small private hospital

Kerry Davis

Introduction

This presentation will share the learnings of one private hospital as it prepared to support a cohort of Internationally Qualified Nurses (IQN) as they gained employment.

Rationale

The supporting literature and strategies for ongoing support will be discussed alongside the challenges that were encountered.

Conclusion

It is hoped that discussion of the adjustments required by our existing staff alongside their new IQN colleagues, will prove useful to Nurses in Education and in Practice.

Key words: supporting; internationally qualified nurses; small hospital.