

## Concurrent Session Three

Friday 29 September

### **701 - What nurses know about medication safety that the 5-rights framework can't tell?**

*Julie-Anne Martyn*

#### Introduction

This presentation will have you thinking differently about the '5-rights framework for safe medication administration'. The purpose of this presentation is to share what we learned about medication administration practices of registered nurses in a regional Australian hospital. The 5-rights framework is highlighted as inadequate for making meaning of any nurse's complexly contextualised medication management practices. We propose a more contemporary approach to person-centred medication management.

#### Background

The globally accepted framework for safe medication administration is known as the 5-rights - it has been apparent in health literature since the 1960's. The framework is reflected in healthcare policy, education and practice. However, for modern healthcare, this framework may not have kept pace with contemporary practice, moreover, it underplays the critical thinking and tacit knowledge in nursing practice.

#### Results

The results of 136 observation hours of registered nurses (N=20) practice, that included medication administration episodes (N=192) in public inpatient medical/surgical units (N=4) in a regional hospital in Queensland, found that medication administration was not routine and rarely directly reflected the rights framework. The data collection tool included the rights framework as a checklist, and the data were thematically analysed by cross-referencing the field notes about practice contexts and participant behaviours within the framework. These participants implemented some unconventional strategies to enable safe and timely medication administration.

#### Conclusion

Medication administration is more complex than the simplistic process suggested by the rights framework. Critically thinking registered nurses develop person-centred strategies to deal with complex clinical contexts and enact patient safety principles.

Key words: 5-rights; medication administration; person-centred; nursing practice; critical thinking.

### **702 - Student outcomes enhanced by immersive approach to learning pathophysiology - 3 year follow up**

*Karole Hogarth*

#### Background

Kura Cloud Lt®; is an interactive online learning resource that increases student engagement with the sciences. Lt has been integrated with clinical simulation and traditional learning methods such as tutorials and lectures to improve student success in a year 2 pathophysiology course.

#### Method

Second year nursing students participated in an immersive learning experience related to a specific case study (on Lt) including the pathology and theory of the nursing care. This included lecture, tutorial, case study and simulation. The simulation reflected the case study with an extensive debrief to provide the linking of theory to practice. In 2015, assessment methodology was changed to 4 smaller tests so that students were assessed on blocks of information and a case study (5 cases) based examination. Tests were online with questions from the same pool as previous years.

#### Results

Three years of follow up have shown that student success in a year 2 pathophysiology course has increased significantly with this intervention. 2014 n=112 (7 course fails), 2015 n=111 (0 course fails), 2016 n=98 (4 course fails). This is in comparison to the 2 years prior to implementation; 2012 n=106 (12 course fails), 2013 n=110 (12 course fails).

#### Conclusion

Student success indicates that the immersive model is an effective methodology that enhances student learning experience, improves understanding of disease processes and allows application and integration of developing nursing knowledge. These factors work together to improve clinical practice and student outcomes in a year 2 pathophysiology course.

Key words: Immersive learning; Kura Cloud\*LT

### **703 - Conducting training is not the goal, effective implementation is**

***Elizabeth Culverwell***

#### Introduction

The purpose of this presentation is to describe the introduction of a new Peripherally Inserted Central Catheter (PICC) securement device utilising the New World Kirkpatrick model. By introducing the new securement device utilising the New World Kirkpatrick Model we hoped to ensure staff have the knowledge, skills, confidence and commitment to manage the PICCs following best practice principles.

#### Objectives

To successfully introduce a new securement device and evaluate the suitability of the New World Kirkpatrick model for product implementation.

#### Methods

Two clinical areas were chosen for the trial. We ensured all staff had achieved PICC certification. Leading indicator data was collected during the trial period and included: securement success; removal; device malfunction; time from insertion to removal; and line management. All patients with a PICC were reviewed weekly by the trial team. Staff engagement and feedback was sought and proved to be essential for on-the-job learning and desired outcomes.

#### Results

During the first month of the trial, there were three patient initiated PICC migrations in the trial area. For the remainder of the trial, zero PICCs migrated and there was a 100% compliance in dressing, management and care. The New World Kirkpatrick model requires a culture of monitoring, adjusting, encouraging and rewarding staff. This develops confidence and competence to meet desired outcomes.

#### Conclusion

The securement device was successfully introduced and nurses had the knowledge, skills, confidence and commitment to manage PICCs following best practice principles. Utilising the New World Kirkpatrick model for implementation has changed the way in which we introduced new products.

Key words: Peripherally Inserted Central Catheter (PICC); New World Kirkpatrick model.

### **704 - Cortex: The future of collaboration, communication and visibility of clinical care**

***Danielle Spencer & Christine Baxter***

#### Introduction

The purpose of this presentation is to discuss the development and implementation of Cortex within the Inpatient General Surgical Services at Christchurch Hospital from a Nursing Perspective. The implementation of new technology can provide opportunities for development and challenges. However, with appropriate support, the opportunity to enhance care delivery reduce inefficiencies and promotes the fact that clear communication is limitless.

#### Background

Cortex is an operating platform, created by clinicians to provide the ability to not only manage the administration of clinical tasks but also ensures that communication is clearly documented and visible to all members of the care delivery team. The decision to trial this system, was made as the means to not only reduce waste and inefficiencies within care, but as a way to capture valuable patient journey information, and as part of the Canterbury District Health Board's commitment to a paperless organisation.

#### Results

This project was designed to support the role of the medical team however, it soon became apparent that this was a tool that could have significant benefits for the nursing staff, bringing the entire patient journey to all involved in the circle of care. Input was sought from Nursing Staff as well as the wider Multidisciplinary team to ensure that it met the needs of the end user.

#### Conclusion

This exciting new technological development has presented many challenges along the way, including opportunities for greater collaboration, a stronger nursing force and a greater focus on patient centric care.

Key words: Cortex operating platform.

## **705 - Nursing students and learning via a satellite campus in NZ – the lived experience**

**Gail Foster**

### Introduction

The purpose of this research is to present findings from a qualitative research project conducted in 2016 on student nurses' student engagement.

### Background

Using interpretative phenomenological analysis (IPA) as an approach, this research explores the experiences, perspectives, and views of thirteen previous student nurses who enrolled to undertake their pre-registration Bachelor of Nursing programme at a satellite campus. An overall aim was that through this understanding, directions for improvement could be provided for student engagement and success with distance education and blended learning.

### Results

Following Smith, Flowers and Larkin's (2009) IPA framework, data generated by transcription of semi-structured interviews and a focus group identified seven main themes:

- Motivation
- Value of forming new and effective relationships
- Lifeworld - learning as an adult student and negotiating competing demands
- Burden
- Location
- Lifeworld - in a small group
- Blended learning

### Conclusion

Findings suggest that blended learning approaches enhance student engagement with distance education when support structures and support mechanisms are firmly established. This poster presents ideas about how nurse educators can support students to be successful learners.

Key words: Distance education; Blended learning; satellite campus.

## **706 - Interprofessional simulation in the drivers' seat to safely deliver quality non-technical skills in undergraduate education.**

**Heather Josland & Kaye Milligan**

### Introduction

This session describes a current research project using an interprofessional simulation education intervention. The aim is to advance understanding of the development of non-technical skills of nursing and medical undergraduates. Specific measurement focused on assessing attitudes, role understanding and awareness of developing clinical situations. Methods included a dynamic simulation with a human actor and a static simulation with 'mis-managed mannequins'. Data collection was completed via observation, audio visual recording and several paper survey tools including: Readiness for Interprofessional Learning Scale (RIPLS, Parsell & Bligh, 1999), Situational Awareness Global Assessment (SAGAT, Endsley, 1988). An analysis of the behaviour and communication patterns observed in the dynamic simulation will also be presented.

### Background

Quality and safety issues in the health care setting have been linked to communication failure between professions (Aggarwal & Darzi, 2011; Brock, Abu-Rish, Zierler, et al., 2013). The quality and safety module convenor from the Christchurch Medical School, and nurse educators from Ara Institute of Canterbury and the University of Otago, Christchurch formed a collaboration to develop a quality and safety session for 5<sup>th</sup> year medical students and final year nursing students.

### Results

Findings to this date reveal some interesting results relating to:

- Communication patterns
- Understanding of the health professionals' role
- Situational awareness within and between professions.

### Conclusion

Interprofessional simulation may be an increasingly important vehicle to safely accelerate the improved communication, attitudes, situational awareness and role understanding needed to drive patient safety education.

Key words: Undergraduate Health Professional Education; Interprofessional Simulation.

## **707 - Classical style training for new age nurses**

**Rebecca Fairclough**

### Introduction

The school of nursing has recently seen a dramatic rise in student applications for its baccalaureate of nursing programme. Many of the applicants are from students who far exceed its minimum entry requirements and are not from the local area. WITT has a yearly intake of 2000 students for its programmes. A small proportion of these (n=55) apply for the very limited placements on the undergraduate pre-registration nursing programme. Research indicating the reasoning for tertiary education selection in nursing is limited. This is also unexplored within WITT.

### Results

It was identified that the primary reason given for why students had chosen to study at WITT, was the unique apprenticeship style curriculum offered. This model approach to training was considered by the participants as attractive.

### Recommendations

Apprenticeship models of study are extremely attractive to prospective students. Students felt their learning was a more effective form of study and they were able to apply some theory to practice immediately. This has implications for how nurses are trained and also retention rates. Perhaps this is a model other nursing schools should consider adapting or developing? Further research is required in this area.

Key words: Apprenticeship model; Theory to practice.

## **801 - Those with lived experience of mental health and addiction issues facilitate narrative learning in the class room**

***Helen Bingham & Tara Malone***

### **Introduction**

Narrative learning is a pedagogy that underpins the development of compassion, empathy and hope as qualities of nurses who encounter those who experience mental health and addiction issues in any nursing role. Using an active learning environment in the class room, small groups of undergraduate nurses meet with those who have a lived experience of mental health and addictions issues, or their whanau/family/support members, to explore their experiences and the nursing response. The learning is based around five case studies which are designed to integrate physical and mental health learning. This is an interactive process with each undergraduate nurse taking an active role in exploring the person's experiences by using nursing assessment and communication skills.

### **Methodology**

Data has been collected following each of the five case studies. A thematic analysis explores the learning experience, particularly the development of skills to use in clinical practice and indications of the development of compassion and empathy as nursing qualities.

### **Conclusions**

Feedback shows this learning experience develops the understanding of undergraduate nurses of the person and family experience of mental health and addiction issues. This increases compassion, empathy and an interest in the nursing role. The learning experience connects knowledge to practice, along with exploring the undergraduate nurses' values and beliefs.

### **Recommendations**

This learning experience has been developed over the last five years, in partnership with a key person from Supporting Families Taranaki, who have a formal paid contract to participate. The partnership continues to evolve as feedback supports changes to the learning facilitated.

Key words: Narrative learning; thematic analysis.

## **802 - Creating engaging eLearning for 21st century nurses using 21st century tools**

***Georgina Orsborn***

### **Introduction**

Ongoing learning is an important aspect of professional nursing practice, from undergraduate nursing to continuing professional development. eLearning offers new possibilities for professional learning, allowing learners to access course content any time - any place - at any pace.

### **Background**

eLearning can reduce costs and improve learner experience. In recent years, eLearning content has moved beyond the traditional online readings or following static PowerPoints and online discussions, to the creation of dynamic and interactive activities. This movement has been aided by the surge in the development of 'rapid authoring tools'.

### **Method**

Rapid authoring tools are powerful platforms that enhance the ability of developers and educators to create interactive meaningful eLearning experiences without the need for programming skills. With the right support and training, rapid authoring tools such as Captivate, Camtasia, Lectora and Articulate Storyline, allow educators to develop engaging and immersive eLearning activities for online learners. Rapid authoring tools provide new opportunities for nursing educators to create professional, highly engaging content that can be accessed on any device, creating opportunities to create learning experiences that meet 21<sup>st</sup> century learners' needs, both in and out of the traditional classroom setting.

### **Results**

Despite the opportunities this offers for nursing education, there is still a limited uptake of rapid authoring tools. This presentation will explore the challenges in relation to the use of rapid authoring tools. The presentation will offer some solutions and showcase examples of nursing content that has been developed using one such tool: Articulate 360, and will explore how nurse educators could use rapid authoring tools in the future.

Key words: Rapid authoring tools; eLearning; Articulate 360.

### **803 - In-service education transforming into clinical knowledge: how does the magic happen?**

**Linda Jackson**

#### Introduction

In 2013 the New Zealand Nurses Organisation found that in-service accounted for a large portion of continuing education activities for many nurses. Previous research has identified that in-service education is valued by nurses and that it leads to practice change. How do these changes occur? Is it as simple as providing nurses with information and hoping their clinical knowledge will be transformed and they will magically implement it into their clinical practice? We suspected not.

#### Method

During November 2015 - January 2016, in-depth semi-structured interviews were undertaken in Auckland with 11 nurses who had experienced in-service education. An interpretive phenomenological analysis method was used to explore how this magic happens.

Here we present research concerning the experiences and factors that nurses perceive to influence their knowledge transfer from in-service education into clinical practice.

#### Results

Findings indicate that knowledge transfer from in-service is a complex process. Attendance at in-service, meaningful participation and knowledge transfer were key themes identified and these were found to be interconnected with the beliefs, values, and preferences of individual nurses, impacting their decision-making. Knowledge transfer required the alignment of a number of other core factors such as timing, resources and supports to be successful.

#### Conclusion

Based on these findings, we suggest that meaningful participation and knowledge transfer must be considered in the context of nurse personhood for successful planning and implementation of in-service education.

Key words: Phenomenological analysis; inservice education; knowledge transfer.

### **804 - Possibilities for telehealth technology to transform nursing education in one DHB**

**Maria Prendergast**

#### Introduction

Telehealth technology is available world-wide to support healthcare and education at a distance for patients and health professionals. To understand their current use of telehealth, and any barriers, an on-line survey was developed and distributed to all nurse educators within one District Health Board in New Zealand.

#### Background

Despite telehealth being used commonly internationally, the uptake and widespread use of this technology in New Zealand remains disappointing. The literature identifies barriers including lack of engagement from staff, hard-to-use equipment, insufficient technical support and set-up costs. However, little was known about the experience and use of telehealth by nurse educators in the District Health Board that was the site for this study. The survey was distributed in late 2016 to all 33 nurse educators and 19 (57%) responded.

#### Results

Whilst 79% believe telehealth is either 'important' or 'somewhat important' within their role, only 31% use telehealth; of those 68%, it was considered that they practice telehealth at a novice level. Easy-to-use, reliable equipment, training, support, leadership and local champions were the most important factors identified for promoting telehealth; whilst the impersonal nature, potential security and confidentiality issues were considered least important.

#### Conclusion

Further education and encouragement is needed to increase telehealth use by nurse educators so that the benefits of providing education to nurses at a distance, such as those in rural hospitals, can be achieved. There are also opportunities for those more experienced and confident using telehealth, to mentor and support other nurse educators.

Key words: Telehealth; nurse educators; barriers.

## **805 - Sharing stories of nursing: how has rural nurses' practice evolved?**

**Josie Crawley & Raeleen Thompson**

### Rationale

In this presentation the researchers share collected stories of past and present rural nursing practice. Stories are a powerful mechanism for hearing experiences, building empathy and sparking passion. Capturing these stories can help us learn how nurses have adapted to change and can be inspirational with our colleagues and the next generation of nurses.

### Methodology

A narrative inquiry method and photo images were used to capture and celebrate rural nurses' experiences of their practice and to answer the research questions:

1. How and why have rural nurses adopted their practice to accommodate the changing health care contexts?
2. What is their legacy to nursing practice and the healthcare sector?

Nurses with more than fifteen years' experience were invited to share their stories of being rural nurse practitioners and their photographs representing their practice context. The researchers used Clandinin and Connelly's (1990) 'three-dimensional space narrative structure' and worked in partnership with the rural nurses to generate, transcribe and edit individual stories. The rural nurse participants then validated their own story for accuracy.

### Results

Rural nursing is a rich treasure trove of nursing narratives. Stories come in all shapes and sizes. In this presentation the interpreted meanings and themes, including illustrated snippets of unique rural nursing experiences (as is central to the narrative inquiry paradigm) supported by images will be shared.

### Conclusions

Our findings will help the nursing profession to understand how rural nurses' practice has adapted to the challenges of working in remote and rural communities in New Zealand.

Key words: Rural Nursing; narrative inquiry.

## **806 - Registered nurses experiences of in situ simulation and clinical skill development**

**Georgia Washbourne**

### Introduction

The abstract is for a presentation from the research conducted by one of my students for her Master's degree – she achieved a fine result on examination – and it is a topic that has not been the subject of much investigation to date.

### Background

The benefits of simulation in undergraduate nursing education are well-described. An area which is less well understood is that of *in situ* simulation and its value with respect to clinical skills enhancement for Registered Nurses.

### Method

This presentation reports on a small qualitative exploratory study which investigated Registered Nurses' experiences of in situ simulation as part of their professional development in the clinical environment. The study's findings will be presented in the context of differentiating between 'simulation' and 'in situ' simulation, and an operational definition of 'clinical skills'.

### Results

The findings from thematic analysis of the interview data were that participants described the realism, transparency and emotional responses evoked in the in situ simulation as facilitating an improvement in their psychomotor skills, communication skills, and clinical decision-making. Additionally, it was noted that the benefits of the experience were different for participants depending on the previous clinical experience of the nurse.

### Conclusion

While the study was limited in scope, the findings - tentative at this point – potentially have implications for educators facilitating in situ simulation for graduate nurses. Further investigation is required into the development of in situ simulation which incorporates an understanding of the learner's positioning within a framework of knowledge and skills development. Such an approach would facilitate the incorporation of a multiplicity of learner-centred outcomes in the simulation experience.

Key words: in situ simulation; qualitative exploratory study.

## **807 - Sharing the transition journey of nurses and midwives using creative reflections**

**Jayne Hartwig**

### **Introduction**

The transition journey is a complex process for graduates. This presentation will share a creative way which has been used to help individuals reflect on their transition, resulting in an overall record of their journey, and a tool which can be used to communicate their experiences with others.

### **Background**

During their transition journey, graduates are encouraged to privately reflect on their experiences and participate in regular debriefs with peers. Both of these methods are effective, but don't allow for sharing of the transition journey outside of the graduate group

### **Results**

Throughout their transition journey, graduates utilised creative ways to document their thoughts and feelings at 4 different stages. Initially it had been hoped that the footprint posters would provide insights for fellow graduates to assist with peer support. However, the impact has been much broader. Undergraduates viewed the posters, giving them an insight into the journey ahead. Senior colleagues have reminisced about their own journeys whilst reflecting on the experiences of current graduates. At the end of the year, graduates have also been able to reflect on their overall journey as documented in their artwork.

### **Conclusion**

The use of reflection continues to be an important aspect of our nursing and midwifery practice. Using creative ways to reflect can result in useful ways to debrief but more importantly, provide a tool for communicating with more junior or senior colleagues to describe the phenomenon of the transition experience.

**Key words:** Transition; reflection; debriefing.



## **901 – Teaching clinical reasoning: the ‘klinky’ box activity**

**Liz Ditzel**

### Introduction

In this presentation I will demonstrate how I use two teaching tools; a set of small wooden boxes that cannot be opened but make a ‘klinky’ sound when moved; and a children’s picture storybook called *The Box* to teach first-year nurses clinical reasoning and reflective thinking skills.

### Activity

First, students are placed in small groups and each presented with a box. Using only observational skills, they are asked to infer and list the box’s contents. Second, I read aloud a children’s story and ask students to reconsider the contents of the box, given the reading. Third, I invite students to examine the box through touch and sound and reach a consensus about its contents using this information. They then draw a picture of what they have agreed is in the box.

### Application

I debrief this activity by using Tanner’s conceptualisation of ‘thinking like a nurse’ and a four-stage process following the steps of the clinical reasoning cycle. We conclude by discussing how the skills used in this activity can be applied to a nursing context that requires evaluation and judgment. I also explore how this activity can be adapted and used in a variety of problem-solving contexts.

### Conclusion

This hands-on, ‘device-free’ activity enables educators to do something different, engaging student curiosity and interest. The simple task of evaluating the contents of the box requires patience, collaboration and challenges to those wanting instant answers.

Clinical reasoning, reflective thinking.

Key words: Nurse education; clinical reasoning; reflective thinking.

## **902 - Calculating the MedChart factor in ED - A timing methodology**

**Amanda Scull**

### Introduction

The purpose of this presentation is to share the methodology and results of a timing exercise used to estimate the impact of rolling out an electronic Prescribing and Administration programme in the Christchurch Emergency Department.

### Background

The e-prescribing and administration programme called MedChart is mandated by the Ministry of Health for nation-wide use. It has been successfully rolled out across the Canterbury District Health Board (CDHB) since 2014, with successive rollouts including the single largest roll-out, in Christchurch Hospital campus in December 2016. Christchurch Emergency Department (ED) was planned to roll-out MedChart in February 2017, but due to concerns about the possible impact, the roll-out support team were redeployed to provide the CDHB eMeds Project Board with some metrics for understanding the possible impact of MedChart on Christchurch ED workflow.

### Results

The eMeds team successfully developed a methodology involving:

- timing of real-world medication events
- timing reconstructed simulation of these events using MedChart in a virtual environment
- production of a composite time by cutting from the real-world and pasting onto the simulated times

215 events were captured and total times calculated. This produced the important metric we named the MedChart Factor. In addition, timings per event were presented to aide interpretation of results and guide decision-making.

### Conclusion

The methodology may be used for repeat measures and in different settings in order to answer the questions: "Should we be doing this?" "What extra resourcing may be required to implement MedChart?"

Key Words: electronic Prescribing & Administration; Emergency Department; MedChart; timing exercise.

### **903 - Dedicated what? Getting it right for students**

**Kathy Tresize**

#### Introduction

Getting it right for nursing students' clinical learning in a tertiary hospital remains a challenge for District Health Boards (DHB). How do you implement a new model of student support with multiple student programmes accessing clinical areas? The choice of student learning model was key, and as part of workforce initiatives at Capital and Coast District Health Board (CCDHB) to work closer with tertiary education providers (TEPs) and support the future nursing workforce growth, the Dedicated Education Unit model (DEU) was chosen to support student learning.

#### Background

CCDHB in collaboration with local TEPs, Whitireia New Zealand and Massey University, is the main provider of nursing student clinical learning in the Wellington region. The DHB has experienced challenges with different Bachelor of Nursing programme requirements and a clinical support model that lacked adaptability for the current environment. In July 2016, a pilot of the DEU model was undertaken in three clinical areas with pre-graduate nursing students. An evaluation of the pilot was carried out to explore the impact of the DEU on nursing staff and students.

#### Results

From the DHB perspective, the DEU model proved to be adaptable and met the different learning approaches of each programme. This presentation will outline key findings from the evaluation, with a focus on the developing communities of practice.

#### Conclusion

The DEU model has been versatile and flexible in preparing pre-graduate nursing students for registration and future employment. It strengthened the partnership and commitment to work together in supporting learning for students from different learning programmes.

Key words: Dedicated education unit; Clinical environment; Student nurses; workforce development; communities of practice.

### **904 - Engaging paediatric oncology nurses through app-based education**

**Andrew Grant**

#### Introduction

This presentation will demonstrate the effective use of technology to enhance learning in healthcare. The presentation discusses the use of an interactive educational tool for nursing staff on a paediatric oncology/haematology ward.

#### Background

Paediatric oncology nursing is a specialisation that requires expert knowledge to provide effective care for the patient population. It is well recognised that ongoing nursing education is paramount for building relevant knowledge and furthering expertise. Time is perceived as a key limiting factor in engagement with continued education on the ward. It is also clear traditional lecture style teaching does not provide the most effective means to ensure knowledge retention.

Qstream® is a learning platform that provides clinically relevant questions, reinforced by concise explanations over a spaced period of time. This educational method promotes knowledge retention and takes less than five minutes engagement per day, making it readily accessible to all staff.

#### Methodology

Topic-based oncology questions were developed. Participants are given two multiple choice questions per day, matched with a brief explanation that is revealed once the question is answered. Questions are repeated throughout the module to reinforce knowledge.

Surveys at baseline, 3 months and 12 months will be used to assess and compare perceived barriers to education, motivators for continued development, and current engagement in educational opportunities.

#### Findings

This paper presents the positive outcomes identified in a pilot project and discusses lessons learnt from project implementation. It is anticipated Qstream® will provide an effective and accessible educational tool that will improve learning for nurses.

Key words: interactive educational tool; Qstream.

## **905 - New graduate RN's preparedness to work in primary health care. Are we getting it right?**

**Jess Domigan**

### **Introduction**

New graduate RN's could be a relatively untapped resource to address the issue of the ageing workforce in primary health care (PHC), and fulfil the vision of increasing the opportunities for nurses and nursing in the community. This quantitative non-experimental descriptive study has explored employers' perceptions of new graduate registered nurses' preparedness to work in primary health care. The research also looked at what support the workforce has put in place for their new graduates. The participants surveyed were PHC directors of nurses, nurse managers and nurse leaders who employed new graduate registered nurses.

### **Background**

International research purporting that new graduates are not prepared to work in primary health, the seminal work on socialisation of Judy Duchscher and low employment rates for new graduates provided the context for this study.

### **Results**

This research has revealed that new graduates are work ready in a number of key primary health care nursing areas of practice. Chronic illness care, family health and child health were identified as areas where new graduates are not as well prepared. Participants placed high value on socialisation of new graduates into the workforce.

### **Conclusion**

New graduate registered nurses are the future primary health care workforce and we need to grow and support them in their transition from nursing student to new graduate. Do we do this well in New Zealand?

Key words: Primary health care; new graduates; socialisation.

## **906 - Putting the science into nursing**

**Molly Page & Belinda McGrath**

### **Introduction**

This presentation reports on the use of an integrated concept-based learning nursing curriculum that incorporates a framework of nursing science, nursing assessment and clinical practice. This framework was adopted to address the challenges student face in developing an understanding of the application of bioscience to nursing.

### **Background**

Bioscience is often taught by scientists however, this risks a disconnectedness from nursing resulting in disorganisation and a mismatch of factual information. Students often use rote style formats to make sense of the topics, only to find these methods do little to contribute to the application of knowledge to practice. Nursing academics have called for change as concerns are raised about the difficulty for scientists to apply the context (of science) to a nursing perspective.

### **Results**

The concept-based learning curriculum enables a process whereby students study nursing science and explore the principles of nursing assessment using a 'dialogue and questioning' teaching strategy. In a simulated learning environment, students utilise knowledge from nursing science and apply it to practice. In this way students begin to integrate the application of theory to the practical environment.

### **Conclusion**

Student nurses need to have an understanding of the connections between science and nursing practice so they can discuss and critique their findings. They report that the integrative framework used in the curriculum assists them to build confidence and knowledge that they can apply in the clinical setting.

Key words: Bioscience; Nursing science; Undergraduate nursing education; Concept based learning.

## **907 Mask-Ed™: transforming teaching, a quintet experience**

**Johanna Rhodes & Mary McMillan**

### **Aim**

The aim of our study was to explore the implementation of Mask-Ed™ (KRS simulation), hereafter referred to as Mask-Ed, from the perspective of nursing educators at the Southern Institute of Technology (SIT), Invercargill, New Zealand (NZ). Our auto ethnographic narrative inquiry provided an ethically robust platform for us to review our teaching practice and to consider changes for improvement.

### **Background**

SIT hosted the first Mask-Ed workshop in NZ to broaden their repertoire of simulation modalities. The Mask-Ed approach uses realistic life-like silicone props, worn by the educator to transform into a character, with a history, and story (Reid-Searl *et al.* 2011, 2012, 2014, Rhodes & Reid-Searl 2015). Mask-Ed mimics 'real' clinical settings, giving an opportunity for students to achieve specific learning in areas of assessment, planning, and intervention. It offers an authentic context where critical thinking, and clinical reasoning develop without harm to vulnerable individuals.

### **Results**

Four themes emerged from our study:

1. Vulnerability, responsibility, and passion
2. The art of masking
3. Healthy scepticism from others
4. Breaking down silos.

### **Conclusions**

This research validated Mask-Ed as an authentic member of our simulation cannon. The research has become a genesis for further studies including:

A longitudinal study that examines the impact of learning for the students when in the clinical setting. Does Mask-Ed make a difference to their practice?

An evaluation of the students' perceptions of interprofessional education. Has Mask-Ed made a difference to their clinical practice?

**Keywords:** Mask-Ed (KRS simulation), autoethnographic, vulnerability, experiential learning