501 - **Defluffing the 'fluffy' subjects: A theoretical nursing course conversion for undergraduates**
Nicole Coombs

Introduction
This presentation demonstrates one way that has successfully 'defluffed' what could have once been considered a 'fluffy' subject by undergraduate nursing students - often considered less appealing or of less value compared to the clinical courses within their nursing degree.

Background
In 2016, staff at the Federation University Australia, using a new *Blended Online and Digital* (BOLD) curriculum,   transformed the 1st year *Determinants of Health* course. Teaching practices changed using the new BOLD principles, including flipped classrooms, active learning sessions and a flexible student delivery mode, as well as the introduction of regular fieldwork practicum and associated assessment tasks. Student engagement and participation in this course was rejuvenated. Students were able to apply the theoretical knowledge, from both face to face teaching and the online content, to practical tasks and assessments such as, completing foot surveys and interpreting real epidemiological data from their own communities, allowing them to see their learning in real terms. This learning scaffolds into the 2nd year Health Promotion and Illness Prevention course.
Student feedback showed the change in course delivery was well received, identified what students wanted to achieve from this foundational nursing knowledge, and how they want to see it applied for assessment. Overall, the transformation has been a joint adventure for both students and teachers, which has hopefully given this traditionally 'fluffy' theoretical subject a new and exciting life in undergraduate nursing education.

Key words: 'fluffy' subjects, fieldwork, BOLD (blended online and digital), undervalued theory

502 - Perioperative nursing simulation – the why, the how, and the results
Erin Wakefield

Introduction
Simulation-based team training is an invaluable tool for the learning of on *Technical Skills* (NTS) in a high risk environment. Simulation of emergency events in the clinical environment gives the teams an opportunity to practice requisite psychomotor skills and knowledge, as well as communication and leadership acumen.

Background
Research shows that 70% of adverse events in the operating suite can be traced back to 'human factors' (NTS). The Elaine Bromiley case supports the importance of these factors in maintaining patient safety in the perioperative environment.

Following consideration of this case, the author questioned how awareness of NTS was addressed in their workplace. There was minimal, introductory information provided to new perioperative nurses, and none at all to the regular cohort of experienced staff. Identification of lack of information around NTS led to the development of a structured multidisciplinary simulation program to address the shortfall.

 Results
The presentation will describe the use of regular in-situ simulation for the practice of infrequently occurring events in the workplace, including the barriers and enablers to this work. Additionally, the importance of creating a psychologically safe learning environment in simulation based education to enhance learning will be described. The outcomes related to the use of regular in-situ simulation to improve nurses' confidence in knowledge and practice of NTS will be presented.

Conclusion
By creatively utilising simulation technology to empower nurses with confidence, knowledge and NTS application emergency situations, it is envisaged that patient outcomes will be ultimately improved. This work may inspire other nurses to explore the potential for simulation-based education in their facilities.

Key words: Simulation; nurse empowerment; education.

503 - Can two become one? The tale of merging two hospitals
Rachel Marshall

Introduction and background
In 2010 the decision was made to develop a purpose-built facility for the rehabilitation of older people in Canterbury, New Zealand. This initiative was fast-tracked by the earthquake events of 2010/2011. In June 2016, seven Older Person Health wards from The Princess Margaret Hospital migrated to a new facility on the Burwood Hospital Campus. In this presentation we will discuss the metamorphic process we undertook through planning, preparation and ultimately moving from one hospital site to another and our role as hospital-based Nurse Educators supporting this transition.

Planning and preparation involved the merging of nursing education delivery for the two hospital sites before the move. Education commenced more than two years prior and focused on socialisation, loss and grief, the impacts of change and working together within new models of care.

We were also tasked with transitioning almost 1000 nursing and other personnel to the new facility. This process included orientation and familiarisation to the new environment, emergency procedures and training on new equipment as well as embedding new 'ways of working' guided by the agreed design principles and models of care.

In this presentation we take you on our journey of reflection: on what worked well, what challenged us, and what we would do differently if we had to do it all again.

Key words: transition; transformation; reflection.

504 - Thou shalt neither bamboozle nor bore: transforming foundational education in child health
Becky Conway

Introduction
Child Health nursing is a broad specialty area. Nurses who make the transition to this specialty in an acute hospital setting participate in a three-day foundation course.

A re-design of the course using the *New Zealand Child Health Nursing Knowledge and Skills Framework* lead to transformation in content, delivery and outcomes.

 Background
An original foundation course aimed to equip nurses with 'appropriate education in generic aspects of Child Health nursing' Following the launch of a new knowledge and skills framework, educators saw an opportunity to redevelop the course with a new aim: to improve health outcomes for hospitalised infants, children and youth. The framework's four aspects of care: context, pathophysiology and psychopathology, assessment, and intervention, were used to restructure the content with surprising results.

Results
The emphasis on *context of care* re-focused content onto the child and family rather than paediatric pathology. More emphasis was placed on communication, legislation and the environment in relation to family health care. Levels of nursing practice described by the framework helped educators to correctly pitch information, neither bamboozling participants with unnecessarily complex content nor wasting their time with previously learned material. Not only did the framework help to guide course content, but it also provided a tool for participants to demonstrate newly acquired knowledge through case presentation.

 Conclusion
A knowledge and skills framework can be left to gather dust, or it can be put to work to transform education and make a significant improvement to the health of a population group.

Key words: Paediatric; orientation; knowledge; skills.

505 - The time is now to define graduate nurse practice readiness
May El Haddad

Despite the considerable reform in nursing education, the debate regarding *Graduate RN* (GRN) practice readiness is ongoing. This debate is in part, reflective of a difference in opinion between nurses in education and practice sectors, as to whether recently graduated RNs are in fact practice ready. But what does practice readiness mean?

In order to understand this longstanding debate, a Grounded Theory study examined the phenomenon of practice readiness from the perspectives of nurse unit managers (n=7 NUMs) from the acute care practice sector, and Bachelor of Nursing program coordinators (n=9 BNPCs) from the education sector. Semi-structured interviews were used to collect data following ethical approval. The process of constant comparative data analysis resulted in the emergence of the theory *Practice Readiness: A Nebulous Construct.*

Findings suggest that as a result of contextual influences and varying system drivers, BNPCs and NUMs in Australia inhabit disparate realities. When it comes to practice readiness, these cohorts view new GRNs through different lenses and as such, have different perspectives and expectations of GRNs. Practice readiness is indeed a nebulous concept as it means different things to different people. These findings have implications for policy, education and practice to consider a new world where all stakeholders involved in preparing the future nursing workforce have an equal say and a shared understanding of what practice readiness means. Perhaps it is time to define what it is that we mean by practice readiness or the debate will continue for many more decades.

Key words: Graduate nurse; practice readiness; fitness to practise; transition to practice.

506 - Direction and delegation: does evidence and policy optimise NZ registered nurses contemporary practice?
Mary McMillan

Introduction
The purpose of this presentation is to describe, using an auto ethnographic narrative methodology New Zealand Registered Nurses (RN) guidelines, policy, and relevant evidence-based research on Direction and Delegation. This presentation explores the relevance of Direction and Delegation to the contemporary changing and diverse clinical settings and roles that RN's inhabit.

Background
Auto ethnography is an analytic research method (Denzin, 2014) focusing on enhancing theoretical understandings of broader social phenomena, and their processes. This method is suited to exploring everyday commonalities of human phenomena. It studies cultures through close observation, reading, and interpretation. Ethnographic researchers work 'in the field', and are of, and in, the culture they study.

Results
The approach focuses within multiple nursing settings and practice; including working in clinical inpatient, community, nursing education, teaching direction and delegation to baccalaureate students and observation of the students understanding of such. There is a need for further support, direction, focus on the complexity of settings and clarification of RN's practice. This is to optimise safety for practicing nurses and nursing baccalaureate students.

Conclusion
There are rapid changes in the NZ Health Strategy which present a unique opportunity for further research, discussion and review of current guidelines in order to concurrently address and meet the future needs of RN's working in multiple practice settings. It is imperative that this research be ongoing in order to transform nursing practice. Your contribution in this presentation is essential for the practice of nurses needs to be future focused and contribute to the evolution of nursing.

Key words: Direction; Delegation; NZ Registered Nurses (RN); practice; auto ethnography.

507 - Into the wild: new graduate nurses' experiences of professional socialisation in clinical practice
Kiri Hunter

Introduction
International literature has highlighted the critical importance of how professional roles within the culture of nursing are learnt. The reality is that the messages revealed in the language and strategies used by role models, and culturally prescribed rules and standards, can contribute positively or negatively to the learning experience. This presentation will outline the results of a study which explored new graduate nurses' experiences of being socialised into the profession by registered nurses in clinical practice.

Method
Data collection was carried out through semi-structured interviews, then a general inductive approach was used to guide analysis. The meaningful descriptions gained through the use of qualitative descriptive design provided valuable insights into the experiences of the five new graduate nurse participants.

Results
Three main themes emerged including: Lessons from the wilderness; Life in the wild; and Belonging to a wolf pack. Findings highlighted that despite encountering a range of professional behaviours, attitudes, and dilemmas the new graduate nurses were capable of being moral agents and thinking critically. However, these nurses rapidly became swept up in the acculturation process and had to adopt different strategies to cope.

Conclusion
Tensions in clinical practice need to be understood and overcome if moral distress caused by dissonance between expectation and experience is to be avoided. The responsibility of creating a supportive learning environment lies not only with formally recognised educators and leaders, but with all clinically based registered nurses. This study offers a number of strategies to actively support professional socialisation and ultimately, the development of a new nurse's professional identity.

601 – Ethics education in nursing: Now more complicated than ever
Jenny Song

Nurses face ethical challenges in their everyday practice. Difficulties getting to know 'right' from 'wrong' can result in moral distress of nurses. Nursing educators have acknowledged the critical importance of having an ethical component taught throughout the nursing curriculum in order to promote nursing students' ethical awareness. Yet for all of this, there is very little New Zealand research available that explores what experiences and challenges nursing educators faced teaching such content.

A case study of teaching nursing ethics in a New Zealand tertiary education context was therefore conducted and seven nursing educators were interviewed to ascertain their experiences of teaching ethics to trainee nurses. One of the major difficulties identified was the friction between a culturally specific perspective and universalist one where hard-and-fast principles or codes dictated ethical practice. As the interviewees agreed, the challenge in teaching ethics lies in the changing context of nursing and the changing context of ethics itself. Despite such hurdles, the nursing educators in this study were confident teachers who all had positive experiences in teaching ethics to their students.   That ethics be integrated throughout the whole nursing programme using textual narratives was a further point of consensus.

Key Keywords:
Nursing ethics; nursing education; case study;

602 - Perfect practice makes practice perfect
Alison Sanders & Sue Ganley

Introduction and background
This presentation will describe the learning opportunities in 3D simulation. NurseSim is a hands-on internet-based program that allows students to embed themselves into a virtual world of clinical practice. The learning of a student is enhanced through the "see, try, and apply" model of the simulation. Learners are first shown (see), then guided through (try) and then asked to carry out (apply) procedures that follow industry best practice.

Students from across the State are viewing and using consistent workplace best practice as their learning tool. NurseSim allows students to practice and improve skills at home on their devices prior to on-campus practical workshops and clinical placements.

Lecturers report that students are arriving better prepared for clinical workshops, are more able to recall clinical practices and ask more informed and deeper questions. Students report they feel better prepared for clinical practice weeks and have a bank of knowledge to draw from when discussing the application of the clinical skills in a workshop setting.

 The inclusion of 3D simulation has allowed for students to develop higher order thinking and a sense of enquiry whilst attending the clinical simulation workshop and enriching their learning experience. Students can also reinforce and perfect their skills at home at any time after on-campus workshops, and before or during clinical placements in a rich 3D environment.
 An analysis of student experience and outcomes and the impact on lecturers and the classroom experience will be presented.

Key words:

603 - **Learning the RN role in aged residential care - the impact upon 3rd year nursing students' attitudes**
Nicky Davies

Introduction
By 2050 approximately two billion people, worldwide, will be aged 60 plus. A seemingly longstanding negativity that surrounds gerontological nursing as a planned career choice for undergraduates means that, fewer graduates actively choose to work with older people. Research suggests that interest in aged residential care (ARC) as an RN graduate placement is strongly influenced by undergraduate education and clinical placements, which are currently limited. ARC is a less preferred option for RN graduate nurses in their first year of practice.

Currently there is no New Zealand data that explores the attitudes of 3rd year nursing students towards the role of the RNs working in ARC. Implementing a 3rd year clinical placement that focuses on the role of the RN in aged care will allow for investigation of this issue.

Background
This pilot study uses a qualitative approach exploring the experiences of six nursing students, in the 3rd year of their BN programme, during an aged care clinical placement with a focus on the role of the RN. Data was collected via a focus group before and after placement, along with one individual semi-structured interview per participant. Data collected was then reviewed using thematic analysis.

Ethical approval for this project was obtained from ARA institute.

Key words:

604 - Advancing student nurse knowledge of the biomedical sciences: a mixed methods study
Shannon Bakon, Martin Christensen & Lisa Wirihana

Background
 Nursing students' ability to learn, integrate and apply bioscience knowledge to their clinical practice remains a concern.

Objectives
To evaluate the implementation, influence, and student perspective of a team-teaching workshop to integrate bioscience theory with clinical nursing practice.

Methods
This study employed a sequential explanatory mixed methods design. An evaluation survey with quantitative and qualitative items and a focus group have been employed . The qualitative data has been analysed using a thematic approach. The quantitative data was combined with the emergent themes in the qualitative data. Nine participants in their final year of nursing attended the workshop. All students completed the evaluation and 44.4% attended the focus group.

Results
The results revealed six themes:

1.   Lectures are an inadequate teaching strategy for bioscience;
2.   Teaching strategies which incorporate active learning engage students;
3.   The team-teaching workshop provides an effective learning environment;
4   The workshop content should be expanded;
5.   Pharmacology should relate to bioscience, and bioscience should relate to nursing; and
6.   Team-teaching was effective in integrating pharmacology with bioscience, and then translating this into nursing practice.

The workshop that was based on team-teaching, bridged knowledge gaps, utilised active learning strategies and provided an effective learning environment.

Conclusion
Team-teaching that employs active learning strategies is an effective approach to assist nursing students to integrate bioscience knowledge into their nursing practice.

Key words: Team-teaching; Bioscience; Nursing; Education.

605 - Being confident in practice: The influences on confidence in new graduate nurses
Jo Greenlees-Rae

Introduction
This presentation describes the influences on confidence experienced by new graduate nurses. Being confident is an important attribute of a nurse as it contributes to achieving the practice outcomes they, the patient and their family, require. New graduate nurses commence nursing practice with some degree of confidence or lack of confidence, which changes and evolves as they transition from a nursing student to a professional nursing role.

Aims
This study investigated the influences on confidence in the new graduate nurse, and how they experienced individual moments of confidence utilising dialogue, appreciation and affirmation.

Method
This study used the principles of Appreciative Inquiry as a methodology. Appreciative Inquiry is a flexible and positive approach to research, placing an emphasis on dialogue, collaboration and affirmation.

Results
Feeling positive and success in practice were key to the new graduate nurse feeling confidence in practice. This is also identified within Appreciative Inquiry philosophy, where feeling success encourages self-regard. Five themes were identified within the study:

1. Understanding confidence and the subthemes of self-awareness, knowing confidence, defining confidence, reflection, self-doubt, over-confidence and feigning confidence.

2. Developing a professional identity with the subtheme of resilience.

3. Relationships, including collegial relationships, culture of the environment, the patients' influence, feedback, and trust.

4. Developing learning and experience with the subthemes of learning and knowledge, experience, and critical thinking and decision making.

5. Looking to the future.

Conclusion
The study dialogue identified influences on the nurses' confidence, and the reflective practice which consistently permeated new graduate nurses' nursing practice.

Key words: Confidence; New graduate nurse; Appreciative Inquiry.

606 - **Transforming patient health education by the inclusion of an 'understanding assessment': A review of the literature**
Kylie Short

Objective
The purpose of this presentation is to encourage discussion about the topic of nurses' activity incorporating an 'understanding assessment' following the provision of patient health education. The delivery of health education is a key role for any health professional. However, research suggests little attention is paid to the patients' understanding of the education they have been provided.

Method
A narrative literature review was undertaken. A comprehensive search of eight databases (PubMed, CINAHL, Academic Onefile, Cochrane Library, Australia/New Zealand Reference Centre, ScienceDirect and Google Scholar) generated fifty-five articles for review.

Results
Four themes related to the question were identified:

1. Health literacy and its influence on understanding

2. Gap between actual and perceived understanding

3. The impact of the educational programme and understanding assessment tools and

4. Individual and psychosocial effects

Results indicate that up to fifty percent of the information given to patients is not understood, and assessment of understanding following education rarely takes place. A number of factors affect the patients' comprehension including; health literacy levels, the gap between perceived and actual comprehension, education programmes, assessment tools and individual physical/psychosocial characteristics.

Conclusions
To promote patient independence and self-management through education, assessment of understanding needs to be incorporated into standard practice. Health professionals need to have an awareness of the factors influencing comprehension and promote strategies to identify at-risk individuals.

Practice Implications
If comprehension is assessed, patient education could potentially be enhanced resulting in positive consequences for the individual, the health service and society.

Key words: Patient Education; Health Promotion; Health Literacy; Comprehension; Teach-back; and Knowledge Test.

607 - He Tūāpapa Mātauranga: A bi-cultural knowledge framework for nursing practice
Patricia McClunie-Trust

The 2016 New Zealand Health Strategy emphasises the need for health services to meet new population health challenges, where people are living longer with more complex and chronic conditions. As the largest demographic in the health workforce, nurses are the professional group who are most able to do more to meet projected diverse population health needs. This presentation explores a bi-cultural model for nga momo mōhiotanga or 'ways of knowing' in nursing as a unique, culturally inclusive approach to thinking and reasoning for advanced nursing practice in Aotearoa, NZ. Mōhiotanga ā-mahi or e*experiential knowing* represents the 'ready to hand' knowledge nurses bring to clinical reasoning. Derived from prior experience of similar situations, it enables nurses to make sense of, and prioritise responses to, clinical situations. Môhiotanga â-taungakitanga or e*mpirical knowing* is the propositional knowledge that provides the frameworks, models and best evidence that guide practice.

More autonomous roles require nurses to understand more about the feasibility, appropriateness and effectiveness of evidence-based interventions within the client's lifeworld.

Môhiotanga â-iwi or c*ontextual knowing* requires an understanding of clients' priorities, cultural practices, capabilities and other interests, including the significance of epidemiological patterns of health and illness and health disparities. Môhiotanga ngaio or *professional knowing* refers to the professional and organisational contexts that shape clinical reasoning and professional judgement, such as the scope and limits of nursing's therapeutic mandate with the client, interprofessional collaborations, enabling and limiting aspects of service contracts, and the everyday challenges in managing professional relationships with clients and colleagues.

Key words: bicultural framework; ways of knowing; clinical reasoning; nursing practice advanced roles.