

Concurrent Session Five

Saturday 30 September

1201 - Clients are our most important textbook and our best mentors

Christine Wilkinson

Introduction

The purpose of this presentation is to convey the important part that our clients (or patients) play in our learning opportunities. After all, they are the experts on their lives and able to provide the most accurate feedback regarding what interventions have best supported their recovery.

Background

When working in the field of complex psychological trauma, it can be difficult to ascertain the best treatment for the client. The general approach is to treat the presenting issues with a range of modalities that are individually suited to the client. Missing the mark with treatment approaches is both frustrating for the clinician (nurse or student) and the client. Promoting attunement of the clinician to the client's verbal and non-verbal feedback, and the development of a self-reflective capacity, are powerful learning paths that benefit both clinician and client.

Results

Allowing the process of being "mentored" by the client and viewing their offerings as adding to our "textbook" of knowledge and working experience, is both honouring for the client and very effective for our learning and skill acquisition. The client feedback can take many forms, written, verbal or observational. Taking time to collect this information provides knowledge and future frameworks for supports and treatments.

Conclusion

Connecting the learning opportunities between clients and clinicians is a valuable experience and provides a place of learning beyond our other textbooks and mentors.

Key words: self-reflective capacity; complex trauma; learning opportunities.

1202 - Flipping first years! Flipped classrooms for novice nursing students

Julia Laing

Introduction

This presentation will outline our students' experiences of the use of flipped or online lecture delivery to novice first year nursing students. Following on from literature and conference presentations around the use of this teaching method, we have used this approach to facilitate learning of foundational information in lifespan development for nurses.

Background

The idea of flipped learning has been storied, not as an experimental deviation to teaching, but as an established alternative way of learning that meets with our institution's teaching and learning directions of being flexible and adaptable (Marshall, 2013).

Students are supported in an active, student-centred manner to apply, describe, discuss and demonstrate the learning from the flipped classroom. The aim being to confidently instil in students the value of flipped classrooms from day one so that students are able to transition from traditional classroom delivery.

As evidenced by student feedback reactions, flipped classrooms challenged students to be self-disciplined, take responsibility for their learning, and to develop study habits essential at tertiary level.

Key words: Undergraduate education; flipping learning; semester one nursing students.

1203 - Transitioning to being a professional: Inter-professional clinical placements for Nursing and Speech and Language Therapy (SLT) students

Isabel Jamieson

Introduction

The intent of this research pilot project was to co-allocate Nursing and SLT students undertaking their clinical placements in an acute hospital setting so that they could work collaboratively with one patient or with a group of patients.

Method

Students were paired and placed for weekly placements over a semester. Their attitudes towards interprofessional learning and teamwork were assessed via the *University of West England Entry (UWE) Level Interprofessional Questionnaire* (Pollard et al., 2004) pre and post the placement. The interprofessional goals for the students were defined around case-based discussion including: how the pair communicated around the needs and goals of the patient; what tasks were completed to enable appropriate management within the team context; what they learnt from the shared experiences that highlighted the differences between their professions and themselves as individuals.

Results

Previous research using the UWE questionnaire had shown that undergraduate students become more negative in their views towards interprofessional interactions following a clinical placement. It was hoped that by creating a formal interaction between these two professional groups, that their attitudes towards interprofessional interactions would become less negative post-placement.

Conclusion

The details of setting up the project and the findings will be the focus of this presentation with recommendations for future research.

Key words: transition; interprofessional practice; research.

1204 - Creating a positive learning environment: The CAPLE project

Emma Collins

Introduction

Health professional students describe mixed experiences of staff interactions in the clinical environment. In response to reports of concerning levels of student harassment, the Otago Polytechnic School of Nursing and the Dunedin School of Medicine undertook a participatory action research.

Rationale

Negative experiences can be devastating for students. Literature suggests that students can doubt their career choice, fail to learn, experience stress and mental health issues.

Methodology

The CAPLE project began with a number of surveys to numerous populations. A particular clinical area was then identified within a local DHB and Phase 1 commenced. Two investigators worked closely with health care staff to improve teaching and learning through workshops and one-on-one discussion and support. Entry and exit 'atmosphere' interviews were also conducted.

Results

Preliminary findings indicate self-reflection from participants, and increased clarity around specific issues raised about teaching practice. The overall, positive response also contributed to a generally more positive environment for students.

Conclusion

The CAPLE project expects to see positive results over a significant period of time. Further phases are being planned to provide this data. The well-being of students is a concern to all areas of health care in order to maintain quality of care and ensure the sustainability of the healthcare workforce.

Recommendations

Phase 2 of the project is planned for July 2017 and will include recommendations from Phase 1. This is due for completion in December 2017.

1205 - Using AdobeConnect in a Year 1 course: The student experience

Liz Ditzel

Introduction

The purpose of this presentation is to share what we have learned about the student experience of using AdobeConnect, a web conferencing technology (WCT) in a Year 1 nursing course.

Background

For the past two years, weekly lectures have been given via AdobeConnect by a distance lecturer who also travels to campus to conduct four end-of-module group tutorials for *Professional Nursing*. Students ($n=117$) can use the device at any time or place to live-stream or listen later to recorded lectures on Moodle. Course feedback indicated the majority enjoyed this mode of teaching but many found using the technology challenging and wanted more face-to-face teaching. The lecturer also felt disconnected from students, despite using the interactive real-time features of AdobeConnect.

Results

An end-of-year online survey yielded 88 responses (75.2%). Quantitative results affirmed the learning and teaching benefits of using this technology but identified areas for improvement. From the qualitative comments it appeared that students most like using WCT because "it can be accessed from the comfort of my home; there are not as many distractions; it is easier to look things up," and "I can revise, re-watch and have time to think!" Negative aspects were also identified.

Conclusion

These findings, clearly identifying the learning benefits and challenges of WCT for students, helped us to improve the teaching design and delivery of our course.

1206 - Initiatives aimed at retaining ethnically diverse student nurses on undergraduate nursing programmes

Chris Gaul

Introduction

This paper presents an integrative review of the literature focusing on the ethnically diverse reasons undergraduate student nurses leave the profession before graduating. It will also outline strategies for retaining these students.

Background

Those tasked with nursing workforce planning are challenged to meet the needs of a culturally diverse and aging population at the same time that it is reported that the recruitment and retention of Bachelor of Nursing students is resulting in a trend of lower than required numbers of trained nurses. This problem is occurring both nationally and internationally.

Method

We performed an integrative review of the literature to look at strategies that could be implemented to create and retain a more culturally diverse RN workforce. Key terms to identify relevant papers lead to the selection of 17 papers for inclusion. From these papers, four themes emerged:

1. Prediction
2. Recruitment and retention
3. Single facet approach
4. Multi-facet approach

A wide variety of different initiatives and positive outcomes were reported from various studies, but retention is a complex issue and requires further investigation.

Results

Many factors which appear to impact on student completion rates were identified. No one isolated factor can predict success across a heterogenous group of students. Implementation of a broad range of strategies from recruitment to graduation is likely to be a more successful solution to achieve higher graduation numbers amongst ethnically diverse students.

Conclusion

Supporting the recruitment and retention of ethnically diverse students is likely to assist greater numbers of Registered Nurses reach graduation and provide a more balanced workforce.

Key words: student nurse; attrition; retention; minority.

1207 - Student nurse ambassadors for healthy communities: what does community development practice look like?

Jean Ross and Josie Crawley

Introduction

Nurses in primary health care have an opportunity to enhance community health and wellness. Primary health is central to the 2016 New Zealand Health Strategy.

Background

At Dunedin's Otago Polytechnic we mentor student nurses to partner with a community as their client. Student nurses advocate for their clients' expressed health needs; engage with community resources and primary health care practitioners to promote the health of the population for which they care,, manage episodes of illness, disease and life challenges by producing evidence-based strategies that are actioned by the community. With the entire community as the client, the student nurse requires a model and tools with which to achieve sustainable, meaningful health.

Results

This presentation endorses the importance of access to clinical practice opportunities where student nurses can build trust, respect, integrity and partnership with the community with the intention of improving opportunities for health. We will showcase student practice examples and discuss the rationale and background for engaging in community development. We will also explore the theoretical tools and models utilized dependent on community context, and the ethical processes embedded within Nursing Council of New Zealand competencies for registered nurses.

Conclusion

Transformational change has been embedded in the educational activities leading to students demonstrating their innovative practice to improve community health.

1301 - Taking our first steps together: An inter-professional and inter-generational approach to transition support

Jayne Hartwig

Introduction

Transition to Practice Programmes (TPPP's) are a common way of supporting new Nurses as they transition into the profession. Whilst curriculum content may vary between organisations, the key aims of TPPP's are similar: helping the graduate nurse to navigate his or her new role. Traditionally, our organisation has run separate TPPPs for Enrolled Nurses (EN), Registered Nurses (RN) and Registered Midwives (RM). However, transition support is also required by non-graduate staff who are transitioning to new roles or organisations.

Background

Recently our organisation began developing a combined transition support curriculum for ENs, RNs and RMs. This work involved not only a review of the curriculum content and structure, but more significantly, education and support to increase the understanding of the transition journey amongst staff, educators and managers. At the same time, increased awareness of transition support for graduate nurses has also sparked recognition of the need for transition support amongst non-graduate staff who are transitioning within or between organisations.

Results

This presentation will outline the history of transition support at our organisation, and the highs, lows, challenges and successes of creating a transition support curriculum for all nurses and midwives regardless of whether they are graduates transitioning for the first time, or senior staff experiencing subsequent transitions.

Conclusion

Inter-professional, intergenerational transition support can be utilised as an effective way to help individuals, build teams, create positive work cultures and maximise transition support resources to ensure a positive transition experience for all staff.

Key words: Transition; support; inter-professional; inter-generational.

1302 - Halt! Incident management: Increasing awareness of humanistic factors

Shannon Bakon & Sharon Ragau

Background

Humanistic factors that can contribute to errors in a hospital ward include staff experiencing hunger, anger or upset being late and tiredness or fatigue. There were 104 incidents within a general medical ward over a 2 month period. These incidents were categorised as *Human Error Incidents* which comprised 57.7% ($n=60$) of all incidents and communication/ documentation incidents 51.9% ($n=54$ %).

Aim

The aim of this initiative was to increase nursing staff awareness of humanistic factors that contribute to errors and thereby decrease ward incident rates.

Method

Regular staff education sessions, posters, and raising the awareness of HALT (Hungry, Angry, Late, Tired) within the morning staff meeting was conducted over a two month period.

Results

The rate of incidents reduced to 71 in the following two month period. This signified a total reduction of 31.7%. Human error incidents decreased to 32.4% ($n=23$) of all incidents indicating a reduction of 25.3% from preceding two months. Incidents relating to communication /documentation errors reduced to 28.2% ($n=20$) of all incidents indicating a reduction of 22.9% from the preceding two months.

Conclusion

Raising awareness of the humanistic factors that contribute to errors can assist in reducing preventable incidents. Recognition of these factors is important in creating a safe environment and in ensuring patient safety.

Key words: Human error; Nursing, medical; incident; patient safety.

1303 - Optimising learning in interprofessional simulation programmes and sustaining simulation-based education into the future

Leona Robertson & Philippa Seaton

Introduction

The presentation will highlight aspects of interprofessional simulation that optimise learning and provide a positive foundation for building simulation expertise within, and across, health care disciplines into the future.

Background

Quality healthcare is vital as this impacts on patient mortality, morbidity and health service economy. The World Health Organisation (WHO, 2010) acknowledges that collaborative interprofessional education contributes to quality care. Simulation-based education can enhance individual and team performance and is associated with safety and quality in healthcare. As educators, we must understand the elements which contribute to learning that will transfer to, and improve clinical practice. An integrative literature review explored what influenced learning opportunities in interprofessional simulated trauma scenarios. Fourteen articles were included in the review and data were synthesised utilising a thematic analysis (Braun & Clarke, 2006). Whilst the review focussed on trauma team training, the findings may be transferable to other specialties.

Results

Four main themes were identified:

1. The utilisation of teaching and learning strategies;
2. Preparing and focussing learners;
3. Specific elements which contribute to effective scenario design;
4. Utilising both specialty and team work knowledge and tools.

Conclusion

Investment must be made in providing resources and preparing interprofessional teaching teams to ensure simulation programmes are robust and follow evidence-based educational practice for optimal learning.

Key words: interprofessional; simulation; learning; education; scenarios.

1304 - Are new registered nursing graduates adequately prepared to be competent practitioners? A Victorian study

Karen Missen

Background

Evidence from the literature and anecdotally from clinical settings suggests that newly graduated nurses are not fully prepared to be independent practitioners in healthcare settings, and the transition from nursing student to graduate continues to be stressful and problematic.

Introduction

Qualified nurses employed in Victoria, Australia, were invited to participate in an online survey on the clinical competence of newly registered nursing graduates. This paper reports on findings from this survey which rated new nursing graduates' abilities in the following seven areas: physical assessments skills, clinical skills, medication administration, emergency procedures, communication skills, preparedness for nursing practice, and coping with the work environment.

Results

Overall participants rated new nursing graduates' abilities for undertaking clinical skills as good/very good in 35.3% of skills, 33.3% were rated as adequate and 31.4% rated as being performed poorly/very poorly. A secondary aim of this study was to determine whether the views of qualified nurses differ according to their demographic characteristics, clinical setting and geographical location in which they work. Significant differences ($p \leq 0.05$) were found according to age of the nurse, number of years registered, the educational setting in which nurses undertook their nursing education, their role, and the clinical area in which they work.

Conclusion

Findings from this research will provide evidence to support education providers and health care organisations in developing clinical education models that provide quality learning experiences for graduates to ensure they are clinically competent, with the ultimate aim of improving the quality of patient care.

1305 - Nurses use of non-pharmacological methods to relieve children's pain post-operatively: a pilot study

Lucy Seldon

Introduction

The purpose of this presentation is to present the findings of a small study that has been conducted regarding registered nurses non-pharmacological pain management for post-operative paediatric patients and how this could have implications in the transformation of practice in this area of nursing.

Background

Non-pharmacological methods of pain management are reported to be effective in alleviating pain experienced by paediatric patients. The research question for this small pilot study was: Do New Zealand registered nurses use non-pharmacological methods of post-operative pain management for paediatric surgical patients, and if so, to what extent? An international questionnaire was adapted for the New Zealand context and distributed to registered nurses working in one paediatric surgical ward. Sixteen nurses participated.

Results

The results showed that participants were using a variety of non-pharmacological methods which correlates with international literature. Examples of methods used included: distraction, positive reinforcement, therapeutic touch and comforting/reassurance. This suggests that participating nurses are well informed about non-pharmacological approaches for post-operative pain management.

Conclusion

This small study suggests that non-pharmacological methods are often utilised by nurses to alleviate post-operative pain for paediatric patients. Replicating this study on a nationwide scale would provide more detailed information about New Zealand nurses' utilisation of non-pharmacological methods of pain management and could help transform current pain management practice.

Key words: Non-pharmacological methods; pain management; nursing; paediatric; child.

1306 - Origins of the word Kaiawhina

Jan Liddell

Background

Oral history through story telling is a form of communicating; passing down cultural traditions and teaching social protocol. The fact that Maori social and cultural histories are encapsulated in stories, is one of the main methods of archiving and teaching histories.

Introduction

Maori stories and myth have been used to decipher some historical processes and make assumptions about Maori social and political processes. There is very strong evidence that a good understanding of the original meaning of words is necessary, beyond simple translation. To understand the historical lesson told by the stories, one must be familiar with the Maori culture.

Discussion

Dominant cultures who only rely on a translation of words to serve a purpose may misinterpret the words to the detriment of their students. This presentation will discuss the role of kaiawhina in relation to life stories and historical events.

Conclusion

Understanding the kaiawhina role will assist with pastoral support of Maori nursing students.

Key words: Kaiawhina; Maori; nursing students.

1307 - Transitioning to practice: new graduate use of health assessment skills. An update on findings

Rachel Clarke

Background

In the first year of practice, new graduate nurses are expected to incorporate health assessment skills (HAS) into their practice to fully assess a patient's health status. In 2006, I explored the "New graduate nurse experiences of using HAS in practice" (Clarke, 2006) using a qualitative descriptive approach. Interviews were conducted with six newly graduated nurses working within a New Zealand setting. Future research suggestions included recommendations to explore: a) graduate health assessment philosophies, and b) experiences of using HAS amongst registered nurses with varying clinical experience. A decade on, it is timely to review the current literature in relation to experiences of using HAS in clinical practice.

Findings Original findings noted that new graduates included HAS into their nursing practice with varying levels of integration. Firstly, two types of health assessment experience were described and aligned with Benner's model of skill acquisition *Advanced Beginner and Approaching Competent*. The use of HAS was found to be influenced by the clinical situation and practice setting, and consequently, a second contextual model was developed to explain this phenomenon. Recent literature focuses on the physical examination skill use of nurses, and suggests that use of these skills is influenced by the ward environment.

Conclusion

To date, nursing literature focuses on types of physical examination skills and their pertinence to practice. There is a paucity of studies that examine graduate health assessment philosophies, and some qualitative research in relation to nurses' experiences of using physical assessment skills.

Key words: health assessment; physical examination; qualitative; descriptive; new graduate nurse; philosophy.

1401 - Moulage using everyday household items: transitioning the gap between simulated learning and genuine clinical events

Johanna Rhodes & Mary McMillan

Introduction

Do you have old eyeshadows and mascaras in your bathroom cabinet? Do you have golden syrup, food colouring, mushroom soup, and cocoa in your kitchen cupboards? Do you know what Metamucil, bubble wrap, Vaseline, baby powder, and old meat bones are for?

Moulage, French for 'casting or moulding' is the art of creating lifelike clinical experiences that rival actual encounters. The purpose of this presentation is to share moulage techniques that provide avoidable realism to enable students to handle critical complex clinical scenarios, unhindered, and without risk of endangering actual patients using everyday household items.

Background

Moulage, when used appropriately assists students in confirming physical signs that support diagnoses, enables students to discover the data pertinent to assess changes in patient status, and teaches students how to gather information, all of which increases knowledge and performance in evaluating clues, critical thinking, realism, sensory engagement, and suspension of disbelief. As simulation use has expanded, and become more complex, the lack of sensory experiences has become a pivotal issue. Because so much of a nursing assessment is based on the sensory experience, what is felt, seen, heard, and smelled, moulage potentially provides the missing sensory experience to simulated scenarios.

What you can expect

You will leave knowing how to create burns, blisters, abscesses, and open fractures. In addition, you will have the recipes to create pee, poo, pus, spew, and oedema including their odours to increase the sensory experience. Hence 'transitioning the gap' between simulated learning and genuine clinical events.

1402 - Intervention mapping: Designing a self-management programme for older people with long-term conditions.

Beverley Burrell

Introduction

This paper describes the development of a community-based self-management programme for older people with chronic multi-morbidity using intervention mapping (IM). Two literature reviews, a pilot study and health expert and consumer groups informed the content and the planning for implementation. Health-based self-management approaches seek to empower participants to be change makers for themselves.

Method

As a structured methodology, IM guides the development of health education interventions using six steps which include: needs assessment; isolation of objectives; theory based 'teaching/learning' approaches; programme content; modes of delivery; and evaluation. Bandura's social cognitive theory informed the methods and practical strategies for the programme delivery.

Content

Alongside well known health self-management principles, our programme addresses trans-diagnostic dimensions such as fatigue, pain, breathlessness, sleep disturbance; and the potential psychological effects associated with chronicity and ageing. The cognitive and emotional domains are addressed through introducing mindful coping techniques.

Programme Design

The objectives for the intervention aim to improve knowledge, symptom management, self-efficacy, coping and mindfulness with community dwelling older people with long term conditions (LTCs). The programme is delivered in four sessions over consecutive weeks providing four hours of healthy living education and empowerment strategies, then four hours on the mindful coping skills training. Participants are given a comprehensive manual to keep.

Conclusion

IM demonstrated utility in the formulation of a systematic approach for devising a programme for the target population. Applying IM means planners have confidence that the programme is evidence-based and works to obtain the desired outcomes for enhancing peoples' self-management ability.

1403 – It takes a whole avenue to raise an enrolled nurse: Transforming nursing education through constructivism

Sue Gemmell & Julie Beck

Introduction

The need for a bridge between learning theory and practice in nursing has long been discussed. To ensure a strong connection between theory and practice challenging standard teaching and learning methods is called for. The theory of constructivism has been used to build a unique learning platform in the Diploma of Enrolled Nursing at Manukau Institute of Technology.

Background

DEN Avenue is home to a group of families who are individually introduced to the enrolled nursing students early on in their 18 month programme via scripts, images, and scenario's.

Results

DEN Avenue families enable the students to be engaged in an active learning process which assists them to construct new ideas and concepts on their current and past knowledge and social interactions. Student's play a central role in their learning as they are exposed to the families in DEN Avenue who have authentic lives, with 'ups and downs' which the students can sometimes relate to.

Conclusion

Understanding the families health issues scaffolds their learning into pathophysiology, nursing processes, person, family, community-focused health care and more. This process has demonstrated a building of self-confidence, team work and success in the Enrolled Nurse programme. This presentation will give DEN Avenue examples and the transformation and 'building of a bridge' between the enrolled nursing students' learning in theoretical knowledge and nursing practice.

1404 - Breaking down the barriers to effective preceptor-student feedback practices in clinical nursing education

Louise Allen

Introduction

The purpose of this presentation is to share what we have discovered about how preceptor-student feedback processes during clinical placement, can be influenced by the introduction of a standardised feedback tool.

Background

Feedback given to nursing students from experienced clinicians in clinical education is essential in developing competent nurses. When done well, it offers measured performance against standards required by the nursing health profession, promoting learning and behavioural change. Despite this, numerous barriers to effective feedback processes are described in health education literature.

Objective

A qualitative descriptive design was used to determine whether the introduction of a Daily Feedback Tool (DFT) affected nursing students and clinical supervisors (preceptors) experiences in nursing clinical education to overcome some of the reported barriers to effective feedback processes.

Method

Semi-structured focus groups were held with eight groups, and data was analysed using aspects of Grounded Theory. These aspects included purposive sampling and system analysis which informed the following stages of data collection.

Results

Participants reported that the introduction of the DFT overcame some of the reported barriers, particularly relating to the frequency of feedback occasions, and the traditionally didactic, teacher-led feedback conversations. In early stages, students relied upon preceptors to initiate and lead feedback episodes. However, once trusting preceptor-student relationships were formed, students developed confidence in self-evaluating their own performances, and actively sought feedback -improving feedback experiences for both learners and teachers.

Conclusion

The DFT was reported to influence the development of trusting preceptor-student relationships, which gave the learner agency confidence to seek feedback.

1405 - Having the learner curate their learning

Neil Hellewell & Phil Garing

Introduction

Online learning is a tool to assist the delivery of business needs, and in healthcare this is better patient care. Increasingly, organisations are using online learning to deliver training. Traditionally, online learner management systems are about controlling and managing the learner. Some businesses strictly determine what learning staff are to complete. There is generally little room for exploration of learning and consideration of the wider needs of the learner. Healthcare is unique where patients present with a multiplicity of needs and conditions. To try and lock learning into strict regimented frameworks betrays the diversity of knowledge required for diverse and complex patient care. When health care staff can identify the relevance of learning to patient care and professional development, the more they will be engaged in the content. Each health care worker is unique and brings their own knowledge and skills to the workforce, and can identify what areas of their knowledge-base needs to be developed.

Allow the learner to drive their learning. Canterbury District Health Board, supported by Synapsys Ltd has aligned with other South Island health care organisations to focus on the development of a learner centred online learning platform. This presentation will discuss learner driven learning within an online environment, what this means and what we have learnt from this philosophical approach to learning.

Key words: online learner driven education

1406- Sickness presenteeism: Nurses sick and at work – are educators aware and should we be concerned? *Clare Buckley & Elaine Papps*

"Sister Evans should really have been off duty, but managed to keep going...." (New Zealand nurse, January 1919)

"I have turned up for work even when my head has been thumping with a headache...." (New Zealand nurse, 2015)

"...even though I'm extremely tired and mentally exhausted, I still come to work." (South Australian nurse, 2015)

Sickness presenteeism (SP) refers to workers attending work despite being unwell. As the quotes above indicate, there is evidence from historical records and research suggesting that nurses have practised SP since at least 1919 and that this continues today. Research identifies that nurses have some of the highest rates of SP of all occupational groups. The consequences of nurses practising SP are found in their poorer health and that of their patients. This latter consequence includes the risk of contagion; increased drug errors, rates of falls and other adverse events; and an increased risk of essential nursing care being omitted.

This presentation suggests that SP is a learned behaviour that begins at the point of nursing education. In addition, the pressure to complete clinical hours and to make a good impression promotes the practice in nursing students and in new graduate nurses undertaking NETP programmes. In light of the consequences of SP, this presentation argues that it is time to address and transform nurses' SP attitudes and to promote nurses' health. One way to achieve this is through education, and the first questions must be, '*are educators aware of SP, and should we be concerned?*'

Key words: sickness presenteeism; nursing culture; socialization.

1407 - From student to graduate: streamlining the student learning continuum *Julie Shaw*

Introduction

The aim of this presentation is to explain what we have learnt from our experience of working together - education and health care providers - to support student work integrated learning in the undergraduate nursing program. The traditional approach to work integrated learning is described and an explanation of the collaborative process and the outcomes achieved provided.

Background

In the mid-1980s registered nurse education in Australia transferred from hospital based training to the higher education sector. This change saw higher education providers responsible for education programmes with a primary focus on learning; health facilities responsible for the student experience in the clinical area with a primary focus on health services; and students traversing the divide. To address this divide a partnership

approach was utilised to develop a more seamless approach to work integrated learning along the student continuum to graduate.

Results

An academic from the education provider was engaged by the health facility (0.5) to support facilitation, funded by the Office of the Chief Nursing and Midwifery Officer, Queensland. Governance issues and knowledge deficits raised by clinical facilitators were addressed including:

1. Inter-institutional communication
2. Diversity in education providers' requirements - scopes of practice, assessment, and processes to address student practice concerns;
3. Understanding student learning experience; and
4. Addressing practice partner (RN) learning knowledge.

Conclusion

Future collaboration aims to further streamline the learning continuum by clinical facilitators teaching into the education provider's program and further supporting practice partners with student learning in the workplace.

1502 - Small changes, big difference: improving auditing knowledge and resources

Josleen Itayi

Background

In 2013, the Education team at MercyAscot conducted training needs assessment for nurses. This identified gaps in knowledge and skills to perform clinical audits. In addition, audits that were included in professional portfolios by nurses were poorly performed and presented. We had no structured process for managing clinical audits. These findings prompted us to review our resources and processes of managing clinical audits across the organisation.

Methods

The Education and Quality departments collaborated to create resources and a structured process for managing clinical audits, supported by the creation of an e-learning course. A practical guide book included in the e-learning course illustrated the audit process in a story format to promote learner engagement and application to practice.

Results

A comparison of pre and post-course questionnaires completed in the e-learning course indicated a 53% increase in nurses' confidence in conducting a clinical audit after completing the course. An audit of portfolios submitted with an audit option between 2014 and 2016 showed a 29% improvement in meeting our portfolio requirements on first submission. This initiative was Highly Commended by the New Zealand Private Surgical Hospitals Association (NZPSHA) in 2016 following entry into the 'Leaders in Quality' Awards and presented at the NZPSHA Seminar in March 2017.

Conclusion

As a direct result of providing a structured process, education and resources on auditing, nurses' confidence in performing audits and presentation of audits in portfolios improved. Nurses were motivated to conduct more meaningful audits in their areas.

1503 - Looking back at five years of a blended online BN curriculum from a faculty perspective

Alexa Hantler & Kathy Monson

Background

The blended online approach to teaching and learning has become common in the delivery of Bachelor of Nursing curricula, both in New Zealand and overseas within the last two decades. There is considerable literature evaluating its effectiveness to date both from the student and faculty perspectives.

Objective

This presentation will outline the findings of a research project that aims to explore the experiences of nursing faculty who have been involved with a blended online Bachelor of Nursing curriculum since its introduction five years ago in a New Zealand regional tertiary institution. The aim is to not only reflect on the past five years, but inform the next five as well. While the BN curriculum we are investigating has been evaluated many times by students, there has been to date no evaluation from the faculty perspective. This research project is currently in progress, with a completion date of August 2017.

Methodology

Nursing faculty members who have been and/or are currently involved with the development and delivery of a blended online BN curriculum will be approached, and a focus group interview will be held. Data analysis will be based on strategies described by Benner (1994). This paper will present results, conclusions and recommendations that emerge from the data analysis.

Key words Teaching; blended learning; nursing; faculty.

1504 - Is it ACE? The influence of the Advanced Choice of Employment scheme on new graduates' decisions to accept a position in the Nurse Entry to Specialist Practice in Mental Health and Addictions programme.

Emma Ogden

Introduction

The nursing recruitment crisis has generated research into strategies to improve retention of newly qualified nurses. In New Zealand, all DHBs are committed to the Nurse Entry to Practice (NETP) and Nurse Entry to Specialised Practice in Mental Health and Addictions (NESP) programmes to help acclimatise new graduates to the realities of clinical responsibilities. These have had a positive impact on retention rates.

Background

The Advanced Choice of Employment (ACE) scheme was introduced in 2012 to ensure a fair process of recruitment. Using an instrumental case study approach, this study explored the influence that the ACE process has on a new graduates' decision to accept a place on NESP. The 'case' comprised one NESP programme in one DHB. Semi-structured interviews were conducted with 14 participants who had accepted a position on NESP, but did not specify mental health and addictions on their ACE application form. A further interview was conducted with the NESP coordinator to ascertain the employer experience of ACE.

Thematic analysis of the interviews revealed one over-arching theme; 'ACE is omnipotent', and three sub-themes; 'The system', 'Nursing as a vocation' and 'Professional identity'. The findings revealed that new graduates experience a form of marginalisation as they complete the ACE process. The pressure to secure a position can result in applicants accepting a position in NESP even if they have no interest in a career in mental health. The concept of nursing as a vocational occupation has the potential to ostracise these applicants, but the NESP programme can be successful at socialising new graduates into the mental health profession. ACE has considerable authority in the recruitment process and has created a socio-cultural lag. Education providers and DHBs can help to minimise the effect of this through preparing ACE applicants for the recruitment process.

Key words: New graduate nurses; Advanced Choice of Employment; ACE Nurse Entry to Specialist Practice in Mental Health and Addictions Programme; NESP; mental health nursing; stigma and discrimination; career choice; marginalisation; vocation; socio-cultural lag.

1505 - Using technology to prepare students for new graduate interviews

Linda Deravin

Introduction

Engaging students in the on-line learning environment provides additional challenges for educators in preparing undergraduate students for future practice. In this presentation we will share the experiences of introducing an online interactive interview platform and detail experiences from both the educator and student perspective

Background

With the increase of undergraduate nursing students studying through the online environment, challenges experienced by educators include improving student engagement, and providing an authentic learning experience that will prepare students for the upcoming transition from student to clinician. Online students had expressed via student satisfaction surveys that they felt they were disadvantaged compared to on-campus students, who were able to engage in real time practice with the support of lecturers and other students in learning how to prepare themselves for an interview.

Results

As part of the Quality Learning and Teaching initiative, Charles Sturt University sourced an interactive online platform that required the student to submit an audio visual file of themselves being interviewed. Educators were then able to view the video file and provide constructive feedback to the student. Although initial challenges were faced (by staff and some students) with the introduction of this new technology, both online and on-campus students embraced this simulated learning experience.

Conclusions

Students and educators can benefit from embracing new technology that enhances the student experience particularly for those studying in the online environment. Opportunities to provide authentic learning experiences through simulation can enhance the student experience when studying remotely.

Key words: interviews; new graduates; authentic learning; online environment.

1506 - Teaching cultural safety: fear of getting it wrong

Kerri Arcus

Introduction

Cultural safety is a requirement for all nurses in Aotearoa New Zealand. Although cultural safety is a legislated and audited component of nursing practice and undergraduate curricula, there is minimal research or published literature on how this is interpreted into teaching practice.

Background

Research was undertaken to identify best-practice cultural safety teaching, including assessment, and to document pedagogies. Data were gathered and analysed from focus groups comprised of eight academic staff who taught across a range of undergraduate, postgraduate and professional development nursing courses.

Results

Participants shared narratives of successful approaches and strategies they used to teach and assess cultural safety, providing examples of when they thought teaching went well. Preliminary findings revealed six overarching themes: critical reflection for transformation, fear of getting it wrong, authenticity, visible versus invisible curriculum, supportive infrastructures, and more research. Fear of getting it wrong has been identified in two other studies by the authors.

Conclusion

Cultural safety has a unique history embedded in the context of nursing in New Zealand and is accepted as a necessary aspect of competent practice. It is timely to again encourage discourse among nurse educators regarding cultural safety: the bicultural imperative, current interpretations, effective teaching approaches and barriers. This may include having some difficult conversations to address *'the fear of getting it wrong'*.

Key words: cultural safety; nursing practice; competence; nursing education.

1507 - Transitioning students into the role of Registered Nurses: What academia can learn from clinical

Jenny Wraight

Introduction

Integration of nursing students into the clinical setting is a critical component of undergraduate nursing education. Currently, evaluation of the clinical placement experience is informal and has focused on the nursing student, making it difficult to analyse strengths and weaknesses of the process. We developed a Clinical Nurse Evaluation Survey (CNES) to assess the experience of the registered nurses (RNs) responsible for mentoring students during their clinical placement. This feedback was imperative to enhance future developments in clinical placements for academia, student nurses and Registered Nurses.

Background

Historically, clinical placement feedback has been collected in an informal and anecdotal manner, making it difficult to improve learning in clinical placements with constructive changes. A literature search revealed a lack of suitable tools to seek feedback from RNs in clinical settings. This led to the development of a tool to gain feedback from clinical RNs in a consistent, formal, constructive manner.

Results

The CNES was launched, via an electronic link, to all clinical areas at the DHB where nursing students were on clinical placement. Ninety RNs responded to the survey. Quantitative and qualitative information was analysed and themes were extracted. This enabled the researchers to better identify strengths and areas for development to promote and enhance an optimal teaching learning clinical environment.

Conclusion

Listening to the clinical voice and acting on feedback enhances the integration of student nurses into clinical settings. The CNES tool helped to improve the transition from student nurse to becoming a "work ready" Registered Nurse.

Key words: nursing students; Registered Nurse feedback; enhanced clinical learning.