THE NATIONAL NURSING FORUM

Staying ahead of the game

Adelaide Convention Centre

PROGRAM AND BOOK OF ABSTRACTS

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#ACNForum14
SA Health acknowledges the dynamic and evolving health care environment. We have a nursing and midwifery workforce that is supportive, team oriented and responsive to changing community needs. Our nurses and midwives are leaders of, and participate in teams that achieve positive outcomes for patients and the community.

Right now is an exciting time to work as a nurse or a midwife in South Australia, to respond effectively to ongoing change and to contribute to health care reform and new models of care.

The Nursing and Midwifery Strategic Framework 2013-2015 provides the vision and direction for the nursing and midwifery professions across SA Health. The Framework focuses on the following strategic priorities:

- Caring with kindness
- People and culture
- Workforce capability and capacity
- Evidence based research in clinical practice
- Workforce organisation

For more information visit [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)
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Exhibitors
WELCOME FROM THE PRESIDENT

It is with great pleasure that I welcome you all to beautiful Adelaide and the Australian College of Nursing’s (ACN) signature event, The National Nursing Forum (the Forum).

In Australia, the reach and engagement of nurses across the health sector is unparalleled; there are now more than 340,000 of us, practising in major cities, in regional and rural centres and remote corners of Australia. What an ideal opportunity the Forum affords us – inspiring presentations, the discussion of contemporary issues, and connecting with colleagues from around the country.

Our theme for 2014, Staying ahead of the game, offers us all the chance to ask ourselves how we, as individuals, can continue to grow, develop and support each other in this time of significant health care reform and, importantly, how can we remain ahead of the game when the change that is taking place is often out of our direct control.

This year’s Forum will combine original and thought-provoking presentations and workshop sessions all looking to address these questions as well as the Forum’s sub-themes. The depth and variety of presenters is substantial - prominent nurse leaders and policy makers, innovative clinicians and researchers, educators and newly registered nurses. A program with such diversity presents an exceptional opportunity for professional and personal growth. Over the coming days I strongly encourage you to embrace this opportunity; ask questions, raise your ideas, challenge yourself and others, and have your voice heard.

I very much look forward to the coming days; catching up with friends and colleagues, making new acquaintances and learning how we, as individuals and as a profession, can remain ahead of the game.

Carmen Morgan FACN
ACN President
THE NATIONAL NURSING FORUM 2014
– AN OVERVIEW

The Forum, hosted by ACN, is an important event for our members and the broader nursing community.
Set against the backdrop of the stunning Mount Lofty Ranges, ACN invites our members and the wider nursing community to the heart of Adelaide city to participate in the annual Forum at the Adelaide Convention Centre from 2-4 November this year.
Our theme, *Staying ahead of the game*, focusses on how to, individually and as a profession, adapt and thrive in the complex, changing and often challenging health environment.
This year at the Forum we are anticipating change as a profession, we are looking to diversify our networks, expand our perspectives and look toward inventive ways to steer these imminent changes within our health care system toward excellent patient centred care within a culture that supports and enhances the practice of nurses.
The Forum will combine creative, thought provoking key note presentations and invited speakers together with informative concurrent sessions. This year we will also practically engage our delegates through presenting new workshop sessions to provide nurses with the tools to implement key concepts in the workplace.

The Forum’s concurrent sessions will provide focus on the following practice areas and sub-themes:

**Practice areas**
- Acute care
- Aged care
- Chronic and complex care
- Community and primary health care
- Rural and regional

**Sub-themes**
- Leadership
- Quality of care
- Education
- Workforce

Register online
HESTA is the super fund for people in nursing

✓ Supports your industry
✓ Low fees
✓ A history of strong returns

More people in health and community services choose HESTA for their super.
Our Nation's Capital, Canberra, played host to over 300 delegates from around the country in October 2013. The Forum program offered an exceptional variety of speakers that engaged the audience through the delivery of thought-provoking, entertaining and topical presentations. Delegates also enjoyed a memorable evening at the Australian War Memorial where guest speaker, Homer Papantonio (Corporate Imposter), made a lasting impression!

“Outstanding conference - best I’ve been to.”

“I have not been to a conference for a while as they always leave me unsatisfied. I have not laughed so much for a long time. It was refreshing and inspiring. Thank you - I look forward to coming next year.”
“Your speakers were excellent and I enjoyed the concurrent and poster presentations for their valuable learning experiences.”

“…an uplifting and motivating forum! A great mix of nursing content and great motivational speakers!”

Join the Forum conversation
facebook.com/acnursing
#ACNForum14
DELEGATE INFORMATION FOR 2014

Venue

The Forum will be held at the Adelaide Convention Centre, North Terrace, Adelaide, South Australia 5000. The Adelaide Convention Centre has a global reputation for excellence and is consistently ranked among the world’s top convention centres. The Forum in 2014 will be hosted on the Plaza Level of the Adelaide Convention Centre with plenary, concurrent sessions, exhibitions and catering all located within a short distance for delegates allowing maximum time for networking and getting the most out of the Forum sessions.

Parking & Transport

The Adelaide Convention Centre operates two convenient on-site car parks, the Riverbank Carpark and the North Terrace Carpark with entrances off Festival Drive and North Terrace. Parking rates start at $5.00 for 0-1 hour and up to $26.00 for 24 hours.

Just seven kilometres from the city centre, a taxi ride from Adelaide Airport takes about 10 minutes at most times and will cost approximately $20.00. There are also regular buses that pass through the airport, for details visit www.adelaidemetro.com.au/routes/J1

The Free City tram takes you between the South Terrace tram stop and the Entertainment Centre at Hindmarsh.

There are more than 500 bikes available for hire in the Adelaide City Bikes fleet and you can hire one for free from 14 city locations.

The flat streets also make Adelaide an easy walking city. For more details visit www.southaustralia.com.

Dress

The Forum dress is smart casual for all sessions and cocktail for the Fashions on the Field Dinner. You might want to bring along that something special to wear or get creative with a hat or fascinator for Fashions on the Field. There will be prizes for best dressed and best hat or fascinator.

Continuing Professional Development (CPD) Hours

ACN CPD hours are awarded to professional development activities that are organised by ACN or have been endorsed by ACN. Forum delegates will be entitled to receive the following:

<table>
<thead>
<tr>
<th>Attendance date</th>
<th>Session</th>
<th>CPD hours</th>
</tr>
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<tbody>
<tr>
<td>Sunday 2 November</td>
<td>ACN Members day</td>
<td>5 hours</td>
</tr>
<tr>
<td>Monday 3 November</td>
<td>Forum day one</td>
<td>5.5 hours</td>
</tr>
<tr>
<td>Tuesday 4 November</td>
<td>Forum day two</td>
<td>5.5 hours</td>
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Registration

The registration desk will be located outside the Forum Exhibition, Hall G, on the Plaza Level of the Adelaide Convention Centre. The registration desk will serve as your main point of contact for all Forum related enquiries.

Upon registration each delegate will receive a satchel, session times, delegate list and name tag. The full program and book of abstracts are available for download on the Forum website.

Delegates are encouraged to wear their name tags at all times during the Forum as entrance to sessions and the exhibition is restricted to registered attendees only. If you misplace your name tag please go to the registration desk to arrange a replacement.

The registration desk will be open at the following times:

- **Sunday 2 November**: 8:00AM – 5:00PM
- **Monday 3 November**: 8:00AM – 5:00PM
- **Tuesday 4 November**: 8:00AM – 4:00PM

For enquiries outside of these hours please contact ACN Event Management on 0428 421 434.

ACN Members Day

The ACN Members Day will be held Sunday 2 November from 9:00AM in the Plenary room, Hall D.

ACN Annual General Meeting (AGM)

The AGM is open to all ACN members. The AGM will be held on Sunday 2 November from 4:00PM – 5:00PM in Meeting Room 2.
Cancer care researcher honoured as Young Alumnus

It is when people are facing the hardest moments in their lives that Dr Raymond Chan’s work is most valuable.

Aged just 30, Dr Chan was honoured with the QUT Outstanding Young Alumnus of the Year award at the annual Outstanding Alumni Awards at the Brisbane Convention and Exhibition Centre.

It is the latest accolade in what has already been a remarkable career for Dr Chan, who joined QUT to study a Bachelor of Nursing as a 17-year-old international student from Hong Kong.

Since turning to research, Dr Chan has rapidly developed into a leading researcher in supportive cancer care, attracting nearly $8 million in research grant funding and publishing more than 30 articles in peer-reviewed journals.

‘In research I can actually develop knowledge that can influence practice worldwide, and that is very rewarding,’ Dr Chan said.

His current role includes facilitating evidence-based practice among 270 nurses in the RHEM-based Cancer Care Service, the largest cancer centre in Queensland.

‘I started at the centre in 2008 in a nurse educator role, coaching nurses about how they can base practice on as much evidence as possible,’ he said.

‘Now, my role is still about using research to develop innovative treatment and care for cancer patients, but also to encourage others to do research across disciplines other than nursing.’

Aiming to find innovative solutions to practical problems faced by people with cancer, Dr Chan’s research has investigated issues including how patients with advanced cancer manage their fatigue and the effectiveness of a cream designed to lessen skin reactions to radiation treatment.

‘Being able to make a “global impact on care” was one of the most rewarding aspects of Dr Chan’s work.

‘When health professionals email you from the other end of the globe thanking you for your research, and telling you they have based their care on that research, it is very rewarding,’ he said.

Dr Chan is the current President Elect for Cancer Nurses Society of Australia, the professional peak body for cancer nursing, representing close to 1000 cancer nurses across Australia.

He will take office in January 2015 as President, and is hoping to lead the profession in providing high quality care to people affected by cancer.

With the support of an expert QUT team, you too can address national and global health challenges and help solve highly relevant problems for a better future.

Explore your options today.

Visit www.qut.edu.au/health/research

CRICOS No.00213J © QUT 2013 20763
Plenary Sessions

The main Forum sessions will be held in the Plenary room, Hall D.

Concurrent Sessions

The concurrent sessions will be held in the Plenary and Meeting rooms 1, 2 and 3. Please refer to your session times for room allocations.

Exhibition & Catering

The Forum exhibition and catering will be located in Hall G on Monday and Tuesday. The Forum exhibition will be open at the following times.

Monday 3 November

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<tr>
<td>10:15AM – 10:45AM</td>
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<td>12:15PM – 1:15PM</td>
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<td>3:30PM – 4:15PM</td>
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Tuesday 4 November

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<tr>
<td>8:00AM – 9:00AM</td>
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<tr>
<td>10:40AM – 11:00AM</td>
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<tr>
<td>12:30PM – 1:15PM</td>
</tr>
<tr>
<td>2:45PM – 3:15PM</td>
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Forum Poster Session

Sponsored by the Australian Nursing and Midwifery Accreditation Council

Posters will be located in the Forum exhibition area, Hall G. The official poster session and presentations will take place during afternoon tea on Monday 3 November 2014 from 3:30PM – 4:15PM.

Wellbeing Walk

Join the team from Wellbeing at Work to get some fresh air and become revitalised for the day ahead on Tuesday morning at 7am. Your Wellbeing Walk will kick off with a walk around the parklands, followed by a yoga session and finish off with guided relaxation and meditation. There will be two levels of fitness catered for, a gentle walk and yoga session as well as a more dynamic level for those wanting to work up a bit of a sweat. Places are limited.

Certificate of Attendance & Evaluation Survey

On request delegates can be sent a certificate of attendance detailing their CPD hours following the event. Delegates will be invited to take part in an evaluation survey to provide their feedback about the Forum.

Disclaimer

ACN reserves the right to make alterations to the arrangements of the Forum as published, either before or during the event. Please note: this program is correct at the time of publishing.
Social Media

Join the Forum conversation on Facebook at www.facebook.com/acnursing or on Twitter at #ACNForum14

Mobile Phones

Attendees are asked to switch their mobile phones to silent when in sessions.

WiFi Internet

There is free WiFi at the ACC on Sunday for members. On Monday and Tuesday at the Forum for additional bandwidth search for WiFi connections on your device, select ACNFORUM. Enter password: Adelaide01 (password is case sensitive).

Photography & Filming

For promotional purposes, there may be a professional photographer during the Forum. Photographs taken may be used in ACN publications or on ACN social media platforms. Unauthorised photography, taping or recording of any form is strictly prohibited at the Forum. If you do not wish to be photographed please inform the photographer.

Venue Map
Get your frocks, fascinators and ties ready for a Melbourne Cup inspired night at the Adelaide Convention Centre! There will be prizes for best dressed and best hat or fascinator, along with an awards presentation and guest DJ. A Forum dinner ticket is included with full delegate registrations.

The Fashions on the Field Dinner will commence with pre-dinner drinks at 6:30pm in Hall K.

Dress code: dress to impress, cocktail.
We know aged and community care talent.

Caring isn’t just a profession, it’s an attitude. That’s why finding the right person isn’t a simple matter of qualifications and experience - it’s equally about attitude and personality.

We understand the challenges your facility is facing. While you are busy ensuring growth, risk management and compliance, you are also being tasked with the increasing challenges of juggling skill shortages, maintaining your organisation’s culture and retaining engaged employees – especially in rural and remote locations.

Chandler Macleod Health & Medical specialise in recruitment, consulting and workforce management for the health and medical sectors. With over 10 years specialising in health and medical, backed by more than 55 years of HR experience, we are able to offer a quality suite of services which is underpinned by rigorous methodologies and designed to provide tangible, effective outcomes while addressing some of the unique challenges of the sector.

Our offering includes:

**Recruitment:**
- Nursing and Care Workers
- Allied Health Professionals
- Mental Health and Social workers
- Health Management and Administration

**Workforce Management:**
- Workforce planning and rostering
- Job design
- Payrolling
- HR

We go beyond the supply of high quality health professionals, with a holistic approach to workforce management, including proven service delivery models, which encompasses:

- High success rates servicing Aged Care professionals in rural and remote areas.
- Experience, expertise and care of your team, partnered with our commitment to the industry.
- BestFit™ candidate matching on personal attitudinal and cultural drivers in addition to qualifications, registration and competencies. This practice delivers the right fit and the right skills for your organisation’s culture and increases retention.
- Retention focused to deliver growth and stability in your workforce through effective matching techniques and post placement care.
- We partner with you, to help you grow and retain your workforce.
- We work with you to reduce risk and manage compliance to support statutory and accreditation requirements.
- Ensuring that the candidates you need tomorrow are being sourced today with the right mix of consultation and advocacy.

Contact Chandler Macleod Health and Medical on 1300 306 199, or visit: chandlermacleod.com/clients/health-and-medical
The Nursing and Midwifery Board of Australia (National Board) is responsible for regulating the nursing and midwifery professions. The primary role of the National Board is to protect the public and set standards and policies that all nurses and midwives must meet.

We work to make sure the nation’s nursing and midwifery professionals have the qualifications, skills and experience required to provide safe, quality care.

The Australian Health Practitioner Regulation Agency (AHPRA) supports the work of the National Board.

**Our functions**

We:
- register nurses, midwives and students of nursing and midwifery
- set the national registration requirement
- develop registration standards, professional codes and guidelines to inform nursing and midwifery practice
- manage notifications, investigations and panel hearings, and
- approve national accreditation standards and accredited programs of study leading to registration and endorsement.

Learn more about us. Visit www.nursingmidwiferyboard.gov.au

**Are you registered or about to graduate?**

Nurses and midwives working in Australia must be registered with the National Board. You must renew your registration by 31 May each year.

**Graduates applying for registration**
- to apply for registration go to www.ahpra.gov.au/Registration/Graduate-Applications.aspx
- for more information on early applications, application fees, approved programs of study, registration standards, application lodgement and more go to www.ahpra.gov.au/Registration/Graduate-Applications-for-Registration-FAQs.aspx

**For more information**
- Visit www.nursingmidwiferyboard.gov.au
- To lodge an online enquiry www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry.aspx
- For registration enquiries: 1300 419 495 (within Australia) +61 3 8708 9001 (overseas callers)
- For media enquiries: (03) 8708 9200
Dr Keith Suter

What are the drivers of change and how can we respond?

Keith Suter is a progressive and insightful thinker with many interests, notably in the areas of society and international affairs. He holds three doctorates and can frequently be heard discussing politics and international affairs on radio and television. He’s also a member of the prestigious ‘Club of Rome,’ whose members share a common concern for the future of humanity and the planet.

We are living through a period of rapid change and so much seems to be going on. This keynote presentation will help nurses get a feel for the underlying drivers of change and so help detect the patterns within all the changes. With a better understanding of the process, we can cope better with change – and not just be the casualties of it.

Adjunct Professor Debra Thoms FACN (DLF)

Debra Thoms is the Chief Executive Officer of ACN. Her career in nursing, health management and nursing leadership spans over thirty years.

Debra is inspired by the impact of connectivity that nursing brings, which she believes is critical to the practice of nursing. For even in the highly technical and scientific environments nurses work in, she has seen first-hand how the relationships created with patients through face-to-face engagement and communication are vital to the provision of excellent care.

Her other areas of interest include the important role that nursing plays in the health of our society, and the vital role culture and leadership play in organisations.

Debra is delighted to be your host at this year’s Forum.
Mr Malcolm Dix

A matter of laugh or death: 5 ways to stay sane under pressure

Malcolm Dix is a professional comedian who can show us how to see the humour in anything, to share your mistakes with humour, reduce stress and put energy into what really matters. He has a rare insight into both humour and mental health issues – he was a social worker for 20 years and has been a comedian for even longer.

Malcolm’s presentation addresses the old saying, “if you don’t laugh, you go mad” and how we have all experienced some form of “madness” in the workplace. It results in stress, anxiety and trouble for all. People who see the humour in almost anything tend to be less stressed and more focussed on what’s important.

Ms Fiona O’Loughlin

Beating the odds to stay ahead of the game

Fiona O’Loughlin is one of the most successful and popular Australian comedians working today and one of the most sought after stand-up comedians in the world.

Fiona’s presentation will motivate you through her recounting the story of fighting back against naysayers and adversity, setting realistic goals, understanding disappointment, and taking nothing for granted. Fiona is a remarkable woman who will have you believing that just about anything is possible!
Mr Brian Dolan

Lessons on leadership, influence and culture

Brian is an Emergency and Mental Health Nurse skilled in change management, executive leadership and service improvement, particularly in relation to patient flow and 360 degree feedback and is Director of Health Service 360. Previously an NHS Executive Director, Brian now holds a long-term consulting position with Canterbury District Health Board in New Zealand, working on lean and leadership and clinical engagement. He’s also Director of Qualitas Consortium, which holds licenses and provides training for Productive Ward, Operating Theatre, Leader etc.

Leadership is a social process in which one person influences the behaviour of others without threat or violence. This keynote will begin with the work of Buddhist monk, Nyoshul Khenpo, considering elements of ignorance, denial, comfort, knowledge and enlightenment.

It will examine the components of leadership and influence, consider how to change habits, explore how habits prevent us from releasing our potential and why, as nurses and as individuals, we matter. It will also describe the crucial construct of treating patient time as sacred and why 1,000 days matters.

Adjunct Professor Susan O’Neill MACN

A journey to organisational excellence

Susan O’Neill is the Chief Executive Officer at Albury Wodonga Health and left Melbourne in 2014 having held the position of Executive Director of Nursing of Cabrini Health for five years. Sue is currently studying an executive MBA, has qualifications in cancer nursing and holds a Master of Nursing Science as well as being a fellow of the University of Pennsylvania Wharton Business School.

To lead and manage health care nurse executives need to understand not only their professional and operational responsibilities but also the complexities of the business they work in. Clarity of the strategy, an understanding of demand and capacity and a relentless focus on improvement and involving staff will be presented as the key stones to delivering safe reliable care, improved patient satisfaction, renewed staff engagement and sound financial outcomes.
Professor Christine Duffield FACN with Professor Glenn Gardner FACN

Advancing nursing practice

Christine Duffield is Professor of Nursing and Health Services Management at both the University of Technology, Sydney and Edith Cowan University. Christine has over 10 years clinical and managerial experience in the health industry in Australia and internationally and more than 25 years in senior management and research roles in the university sector.

Glenn Gardner is Professor of Nursing at Queensland University of Technology. She has an extensive clinical and research background in acute care nursing and is recognised internationally for her research into advanced practice nursing and the practice and health service role of the nurse practitioner.

Confusion relating to various meanings and titles for advanced practice nursing is a major problem internationally. This presentation will illustrate the features of this problem, propose a way forward for nursing in Australia and contribute to the international debate on this topic.
Mr Brian Dolan

How to work with people you’d rather kill!

This interactive, fun and thought-provoking workshop will tease out the different types of personalities, why and what it is about the opposite personalities to our own that both infuriates us and how we can learn a great deal about ourselves from them.

It will show how different personalities deal with stress and how to manage up and across the different types of characters we face in our professional and personal lives.

Ms Geraldine Burton

Difficult dialogues: Begin with the end in mind and end with a new beginning

Geraldine Burton is the principal consultant of Geraldine Burton and Associates, a Sydney based psychology practice that has provided organisational consulting services to the health sector and counselling, psychotherapy and coaching services to the public since 1985.

Challenging conversations are a frequent and normal necessity in our lives as health professionals, yet for many there is a strong tendency to avoid them, sometimes at considerable cost to ourselves, our families, our patients, and our colleagues. This workshop explores the neuroscience and other factors behind our tendency to avoid difficult conversations and then focuses on strategies to prepare for, engage in and safely exit a difficult dialogue.

Geraldine is assisted in this workshop by Margaret Martin, South Eastern Sydney Local Health District and Leanne Morton, Principal of Leanne Morton Consulting.
Ms Lisa Smith

Unlocking your creative minds at work

Lisa Smith is a professional thinker dedicated to helping people unlock their innate creativity and to empower them to think differently - for themselves. She is passionate about building innovative cultures and about harnessing and engaging talent to create thinking communities. Lisa holds an MBA, specialising in organisational change and innovation, which forms the nucleus of her work.

Do you remember why you got into this ‘business’ in the first place? Getting caught up in the day to day makes it hard to lift your head and see the difference you can make. This session will help you check in with making that difference as well as giving you a toolbox of techniques to restore your creativity, build your resilience and find better ways to solve problems.

Dr Jackie Crisp FACN

MindtheBrain: A workshop for humans working as, and with, human beings being human

Jackie Crisp’s qualifications sit within nursing and psychology. She is currently retired from full-time work and enjoying the freedom to play with the ideas evolving from neuroscience and the implications of these for nursing leadership and health care in general.

Contemporary neuroscience is providing valuable insights into fundamental drivers of human experiences and behaviour. This workshop provides participants with the opportunity to actively explore the ways that working with, rather than against, the realities of being human can improve work engagement, performance, and contribute to more positive workplaces.
Curious about your future in nursing?

Charles Sturt University’s (CSU’s) Master of Nursing (with specialisations) has been developed with industry needs in mind to help you step up in your career path. You can specialise in a range of areas including:

- Chronic and Complex Nursing Care
- Clinical Education
- Emergency Nursing
- Leadership and Management
- Mental Health
- Palliative Care
- Primary Health Care
- Professional Nursing Studies

Are you a registered nurse looking to progress to midwifery? Our distance education Graduate Diploma of Midwifery will allow you to be employed as a midwifery student for the full duration of the course, before applying for registration as a midwife on completion. CSU believes in hands-on learning, so you’ll gain the experience you need to succeed. Take the next step and talk to us today.

www.csu.edu.au/nursing
1800 334 733
Professor Jill White AM FACN

Professor Jill White has been an academic for over 30 years in the areas of nursing, midwifery and education. Jill became Dean of Sydney Nursing School, at the University of Sydney, in 2008. Jill has provided strong leadership in the academic development of nursing and midwifery, including strategic planning in education, research and consultancy. Jill is a Registered Nurse and Registered Midwife and has a Master’s degree in Education and a PhD.

Professor Steve Campbell FACN

Steve gained his PhD on the topic of mouth card for sick children from Northumbria University. He was made the founding Chair of Nursing Practice at this institution in 2000, leading the Nursing Practice Research Centre at City Hospitals Sunderland, UK. This is where he developed his international reputation for translational research. Steve is now Head of the School of Health Sciences at the University of Tasmania.
The Australian Hospital and Healthcare Bulletin is the leading title for health and aged care professionals in Australia. Published quarterly The Australian Hospital and Healthcare Bulletin is an independent peer-reviewed voice for the hospital, health and aged care professional containing regular features on major projects, healthcare disciplines, e-health, Government updates, news, conferences and events. The Australian Hospital and Healthcare Bulletin serves as link between health industry suppliers/ service providers and key healthcare personnel including industry leaders and decision makers on the ground across Australia.
People living with Parkinson’s disease benefit greatly by having a close relationship with both their neurologist and a Parkinson’s disorder nurse.

Richard Peppard, Movement Disorder Specialist, and the highly experienced practice nurse, Mary Jones, offer a multidisciplinary approach to the treatment of Parkinson’s disease, other complex movement disorders and the support and management of patients undergoing deep brain stimulation.

This specialty National Nursing Forum workshop will work through three case studies to highlight the advantage of collaborative management between a neurologist and their Parkinson’s disorder nurse.
Dr Richard Peppard

Richard Peppard is an experienced Australian neurologist with a longstanding special interest in movement disorders and over 20 years of experience in neurology, with an emphasis on movement disorders. This includes the treatment of Parkinson’s disease, tremor, dystonia, tics and other involuntary-movement disorders.

Holding a Bachelor of Medicine, Bachelor of Surgery (MBBS) and Doctorate of Medicine, University of Melbourne, Richard Peppard has worked particularly in the positron emission tomography (PET) program, and is also the author of many articles on PET in Parkinson’s disease and other neurodegenerative diseases.

Richard Peppard has trained in the use of Botulinum toxin for movement disorders and initiated one of the first clinics for the use of this agent in Victoria in 1990. Since then, he has been using this agent to treat patients with appropriate medical conditions.

He has a longstanding interest and experience of all aspects of the treatment of Parkinson’s disease and, in particular, the use of deep brain stimulation (DBS) surgery for this condition. He also has extensive experience with DBS for essential tremor, tremor from other conditions, dystonia and, more recently, Tourette’s syndrome.

Ms Mary Jones MACN

Mary Jones specialises in Parkinson’s and movement disorders, from diagnosis to advanced management, and has expertise with the surgical management of people having DBS surgery. Mary has been nursing for many years specialising first in orthopaedic nursing.

In 1998 she started the first outpatient multidisciplinary movement disorders program which included a nurse as part of the team, at Eastern Health in Melbourne and in 2000 became the first community Parkinson’s nurse consultant after submitting a proposal to Parkinson’s Victoria and the state government to draw attention to the need for the role. In 2009, with another first, Richard Peppard invited her to work with him in his private practice and she continues in that role today and together they have created a “formidable team”.

Register online to secure your place
ABSTRACT REVIEW COMMITTEE

With thanks to The National Nursing Forum abstract committee members for 2014.

Ms Mary Alford FACN
Dr Judith Anderson FACN
Mrs Kieren Ayres FACN
Dr Catriona Booker FACN
Ms Pam Brinsmead FACN
Ms Brenda Close FACN
Dr Lorraine Ferguson AM FACN
Dr Sally Goold OAM FACN (DLF)
Ms Lois Hazelton FACN
Dr Jane Mills FACN
Ms Carol Mirco FACN
Ms Judith Nelmes FACN
Mrs Rosemary Oates FACN
Associate Prof Virginia Plummer FACN
Dr Kay Price FACN
Adjunct Prof Annette Solman FACN
Dr Patsy Yates FACN

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#ACNForum14
FORUM PROGRAM
SUNDAY 2 NOVEMBER

ACN members day

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<th>Time</th>
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<tr>
<td>8:30AM</td>
<td>Member registration</td>
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</table>
| 9:00AM| ACN - From Strategy to Action                                         | Ms Carmen Morgan FACN, President 
Adjunct Professor Debra Thoms FACN (DLF), CEO |
| 9:40AM| Creating the agenda: Priorities for the nursing profession           | Adjunct Professor Debra Thoms FACN (DLF), CEO |
| 10:15AM| Ensuring safety and quality in nursing reforms                       | Professor Debora Picone, CEO Australian Commission on Safety and Quality in Health Care |
| 11:00AM| Morning tea                                                          |                    |
| 11:30AM| Future of nursing workshop                                            | Professor Steve Campbell FACN and Professor Jill White FACN |
| 1:00PM| Lunch                                                                |                    |
| 2:00PM| Engaging and Influencing: Key elements in contributing to reform     | Facilitator: Adjunct Professor Debra Thoms FACN (DLF) 
Panel: 
Ms Vickie Chapman MP, Deputy State Liberal Leader, South Australia 
Ms Stephanie Miller, Executive Director, Health Consumers Alliance of South Australia 
Ms Carmen Morgan FACN, President Australian College of Nursing |
| 3:25PM| Close                                                                | Adjunct Professor Debra Thoms FACN (DLF) |
| 3:30PM| Afternoon tea                                                        |                    |
| 4:00PM| ACN Annual General Meeting                                           |                    |

Oration
ACN Members are invited to attend the ACN Oration & Investiture of Fellows on Sunday 2 November 2014 from 5.30pm – 7.30pm at one of Australia’s finest concert halls, Elder Hall, at the University of Adelaide. Professor Roianne West will deliver her Oration at this special ceremony addressing national nursing priorities. The annual ACN Oration provides the profession with the opportunity to recognise exceptional contributors to the profession, such as Professor West, and have the opportunity to be both challenged and inspired.
FORUM PROGRAM
MONDAY 3 NOVEMBER

Forum day one

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00AM</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>9:00AM</td>
<td>Master of Ceremonies</td>
<td>Adjunct Professor Debra Thoms FACN (DLF)</td>
</tr>
<tr>
<td>9:05AM</td>
<td>Welcome to Country</td>
<td>Ms Georgina Williams, Senior Elder</td>
</tr>
<tr>
<td>9:10AM</td>
<td>ACN President welcome</td>
<td>Ms Carmen Morgan FACN</td>
</tr>
<tr>
<td>9:15AM</td>
<td>Welcome to Adelaide</td>
<td>The Hon Jack Snelling MP</td>
</tr>
<tr>
<td>9:20AM</td>
<td>SA Health – Nursing and midwifery strategic framework presentation</td>
<td>Adjunct Associate Professor Lydia Dennett MACN</td>
</tr>
<tr>
<td>9:30AM</td>
<td>‘A matter of laugh or death: 5 ways to stay sane under pressure’</td>
<td>Mr Malcolm Dix</td>
</tr>
<tr>
<td>10:15AM</td>
<td>Morning tea and exhibition</td>
<td></td>
</tr>
<tr>
<td>10:45AM</td>
<td>Concurrent sessions one*</td>
<td></td>
</tr>
<tr>
<td>12:15PM</td>
<td>Lunch and exhibition</td>
<td></td>
</tr>
<tr>
<td>1:15PM</td>
<td>‘A journey to organisational excellence’</td>
<td>Adjunct Professor Susan O’Neill MACN</td>
</tr>
<tr>
<td>2:00PM</td>
<td>Concurrent sessions two*</td>
<td></td>
</tr>
<tr>
<td>3:30PM</td>
<td>Afternoon tea: poster presentations and exhibition</td>
<td></td>
</tr>
<tr>
<td>4:15PM</td>
<td>‘Advancing nursing practice’</td>
<td>Professor Christine Duffield FACN with Professor Glenn Gardner FACN</td>
</tr>
<tr>
<td>5:00PM</td>
<td>Conclusion of day one</td>
<td>Adjunct Professor Debra Thoms FACN (DLF)</td>
</tr>
<tr>
<td>6:30PM</td>
<td>Pre-dinner drinks and Fashions on the Field Dinner</td>
<td></td>
</tr>
</tbody>
</table>

*20 minutes per presentation

Fashions on the Field Forum Dinner

A special evening awaits as we rock up for a Melbourne Cup inspired night! Enjoy a three course meal prepared by the Convention Centre’s award winning chefs who know a thing or two about the best produce and wines in the South Australian region. The Fashions on the Field Forum Dinner will commence with pre-dinner drinks at 6:30pm in Hall K.

Sponsored by CHANDLER MACLEOD HEALTH
Carramar Education delivers both nationally recognised training courses and professional development training; fulfilling CPD requirements of Health Practitioners.

### Enhancing Professional Practice Program (EPP)

EPP provides insights into how certain behaviours can impact on patient care, the health care team and the entire profession. Participants develop practical skills to improve performance by:

- Enhancing knowledge of current legislation, professional standards, professional conduct
- Learning how to manage and sustain changes in behaviour and translating these into practice

EPP can be delivered to groups, or tailored around an individual’s requirements.

Core Module: Legislation, Standards, Professional Practice
- Communication
- Medication Management
- Managing Performance
- Record Keeping and Documentation

<table>
<thead>
<tr>
<th>Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Boundaries</td>
</tr>
<tr>
<td>Working in Inter-Professional Teams</td>
</tr>
</tbody>
</table>

### Management and Vet Sector Courses

- Managing... to Deliver Patient Care
- Other Management Courses
- Certificate IV Training and Assessment

### Health Planning Courses

- Health Service Planning
- Models of Care
- Others... Upon request

### Clinical Courses

- ECG Interpretation for Beginners
- High Dependency Nursing Course
- Others... Upon request

### Contact Carramar Education to Discuss:

- Nationally recognised training courses
- Professional development workshops
- Customised training packages for staff
- Intensive, one on one tailored programs
- Advisory and consultancy services for your organisation’s health education program

EPP provides insights into how certain behaviours can impact on patient care, the health care team and the entire profession. Participants develop practical skills to improve performance by:

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- Learning how to manage and sustain changes in behaviour and translating these into practice

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# FORUM PROGRAM
## MONDAY 3 NOVEMBER

### Concurrent sessions one

<table>
<thead>
<tr>
<th>Session Location</th>
<th>Chronic &amp; complex care</th>
<th>Acute care</th>
<th>Rural &amp; regional</th>
<th>Community &amp; primary health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plenary</td>
<td>Adj. Prof Debra Thoms FACN (DLF)</td>
<td>Rebecca Peel MACN</td>
<td>Dr Jeff Fuller FACN</td>
<td>John Kemsley-Brown FACN</td>
</tr>
<tr>
<td>10:45AM</td>
<td>Is the post anaesthetic care of patients receiving electroconvulsive therapy and patients undergoing minor general anaesthesia comparable?</td>
<td>Developing strong self-efficacy in first year undergraduate nursing students through the application of a transitional subject: a pilot project</td>
<td>An innovative home visiting, early intervention nursing program for families with complex needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MS Maggie McIntosh MACN</td>
<td>MS Deborah Magee MACN</td>
<td>Ms Jacqueline Walker</td>
<td></td>
</tr>
<tr>
<td>11:05AM</td>
<td>Bringing mind and body together</td>
<td>Nurse triage education in rural and remote South Australian hospitals</td>
<td>Custodial nursing - Nursing Victoria Police detainees; our professional and ethical obligations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms Ramya Crossial</td>
<td>Mrs Sandra Gilbert MACN</td>
<td>Ms Josephine Heard &amp; Mr Benjamin Gorrie</td>
<td></td>
</tr>
<tr>
<td>11:30AM</td>
<td>&quot;Bottling&quot; knowledge and sharing it - working together to improve Aboriginal renal journeys</td>
<td>Workforce and the invisible cloaks of workload</td>
<td>Use of micro-blogging technology to enhance student interaction in multi-site lectures</td>
<td>Do as I say ... nurses as role models for health promotion?</td>
</tr>
<tr>
<td></td>
<td>Dr Janet Kelly &amp; Ms Cheryl Wilden</td>
<td>Ms Cheryl Ross MACN</td>
<td>Dr Karen Yates MACN</td>
<td>Ms Kay Ross MACN</td>
</tr>
<tr>
<td>11:55AM</td>
<td>Do nurses care about self-care? Research priorities and implications for practice</td>
<td>Finding one’s professional identity: the influence of clinical handover</td>
<td>Health service delivery in the resource and other sectors</td>
<td>Transition shock - what are we going to do about it?</td>
</tr>
<tr>
<td></td>
<td>Mr Jason Mills FACN</td>
<td>Dr Georgina Willetts MACN</td>
<td>Ms Margaret Milne</td>
<td>Ms Christine Ashley FACN</td>
</tr>
</tbody>
</table>
## Concurrent sessions two

### 2:00 pm – 3:30 pm

<table>
<thead>
<tr>
<th>Session Location</th>
<th>Acute care</th>
<th>Acute care</th>
<th>Acute care</th>
<th>Acute care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair</strong></td>
<td>Dr Marlene Eggert MACN</td>
<td>Kate Spurway MACN</td>
<td>Dr Jane Mills FACN</td>
<td>Dr Catriona Booker FACN</td>
</tr>
<tr>
<td><strong>Session</strong></td>
<td>Plenary</td>
<td>Meeting room 1</td>
<td>Meeting room 2</td>
<td>Meeting room 3</td>
</tr>
</tbody>
</table>

### 2:00 PM
- **Workplace aggression in health care settings: are we staying ahead of the game?**
  - Dr Danny Hills MACN

### 2:25 PM
- **Supervising care: preparing staff for critical conversations**
  - Ms Margaret Martin MACN & Ms Robin Girle

### 2:45 PM
- **The influence of workplace culture on nurses’ learning experiences; results of a systematic review of qualitative evidence**
  - Ms Kate Davis MACN

### 3:10 PM
- **A framework for developing competence**
  - Ms Sally Lima MACN

**Color Coding**
- **Leadership**
- **Quality of Care**
- **Education**
- **Workforce**
# FORUM PROGRAM

**TUESDAY 4 NOVEMBER**

## Forum day two

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Facilitator/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00AM</td>
<td>Wellbeing walk and yoga session</td>
<td>Facilitated by Wellbeing at Work</td>
</tr>
<tr>
<td>8:00AM</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>9:00AM</td>
<td>Day one recap</td>
<td>Adjunct Professor Debra Thoms FACN (DLF)</td>
</tr>
<tr>
<td>9:05AM</td>
<td>HESTA gold sponsor address</td>
<td>Ms Kylie Whicher</td>
</tr>
<tr>
<td>9:10AM</td>
<td>‘What are the drivers of change and how can we respond?’</td>
<td>Dr Keith Suter</td>
</tr>
<tr>
<td>9:55AM</td>
<td>‘Lessons on leadership, influence and culture’</td>
<td>Mr Brian Dolan</td>
</tr>
<tr>
<td>10:40AM</td>
<td>Morning tea and exhibition</td>
<td></td>
</tr>
<tr>
<td>11:00AM</td>
<td>Workshop 1: ‘How to work with people you’d rather kill!’</td>
<td>Mr Brian Dolan – Plenary</td>
</tr>
<tr>
<td></td>
<td>Workshop 2: ‘MindtheBrain: a workshop for humans working as, and with, human beings being human’</td>
<td>Dr Jackie Crisp FACN – Meeting room 1</td>
</tr>
<tr>
<td></td>
<td>Workshop 3: ‘Difficult dialogues: Begin with the end in mind and end with a new beginning’</td>
<td>Ms Geraldine Burton – Meeting room 2</td>
</tr>
<tr>
<td></td>
<td>Workshop 4: ‘Unlocking your creative minds at work’</td>
<td>Ms Lisa Smith – Meeting room 3</td>
</tr>
<tr>
<td></td>
<td>Workshop 5: Working Collaboratively for PD patients</td>
<td>Dr Richard Peppard &amp; Ms Mary Jones MACN</td>
</tr>
<tr>
<td></td>
<td>Sponsored workshop presented by Lundbeck Australia</td>
<td>– Meeting room 8 (level 1)</td>
</tr>
<tr>
<td>12:30PM</td>
<td>Lunch and exhibition</td>
<td></td>
</tr>
<tr>
<td>1:15PM</td>
<td>Concurrent sessions three*</td>
<td></td>
</tr>
<tr>
<td>2:45PM</td>
<td>Melbourne Cup afternoon tea</td>
<td></td>
</tr>
<tr>
<td>3:15PM</td>
<td>‘Beating the odds to stay ahead of the game’</td>
<td>Ms Fiona O’Loughlin</td>
</tr>
<tr>
<td>4:00PM</td>
<td>Forum close</td>
<td>Adjunct Professor Debra Thoms FACN</td>
</tr>
</tbody>
</table>

*20 minutes per presentation

Collect your complimentary Complete Nurse iPhone App from the HESTA booth!
<table>
<thead>
<tr>
<th>Session Chair</th>
<th>Plenary</th>
<th>Location 1</th>
<th>Location 2</th>
<th>Location 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:15PM</td>
<td>Adj. Prof Debra Thoms FACN (DLF)</td>
<td>From base camp to summit</td>
<td>Managing remote teams - overcoming the challenges and reaping the rewards</td>
<td>Time to change direction in order to stay ahead? The way we think of the Nurse Practitioner</td>
</tr>
<tr>
<td>Session Location Chair</td>
<td>Dr Judith Anderson FACN</td>
<td>Ms Nadia Yazdani MACN</td>
<td>Ms Katherine Isbister MACN</td>
<td>Ms Liza Edwards MACN &amp; Mr Malcolm Masso</td>
</tr>
<tr>
<td>1:40PM</td>
<td>Job satisfaction of overseas-qualified nurses working in South Australian hospitals</td>
<td>International nursing graduates’ transition into aged care in Australia: challenges and cultural concerns</td>
<td>Understanding how enrolled nurses use their scope of practice in rural Victoria: a mixed methods research project</td>
<td>Positioning our future through nurtured and resilient leadership</td>
</tr>
<tr>
<td>Location 3</td>
<td>Mrs Kamal Timilsina</td>
<td>Ms Santi Gurung</td>
<td>Dr Wendy Penney</td>
<td>Dr Catriona Booker FACN</td>
</tr>
<tr>
<td>2:00PM</td>
<td>Utilizing two-way learning in multicultural teams to promote culturally competent care</td>
<td>Clinical Mentoring: from evidence-base to outcomes for older people</td>
<td>Addressing clinical risk in rural and regional Victoria with Continuing Nursing Education</td>
<td>Thriving in complexity - the good news or the bad</td>
</tr>
<tr>
<td>Location 1</td>
<td>Dr Lily Xiao FACN &amp; Dr Eileen Willis</td>
<td>Mrs Leanne Lawrence MACN &amp; Ms Kelli Viney MACN</td>
<td>Mrs Tracy Kidd MACN</td>
<td>Ms Ilze Jaunberzins MACN</td>
</tr>
<tr>
<td>2:25PM</td>
<td>Scope of practice terminology across health professional roles: is nursing staying ahead of the game or behind the eight ball?</td>
<td>Supporting aged care nursing staff to manage behavioural and psychological symptoms of dementia: ripple down rules for individualised care</td>
<td>Increasing capacity: a regional response to the introduction of a flexible clinical learning model</td>
<td>Automating nursing’s clinical knowledge</td>
</tr>
<tr>
<td>Location 2</td>
<td>Ms Jane Currie MACN</td>
<td>Dr Lisa Clinnick FACN</td>
<td>Dr Val Goodwin</td>
<td>Prof Evelyn Hovenga</td>
</tr>
</tbody>
</table>
SA Health

Platinum sponsor

SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on well-being, illness prevention, early intervention and quality care.

The Nursing and Midwifery Strategic Framework 2013-2015 provides the vision and direction for the nursing and midwifery professions across SA Health. The Framework focuses on the following five strategic priorities:

- Caring with kindness
- Evidence based research in clinical practice
- People and culture
- Workforce capability and capacity
- Workforce organization

For more information about SA Health visit www.sahealth.sa.gov.au

Chandler Macleod Health

Forum dinner sponsor

As one of the region’s largest providers of human resources solutions, Chandler Macleod has a proven track record of unleashing potential in people and companies. We specialise in recruitment, consulting and workforce management for the health and medical sectors, facilitated by the experience, expertise and care of our team, partnered with our commitment to the industry.

Our health and medical specialisation spans more than 10 years, backed by over 50 years HR experience. This knowledge has enabled us to develop a suite of services designed to address some of the unique challenges of the sector and provide tangible, effective outcomes.

HESTA

Gold sponsor

For more than 25 years, HESTA has focused on helping those in the health and community services sector reach their retirement goals.

We now have more than 785,000 members, 155,000 employers and more than $29 billion in assets.

HESTA’s size means we can offer many benefits to members and employers. These include: low fees, a fully portable account, easy administration, access to low-cost income protection and death insurance, limited financial advice (at no extra cost), super education sessions and transition to retirement options.

We also provide access to great value health insurance, banking and financial planning.

For more information visit hesta.com.au or call 1800 813 327.

Guild Insurance

Coffee Lounge sponsor

With over 50 years’ experience in protecting healthcare professionals, Guild Insurance is uniquely positioned to provide tailored insurance for nurses. Many people mistakenly believe they’re adequately covered against claims through insurance provided by their employer, or their union. In reality this may not be the case. Our experience has shown that there can be gaps in this cover putting more than your reputation and livelihood at risk.

A policy with Guild gives you peace of mind with flexible insurance options and access to a legal team experienced defending claims against nurses.

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Insurance issued by Guild Insurance Ltd and subject to terms, conditions and exclusions. Guild Insurance supports associations through the payment of referral fees.
Australian Nursing and Midwifery Accreditation Council

Poster session sponsor

ANMAC is responsible for protecting the health and safety of the Australian community by ensuring a high standard of nursing and midwifery education. To achieve this ANMAC accredits nursing and midwifery programs leading to registration and endorsement, accredits Australian education providers who deliver these programs and develops the accreditation standards for the programs to be assessed against. ANMAC is also an assessing authority for the Australian Government’s Department of Immigration and Border Protection for nurses and midwives seeking to migrate to Australia. This includes undertaking skills assessments of internationally qualified nurses and midwives, and providing policy advice on accreditation and skilled migration for nurses and midwives.

Lundbeck

Workshop sponsor

Lundbeck is a research based pharmaceutical company which specialises in discovering, developing, manufacturing and selling innovative treatments for Psychiatric and Neurological disorders. Lundbeck is the only CNS focused company covering all aspects of the value chain and our mission is to improve the quality of life for those people living with Psychiatric and Neurological disorders. We achieve extraordinary outcomes for patients by working in close partnership with psychiatrists, neurologists and other healthcare professionals. Close collaboration with specialists in the field has also enabled Lundbeck to develop effective educational programmes that aim to improve treatment and the quality of life for patients and their families.

Edith Cowan University

Note pad and pen sponsor

ECU’s School of Nursing and Midwifery offers world-class facilities and strong academic leadership in the fields of nursing and midwifery at both undergraduate and postgraduate levels. Through our unique range of educational and research programs we seek to make a real difference to people, their careers and their families, our communities and the broader health and education sectors.

Our research programs are built upon a collaboration of world-class researchers, industry leaders and clinical experts with strengths in the areas of cancer and palliative care, aged care, mental health, acute and clinical care, midwifery and primary healthcare.

For further information, call 134 ECU (328), email: futurestudy@ecu.edu.au or visit reachyourpotential.com.au

University of South Australia

USB sponsor

The University of South Australia, School of Nursing and Midwifery, is the largest of its kind in South Australia and offers programs with flexible modes of study from City East, Mount Gambier and Whyalla campuses. The School is staffed by an outstanding group of academics, clinicians and leaders in their field who have a strong commitment to excellence in teaching, learning and research.

The School provides undergraduate, postgraduate programs and research education through Honours, Masters by Research and PhD in conjunction with a range of industry partners and multidisciplinary groups of research collaborators. We provide state-of-the-art teaching facilities at the UniSA simulated health service and clinics.
Breathe new life into your nursing career.

The University of Tasmania offers 24 postgraduate nursing specialisations that are flexible, part time and 100% online – allowing you to enhance your career while maintaining a work and family life balance.

To find out more contact W.L.Brown@utas.edu.au today or phone 13 UTAS.
As a Nursing Officer in the Navy, Army or Air Force, you’ll have opportunities that you won’t get in the private sector. For instance, your patients will be your co-workers, as well as civilians on deployment. You will get the chance to lead a team of health professionals and provide humanitarian aid. You’ll have the opportunity to further your career, specialise and progress into senior roles. Along with adventure, you’ll enjoy job security and excellent working conditions. You’ll also receive a favourable salary with subsidised accommodation and free medical & dental care. If you’re a Registered Nurse and would like further information call 13 19 01 or visit defencejobs.gov.au/graduate

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Australian College of Nursing

ACN is the national professional organisation for all nurse leaders: Nurses with an interest in leadership, nurses aspiring to leadership roles and nurses in leadership roles across the Australian health system. The leadership capabilities of all nurses play a critical role in the delivery of health services to the Australian community. ACN is an advocate for the nursing profession, advancing the skills and expertise of nurses to provide leadership in their contribution to the policy, practice and delivery of health care. ACN encourages and supports nurses to develop and grow to become nurse leaders who are able to contribute by providing professional, economic and health perspectives.

Australian Nurse Teachers Society

The inaugural Australian Nurse Teachers Society was established in New South Wales to cater to the professional interests of nurse teachers. Since its inception the Society has grown to encompass both nursing and midwifery with membership including clinicians, specialists and academics with an interest in education.

Australian Primary Health Care Nurses Association

APNA is the peak professional body for nurses working in primary health care including general practice. With more than 4000 members, APNA provide primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities. APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Australian Nursing and Midwifery Accreditation Council

ANMAC is responsible for protecting the health and safety of the Australian community by ensuring a high standard of nursing and midwifery education by setting accreditation standards and accrediting programs of study that lead to registration or endorsement. ANMAC is also an assessing authority for the Australian Government’s Department of Immigration and Border Protection for nurses and midwives seeking to migrate under the General Skilled Migration category.
EXHIBITORS

Baxter Healthcare
Baxter Healthcare develops, manufactures and markets products that save and sustain the lives of people with hemophilia, immune disorders, infectious diseases, kidney disease, trauma, and other chronic and acute medical conditions. As a global, diversified healthcare company, Baxter applies a unique combination of expertise in medical devices, pharmaceuticals and biotechnology to create products that advance patient care worldwide.

Charles Sturt University
Charles Sturt University is proud to be a regional university with strong connections to its communities, where our graduates make a real difference by helping to meet skills shortages. Our linkages with industry and government ensure courses are up-to-date and relevant, and research makes a vital contribution in a range of areas.

BrightSky Australia
BrightSky Australia is a one-stop-shop that provides national door-to-door delivery of specialist healthcare products in wound, continence, and other healthcare products. BrightSky offers clinical education workshops called BeBright Study Series, innovative tools such as the PadNavigator®, Catheter Compass®, & Dome Director™. BrightSky Australia is a division of not-for-profit ParaQuad NSW.

Chandler Macleod Health & Medical
As one of the region’s largest providers of human resources solutions, Chandler Macleod has a proven track record of unleashing potential in people and companies. We specialise in recruitment, consulting and workforce management for the health and medical sectors, facilitated by the experience, expertise and care of our team, partnered with our commitment to the industry.

Baxter Healthcare

Charles Sturt University

BrightSky Australia

BrightSky Australia
Independence Australia

Independence Australia is a not-for-profit organisation supporting people with a disability or other physical need to regain, retain and extend their independence. For over three decades we have specialised in delivering quality healthcare products to help people enjoy a better quality of life.

T 1300 788 855
F 1300 788 811
E customerservice@independenceaustralia.com
W www.independenceaustralia.com

National E-Health Transition Authority

The National E-Health Transition Authority (NEHTA) is the lead organisation supporting the national vision for eHealth, working openly, constructively and collaboratively with consumer, providers, stakeholders, funders, policy makers and the broader healthcare industry to enable safer, higher quality, accessible, equitable, efficient and sustainable healthcare.

Lundbeck

Lundbeck is a research based pharmaceutical company which specialises in discovering, developing, manufacturing and selling innovative treatments for Psychiatric and Neurological disorders. Lundbeck is the only CNS focused company covering all aspects of the value chain and our mission is to improve the quality of life for those people living with Psychiatric and Neurological disorders.

HESTA

HESTA is the leading super fund for health and community services. We have more than 785,000 members, 155,000 employers and $29 billion in assets. Anyone eligible for super can join and more people in health and community services choose HESTA for their super.

Visit hesta.com.au or call 1800 813 327.

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EXHIBITORS

**Nursing and Allied Health Rural Locum Scheme**

NAHRLS was established by the Australian Government to support nurses, midwives and allied health professionals in rural and remote Australia to take leave from their work for up to 14 days. NAHRLS is different from other locum agencies. The service is focussed on supporting health professionals by administering an uncomplicated start-to-finish locum placement service funded by the Australian Government.

**Nursing and Midwifery Board of Australia**

The Nursing and Midwifery Board of Australia (National Board) works to keep the Australian public safe by regulating the nursing and midwifery professions. The National Board makes sure that persons seeking registration as a nurse or a midwife have the qualifications, skills and experience required to provide safe, quality care.

**Nursing Jobs**

Our Vision since 1999 has been to bring nursing news, information, employment opportunities and relevant links together in ONE place for nurses and those interested in becoming a nurse.

Our global employment and news sites that link nurses and employers together are:

- Portal entry and news site - www.nursingone.com
- Australia, New Zealand and the Pacific region – www.nursingjobs.com.au
- Europe and the United Kingdom – www.nursingeurope.com
- Canada and the USA – www.nursingnorthamerica.com

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Bringing mind and body together
Ms Ramya Crossial, Eastern Health
Co-authors: Ms Maggie McIntosh MACN, Ms Jennifer Willshire, Ms Cora Browne & Ms Janette Hicks, Eastern Health

Introduction
Nurses are encouraged to practice in a holistic way and deliver care that considers the physical, psychological and spiritual needs of the patient. However, in practice attention is often given to one element of care usually dictated by the patient’s primary diagnosis and location of care delivery.

Background
Holistic nursing practice promotes healing by bringing together patient care that considers the wholeness of mind, body and spirit, knowing that optimal healing cannot occur when the patient is psychologically or spiritually distressed. The patient is considered as a totality of mind, body and spirit and interventions are directed towards each of these aspects of the person. There is an emphasis on the integration of mental and physical health for all patients.

Eastern Health is a large metropolitan public health service that provides inpatient and community care across the age spectrum. There was an identified need to support nurses in providing holistic care in the Aged Acute Mental Health and General Sub-Acute settings.

Recovery Principles and an increased focus on physical health care has identified that mental health clinicians require education to ensure they address the patient’s physical health needs. Likewise, nurses working in acute care settings require information and education about mental health care.

Intervention
A one day workshop was prepared that incorporated both physical and mental health care aspects. The workshop utilised a simulated case presentation to guide the presentations. Grief and loss, impact of diabetes and care of the deteriorating patient were components of the workshop that was delivered through a combination of experiential and simulated learning.

Conclusion
This presentation will report the development, delivery and evaluation of the Mind Body Workshop which involved a collaboration across settings which have traditionally not recognised or accessed this benefit for learners, nurses, educators and ultimately patients.
“Bottling” knowledge and sharing it - working together to improve Aboriginal renal journeys
Dr Janet Kelly, University of Adelaide
Co-presenter: Ms Cheryl Wilden, Royal Adelaide Hospital
Co-authors: Ms Cheryl Wilden & Ms Gay Martin, Royal Adelaide Hospital, Ms Kylie Herman, Port Augusta Dialysis Unit

Introduction
This paper discusses how renal nurses and educators worked together to identify specific challenges for Aboriginal patient journeys, and then used this knowledge to improve policies, practices and education.

Description
Many Aboriginal people experience complex patient journeys across diverse geographical and health care landscapes, with specific communication and continuity of care challenges. Their personal, cultural, family and health care needs often require a considered response by health care staff and services. Experienced senior renal nurses are uniquely placed to recognise and address these needs, having spent years developing relationships with clients, their families and service providers, and tailoring appropriate responses.

In this study, six renal nurses from city, rural and remote locations worked with a nurse researcher in monthly teleconferences during 2013/2014 to discuss issues, adapt and test a set of patient journey mapping tools, and record case studies. They focused on local as well as system wide issues and strategies related to end of life journeys, “Friday night” discharges, nursing handover, transplant care and cultural safety.

Summary
Specific barriers and enablers were identified and compared to standards of care. Key strategies for action included making policy and practice changes, and ensuring that renal education for staff and students incorporated new understanding of access, communication, quality and continuity of care requirements.

Conclusion
Senior nurses have specific skills and knowledge that are important to share with other nursing, medical and allied health staff, but finding the time and opportunity to do so is often difficult. This collaboration utilised focus group discussions and patient journey mapping tools to enable knowledge and findings to be “bottled” and shared effectively within the group, and externally through health service meetings and renal course and unit education sessions utilising current and complex case studies.

Do nurses care about self-care? Research priorities and implications for practice
Mr Jason Mills FACN, The University of Sydney
Co-authors: Assoc Prof Jennifer Fraser & Assoc Prof Timothy Wand MACN, The University of Sydney

Background
Caring is arguably central to nursing and its clinical practice. At the same time, it appears that nurses need to reconsider the importance of their own self-care. Recent concerns about chronic illness, poor mental health and wellbeing in Australian nurses suggest a need for research into the importance of self-care and its implications for patient care.

Objective
To present a critical review of the self-care literature, identifying research priorities and implications for self-care practice in nursing.

Method
A comprehensive literature review was conducted to support a mixed-methods investigation of self-care and its relationship to both self-compassion and compassion for others in the palliative care workforce.

Findings
The dominant discourse in the literature focused solely on patient self-care. Effective self-care strategies are mandated in national competency standards for palliative care nursing practice, yet there was little research evidence to inform self-care practices. While discussion of self-care planning was identified as a strategy, it did not demonstrate any applied utility or theoretical basis.

Discussion
The nursing process provides a structure that might support self-care planning; where clinicians assess self-care needs, diagnose risk factors, plan interventions, implement, and evaluate on an ongoing basis. However, uptake of self-care activities might suffer if individual motivation in nurses is lacking. Watson’s theory of human caring advocates the practice of kindness to self and others; self- kindness has been measured in one study of nurses, specifically, in relation to self-compassion and emotional intelligence. However the potential role of self-kindness and self-compassion, as they relate to self-care and compassion for others, is yet to be examined.

Conclusions
If nurses are to stay ahead of the game, comprehensive research into self-care to identify barriers, enablers, and implications for patient care, is a priority. Self-care, and its relationship with self-compassion and compassion for others, presents a promising area of investigation.
Sink or swim: Graduate nurse experiences of the first year of practice
Miss Jennifer Clauson, University of Technology, Sydney
Co-authors: Prof Debra Jackson FACN, Prof John Daly FACN & Dr Tamara Power, University of Technology, Sydney

The transition from student nurse to registered nurse can be a time of immense stress. In light of worldwide nursing shortages, improved retention of newly graduated registered nurses is important to sustain the nursing workforce. There has been little research in the Australian setting regarding the newly graduated nurses’ perceptions of participating in a graduate nurse program. This study aimed to develop insight into the experience of being a newly graduated registered nurse participating in a graduate nurse program within New South Wales, Australia.

Data were collected through a semi-structured interview, using a storytelling approach. Ten registered nurse participants either currently enrolled, or who had completed a graduate nurse program in the previous twelve months were recruited. Data were then analysed using thematic analysis.

From analysis of the participant narratives four prominent themes emerged. These themes were: ‘Adrift at Sea – A Wide Ocean to Drown In’; ‘Treading Water – Looking for a Lighthouse’; ‘Teaching Yourself to Swim – Navigating the Currents’; and ‘Swimming to Shore – Through Waves and Riptides’.

There is a dichotomy between the support new graduate nurses expect to receive, and the support available in graduate nurse programs. Despite organisational investment in program coordination, preceptors and facilitated education; it was peer support that participants found the most valuable.

As newly graduated nurses represent the future of the nursing profession, it is imperative that care is taken to ensure ongoing adequate support in order to improve nurse retention rates. Findings of this study highlight the need for a critical review of Australian graduate nurse programs in their current form, particularly regarding the usefulness of the interventions they provide which are intended to provide additional layers of support for newly graduated nurses.

#Hellomynameis and beyond: cementing the foundations of the therapeutic relationship
Miss Laurie Bickhoff MACN, Hunter New England Local Health District

This oral presentation explores #Hellomynameis and shows how educators can utilise and build on this concept within acute care to strengthen therapeutic relationships.

One of the most inspiring social media campaigns of 2013 was launched in the UK by Dr Kate Granger. Kate unexpectedly found herself in the hospital bed and was amazed at how many healthcare professionals failed to introduce themselves. Instead, she found herself repeatedly having to ask who they were.

Kate wrote about this experience with a basic request, to start patient interactions with “Hello, my name is...” Her post quickly went viral, with #Hellomynameis spreading like wildfire across social media platforms, and some of the UK’s most influential nursing leaders voicing their support.

#Hellomynameis refocuses healthcare back on the person being treated. A simple idea, yet its significance cannot be overstated. It reminds us of the importance of the therapeutic relationship and how this cornerstone can rest on a humble introduction.

#Hellomynameis has gathered momentum in Australia, however we need to ensure Kate’s full message is spread. Kate’s original post highlighted the value of #hellomynameis, as well as how crucial it is to identify your role. Given how trusted nursing is as a profession, consider the power of “I’m the nurse looking after you” and the strength this adds to our therapeutic relationships.

We can also expand Kate’s work with adding “What do you prefer to be called?” This question helps redress the power imbalance existing between patients and those caring for them. A simple gesture perhaps, but not a small one.

This presentation will explore the implications of #hellomynameis and suggest how we can build on this campaign. It will also identify effective tools which can be used to aid in the development of a strong therapeutic relationship with those we care for.
Workforce and the invisible cloaks of workload
Ms Cheryl Ross MACN, University of Southern Queensland
Co-authors: Prof Cath Rogers & Assoc Prof Cheryl Perrin MACN, University of Southern Queensland

Nursing workloads has a significant impact on staff attrition and retention and patient safety and is of particular concern to extensive key stakeholders. Staying ahead of the game to grow and support our nursing professionals now and in the future engenders the need to manage nursing workloads appropriately within the context of cultural and climatic influences. In the current economic context, there is an increasing pressure on nurses to provide rationalised client care services and meet organisational efficiency demands. Such pressures can affect nurses’ daily workload from increased coordination and environmental support activities proscribed by the organisation. These activities and organisational initiatives can contribute to an invisible nursing workload.

This paper reports on outcomes of an Australian doctoral study exploring the cultural and climatic factors that affect nursing workloads, using a critical ethnography approach. The study involved direct observation of Registered Nurses working in an Orthopaedic ward of a referral hospital in regional Queensland Australia. Data on cultural and climatic factors that impact on nursing workload were extrapolated by fieldwork, observation, and participant interview methods. Thematic analysis identified that nurses as the backbone of healthcare effectively use culture as the mediator in a chaotic environment to maintain social order and that the intangibility of cultural and climatic factors lends itself to invisibility in workload allocations.

Culture as “the way things are done around here” manifests as visible artefacts such as symbols, rituals, and discourse, and observable behaviours. Climate is the social environment in which nurses practice their profession, interacting and adapting to organisational challenges or changes. Such changes once adopted can become so routinised, taken for granted, and ritualised into daily activities or duties, that the additional workload is not recognisable. Current nursing workload allocation models used in Australia do not appear to recognise the cloak of invisible workloads.

Finding one’s professional identity: the influence of clinical handover
Dr Georgina Wilett MACN, Monash University

The functioning and interactions of nurses with themselves and others is important as it affects care delivery and workplace culture. Nurses’ social identity is central to this functioning.

In this paper the results of recent doctoral research are reported. Nurses’ social interactions with themselves and others during clinical handover were studied. The doctoral research project utilized ethnographic principles to understand the performance of professional identity in the professional interplay of nurses within this work context. Social Identity Theory was the theoretical basis of the study.

Research Aim:
The overall aim of this project was to investigate elements that constitute the performance of nurses’ professional identity within a specific work environment.

Research Methods:
- Video recordings of both clinical nursing handover and unit team meetings (multidisciplinary).
- Focus group interviews where the group was asked to describe the clinical handover meetings in which they had been involved.
- Individual interviews where individual nurses were asked to describe the clinical handover and the multidisciplinary meetings in which they had been involved.

Results:
Interactions between nurses with themselves were different to the interactions of nurses with others. Significantly, this project found that group clinical handover provided a site for both the performance and the on-going social construction of the nurse’s professional identity. In contrast the multidisciplinary team meeting only provided a site for the performance of nursing professional identity.

Discussion and Conclusion:
The findings revealed that there is an importance in professional activities where nurse-to-nurse communication, connection, and social expression are central for the development and construction of professional identity. This has produced new insights, which can inform practice development.
Rural & regional

Developing strong self-efficacy in first year undergraduate nursing students through the application of a transitional subject: a pilot project

Ms Deborah Magee MACN, Charles Sturt University – Bathurst
Co-authors: Ms Krishna Lambert & Dr Judith Anderson MACN, Charles Sturt University

Background
There is a considerable body of literature on the link between self-efficacy and academic success. This is augmented by interdisciplinary literature discussing strategies effective in improving the self-efficacy of students. However, there appears to be little research conducted on effective strategies to improve the self-efficacy of nursing students. The School of Nursing, Midwifery and Indigenous Health at Charles Sturt University is committed to preparing graduates to practice in regional and remote Australia.

Aims
This project investigates whether a new foundational subject within the Bachelor of Nursing course at Charles Sturt University (CSU) improves participating students’ self-efficacy.

Methods
Students were invited to participate from all first year internal and distance cohorts at CSU. Data was collected in an anonymous survey in week 3 and week 13 of session one using Survey Monkey. Following consent, basic demographic data was collected. The New General Self-Efficacy Scale, developed and validated by Chen, Gully and Eden (2001, p. 63 – 81) was utilised to collect data on students’ perceptions of self-efficacy.

Results
No comparison could be made between the responses of individual participants between week 3 and week 13. However, the demographic characteristics of participants at the two data collection points were remarkably similar in age, gender, country of birth and educational background. The New General Self Efficacy Scale demonstrated higher than anticipated score for the participants at both data collection points.

Conclusion
The researchers would like to know more about the students that participated in this study. What are the factors that have contributed to their high level of self-efficacy at the commencement of tertiary study?

Nurse triage education in rural and remote South Australian hospitals

Mrs Sandra Gilbert MACN, Country Health SA Local Network
Co-author: Mrs Carol Salmon MACN, Country Health SA Local Network, Ms Noelene Cooper, Country North SA Medicare Local

Introduction
Enhancing nurse assessment, triage and clinical decision making skills in rural and remote hospitals is crucial for improving patient outcomes. This paper reports on the 2012-2013 collaborative Country Health SA Local Health Network and Country North Medicare Local Targeted Nurse Triage Education Project.

Summary
Nurses are in the frontline of health care in accident and emergency areas of rural and remote hospitals in South Australia. Nurses in rural and remote contexts face challenges in relation to distance, isolation, varying sizes of health units, no medical officer on site and a wide range of patient presentations.

The Targeted Nurse Triage Education project aimed to:
• Improve nurse knowledge and skills managing triage category 4 and 5 presentations to emergency departments.
• Develop clinical decision making to enable nurses to work within authentic scope of practice.
• Improve nurse knowledge of after-hours health services.

This project enabled development of E resources and interactive workshops using scenarios relevant to the rural and remote hospital context.

149 nurses from 32 rural and remote hospitals from country South Australia attended nine workshops.

Nurses rated the content and interactive education style used in the workshops very highly. All nurses indicated improvement in clinical judgement and triage skills as a result of workshop participation. Evaluation is planned for the E resources.

Conclusion
Increasing nurse skills triaging and managing patients that present to emergency departments, will better equip them to make effective clinical decisions, provide a higher standard of care and initiate timely, effective and communication with the medical officer or health care team.

This report on the development, implementation and evaluation of a targeted triage education project provides insight into nurse triage education needs in rural and remote hospitals.
Use of micro-blogging technology to enhance student interaction in multi-site lectures

Dr Karen Yates MACN, School of Nursing, Midwifery & Nutrition, James Cook University
Co-author: Prof Melanie Birks FACN, School of Nursing, Midwifery & Nutrition, James Cook University

Several barriers to student participation traditionally plague large lectures. The passive nature of student learning and the fear of asking questions in an open forum can inhibit the effectiveness of large group teaching. Enhancing student engagement is key to overcoming the limitations of the lecture experience and there is an increasing body of knowledge that suggest that such engagement can be enhanced through the use of social media in the classroom.

The Bachelor of Nursing Science course at JCU has students participating from five campuses across north Queensland in addition to external students. The first year subject ‘Lifespan Development’ has around 350 students enrolled each year. Two-hour lectures are video-conferenced to all sites, creating an environment in which it is difficult to engage students. Comments from students on recent subject surveys identified some of the difficulties students had in lecture, these include: “when questions are asked, not everyone can hear”, “extremely hard to engage”, “huge volume of information to cover” and “lectures were really difficult to concentrate”.

A number of micro-blogging technologies are starting to be utilised in teaching situations to enhance student participation and engagement. Literature evaluating this strategy as yet is minimal and none existing in respect of nursing. This presentation describes a project that pilots a private backchannel program during lectures in a first year nursing subject. Backchannel programs enable students to post short questions throughout lectures (similar to a “Twitter” feed). The aim of the research is to examine the effectiveness of this technology in promoting student participation and engagement. Outcomes of this study are expected to include the identification of actual value and potential applications of backchannel programs as a strategy to enhance teaching and learning in multi-site synchronous delivery.

Health service delivery in the resource and other sectors

Ms Margaret Milne, Aspen Medical

Aspen Medical is involved in the delivery of primary health services and emergency care across Australia and some international locations for the resources industries such as oil and gas sites. We support the Australian Federal Police in the Solomon Islands and the Australian Defence Force bases throughout Australia.

Our teams provide for the management of urgent and non-urgent illness and injury for populations ranging from the few hundreds to accommodation villages of 4000 – 5500 plus occupants. The services are provided by multi-disciplinary teams consisting of a range of clinicians including General Practitioners, Nurse Practitioners, Registered Nurses and Midwives, and Intensive Care Paramedics.

The skills required in dealing effectively with these unique service and population groups includes managing presentations due to extreme climate conditions, acute medical conditions, as well as social and emotional wellbeing, whilst endeavouring to minimise the impact on very limited or non-existent community health services. The teams are actively engaged in developing and presenting health promotion and information activities for these diverse workforces.

Although appearing similar to presentations at Emergency or Primary Health facilities this is complicated by the remoteness of our facilities and the evacuation from their workplace of sick or injured staff. Aeromedical retrieval management is a key platform in ensuring patient access to tertiary level care to the closest centre and is coordinated via range of services, including the Western Australia Resources Aeromedical Evacuation (WARAME) service.

The clinical experiences and learning from delivering care in these austere environments present challenges to our teams in providing optimal patient care to these diverse populations. This paper will provide a greater understanding of clinical and management skills required to operate successfully in these environments and the challenges ahead.
Custodial nursing - Nursing Victoria Police detainees; our professional and ethical obligations
Ms Josephine Heard MACN, Victoria Police
Co-author and co-presenter: Mr Benjamin Gorrie, Victoria Police

Nursing encompasses autonomous and collaborative care of individuals of all ages, families groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of all, disables and dying people. Advocacy, promotion of a safe environment, research participation in shaping health policy and in client and health systems management and education are also key nursing role (ICN 2010)

How do we meet these challenges within the contextual environment of custodial nursing?

Victoria Police is a signatory to the Charter of Human Rights and Responsibilities Act 2006 (parliament of Victoria). This intends that prisoners are entitled to the provision of quality health care regardless of the crime they have committed, where they have come from and who they are.

Victoria Police are responsible for approximately 300 prisoners in police custody at any one time. The Custodial Health Service is a team of doctors and nurses who are responsible for the delivery of health service to all police prisoners 24 hours a day, 7 days a week.

Victoria Police detainees could be held in custody for greater than 2 weeks and at times up to a month. Some Police gaols offer no further care other than that offered at a public emergency department which challenges care when faced with prolonged stays with limited access to diversion therapies or counselling.

There are multiple challenges we face in meeting health needs to prisoners in custody. The disabled and mentally unwell are over represented, and many prisoners are either drug or alcohol dependent or both, with many having complex medical needs. Limitations include access to community or other health services, mental health services, diagnostic equipment (radiology, pathology, dental, and other specialist services)

The purpose of this presentation is to explore how we as nurses meet these challenges whilst acting ethically and within our code of conduct.
Do as I say ... nurses as role models for health promotion?
Ms Kay Ross MACN, Southern Cross University

Research shows that nurses are expected to be role models to their patients when talking about lifestyle issues such as obesity, smoking, alcohol, exercise, stress and nutrition (Rush, Kee, & Rice, 2005, p. 168) and that overweight nurses do not have the confidence to talk to their patients about healthy eating. Ensuring that nurses take responsibility for their own health and act as role models for healthy lifestyle messages is imperative for the successful delivery of lifestyle and health promotion services (Rush et al, 2005).

Recent research of over 6000 Australian nurses by the author found the lack of uptake of a healthy lifestyle by many nurses inhibited effective role modelling to their patients; survey participants were asked to rate their perceptions about nurses being role models. 82.4% of participants felt that nurses should be role models for their patients, while 63.4% felt that nurses who are unhealthy role models are negatively impacted in their ability to provide health promotion strategies.

The community holds nurses to a higher level and have the expectation that nurses should be role models in lifestyle risk factor behaviours (Borchardt, 2000). The author’s research found that the message of lifestyle risk factors is not impacting on the health of many nurses who are overweight, smoke, drink excessive alcohol and do not eat a healthy diet or undertake the recommended level of physical activity.


Transition shock - what are we going to do about it?
Ms Christine Ashley FACN, University of Wollongong

Background
Moving from a familiar work environment to the ‘unknown’ is a stressful experience for us all. The ‘transition shock’ experienced by graduates transitioning from university to the workplace has received considerable attention, yet less research exists about the impact on experienced nurses moving to new work settings. Estimates suggest that possibly 70% of health care will be provided in primary care settings in the next decade, requiring many nurses to move from acute hospital workplaces to primary health settings to meet this need. However there is a dearth of research relating to the personal experiences of nurses who have undertaken such a move, and the effect of ‘transition shock’ on other factors including safety and financial costs.

Aim
A review of the literature relating to transition experiences of health professionals in various settings was undertaken to form the basis for further work to identify the impact of transition shock, and to consider strategies which may assist the transition process for both health care employers and nurses.

Methodology
Relevant material was gathered from peer-reviewed journals and the grey literature. Search terms included: nurs*; transition; internship; transition; primary health care, transition shock. Sixty five papers were found to be relevant to the study.

Results
Findings supported previous studies which found the transitioning process to be stressful for both new graduates and experienced nurses. Time taken to adjust to new workplaces varied, and was positively influenced by effective preceptors and mentors and other supportive measures. Poor transitioning experiences have financial, workforce and safety implications, although there has been little research in Australia to fully explore the impact of these.

Conclusion
There is an urgent need for more research to explore the transitioning experiences of nurses moving to primary health care settings in order to develop strategies to minimise transition shock.
Acute care

Workplace aggression in health care settings: are we staying ahead of the game?
Dr Danny Hills MACN, University of Canberra

This presentation reviews the conceptualisation of workplace aggression, its known prevalence, antecedents and impacts in the health care sector, and the ongoing challenges in effectively preventing and minimising the likelihood and consequences of workplace aggression.

Despite some conceptual confusion, it has been clearly established that workplace aggression is a prevalent phenomenon and, compared to other occupational groups, the health professions are amongst the most exposed. Workplace aggression may arise from persons external to the workplace (patients, their relatives or carers and other members of the public) or internal to the workplace (supervisors and other co-workers). Overall, aggression from external sources is more prevalent than from co-workers, despite the attention from the media and legislators given to co-worker aggression, especially bullying.

The range of factors that may be considered risks or protective for workplace aggression exposure, including perpetrator characteristics and conditions, clinician characteristics, and work settings, arrangements and conditions are discussed. Emerging fields of enquiry are also considered. The potential impact on clinician health and well-being, performance and workforce participation decisions are reviewed, as are the likely flow-on effects to the quality and safety of health care.

Evidence on the uptake of workplace aggression prevention and minimisation efforts in Australian settings, both in Australia and internationally, are reviewed. While the research evidence on the prevention and minimisation of workplace aggression in health care settings is limited, it is argued that theory-based solutions are likely to be effective, especially when combined with structured approaches to implementation, such as the ‘hierarchy of control’, that can help prioritise workplace aggression prevention and minimisation efforts.

Recommendations are proposed for establishing a broader knowledge base to assist clinicians and health organisations in preventing and minimising workplace aggression, such as by adapting evaluation research and improvement methods, and formally disseminating study outcomes, including in the peer-reviewed literature.

Supervising care: preparing staff for critical conversations
Ms Margaret Martin MACN, South Eastern Sydney Local Health District
Co-presenter: Ms Robin Girle, South Eastern Sydney Local Health District
Co-authors: Ms Karen Tuqiri MACN, Mr Keith Jones & Ms Robin Girle, South Eastern Sydney Local Health District

Complex and rapidly changing environments are the norm rather than the exception in acute care settings. Nurses and Midwives are responsible for ensuring that despite this complexity, patient care is provided safely and effectively. For this reason, supervision at the point of care is critical to ensuring that the skill sets of all team members are developed and maintained. An essential component of supervision of clinical care is the ability to give and receive effective feedback.

This paper will give an overview of the bodies of work undertaken by the SESLHD Nursing & Midwifery Practice and Workforce Unit (N&MP&WU) to provide for the sustainable development of skill sets that will enable nurses and midwives to support professional standards and focus on patient care. These skills include reflection and clinical supervision at the point of care The role of feedback and managing challenging conversations has emerged as a central theme in this work. In particular, the ability for staff members to engage in a conversation with another regarding standards of clinical practice and attitudes towards patient care have been raised as amongst the most challenging to initiate. The enabling of individuals to engage in such conversations will be discussed, and the opportunities this presents for the enhancement of teamwork and the shaping of effective cultures will be explored. Pivotal to this work has been the use of coaching skills, facilitator training, leadership development, group clinical supervision and action learning sets both in pre-existing teams and training cohorts.

Abstracts of Forum presentations are printed here as submitted to ACN.
The influence of workplace culture on nurses’ learning experiences: results of a systematic review of qualitative evidence

Ms Kathryn (Kate) Davis MACN, The William Light Institute (TWLI) The Joanna Briggs Institute (JBI)

Background/Description
This review critically appraised and synthesized literature to understand the quality, value and type of learning nurses experience within the workplace environment. The focus was on nurses’ learning experiences and the influence work culture has on those experiences.

The literature is conflicted regarding the relationship between workplace culture and health performance (or patient outcomes). However, healthy workplace and learning environments are strongly linked to the application of evidence based nursing practice and are underpinned by a culture of team work and collaboration. Understanding nurses’ learning experiences is crucial in applying evidence based practice and improving patient outcomes.

Summary - Inclusion criteria –PICo
Types of participants
This review considers studies that include nurses working in a western acute health care facility.

Types of phenomena of interest & Types of studies
The review includes studies that focus on qualitative data including, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

Assessment of methodological quality
Qualitative papers selected for retrieval have been assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI).

Data synthesis
Qualitative research findings have been pooled using JBI-QARI. This involved the aggregation or synthesis of findings to generate a set of statements then categories that represent that aggregation. Categories were then subjected to a meta-synthesis to produce a single comprehensive set of findings that can be used as a basis for evidence-based practice.

Conclusion
The importance of a healthy workplace culture, one that enables the free exchange of ideas, and support for nurses’ learning, is increasingly relevant as acute health care environments also increase in complexity. Results will be presented that inform our understanding of nurses’ learning experiences in the workplace, and will point to requirements within workplaces (and work cultures) that enable team work, access to ongoing education, nursing retention, collaboration, communication and importantly, patient safety.

A framework for developing competence

Ms Sally Lima MACN, The Royal Children’s Hospital Melbourne

Co-authors: Dr Sharon Kinney MACN & Prof Fiona Newall MACN, The Royal Children’s Hospital Melbourne.
Dr Helen Jordan & Dr Bridget Hamilton, The University of Melbourne

Understanding the factors that enable nurses to develop competence is fundamental for healthcare organisations to ensure quality outcomes for patients. Despite the importance of a competent workforce, the most effective means through which competence develops and is assessed remains elusive. The aim of this study was to evaluate a framework promoting competence in nurses new to paediatric practice (Framework).

Applying the principles of program theory evaluation, a two phase, mixed method design was applied. In Phase One 12 focus groups were conducted to gain understanding of the Framework’s theory. Phase Two was an explanatory sequential mixed method design. In the quantitative strand 47 graduate nurses were invited to complete the Nurse Competence Scale (NCS) three times over 6 months. This enabled a measure of the extent to which competence develops. In the qualitative strand 21 graduate nurses were interviewed to explain the variations in competence development in light of their NCS results.

Focus group participants in Phase One articulated a range of processes, contextual factors and standards impacting the development of competence. Results from the NCS indicated nurses made statistically significant gains in competence over 6 months. The findings from the interviews, considered in combination with the findings from Phase One and the NCS, enabled discernment of the factors in the Framework that most contribute to development of competence. These include; the individual within the team, asking questions, provision of guides, engaging in endeavors, and identification and interpretation of standards, all taking place in a particular context.

Significant time and resources are directed at supporting the development and assessment of competence. This study has led to articulation of a theorised framework to underpin development of competence. The findings of this study will contribute to local, national and international knowledge related to competence development both in nursing and other health professions.
Leader rounding: the key to great patient outcomes; the secret to the development of skilled nursing teams; and the pathway for the development of great leaders
Ms Leanne Rowlands MACN, Epworth HealthCare

Leader rounding is a methodology employed at Epworth HealthCare to assist the achievement of improved patient outcomes, improved staff satisfaction and skill base, and the development of excellent clinical leaders.

Description
Epworth Health Care embarked on a journey to excellence in 2009, “Epworth Excellence”, adopting and adapting a number of Studer principles. A team based model of care has been adopted to deliver nursing care. Hourly rounding, whiteboard use, clinical bedside handover, and a risk reduction focus, form the framework for nursing assessment, intervention and evaluation within the inpatient units.

“Epworth Excellence” requires that every inpatient within Epworth HealthCare is visited or “rounded” on by a nurse leader, every 24 hours, to verify and validate that their care needs are being undertaken, addressed and met. This is called “Leader rounding”. Each leader assesses the level of care being provided to each patient through a simple, quick evaluation of pt. condition and documentation, and by asking each patient their understanding of what care is being provided and why. The nurse leader makes an assessment as to the quality of care and ensures there are no omissions of care. Feedback and coaching is provided directly to staff caring for patients with relativity in a timely manner. Each leader documents their episodes of leader rounding, auditing is conducted and group wide benchmarking is undertaken. A target KPI of 100% achievement has been established.

Summary
Direct measurement of leader rounding shows organizational wide compliance of >95% leader rounding. Leader rounding, along with a number of Epworth Excellence initiatives has contributed to the overall reduction of clinical incidents, and increase in organizational wide patient satisfaction.

Conclusion
Leader rounding has had a significant contribution to improving the patient experience and outcomes at Epworth Healthcare, and has provided a platform to further develop the skills and abilities of our clinical leaders and nursing teams.

Transformational nurse leaders: South Australia’s experience of the Clinical Leadership Programme in Australia™
Ms Kristina Judd, Clinical Leadership Programme in Australia™
Co-presenter: Ms Kirstie Walkley MACN, Clinical Leadership Programme in Australia™
Co-authors: Ms Kirstie Walkley MACN & Ms Heidi Silverston MACN, Clinical Leadership Programme in Australia™

Clinical Leadership is an important part of building and maintaining a quality health system.

The Clinical Leadership Programme in Australia™ has been helping nurses and midwives to build confidence and ability as Clinical Leaders for over ten years. The programme focuses on personal and professional development of clinicians with the specific aim to achieve safe, quality, person centred care. It assists health care professionals to develop leadership strategies to deal with the realities of day to day practice.

Since the inaugural programme in 2003, over 420 nurses and midwives have been supported to develop their skills as leaders. Since 2009, nurses and midwives have participated in the Clinical Leadership Programme in Australia™ in an interprofessional model with colleagues from the allied health and medical professions. Upon completing the 12 month programme, Clinical Leaders say, amongst other things, that it has better equipped and assisted them to:

• Understand self and others;
• Appreciate what leadership is and is not;
• Establish professional networks;
• Innovate, implement and manage change in a challenging environment;
• Build, strengthen and enable individuals, and teams;
• Look at and listen to what is said by consumers of services so they are better able to meet their needs.

This presentation provides a brief overview of the programme, including the theoretical framework and integrated components, as well as exploring and discussing the outcomes mentioned above.
A Nursing & Midwifery ‘Communities of Practice’ structure to enhance workplace culture and practice

Mrs Maureen Mcilwrath MACN, Liverpool Hospital NSW
Co-presenter: Ms Maria Lingam, Liverpool Hospital NSW
Co-authors: Ms Anna Thornton MACN & Ms Kylie Wright, Liverpool Hospital NSW

Introduction
A Community of Practice (COP) is a model of situational learning, based on collaboration among peers, where individuals work to a common purpose, defined by knowledge rather than task.1 COPs provide a practice based framework for constructing clinical based, collaborative learning and promoting engagement with like-minded colleagues.

Summary
Early 2012, a senior nurse’s forum at Liverpool Hospital in Sydney, Australia identified some key concerns around engagement and communication. Collectively, this group wanted to strive towards the creation of a workplace culture that demonstrated excellence in person centred care, where teams collaborated effectively, and clinicians felt empowered. It was thought that participation and collaboration through a Nursing and Midwifery Clinical Practice Committee (NMCPC) and COP structure may ensure that clinical service delivery was congruent, person-centred, and supportive of the facility’s Practice Development (PD) work.

Consultation and collaboration processes grouped clinical specialty areas and formed a configuration for the COP groupings. The COP structure supports the development and ongoing reflective evaluation of practice and patient care and is underpinned by the principles of transformational practice development (PD). A “Year in Review” forum, held at 6 and 18 months after the COP structure was implemented, evaluated processes and outcomes and identified challenges and future directions.

Conclusion
This paper will facilitate discussion around how using the principles and processes of PD, a hospital wide NMCPC works collaboratively with specialty specific COPs to develop and facilitate the provision of evidence based, person centred care to create an environment for improved patient outcomes, support PD work being undertaken across the facility and enhance workplace culture and practice.

Power in partnerships: collaborating for excellence in evidence-based practice

Prof Kim Walker MACN, St Vincent’s Private Hospital Sydney & University of Tasmania
Co-author: Prof Jose Aguilera OAM FACN, St Vincent’s Private Hospital Sydney & University of Tasmania

Introduction
Translating research evidence into clinical practice to ensure high quality and safety of patient care is a global imperative for the healthcare system. Nurturing the next generation of healthcare researchers is equally an imperative for both the higher education sector and the health sector. In this presentation we provide robust evidence of how a strong partnership between academia and healthcare operates to strengthen the respective agendas of each while fostering excellence in translational research activity and outcomes.

Description of intervention
Practical initiatives and their effects are showcased to highlight the mutual benefits of embedding researchers in clinical practice to enable the career progression of academic researchers and clinician/managers. Innovative approaches to the uptake of research evidence into clinical practice highlight how Magnet recognition® empowers staff to constantly improve the quality and safety of patient care. The development and implementation of a professional doctoral degree designed specifically for health sector professionals is the exemplar through which our results are achieved and in this presentation we discuss how and why this initiative is the way of the future in improvement science and evidence-based practice.

Results
A range of conjoint appointments, honorary positions, university and health sector supervision of research higher degrees, strong uptake of professional development through the doctoral program impact productivity in respect of publications, grant funding opportunities and real improvements in the structures, processes and outcomes of patient care.

Significance/Impacts/Implications
Healthcare today is more complex, costly and scrutinised than ever before. The rapid churn of new knowledge to inform best practice requires creative collaboration between the knowledge producers and consumers. Our initiative of embedding translational researchers in clinical practice through the vehicle of a professional doctoral program operated from within the healthcare facilities is both novel and timely.
Reducing risk for vulnerable children by engaging families in the medication safety agenda

Prof Val Wilson, The Children’s Hospital at Westmead
Co-presenter: Adj Prof Annette Solman FACN, The Sydney Children’s Hospital Network
Co-authors: Adj Prof Annette Solman FACN, The Sydney Children’s Hospital Network, Assoc Prof Beata Bajorek, Prof Doan Hoang & Mr Albara Alomari, University of Technology, Sydney

Approximately 6% of admissions to Australian hospitals are associated with an adverse drug event; rising to over 25% in high risk individuals. Drug errors are the most common adverse event experienced by paediatric patients. Multiple attempts have been made to improve medication safety however, the results have been variable and where positive outcomes have been reported; only short-term benefits have been observed. Most interventions have focused on isolated, discrete elements of medication management and have failed account for the complex interaction of the child/family, health provider, healthcare systems, and the overall organisational safety culture, which influence care outcomes. Families who have a central role in caring for the child in hospital and at home, have to-date been largely ignored. There is therefore an urgent need to engage staff and families in developing innovative and sustainable solutions to medication errors.

Aims: The purpose of this study is to empirically develop, implement and evaluate targeted interventions to improve medication management through addressing key aims: 1) identifying the barriers and facilitators to safe medication practice; 2) developing targeted interventions supporting family involvement in the medication safety agenda; 3) implementing and evaluating targeted interventions to improve medication safety.

Context: The study is set in a 17-bed specialised medical ward caring for children who have complex healthcare needs.

Study Methods and Design: This Action Research study brings together staff and families as co-investigators alongside multi-disciplinary health researchers. Data collection uses mixed-methods incorporating observations of practice, safety surveys, incident data, interviews and focus groups. Analysis is undertaken by the action research team to inform development of interventions.

Outcomes of the study to date (covering the first two aims) will be presented together with our evolving understanding of the unit’s overall safety culture. We will also discuss the processes used to involve staff and families in research.

The nexus underpinning missed nursing care

Dr Ian Blackman, Flinders University
Co-authors: Professor Eileen Willis, Professor Patti Hamilton, Dr Julie Henderson, Dr Luisa Toffoli, Dr Clare Harvey, Ms Claire Verrall & Ms Elizabeth Abery, Flinders University

Introduction to the research: This study quantifies which aspects of nursing care are reported as being missed by qualified nurses and goes on to identify if the reasons for missed study can be predicted or explained by different nurse demographic and organisational factors. The study expands on the results of previous international research conducted by Kaisch in developing the MISSCARE research survey tool and applies it to one Australian context. Data were obtained from an electronic survey sent to nursing members of the Australian Nursing and Midwifery Federation of South Australia. A self-report, Likert-type instrument was used to capture the strength and direction of consensus derived from a sample of 289 nurses and midwives about which aspects of nursing care are missed and the rationales for this happening.

Summary of results: The study confirms what types of nursing care are missed, frequencies and why care is missed. It provides explanations for variables such as the times of the nurses’ work (shift type), nursing resource allocation, health professional communication, workload intensity, workload predictability, the nurses’ satisfaction with their current job and their intention to remain working. These eight variables alone explain thirty-four per cent of the variance of the total scores for why nursing care is reported as being missed.

Conclusion: Historically the MISSCARE survey has identified what types of nursing care is missed. This research takes this concept further by producing an interactional model crystallizing the effects different variables have on why nursing care is specifically missed. These South Australian findings not only contribute to other international studies that identify why nursing care is omitted, they provide a framework for why reported episodes of missed care can be predicted and how they might be subsequently addressed.
Evaluation of ECG Guided Peripherally Inserted Central Venous Catheters (PICCs)
Ms Fiona Stewart, Westmead Hospital
Co-author: Mr Anthony Marshall, Westmead Hospital

ECG PICC tip technology uses magnetic tracking and an ECG to optimally place the PICC tip in the lower third of the Superior Vena Cava (SVC). ECG Technology is an approved alternative method to chest X-ray and fluoroscopy for final PICC tip confirmation. The technology is supported by governing bodies including Infusion Nurses Society and The Association of Vascular Access. ECG technology is widely used throughout the world, since as early as 2000, including the US, Canada, UK and Europe.

Prior to the arrival of ECG Technology, our Vascular Access staff would insert PICCs and then rely on a chest X-ray to confirm tip position. Each chest X-ray costs, on average cost $47.00 (porter age not included). Chest X-ray wait times can be lengthy, (our data shows some patients can wait up to 5 hours for a Chest X-ray) and it is not uncommon to detect a PICC malposition on x-ray (e.g. internal jugular) which requires urgent attention to correct the PICC placement. The patient is then often referred to Radiology department to have the PICC rewired /replaced at an additional cost (and time) including radiologist and consumables.

Introducing ECG Technology has not only corrected the malposition’s previously experienced at time of placement, but further facilitates our PICC insertion services by minimising the need for chest x-ray and fluoroscopy. We have demonstrated that the technology reduces both time and labour costs, which enables us to provide a more proficient service. In addition, it alleviates pressures in radiology, maximising porter time, minimising the harmful exposure to radiation and most importantly improving patient outcomes whereby infusion therapies can be commenced immediately at the completion of the PICC Insertion.

This evaluation will look at our overall experience & how it has benefited the patient, staff & health budget.

Extracorporeal membrane oxygenation for critically ill adults in ICU - a nurse-led multidisciplinary Cochrane Collaboration systematic review
Mr Ralph Tramm MACN, Monash University
Co-authors: Assoc Prof Dragan Ilic, Assoc Prof Andrew R Davies & Dr Carol Hodgson, Monash University, Ms Lorena Romero & Dr Vincent Pellegrino, The Alfred Hospital

Introduction
Extracorporeal membrane oxygenation (ECMO) is used as a life-saving option for critically ill adult patients in the intensive care unit (ICU). Yet, 40 years after its first introduction, conflicting evidence still remains regarding its effectiveness.

Background
ECMO is a form of life support targeting the heart and lungs. ECMO provides gas exchange and systemic circulation in patients with severe respiratory failure or severe cardiac failure including refractory cardiac arrest (extracorporeal cardiopulmonary resuscitation (ECPR)). The conduct of trials to measure clinical effectiveness in adults has been challenging. Guided by the Cochrane Collaboration, our multidisciplinary team (nurses, physiotherapists, physicians, scientists and librarians) collected and assessed the best available evidence to determine whether ECMO use in adults is effective in improving survival compared to conventional respiratory and cardiac support.

Objectives
The primary objective was to measure all-cause rate of mortality closest to 30, 60, 90 days and/or at six months.

Methods
A systematic review of randomised controlled trials (RCTs) comparing ECMO treatment to conventional respiratory and cardiac support in adult patients was performed according to Cochrane Collaboration protocols.

Summary
Four RCTs have been conducted in patients with acute lung failure; all of which concluded with no difference in all-cause mortality. One trial reported higher survival in the ECMO group at 6 months post-intervention. Medical and technological advancements around the year 2000 introduced clinical heterogeneity that prevented meta-analyses of the four RCTs. There were no completed RCTs in cardiac failure or cardiac arrest. We found two RCTs recruiting patients with cardiac arrest and two RCTs recruiting patients with acute lung failure.

Conclusion
ECMO use in patients with acute respiratory failure remains inconclusive. ECMO use in cardiac failure or arrest is a new area with no completed RCTs available. We recommend matching and combining of ongoing RCTs with RCTs conducted after the year 2000.
The evolution of the Graduate Coach role; supporting graduate nurses to respond to rising patient acuity and complexity
Ms Sarah Roberts, Royal Perth Hospital
Co-author: Ms Charmaine Hammond, Royal Perth Hospital

This abstract describes the education, support and clinical development of graduate nurses within an ever more challenging work environment at Royal Perth Hospital (RPH) using individual clinical coaching at the bedside to develop skills, guide critical thinking and foster reflective practice.

Research states that the pace of nursing continues to increase, become more demanding and involve more complex patients and shorter hospital stays. Provision of effective support for new graduates is challenging in this environment. According to new evidence, graduates require significant development in problem solving or critical reasoning skills; these skills are central to demonstrating nursing competence. However, barriers to effective support create a focus on task performance rather than well rounded competence.

The Graduate Coach (GC) role was established four years ago at RPH. Each GC cohort is independent of the clinical area and works exclusively with graduate nurses for their initial eight weeks. In line with new evidence and organisational change, the current focus is coaching the graduate one on one in the clinical area; enabling them to apply their knowledge, develop skills, gain experience and using these key components to foster critical thinking and reflective practice.

During induction with the Graduate Program Coordinators, the GCs explore and workshop identified key concepts providing a foundation to coaching new graduates. Induction is consolidated with weekly education as well as an online toolbox to support the coaching skills they have learned.

The current focus has been in effect since January 2013. The induction program and weekly education are being modified according to GC feedback with tools being designed to assess the GC in the clinical area. While feedback from the subsequent cohorts of GCs and graduates has been positive there are areas requiring further development in this evolving role.

Nurse Interrupted
Mrs Carolyn Hayes, University of Technology Sydney
Co-authors: Prof Debra Jackson FACN & Dr Tamara Power, University of Technology Sydney, Prof Patricia Davidson FACN, Johns Hopkins University

The negative impact interruptions and distractions have during medication administration has been universally acknowledged. The development of strategies aiming to decrease or eliminate interruptions during the process has been the primary response to this global issue. Irrespective of these strategies, some interruptions and distractions are inevitable in the workplace.

Summary
When learning about the process of medication administration undergraduate nurses are traditionally taught the 6 rights of medication administration, pharmacology, and mathematics. Little is known about how nurses manage these newly acquired skills outside of the controlled environment in which they learn them. Though the use of a carefully designed role-play simulation, second year undergraduate nursing students at a large Sydney university, were exposed to common interruptions and distractions during the process of medication administration. Rich qualitative data was collected following this innovative learning experience via student reflective responses and email interviews with academic staff. Tanner’s model of clinical judgement in combination with Kolb’s theory of experiential learning provided the theoretical underpinning for this project. Jeffries adaptation of Kolb’s work as it applies to simulation in nursing and quality indicator statements for simulations developed by Arthur were also integral to the design. Students reported a high level of realism, an awareness of the impact that interruptions during the medication administration process, and discussed potential management techniques.

Conclusion
The processes involved in safe administration of medications require nurses to make sound clinical judgments using critical thinking skills to problem solve. It is not possible to eliminate all interruptions and distractions during these processes therefore strategies to manage them both confidently and safely, and reduce the risk of error are essential. At the undergraduate level, tailored, realistic and focused learning that fosters these skills is critical.
Moving forward: innovating a graduate program to achieve shared governance
Ms Petra Spiteri, Eastern Health on behalf of Ms Melinda Grice MACN, Eastern Health
Co-authors: Mrs Michelle Rutherford, Mrs Giselle Mitchell & Mr Scott Readett MACN, Eastern Health

Introduction
Engaging with the newly employed nurse is imperative for their career success and to optimise retention within the profession. The new generation are not familiar with barriers to communication as they utilise various technologies 24/7. Yet, the work environment often fails to deliver the same freedom of communication.

Background
Eastern Health is the second largest Victorian metropolitan health service. The transition year for the newly registered nurse/midwife, the Graduate Program (GP), aims to provide a structured framework of support to enhance workplace skills, knowledge and acclimatisation.

Ongoing evaluation of the GP identified a need to enhance the communication and establish a mechanism for shared governance. Traditional methods of communication were limiting engagement opportunities as they relied upon the individual being within their clinical work environment, when the focus is primarily on delivering care and not necessarily sourcing information.

Description
During 2013 various technologies were introduced with assimilation to the platforms proving to be seamless by the Graduate uses. The technologies included facebook, video blogs and a learning management platform with remote access capability, providing access to resources, alerts for important dates, planning and scheduling for educational opportunities and group networking.

To facilitate the Graduate ‘voice’, a Representative Council was established through self-nomination. Eight Graduates represent the collective 150 individuals and have two identified broad aims:
- To provide a voice for Graduates across the seven hospital sites in the health service
- To create a networking group to enhance support for each other and unite the Graduates in their shared and common transition experiences

Conclusion
These innovative and collaborative arrangements have enhanced communication and demonstrated the value of partnering with consumers in order to understand their changing needs, current experiences and provide a mechanism for self-reliance and shared support.

Reorientating student orientation
Mr Scott Readett MACN, Eastern Health

Aim
Comprehensive orientation is fundamental to achieving a positive student experience. This project aimed to improve the student experience by maximising time in the clinical environment, through providing a comprehensive on-line orientation program prior to commencement. A secondary aim was to increase clinical placement capacity across the organisation by releasing time to the educator and unit based preceptors.

Method
Eastern Health is geographically the largest Victorian metropolitan public health service, spread across multiple sites and clinical settings. Lack of consistency in orientation information and processes provided the initiative to enhance the delivery of orientation to the student population.

Using an on-line platform, orientation resources were consolidated and a consistent program developed, which included an interactive mandatory e-learning course with access to placement specific resources. Student progress and compliance was tracked through the system to ensure preparedness for clinical placement.

Progress
On average 4,250 nursing and midwifery students undertake placement with Eastern Health each year. Previously, upon commencement of their placement students attended a full day of face to face orientation which was largely removed from the clinical environment.

Utilising technology to deliver core orientation requirements on an on-line platform has released approximately 40,000 student clinical placement hours into the clinical environment, enhancing the student placement time and experience. This has resulted in an estimated annual saving of $100,000 in clinical educator time.

Evaluation of the student preparedness for placement is being examined through self-assessment surveys undertaken by students, nurse educators and operational staff. A comparative analysis with the previous traditional orientation method will be examined and inform future changes and ongoing innovation in student orientation.

Conclusion
The on-line platform has been well received by students and staff. The use of technology to streamline the student orientation process has transformed the student placement experience.
Acute care

Combating the ‘I’m too busy’ mentality: the development of a successful continuous professional development and quality assurance program for bedside nurses

Ms Elizabeth Matters MACN, North Shore Private Hospital

This paper examines the components of a successful continuous professional development (CPD) and quality assurance program developed in a twenty-five bed cardiac unit within a metropolitan, acute-care hospital. The inclusion of quality CPD programs within healthcare settings has many demonstrable benefits. On an individual level, nurses who participate in CPD experience improved professional satisfaction and demonstrate higher levels of performance. At an organisational level, CPD programs act as a valuable contributor to the creation of a positive and high-achieving culture. Despite mandatory participation in CPD now comprising part of the annual nursing registration requirements in Australia, it is often difficult to find time for these activities in the workplace and resistance is faced from employees who feel too overwhelmed by their bedside nursing duties to participate. Yet Australian healthcare organisations who wish to “stay ahead of the game” and to ensure that they retain high quality nurses must find strategies to motivate their employees to participate regularly in such programs. This paper describes how the provision of individualised study programs and daily themed learning sessions markedly improves CPD attendance and staff morale. It also shows how the development of initiatives such as an educational staff newsletter, open disclosure of audit results and the promotion of nurse-led quality projects results in improved patient satisfaction and better clinical indicator results. The success of this initiative is recognised by both hospital management and external healthcare standards accreditors and contributes to the organisation remaining an employer and healthcare provider of choice. The paper concludes that a successful CPD program delivers important returns for both the individual participants and the healthcare organisation. This finding is significant to the wider profession as it shows that participation in CPD does improve the quality of healthcare delivery and is a valuable strategy to “stay ahead of the game”.

Job satisfaction of overseas-qualified nurses working in South Australian hospital

Mrs Kamal Timilsina, Modbury Hospital
Co-authors: Dr Lily Dongxia Xiao FACN & Dr Ingrid Belan, Flinders University

Background: In recent years overseas-qualified nurses have become a crucial part of the Australian nursing workforce. Studies have highlighted that overseas-qualified nurses have different expectations and values in relation to their job. Understanding the levels of job satisfaction and factors that influence overseas nurses’ job satisfaction is important when considering strategies that will help in retaining these nurses in the workforce.

Aim: The aim of this study was to explore factors affecting the job satisfaction of overseas-qualified nurses working in public hospitals in South Australia and to compare the level of satisfaction among overseas nurses from English speaking backgrounds and non-English speaking backgrounds.

Methods: A cross-sectional survey, using self-developed Job Satisfaction of Overseas Qualified Nurses (JSOQN) questionnaires, was conducted among the overseas qualified nurses from five South Australian public hospitals. Data was analysed using descriptive statistics, inferential statistics and factor analysis.

Results: One hundred and fifty-one (151) overseas-qualified nurses completed the questionnaire, representing a response rate of 60%. Four job satisfaction factors were identified, namely, work environment, interpersonal relationships, communication in English, and financial rewards. Overseas nurses indicated overall job satisfaction. The nurses from non-English speaking backgrounds showed a lower level of satisfaction than those from English speaking backgrounds, influenced primarily by the factor ‘Communication in English’. In addition, there was a negative correlation between length of stay in Australia and satisfaction with work environment among nurses from non-English speaking backgrounds. Participants’ response to the open-ended questions revealed that discrimination, racism, lack of recognition of culture and previous experience in nursing affected job satisfaction.

Conclusion: This study identified four factors that influence job satisfaction in overseas-qualified nurses in general. Additional factors need to be considered by hospital management when examining strategies to assist and retain nurses from non-English speaking backgrounds.
Utilizing two-way learning in multicultural teams to promote culturally competent care

Dr Lily Xiao FACN, Flinders University
Co-presenter: Dr Eileen Willis, Flinders University
Co-authors: Dr Eileen Willis, Flinders University & Ms Lesley Jeffers, Anglicare South Australia

Background: Australia is one of a few developed countries in the world that relies heavily on immigration to maintain productivity and to ameliorate the ageing population profile. This is particularly true for the profession of nursing. Both nurse and patient populations are multicultural. Studies have identified cultural dissonance in healthcare organisations with detrimental impacts on patient safety and equitable care.

Aim: This study aimed to utilize a multifaceted intervention that included a two-way learning model, leadership development and education activities to improve culturally competent care delivered by multicultural teams in an elderly care focused acute care hospital.

Methods: Action research was used as the methodology. Methods included establishing a transcultural nursing facilitators (TNFs) group, a structured education program for the TNFs group, developing resources, activities and case studies at ward level and promoting the project via regular Newsletters and a Grand Round presentation. Evaluation methods comprised a pre- and post- test of the ‘Transcultural Self-Efficacy Tool’ and focus group discussions.

Findings: (1) Multicultural features of nursing workforce: 28 nationalities among the nursing population and 15 nationalities identified in a single ward. (2) Leadership growth among the TNFs group: Both Australian nurses and migrant nurses were selected at ward level to share leadership roles and investigate issues in multicultural teams. (3) Two transcultural nursing learning modules have been developed and evaluated by nurses in the hospital. These modules will be incorporated into induction and orientation programs for new staff. (4) Findings from focus groups and pre- and post ‘Transcultural Self-Efficacy’ survey revealed improved attitudes, knowledge and skills in nurse-nurse and patient-nurse intercultural interactions. Findings also raised issues for further improvements of culturally competent care for patients.

Conclusion: The two-way learning model has advantages in improving intercultural communication, workforce integration and knowledge exchange of culturally competent care through a team effort.

Scope of practice terminology across health professional roles: is nursing staying ahead of the game or behind the eight ball?

Ms Jane Currie MACN, University of Sydney

Introduction

Workforce roles across health care have, and continue to evolve to meet service demand. In doing so, various roles have adopted tasks and functions that have traditionally sat within the domain of another health profession. To define the new roles that have evolved, scope of practice terminology such as ‘expanded’, ‘extended’ and ‘advanced’ has been applied to denote roles that involve particular skill sets or levels of practice expertise. Unfortunately the application of terminology used to define scope of practice has been inconsistent, both inter and intra professionally, which has led to widespread confusion and misunderstanding.

Purpose

This paper provides discussion on existing terminology related to health professional’s scopes of practice within Australia. In particular the terms ‘extended’, ‘expanded’ and ‘advanced’ practice are explored with a view to identifying how these terms are used and for what roles.

Method

This paper has been informed by an extensive review of the Australian literature. Database sources utilized included: Medline, CINAHL, Scopus and Cochrane Database, and a search of the grey literature.

Results

The literature review (n=79) identified the use of scope of practice terminology across a number of health professions including nursing, physiotherapy, pharmacy, paramedic roles, podiatry and radiography. The majority of papers emanated from the nursing profession.

Conclusion

The terminology used to describe and define scope of practice is inconsistently applied both within and between health professional groups. This level of inconsistency is likely to reduce role clarity and reinforce confusion for health professionals and the consumer. To stay ahead of the game and enable roles to evolve and adapt coherently, nursing must now take the opportunity to ensure consistency and clarity of terminology used to define scope of practice and to reinforce the careful and considered application of consistent terminology to emerging and existing roles.
From base camp to summit
Ms Nadia Yazdani MACN, Northern Sydney Local Health District

GRACE (Geriatric Rapid Acute Care Evaluation) service has maintained a high quality of care for elderly patients presenting to the emergency department from residential aged care facilities. Elderly patients are no longer last in line for assessment and management.

Through ongoing education and support to the nursing staff at the residential aged care facilities the capacity of Nursing Home staff enhanced to facilitate patients being cared for in their own bed, avoiding an unnecessary presentation and ambulance trip to hospital.

GRACE date indicates NH patients occupied 536 bed days per month in November 2005, reduced to 300 bed days per month in November 2007, further reduction of 170 bed days per month in November 2010 and 62 bed days per month in November 2013.

Average %55 hospital avoidance per month with a quick turnaround of %37 per month, and Advance Care Planning/ Directive of %83 at the local residential aged care facilities.

International nursing graduates’ transition into aged care in Australia: challenges and Cultural concerns
Miss Santi Gurung, Griffith University
Co-authors: Dr Elisabeth Coyne MACN, Mrs Hazel Rands & Dr Ursula Kellett, Griffith University

Introduction
Graduating international nursing students increasingly seek employment in the residential aged care sector due to the workforce exclusions of Queensland Health. However, the Bachelor degree preparation for nursing students may not adequately prepare new graduates to practise in Residential Aged Care Facilities (RACFs) that do not always provide a structured graduate program. Particular challenges include workload differences, delegation and supervisory roles. These challenges increase the anxiety of new graduates often leading to frustration and early burnout. International students are also challenged by their own cultural adaptation issues into these complex specialised settings. The current study explored the experience of international students from Kiribati transitioning into RACFs, following completion of a Bachelor of Nursing in Australia.

Method
A qualitative approach using a Heideggerian lens was applied to this research. Focus groups and follow-up semi-structured interviews with six recently graduated students were taped and transcribed verbatim. Thematic analysis was used to interpret meanings of the experiences for the participants. The researcher was also an international Masters student who could better understand their challenges and cultural concerns.

Findings
Themes that were identified in relation to transition were: stepping up, being on your own, and developing relevant skills and knowledge. The challenges for the participants also included: being away from family, changing culture and dealing with communication challenges. The participants found practicing in RACFs rewarding as they were able to relate to the residents as family which aligned more closely to their own cultural background.

Conclusion
Overall the transition to aged care for the participants was difficult, but they developed strategies to work through professional and cultural challenges. Recommendations for improving the transition experience would be more clinical placement opportunities in aged care for international students allowing them to observe and understand the role of the Registered Nurse within aged care settings.
Clinical mentoring: from evidence-base to outcomes for older people

Mrs Leanne Lawrence MACN
Co-author and co-presenter: Ms Kelli Viney MACN, Resthaven Inc

“Clinical mentoring: from evidence-base to outcomes for older people” is a project led by Resthaven Inc, that brings together four aged care organisations with the aim of determining “the effectiveness of a clinical mentoring model to bring about change and improve clinical outcomes for older people” (DoHA, 2013). Each participating organisation selected a clinical priority area and appointed a clinical mentor. The project areas cover pain management, manual handling, dementia care and wound management.

Action research methodology was used. Quantitative and qualitative data was collected as evidence to understand the process and outcomes of the project.

To implement practice change in the area of pain management, Clinical Mentors at Resthaven used both formal and informal education and training activities including: presentations and workshops, staff meetings and handovers, 1:1 coaching, and development of learning resources.

Support for the development of the clinical mentor role was provided by the project manager and a clinical coach. The main challenge to achieving positive outcomes was time constraints for mentors and mentees to participate in training activities, and highlighted the importance of the site champion role to support clinical mentors in implementation of change.

In evaluating the effectiveness of the clinical mentor model, preliminary findings have identified improved knowledge and attitudes of staff, policy and practice change across organisations, decrease in workplace incidents and increases in client, resident and staff satisfaction with care. Focus groups reported improved staff competence and confidence, changes in communication and equipment in the workplace and a positive impact on job satisfaction.

Supporting aged care nursing staff to manage behavioural and psychological symptoms of dementia: ripple down rules for individualised care

Dr Lisa Clinnick FACN, Australian Catholic University
Co-authors: Prof Britt Klein, Assoc Prof Andrew Stranieri, Miss Jessica Chesler & Dr Richard Dazeley, Federation University

Behavioural and psychological symptoms of dementia, such as wandering, aggression and agitation, are commonplace within aged care residential facilities and are often treated with sedation or physical restraint. The management of challenging behaviours exhibited by aged care facility residents involves decision making that derives from general principles of good management. However this requires that nursing staff to exercise a degree of discretion so that the unique needs and constraints of each resident can be accommodated. Decisions regarding the most appropriate behaviour management strategy involve some discretion by the nurse because no two residents are identical and mechanistic application of rules is sub-optimal. Rather, an approach that supports a nurse in exercising discretion in order to reach decisions that take each resident’s individual differences into account without compromising consistency is presented.

The approach that has been identified as appropriate for this exercise is a ripple down rule knowledge based system. The system is currently being implemented to use on mobile devices (such as mobile phone) as an application and seeded with general best practice principles. The work is motivated by the need to support nurses to access intervention strategies based on complex behavioural assessments in order to reduce reliance on pharmacological interventions and enhance resident’s quality of life.

A trial has been conducted where the nursing staff were provided with the mobile application and web-based system, to assist them during the behavioural assessment and intervention implementation phase and provided the decision support capable of individualising recommendations and feedback. This presentation will discuss the development, implementation and trial results of the ripple down rule knowledge-based system technology.
Rural & regional

Managing remote teams - overcoming the challenges and reaping the rewards
Ms Katherine Isbister MACN, Royal Flying Doctor Service

The role of the nurse manager is becoming increasingly complex, often involving clinical, financial, reporting, HR and logistical components – this presentation discusses ways of managing remote teams to overcome the challenges and reap the rewards of having a diverse and autonomous team.

The nursing team at the Cairns base of the Royal Flying Doctor Service works over a vast area; in the Gulf of Carpentaria, Cape York, Western Tablelands and area west of Townsville. The nurses may be out in community for several days at a time, and have limited days at the base location. It is the role of the nurse manager to ensure the nursing team is functioning to the best of its abilities and stays focused on the common goals.

This presentation will highlight some of the challenges faced for managing remote nursing teams such as distance from the central workplace, managing challenging communication environments, maintaining clinical competence and overcoming the isolation which some nurses may feel working away from the central location. Discussion will focus on the strategies which have been identified and employed to overcome some of these difficulties.

These strategies include; having effective communication plans with backup systems when technology fails, facilitating peer to peer support, encouraging and supporting professional development. By engaging the team in roster requirements, service development and reporting ensures all team members are aware of and feel that they are contributing to the overall KPIs and strategic vision. It is also vital to celebrate the success of individuals and the team.

To conclude; by taking a flexible and proactive approach, nurse managers can successfully manage and support a remote team. Rewards can be then be reaped with team members having increased job satisfaction, retention of staff, with goals and outcomes achieved, all of which ultimately benefits the patient and community.

Understanding how enrolled nurses use their scope of practice in rural Victoria: A mixed methods research project
Dr Wendy Penney MACN, Federation University
Co-author: Dr Lisa Clinnick FACN, Australian Catholic University

One quarter of the Victorian nursing and midwifery workforce are Enrolled Nurses. The largest growth area of ENs is in rural areas. The purpose of this project was to understand the scope of practice and workforce capacity of the Enrolled Nurse (EN) in rural Victoria. The project was funded by the Department of Health (DoH) Victoria.

The project was conducted in two phases. Firstly, de-identified demographic data was collected from existing human resources data bases at each health service using a collection tool provided by the DoH. This data included: current employment status and location, qualification profile, position title, current employment role and service area. Permission to access this data was granted by the Chief Executive Officers of each Health Service in the consortium and ethics approval was granted by the University of Ballarat Higher Research Ethics Committee HREC.

Following analysis of the demographic data, EN’s from each site were invited to participate in focus group meetings. Seven focus group meetings were conducted and EN’s from each health service consented to participate in the project. Participants were asked to discuss how they use their skills in their current roles, whether they feel they are working to their scope of practice and whether they perceive any barriers to working to their scope of practice.

Analysis has identified opportunities for strategic workforce development of the EN workforce for individual organisations as well as collective approaches across the consortium. The findings of the analysis will be presented as it is anticipated that this analysis will enable individual health services to adopt a strategic approach to the EN workforce in relation to future development, potential expansion of the role and strategies to support education and training.
Effectively addressing issues surrounding clinical risk and providing quality care in the health industry continues to be a challenge for health services; particularly considering that researchers have identified Australia as having one of the highest incidents of adverse events in healthcare in the Western world. The Loddon Mallee Continuing Nursing Education (CNE) program provides education for nurses and midwives across 30% of Victoria. Knowledge and skills development related to clinical risk is emphasised in this program.

Summary
Since 2011, the focus of the CNE program has been on addressing clinical risk. A collaborative process involving all directors of nursing in the region identified areas of need. A number of methods were used in order to help address the theory-practice gap common to nursing education. These include educational material based on national standards, evidence based and relevant peak body recommendations; the application of transformative learning theory to both content and evaluation; and content that includes a mixture of pre reading/activity, didactic teaching, group work, practical sessions and post study day reflective activity. Evaluation data shows that nurses prefer face to face teaching and have identified that the fact the education is provided locally and delivered contextually as being among the biggest advantages. Qualitative analysis of evaluation data reveals themes including increased confidence in skills and knowledge, increased awareness of risk in clinical practice; and increased capacity to advocate for those in their care.

Conclusion
CNE that is provided with careful attention to addressing the theory-practice gap and contextual education needs, can positively impact nursing confidence, clinical care and ultimately help to address clinical risk in the healthcare environment.

Within Australia, there is clear concern amongst stakeholders that there will be insufficient nurses in the future to meet the health care needs of the community. Victorian evidence indicates that this is largely because the supply of nurses is not keeping pace with demand, due to the attrition of nurses through retirements, resignations, out-migration, and nurses’ growing preference for part-time work. This issue is also apparent in the Grampians region.

In 2011 in response to this concern, Federation University (FedUni) (formally University of Ballarat) and Australian Catholic University (ACU) sought to increase enrolments in their respective undergraduate nursing programs. Funding was received through a Health Workforce Australia (HWA) grant, and the Grampians Clinical Training (Nursing) Capacity Building Project was developed as a collaborative initiative between ACU and FedUni, together with thirteen health services and organisations in the Grampians region of Victoria. With the increase in enrolments, a need to increase student placement opportunities followed. This required a paradigm shift from the traditional block-mode of clinical placements to a flexible clinical learning model.

The aim of this research project was to investigate the impact of the implementation of the flexi model on the clinical training capacity of health services. The research used a qualitative retrospective design. There were three phases of data collection: qualitative data were gained in response to open-ended questions, and thematically analysed. Phase two data were obtained via focus groups conducted with the regional executive nurse group, with the final phase comprising a Delphi survey with key stakeholders to rank and prioritise themes. The research to be presented sought to review the processes, experiences, learnings and outcomes for stakeholders in the development and implementation of the flexible clinical learning model in the Grampians Region. The presentation will also address recommendations for future implementation of flexible clinical learning model.
Acute care

Time to change direction in order to stay ahead?
The way we think of the Nurse Practitioner
Ms Liza Edwards MACN, NSW Health
Co-presenter: Mr Malcolm Masso, University of Wollongong
Co-authors: Mr Malcolm Masso & Ms Cristina Thompson, University of Wollongong

Introduction
Nurse practitioner roles were introduced to the Australian health care system in 2001 as a flexible and innovative workforce reform initiative with the purpose of increasing access to healthcare. More than a decade later, there is a pressing need to consider how the NP role may be best supported to mature as a mainstay among non medical workforce roles.

This literature review was undertaken as part of a three-phased project intended to map current NP roles throughout the public health system in NSW. This is considered particularly important from a policy perspective in assessing the capability of NP roles in meeting both current and future challenges in the delivery of healthcare.

Method
The literature review was undertaken as a ‘rapid review’ or Rapid Evidence Assessment. The search included databases of Australian and International peer reviewed academic literature together with ‘grey literature’.

Results
Literature often focused upon the NPs impact upon outcomes such as waiting times, length of stay, health status, patient satisfaction, adverse events and other system wide accountable outcomes. A large proportion of the literature focused upon comparing the practice of NPs to other health professionals, particularly doctors. There is limited evidence outlining what leads to the successful implementation of the role or supporting what can be described as the NPs ‘unique point of difference’ to other health professional roles. For example, NPs ability to manage complete episodes of care, reduce fragmentation or provide a more holistic experience are not well documented and it is these outcomes that may be particularly valuable in improving access to care.

Conclusion
This paper draws upon the literature review to present discussion on what is known about the impact of the NP role but more importantly what is not known. Provision of health care into the next decade needs to happen differently and with innovation. Nursing must now harness the NP role for all of its capability and identify how the role can best evolve to meet future healthcare demands.

Positioning our future through nurtured and resilient leadership
Dr Catriona Booker FACN, Queensland Health

Background & Purpose
As healthcare faces a critical shortage of qualified nursing staff, this ageing workforce is further challenged as the experienced ‘Baby Boomer’ generation prepares for retirement. While current retention strategies are focused on recruitment, little is known about end of career nurses’ (EOCNs’) retirement decisions. This Australian study explored factors that influence EOCNs’ decisions regarding their workforce participation, and identified leadership as a key factor which influenced their decision.

Methods
A mixed method case study methodology was used to explore EOCN’s perceptions concerning their workforce participation. Data were collected from 218 participants (Registered Nurses aged 45 years and over) through surveys, focus groups and in-depth semi-structured interviews.

Results & Conclusions
The study identified the pivotal role that leaders play in the development of a shared and nurturing workplace culture which considers the work satisfaction and personal recognition of staff. Effort and reward balance was a critical aspect in work satisfaction which leaders could influence to optimise staff satisfaction. This study highlights the complexities of effort and reward factors which leaders should honour in order to optimise a balance between effort and reward.

Contributions to practice illuminate the commitment of the experienced nurse to support their colleagues in a shared learning culture. However the work environment compromised health and wellbeing of staff due to physical conditions such as heavy workloads. This situation highlights the implications for leaders in the review of work practices and job design to promote a safe and healthy workplace.

Finally, there was an identified lack of organisational policy sensitive to the older worker. Leaders are well positioned to support an age sensitive culture, provide opportunities for pre-retirement planning and foster a safe and healthy environment.

Study recommendations include the development of leadership networks through a mentorship model, resulting in a shared leadership workplace culture.
We live, work, reflect and lead in highly complex and dynamic health environments. The drive to integrate, respond and create meaning within this fast streaming reality is “hard wired” into our neurology. However, the bad news is; there is no quick fix, no simple solution to the increasing complexity of our lives. The good news is that The Conscious Evolutionary Leadership Development Model © (CELDM) provides clear direction and strategy to be personally and professionally effective and buoyant.

This paper will provide an overview of the science and theory that underpins the framework of CELDM; a model that situates well into the Australian Health Leadership Framework. Current thinking about consciousness and evolutionary science in relation to leadership development will be discussed. The link with mindfulness will be explored.

The significance of the CELDM is the developmental approach. Neophyte leaders are guided to master the foundations of leadership and management competencies before they progress to develop more complex leadership skills. This presentation will showcase the principles of the first module in the Course. Bullying is a critical OHS workplace issue that significantly reduces productivity. The Course ensures leaders become fluent in demonstrating emotional skills to manage inappropriate behaviours quickly. Leaders are taught sustainable strategies to ensure their own emotional, physical and spiritual resilience and buoyancy. A buoyancy checklist is provided for delegates.

Leadership development needs to be strategic, progressive and aligned to professional development goals to be efficient and have optimal impact within an organisation. Fragmented and isolated courses have limited effect. A systematic approach ensures sustainability. The CELDM provides a pathway of leadership skills development that takes a neophyte from “novice to expert” leader.
1. The effectiveness of deteriorating patient simulation training with graduate nurses, on improving confidence and self reported recognition and response, in the real world setting
2. Staying ahead of the game: Profiling PTSD risk factors in critically ill EOMO patients - a new area for nursing assessment
3. Designing an interprofessional transition to practice program
4. Bachelor of Nursing students’ perceptions of their clinical supervision models on clinical placement
5. Designing an instrumental case study to investigate interprofessional relationships of Rapid Response Systems in socio-culturally complex clinical environments
6. Too good? Faith in regional hospital emergency department driving increased presentations
7. Young nurse leaders in aged care: the answer to future workforce nightmares
8. Implementation of “best practice guidelines” promoting safety: alternative approaches to the use of restraints within a brain injury rehabilitation unit
9. Feeling ill-prepared and uncertain; the transition experiences of clinical nurses to academia
10. Improving the health screening habits of migrant women in Australia: findings from a qualitative study
11. Getting excited about social media; the use of social media for research recruitment
12. Staff burnout - a comparative study of metropolitan and rural mental health nurses within Australia
13. Valuing the enrolled nurse - a flexible induction model
14. Nursing matters: Cardiothoracic intensive care nursing sensitive patient outcomes
15. Patient care in the emergency department waiting room: A literature review
16. Engaging rural nurse in policy development
17. Advanced practice nursing: Establishing engagement, organisational clarity and clinical supervision
18. Is online education really ‘staying ahead of the game’ for rural nursing students?
19. Education by videoconferencing for rural/remote nurses and midwives
20. Walking the talk: leading teams

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1. The effectiveness of deteriorating patient simulation training with graduate nurses, on improving confidence and self reported recognition and response, in the real world setting

Mrs Giselle Mitchell Eastern Health
Co-authors: Ms Melinda Grice MACN, Eastern Health, Ms Michelle Rutherford, Mrs Margaret Curtis & Mrs Kathryn Jarvis, Eastern Health

Background and purpose
Recognising and responding to clinical deterioration in acute health care is an essential component of safe and high quality care and one of ten National Standards from the Australian Commission on Safety and Quality in Health Care. Graduate nurses at a large metropolitan health service in Victoria have historically received didactic education in relation to recognition and response to the deteriorating patient as part of orientation and study day compulsory programs.

Method
A longitudinal survey design method is to be used, and will assess, using a rubric, the graduate nurses confidence and self-reported recognition and response to clinical deterioration following Simulation Based Education Training (SBET) and in the clinical setting.

This study is structured in two phases
Phase 1: Pre and post SBET self-rated measurements from graduates on changes in confidence and level of involvement with identifying observable clinical deterioration,
Phase 2: Self-reported recognition and response will be gathered post deterioration of a patient event in the clinical environment in relation to the graduate nurse involvement.

Results
It is expected that an increase in confidence will result from the simulation training, along with an increase in self-reported recognition and response to the deteriorating patient.

Phase 1 results: Indicated an increase post SBET in confidence and involvement with 17 out of 29 participants strongly agreeing in a longitudinal survey
Phase 2 results: Will be gathered in 2014/5

Conclusion
SBET aims to bridge the theory to practice gap. Reliance on self-reported confidence or satisfaction level post SBET is not sufficient to establish a true indication of participants benefit or effect on patient outcomes. Phase 2 of this study aims to close this research gap.

2. Staying ahead of the game: Profiling PTSD risk factors in critically ill ECMO patients - a new area for nursing assessment

Mr Ralph Tramm MACN, Monash University
Co-authors: Dr Carol Hodgson & Assoc Prof Dragan Ilic, Monash University, Ms Jayne Sheldrake & Dr Vincent Pellegrino, The Alfred Hospital

Introduction
While more and more patients survive critical illnesses, prevention and amelioration of adverse mental health outcomes is increasingly the focus of current research.

Background
Extracorporeal-membrane-oxygenation (ECMO) is a rescue therapy for acute heart and/or lung failure. Recent research has indicated that survivors report adverse mental health outcomes, such as post-traumatic stress disease (PTSD) symptoms. No study to date has explored PTSD risk factors in patients treated with ECMO in intensive care units (ICU).

Objectives
This study aimed to determine and explore PTSD risk factors for patients treated with ECMO in ICU.

Methods
A single-centre retrospective cohort study of patients admitted to ICU at a tertiary hospital with ECMO retrieval services. Data was extracted from the ECMO registry, ICU and ward charts and descriptively analysed.

Summary
In 2012, 47 adults received ECMO support and 36 survived to discharge. The profiling of PTSD risk factor exposure identified three risk factor clusters: psychiatric history (34% had psychiatric comorbidities; 19% had psychiatric drugs prior ICU admission), admission to ICU & treatment (the mean age was 46 years; 21% were awake during ECMO; 19% were previously admitted to ICU) and drug therapy (patients were administered the following drug therapy: opioids 100%, benzodiazepines 94%, catecholamines 94%, psychoactive drugs 57%).

Conclusion:
Patients treated with ECMO are exposed to many potential ICU related PTSD risk factors. Younger age, heterogeneous conditions, profound illness severity and prolonged time in ICU were more prevalent in the patient cohort studied. Patients in ICU are increasingly conscious during active treatment and “awake” ECMO in which patients are conscious while on active life support may represent a unique PTSD risk factor in this setting. Critical care nurses are in prominent positions to identify and monitor critically ill patients at risk of adverse mental health outcomes.
3. Designing an interprofessional transition to practice program

Mr Matthew Payne, Mater Health Services
Co-authors: Ms Kate Tidbold MACN & Ms Peta Sullivan, Mater Health Services

The Mater Health Services (MHS) is a large tertiary health facility with a strong history of training nurses and midwives. Since the introduction of university based nursing training in the 1980’s, MHS has offered graduated novice practitioners the chance to consolidate their knowledge and practice within a formalised graduate program. Traditionally, individual disciplines have entered siloed transition programs, aimed at meeting perceived discipline specific requirements. In 2014, with financial assistance from Health Workforce Australia (HWA), a redesigned ‘Interprofessional Transition to Practice’ program has enabled content previously delivered as a series of didactic presentations to be replaced with simulation-based interprofessional education (IPE). The transitioning cohort consisted of registered nurses, pharmacy interns, medical interns, and allied health professionals. The simulation-based curriculum is focused on the National Health Priorities and incorporates the National Safety and Quality Service Standards. The significance of this program is that it allows novices to learn with, from and about each other in a safe learning environment to ultimately improve patient care. Simulation scenarios are based on actual or potential critical events that can occur within the clinical areas and provide an opportunity for development of knowledge and skills within a simulated, safe environment.

This interprofessional approach to health education facilitates novices to develop professional skills beyond their clinical silos, including communication, problem solving, research, decision-making, teamwork and reflection. These professional skills, together with reviewing roles and responsibilities and negotiation training within a clinical framework, aims to address the root cause of many published adverse events.

Preliminary pre and post survey evaluation of the ‘Interprofessional Transition to Practice Program’ has focused on the effectiveness of including IPE and simulation-based education within traditional MHS Graduate Programs. To date, results obtained categorically indicate that transitioning health professionals from all disciplines value the opportunity to enhance their knowledge and skills, including non-clinical skills.

4. Bachelor of Nursing students’ perceptions of their clinical supervision models on clinical placement

Mrs Joanne Donovan, Monash University
Co-presenter: Associate Professor Dr Jennifer Newton

Introduction: Research has identified new graduate nurses feel inadequately prepared for their roles have led to high attrition rates in the nursing workforce. Health Workforce Australia (2010) have focused on strategies to address high nursing attrition rates, predicting a nursing workforce gap by 2025 to be between 80,000 and 147,000 nurses nationally. The report emphasised that specific clinical supervision models may influence the readiness of the new graduate nurses entering the workforce. However, supervision on clinical placements can be varied and is largely determined by the healthcare organisations and the Universities. Due to inconsistent interpretation in defining clinical supervision, there is no clear definition in healthcare and the terminology is used interchangeably.

Description of Research: The focus of this phenomenological research project was to explore bachelor of nursing (BN) students’ perceptions of which clinical supervision models are perceived to be effective in preparing them for their transition to a graduate nurse role.

Third year undergraduate nursing students (n=12) undertaking their acute care clinical placements in a large metropolitan hospital in Melbourne, Australia were recruited from two universities in during 2014.

Individual interviews (n=?) and focus groups (n=?) were used to explore participants’ experiences. Using Van Manen’s1 six processes thematic analysis will identify the essential themes which form the description of what the students experienced; and essence how their supervision influenced their performance during clinical placement. Final interviews and analysis will be completed in August 2014.

Conclusion: It is anticipated that the findings of this study will contribute to understanding the effectiveness of different clinical supervision models in relation to graduate work readiness.

Reference:
5. Designing an instrumental case study to investigate interprofessional relationships of Rapid Response Systems in socio-culturally complex clinical environments

Miss Emily Allen, University of Technology Sydney
Co-authors: Prof Debra Jackson FACN & Prof Doug Elliott, University of Technology Sydney

Introduction
A case study research (CSR) protocol has been developed to enable in-depth enquiry into the socio-cultural practices of a Rapid Response System (RRS), from an organisational perspective, using methodological triangulation and a multi-level model.

Description of research
This three-phase study proposes to examine interprofessional relationships between the four elements of a RRS (the trigger - detection of clinical deterioration, the response – medical emergency team activation, quality, administration) using domains of interprofessional collaborative practice as a framework (values/ethics, roles/responsibilities, communication, teamwork).

The preliminary phase will trial and test data collection approaches (document analysis, observations and semi-structured interviews), and tools for appropriateness to address the research aims. The second phase will evolve through concurrent coding and thematic analysis of data from documentation audit trails, observations of practices, and RRS staff and consumer interviews. In the final phase, collected data will be analysed, synthesised and interpreted through a case report of study findings.

A benefit of the CSR approach is that it offers researchers considerable flexibility in methodological design. Whilst this flexibility may be viewed as a weakness, several strategies can be applied to enhance study rigour or trustworthiness. Many of these strategies will be applied throughout this study.

Summary
There can be considerable challenges in conceptualising a design for busy complex clinical environments. For this reason, a clear and well-articulated pathway, as presented in this protocol, should be developed prior to conducting any fieldwork.

Conclusion
CSR as a method can provide a structured approach for exploring relationships and behaviors of health professionals in socio-culturally complex clinical environments, and has the potential to provide rich descriptive insights to the day-to-day management of acute ward patients at risk of, or experiencing, clinical deterioration.

6. Too good? Faith in regional hospital emergency department driving increased presentations

Dr Jane Mills FACN, James Cook University

Introduction
A study into increasing presentations to Cairns Hospital’s emergency department has highlighted the complex web of motivations, thoughts and anxieties that prompt people to choose the emergency department over other health services.

Summary
Unstinting confidence in doctors, nurses and services at a regional hospital is one of the key drivers of increased patient numbers in the Emergency Department. ED presentations to Cairns Base Hospital are increasing at a far greater rate (approximately 11% per annum) than the national average (4%).

A team of academics, clinicians, researchers and students in Far North Queensland initiated a collaborative mixed methods research study to find out why people were choosing the ED instead of alternative health services.

Initial analysis of survey and focus group data has shown patients had a high level of trust and confidence in the ED; this frequently influenced their decisions to choose the ED for treatment. Trust was coupled with mixed messages about generalist health services and about patients’ own health issues, particularly when it came to deciding when they should be ‘alarmed’ and when they should be ‘alert’ to their changing health status.

Many patients regarded their condition as too ‘complicated’ for a general practitioner; patients also indicated that they did not consider using telehealth (such as 13 health) for the same reason.

Conclusion
In seeking to address the rising presentation rates at Cairns Hospital ED, researchers are giving further consideration to the words ‘complicated health issue’, as patients define it, and exploring self-regulatory models to manage symptoms, and patients’ perceptions of their severity. Researchers are also considering where patients get information on which they base their decision to turn to the ED, and considering how and where they might place relevant, high-quality educational information to improve health self-efficacy in Cairns.
7. Young nurse leaders in aged care: the answer to future workforce nightmares

Miss Renee Callender MACN, University of Wollongong

Since beginning my registered nursing career only 6 months ago I have been thrust into a role many new graduate nurses misunderstand, fear, or resolve they will never be a part of; aged care. Many nursing students see this field as something that is slow paced, non-autonomous and fear they will lose their “nursing skills”, how wrong they are…

Ever since gaining employment and liaising with hospital based nurses I have seen a completely different side to nursing, a side I love and I am beginning to shine in; but one that is often misunderstood by hospital based and student nurses. I have witnessed one Registered Nurse in charge of 140 residents and 18 staff members have to juggle multiple declining residents, without a doctor available, and whilst sending one lady off to hospital she was concerned about after a fall and increasing confusion she was called by said hospital who inferred she was only sending the resident away to reduce her workload. The hospital then called back two hours later to tell her the resident was now in ICU as the cause to her fall was acute septicaemia, without an apology. I have also seen Registered Nurses consoling grieving families and ensuring the comfort of their loved ones in their last days and sometimes years on this planet and this is the side of aged care young nurses should be looking forward to working in, this is true nursing. Sure we may not be constantly priming IV lines, setting up ECGs or using ventilators but I have never seen more skill than a palliative aged care nurse giving closure to a grieving family and being the advocate for those that cannot speak for themselves to other health professionals that may take the view of “hey they’re old there is not much we can do for them”.

I want to shine a new light onto aged care Registered nurses and their role in ensuring continuity and quality resident and patient care, to inspire those younger nurses to consider taking on aged care in a new graduate capacity, exposing the potential for leadership growth, and to clear the air on the misconceptions of the role and pressures of Registered Nurses in Aged Care.

8. Implementation of “best practice guidelines” promoting safety: alternative approaches to the use of restraints within a brain injury rehabilitation unit

Ms Alexandra Totani, Hampstead Rehabilitation Centre/ Central Adelaide Local Health Network

Co-author & co-presenter: Ms Sharon McCormack, Central Adelaide Local Health Network - Rehabilitation Services

Introduction

The South Australian Brain Injury Rehabilitation Unit chose to implement the Registered Nurses’ Association of Ontario’s Best Practise Guidelines – “Promoting Safety: Alternative Approaches to the Use of Restraints” to ensure current evidence based practice was delivered to clients and positive outcomes achieved.

Summary

The Brain Injury Rehabilitation Unit provides care to clients requiring behaviour management. A multi-disciplinary team approach facilitates continuity of care, early recognition of antecedent behavioural cues via comprehensive data collection and early implementation of therapeutic interventions to achieve client centred outcomes.

Challenging past practises led to the desire of the unit to implement this Best Practise Guideline, ultimately to reduce the risk of harm and adverse effect on the individual.

Clients’ needs were identified and clinicians attended workshops on Neuro-Optimise Therapy and “Promoting Safety: Alternative Approaches to the Use of Restraints”.

The formation of a Behaviour Resource Group has seen successful contributions from team members; the recognition of the uniqueness of clients has facilitated a “client centred” and harm minimisation approach.

Conclusion

Implementing the Best Practise Guideline “Promoting Safety: Alternative Approaches to the Use of Restraints” in a Brain Injury Rehabilitation Unit with a client centred approach has led to effective reduction in adverse effects and harm minimisation of a unique client population.
9. Feeling ill-prepared and uncertain: the transition experiences of clinical nurses to academia
Ms Fiona McDermid, University of Western Sydney
Co-presenter: Prof Debra Jackson FACN, University of Technology Sydney
Co-authors: Assoc Prof Kath Peters University of Western Sydney, Prof Debra Jackson FACN & Prof John Daly FACN, University of Technology Sydney

Abstract: Internationally and in Australia nursing institutions are experiencing an acute shortage of nurse academics and the recruitment and retention of qualified nurse academics is crucial in order to address the current faculty and nurse shortage. While there is some discussion on the nurse academic shortage in the literature, with causative factors including; an ageing academic workforce, the need for advanced degrees, financial constraints and the roles and responsibilities associated with the academic role, there is little insight into the process that occurs when clinical nurses make the transition to novice educator. In a qualitative study, the experiences of 14 registered nurse participants were explored as they transitioned into full-time and continuing academic positions. Thematic analysis of the data revealed that participants had a limited understanding of the academic role when appointed to it. Two major themes emerged. These were: ‘Uncertainty: Dealing with role expectation’ and ‘Mitigating lack of confidence’. Findings from this study provide contemporary knowledge of participants’ transition experiences and highlights that tailored support measures are vital for nurses transitioning into permanent academic positions.

Keywords: nursing academic, nursing faculty, transition, qualitative study

10. Improving the health screening habits of migrant women in Australia: findings from a qualitative study
Mrs Olutoyin Sowole, University of Technology Sydney
Co-authors: Prof Debra Jackson FACN, Prof Patricia Mary Davidson FACN & Dr Tamara Power, University of Technology Sydney

Introduction: West African migrant women are one of the newest groups of migrants in Australia and relatively little is known about their preventative health/screening habits. However, the evidence available suggests that West African women rarely practised health screening. The aim of this study was to explore the Australian West African migrant women’s beliefs and understandings about health and healthcare and determine their use of available health screening facilities within the Australian healthcare system.

Method: A qualitative storytelling design was used in generating data from twenty West African migrant women who voluntarily participated in the study. The women who identified themselves as migrants from one of the sixteen countries in the West coast of Africa, were 18 years and over and had lived in Australia for over five years. The digitally recorded data obtained through conversational face-to-face interviews were thematically analysed.

Findings: Two themes emerge from this study: (1) attitudes to healthcare; and (2) misinformation and low health literacy. Theme one demonstrates the impact of socio-cultural beliefs on the use of health care in particular for screening purposes. The second theme highlights the poor level of health literacy of the women.

Conclusion: The outcome of the study underlines the strong influence of socio-cultural beliefs and the effects of poor health literacy on the preventative health practice of these migrant women. The study further emphasized the importance of adapting innovative/novel approaches including drawing on useful ideas from the women themselves in an attempt to enhance healthy screening uptake in this vulnerable group.
11. Getting excited about social media; the use of social media for research recruitment

Ms Kay Ross MACN, Southern Cross University

The use of social media in health and nursing is an emerging field with an increasing number of nurses exploring its use. Recently the author used social media as the major strategy to recruit nurses for an Australian study to explore workforce issues and nurse’s health and wellness. Demonstrating the success of using social media, over 6000 Australian nurses were recruited.

Previous research has identified the disadvantages of using social media in health settings, including inappropriate posts from health workers about patients and the workplace. Additionally, many health services do not allow employees to access social media whilst at work. Despite these issues, participants were able to use social media to access information about the survey and to promote it to their peers. This demonstrates that researchers can successfully use social media to contact potential nurses as research participants.

A variety of social media was used to recruit nurses throughout Australia, including blogs, Facebook, Twitter and LinkedIn. The integration of social media with a dedicated website proved to be an effective tool for the recruitment and engagement of nurses. Anecdotally, many nurses commented that they learnt about the survey from “friends on Facebook” and that “using LinkedIn was a great idea!”

Nursing research plays a critical role as it continues to underpin nursing practice. Utilising social media as a readily available tool to encourage participation in research enables nurses to be contacted through a variety of mediums that most are already familiar with. Researchers finding it challenging to recruit participants now have the opportunity to embrace new technology, including the use of social media in research.

12. Staff burnout - a comparative study of metropolitan and rural mental health nurses within Australia

Mr Charanjit Singh, Monash University

Co-authors & co-presenters: Prof Wendy Cross FACN, Monash University & Prof Debra Jackson FACN, University of Technology Sydney

Although the literature is replete with well documented studies on occupational stress among nurses, very little research has been carried out specifically on burnout among mental health nurses. There has been to date no reported study that has examined the profile and the phenomenon of burnout among mental health nurses in metropolitan and rural settings within Australia.

A Cross Sectional study of Mental Health Nurses (n= 319) from the states of New South Wales, Victoria, Queensland and Western Australia was undertaken. The 22 items Maslach Burnout Inventory (MBI) was used to measure burnout and a demographic questionnaire utilising a cluster sampling, cross-sectional design survey method was used to gather the data.

The study found that gender and level of qualification were the two major factors that showed any significance where males experienced a higher level of depersonalisation on the frequency and intensity subscale scores of the MBI and that the more qualified a nurse, the greater the level of depersonalisation they experienced. These results were true for participants in both rural and metropolitan settings within Australia. The only other significant finding was that age was an influencing factor in terms of emotional exhaustion where younger participants (under 30) reported higher levels of emotional exhaustion. Younger male mental health nurses experienced higher levels of depersonalisation.
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13. Valuing the enrolled nurse - a flexible induction model

Mrs Jo Mapes, Eastern Health

Introduction - To provide the newly registered Enrolled Nurse (EN) with a flexible education and training model which supports transition as a clinician and induction into the Health Service.

Background – Eastern Health is keen to increase our cohort of Enrolled Nurses in our acute services, which currently sits at 5%. There are multiple issues when transitioning the newly registered EN into the acute setting; anecdotal reports highlight that the new EN remains isolated, fails to identify learning resources and opportunities or support networks. Much of the literature supports formal orientation and induction of staff, the principles of educational support, competency training and lifelong learning.

Description – Newly employed Enrolled Nurses at Eastern Health are engaged in a 6 month induction and development program, which is a blended learning model across formal and informal learning platforms. The Enrolled Nurse Induction Program (ENIP) is a rolling program, which commenced in 2014 and is not reliant on a bulk intake like other Graduate programs. It is not exclusive to the acute setting and has applicability across all clinical settings.

The program is structured inclusive of study days, learning packages and competency based assessments within the clinical environment, providing training and validation of knowledge and skills.

Although a centralised model, the clinical manager retains control of recruitment and line management responsibility.

Current capacity is to progress 90 ENs per annum through the program.

Conclusion: Evaluation of the ENIP is a combination of sequential self rated surveys, observation of clinical practice, focus groups of key stakeholders and participant completion of the mandated program requirements. Preliminary feedback indicates strong advocacy for the program, from Nurse Unit Managers, Directors of Nursing and the newly employed EN.


Dr Svatka Micik MACN, Royal Adelaide Hospital

Co-author and co-presenter: Mrs Natalie Johnson MACN, Royal Adelaide Hospital

The Royal Adelaide Hospital Cardiothoracic Intensive Care Unit recognises the influence of quality nursing care on patient outcomes. A number of issues have been identified in the literature and in local practice to pose a particular concern to the cardiothoracic intensive care patient. The issues are health care associated infections, pain, constipation, complications of immobility, unsafe transfusion, care not responsive to their needs and adverse effects due to breakdown in transfer of information. The cardiothoracic Intensive care unit has developed a Nursing Sensitive Patient Outcome framework around the identified issues to focus nursing care delivery and improve outcomes for this cohort of patient. The outcomes within the framework are: interventional hygiene, early optimal mobilisation, effective analgesia, normal bowel function, safe transfusion, patient responsive care and effective clinical handover.

Each Nursing Sensitive Patient Outcome is constructed as a standard of care, specific patient outcome, care bundles and nursing sensitive indicators. Each is linked to best practice evidence and the National Safety and Quality Health Service Standards.

The framework reflects one group of nurses’ founding steps toward building Nursing Sensitive Patient Outcomes for cardiothoracic intensive care patients. The care delivery framework is championed and led by the unit’s nursing leaders who work collaboratively with less experienced nurses to foster engagement of all levels of staff. The project continues to evolve. This presentation reflects broadly on the development of the Cardiothoracic intensive care unit’s nursing sensitive patient outcome framework, with a focus on one specific outcome, Patient Responsive Care.
15. Patient care in the emergency department waiting room: a literature review

Miss Kelli Innes MACN, University of Technology Sydney
Co-authors: Prof Debra Jackson FACN & Prof Doug Elliott
University of Technology Sydney, Assoc Prof Virginia Plummer FACN, Monash University

Introduction
The emergency department waiting room has long been a problematic area for the emergency department, patients and carers. The waiting room nurse is one model of care implemented in some emergency departments, aimed at improving patient care and experiences in the emergency department waiting room.

Description research
The aim was to examine peer reviewed literature in relation to the waiting room nurse role. A systematic search of the literature, from 2003 to 2014 in English, was undertaken using the databases CINHAL, Scopus, Medline and Web of Knowledge. A total of 3202 papers were identified, 2153 papers remained after duplicates were removed. These papers were screened by title and abstract for relevance, resulting in seven papers being identified. The Critical Appraisal Skills Program (CASP) was applied to the seven papers and one paper was excluded as it did not meet quality requirements.

Summary
There was no clear definition of the role or the responsibilities of those undertaking the role in the literature. A consensus was that a nurse dedicated to the waiting room meant that care and treatment could be initiated early; and patients could be more closely monitored for deterioration. The waiting room nurse contributed to establishing a safer and more caring environment in the waiting room, impacting on patient outcomes and experience in the emergency department. In the emergency departments where the research had been undertaken, the role was well integrated and supported by the emergency department multidisciplinary team.

Conclusion
Based on the limited literature available, the waiting room nurse positively impacts patient care and outcomes and contributes to the creation of a safer, more caring environment with a focus on improved communication. Further research is needed into the efficacy of this role from the viewpoint of all key stakeholders, including the nurses themselves and health service consumers.

16. Engaging rural nurse in policy development

Dr Judith Anderson FACN, Charles Sturt University
Co-authors: Ms Meryn Edwards & Ms Maryanne Podham
MACN, Charles Sturt University, Mrs Brenda Bruce & Ms Nicole Porter, Murrumbidgee Local Health District

Background: The release of the Francis report in the United Kingdom in 2013 (Francis, 2013, pp. xvii-xviii) flagged great variance in the accepted minimum standard of care that was provided by nursing staff. Revealed in the report were disclosures of poor and inconsistent standards of nursing care and a failure to put the patient first. The Inquiry recommended the development of readily accessible fundamental care standards and means of compliance (Francis, 2013, p. 66).

Objectives: In response to the report, a Minimum Nursing Standards Policy was developed by a rural health service in Australia to address this recommendation. In order to ensure that this policy was suitable and would be used by the nurses in the health service attempts were made to engage with nursing staff working in the health service.

Methods: Participatory Action Research methodology was used, reflecting the desire for the project to be inclusive of staff. Three focus groups were held over a period of 12 months during which data was collected on the issues of engaging staff in developing this policy. All staff were invited to participate in these focus groups. A thematic analysis was conducted to identify core themes which emerged (Braun & Clarke, 2006; Joffe, 2012).

Findings: Themes were identified as either personal or organisational. Personal features included lack of motivation and burnout in staff. Organisational features were seen to be related to and controlled by the organisation and included features such as a lack of time and autonomy to commit to the project.

Implications: The study underlined the need for staff to be given the opportunity to debrief and discuss practice issues, and also the need to feel supported when engaging in organisational projects. The introduction of a staff supervision program providing sanctioned time for discussion was raised as a possible way to address this situation. It was recommended that the resulting policy related to Minimum Nursing Standards be implemented.

References:
17. Advanced practice nursing: establishing engagement, organisational clarity and clinical supervision

Prof Fiona Newall MACN, Royal Children’s Hospital Melbourne

Co-authors: Ms Sally Lima MACN & Ms Bernadette Twomey MACN, Royal Children’s Hospital Melbourne

In 2011 the Royal Children’s Hospital (Melbourne) commenced a project to make transparent the scope of our Advanced Practice Nursing (APN) workforce, establish professional governance and support for these nurses and engage them in process to support their professional development. This project was founded upon the work of Strong (1996) and Chang (2010, 2011), who explored the domains of practice for nurses working in advanced practice roles.

All RCH nurses working in advanced practice roles in 2011 were invited to participate in an on-line survey based upon the work of Chang (2010). Nurses were then invited to participate in a series of workshops exploring themes identified from the survey. Quantitative and qualitative data was shared back with the participants and discussed by the RCH Nursing Executive team, in order to identify future direction for service development.

As a result of the APN project, titles were streamlined and the Nursing Titles, Appointments & Credentialing Committee was established. All nursing appointments at a Grade 3 position or above require approval from this committee prior to advertising. A clear professional reporting structure was developed to ensure all APNs had an identified Professional Nursing Lead. A working group was formed to establish a process for Clinical Supervision of APNs. The APN Clinical Supervision program will commence piloting in July 2014.

The APN Project has improved organisational clarity regarding expectations of nurses working in advanced practice roles. Through participation in this project, connectedness of nurses employed in these roles has increased. The initiation of the Clinical Supervision program will provide these nurses with improved scope to support each other’s ongoing development and foster further engagement.

18. Is online education really ‘staying ahead of the game’ for rural nursing students?

Ms Rebecca Peel MACN, Federation University

Co-author & co-presenter: Ms Helena Anolak MACN, Federation University

Rural health services are at breaking point, an ageing workforce and a lack of nurses entering the rural nursing profession are largely responsible. Strategies to address this issue are currently aimed only at graduate or practicing nurses. Perhaps a more pressing concern is to focus on the declining numbers in enrolled bachelor of nursing students in rurally based university campuses.

The type of students currently enrolled in rural education is varied however the majority of nursing students are mature aged, with low academic entry levels, often the first in their family to attend university and are usually involved in part time employment. The characteristics of this cohort of students raise several concerns about the current trend of rural nursing education practices.

‘Hybrid’ or ‘blended’ nursing courses which combine web-based education with minimal face to face teaching and learning are becoming standard in Australian universities that service rural areas. The benefits of this type of education are theoretically myriad, including increased access and flexibility for students. However these technologies are being implemented with scant consideration of the appropriateness of this approach to the learning styles and needs of rural nursing students.

Part of the motivation for rural students to enrol into a local Bachelor of Nursing course is face to face contact with expert educators and exposure to the rural nursing workforce. Students could enrol in an online education course that is based anywhere in Australia, however the combination of face to face education and local placements increase the likelihood of students remaining local after graduation.

The future of the rural nursing workforce will only be secured if the Australian government invests in developing appropriate alternative undergraduate programs that recognise and incorporate the unique learning needs of the current rural nursing student.
19. Education by videoconferencing for rural/remote nurses and midwives

Ms Carol Salmon MACN, Country Health SA
Co-author: Mrs Sandra Gilbert MACN, Country Health SA

Introduction
Information and communication technology use is increasing in healthcare education. This presentation identifies issues, solutions and benefits of establishing a videoconference education program for nurses and midwives across the rural/remote areas of Country South Australia.

Summary
The Digital Telehealth Network (DTN) is making a significant difference to country South Australians by delivering remote clinical services closer to home, enhancing service flexibility and improving access to specialist clinicians for rural and remote consumers. The DTN provides quality visual and audio quality and high reliability of connection. While clinical use is the priority and focus of the DTN the system has potential to be used for education of health professionals.

Rural/remote clinicians are required to maintain a broad knowledge and skill base. Access to education delivered by clinicians with expertise in specialty areas of clinical practice is difficult for these nurses and midwives and it is challenging to remain current.

The objectives of the videoconferencing education initiative were to:

- Increase access to education by geographically and professionally isolated nurses and midwives across Country Health SA Local Health Network
- Empower nurses and midwives by providing knowledge to enhance current work practice and improve patient outcomes.
- Meet the learning needs of the nurses and midwives by providing high quality education in first line emergency and maternity management

The DTN has the capacity but the processes to enable the technology to be used for education are not yet established. The need for many synergies between systems and people impacted on the system working.

Conclusion
This paper provides an overview of issues and solutions and examines what needs to happen to ensure processes are in place to enable technology to be effectively used for nurse and midwife education in rural and remote hospitals.

20. Walking the talk: leading teams

Ms Margaret Martin MACN, South Eastern Sydney Local Health District
Co-presenter: Ms Robin Girle, South Eastern Sydney Local Health District
Co-author: Ms Karen Tuqiri MACN, South Eastern Sydney Local Health District

The SESLHD Nursing & Midwifery Practice and Workforce Unit (N&MP&WU) plays a strategic role in ensuring that the imperatives of the NSW Ministry of Health and the pillars supporting it are deployed effectively. This is essential to assist the workforce to keep ‘ahead of the game’. The work done by the unit is focussed on the need to develop the capacity of the workforce to deliver high quality care, and to develop innovative ways to roll out the ‘gifts’ of ministerial policy.

In order to approach this agenda in person centred and contextually appropriate ways the unit has identified the need to be clinically credible and patient focussed whilst physically remote from direct patient care. Team members addressed this need by establishing shared values, ways of working, structured reflection and a collaborative and collegial approach to working with clinicians.

This paper will present how this approach has contributed to the development of current and future leaders through programs of work that model values-based leadership. It use as exemplars, the specific leadership development of Nurse and Midwifery Managers as well as clinical staff through formal programs, coaching and mentorship development. It will outline how the N&MP&WU addressed the need for its own development in the areas of coaching, mentoring, reflection and facilitation in order to ensure that its values and its skill sets were congruent with the type of work it aims to do and the patient focus it maintains.

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