THE NATIONAL NURSING FORUM

THE POWER OF NOW

Melbourne Park Function Centre, Batman Avenue, Melbourne

PROGRAM AND BOOK OF ABSTRACTS

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Welcome from the ACN president

If any city in Australia exemplifies our Forum’s theme, The Power of Now, it is the vibrant and cosmopolitan city of Melbourne – its liveability, diversity, prosperity and accessibility are the result of harnessing the full potential of present opportunities.

ACN’s National Nursing Forum in 2016 will explore where we are as a profession today and how we operate as teams and as individuals. As we enjoy our time in Melbourne, our host city is a reminder that there is no better time than the present to take stock and take action. The Power of Now is a theme that underlines the importance of making the most of opportunities, the importance of living and acting with impact, harnessing the potential of the present and excelling as nurses right now.

The Power of Now presents four key streams for evaluation, discussion and action, which we will explore over three jam-packed days:

• The Power of the Nursing Workforce
  Powerful presentations covering scope of practice, nurse empowerment, emotional intelligence, problem solving, critical thinking, performance anxiety, clinical nursing, transformational leadership, healthcare reform, bullying and uncivil behaviours, ensuring graduate readiness and other important aspects underpinning the nursing profession.

• The Power of Nursing Leadership
  Thought-provoking presentations looking at the power of leadership to change practice, strategies to become effective role models, and case studies examining the implementation of prevention programs, and how teaching and empowering nurses to improve their practice and compassion increases the patient care experience.

• The Power of Nursing Care
  This stream examines a range of initiatives and professional practice models that focus on improving quality, developing effective learning cultures and critical thinking skills, improving hygiene and identifying and managing risks.

• The Power of Self Care
  Strategies for wellbeing and case studies that highlight the importance of managing personal and workplace health to ensure workforce retention and enable you to continue your contribution to patient care and the nursing profession.

These streams look at the current and most vital issues nurses are facing in clinical, management and leadership arenas and the creative way nurses are leading necessary reform and getting fit for the future. However, as nurses, we also have a duty to ourselves and our self-care, and we need to take a closer look at our own wellbeing.

ACN’s National Nursing Forum provides a perfect platform to learn, share insights, and work together, as a collective, so we can develop sound solutions to Australia’s health and aged care challenges.

The program has been carefully designed to inspire and engage the nurse leaders of today and tomorrow by offering numerous interactive workshops, world-class keynote presenters, ample chances to spark stimulating discussions and the opportunity to network and share ideas with colleagues and peers.

The quality and variety of speakers participating in this year’s Forum make it one of the most powerful, exciting and stimulating programs ACN has ever presented. I am delighted to announce that the Honourable Sussan Ley MP, Minister for Health and Aged Care and Minister for Sport will provide the closing address for Day One, and the Honourable Mary Wooldridge MP, Shadow Minister for Health Victoria, will address delegates on Day Three.

Over the Forum’s three days, I strongly encourage you to embrace this opportunity to move out of old behaviour patterns and harness your “now power” by learning from the speakers, engaging with your colleagues and exploring ways you can contribute in your own area of practice. Utilise this time to ask questions, raise your ideas, and challenge yourself and others so that you can live and work fully in “now”.

Enjoy the Power of Now.

Adjunct Professor
Kathy Baker AM FACN
(DLF)
ACN President
Overview

The Australian College of Nursing (ACN) is the national professional organisation for nurses in all health and aged care settings. Our purpose is to enhance health care for the Australian community by advancing the nursing profession, developing the knowledge and skills of nurses, nurturing their leadership skills and supporting them to be the best nurse that they can be.

All nurses can be leaders, regardless of their job title or position. Leadership is a mindset and a set of actions, commitments and beliefs that produce results. Nurse leaders and nurses with leadership skills are needed at every level of health and aged care systems, to inform and shape policy and drive the necessary changes.

The National Nursing Forum is ACN’s signature annual event bringing together nurses from around the country. This year, the Forum will be held in the dynamic city of Melbourne and is themed The Power of Now. The Forum will be a celebration of the passion, innovation and energy that exists across all generations of nursing.

The program for the Forum will include engaging keynote presenters, high quality sessions, stimulating discussions and workshops, along with the opportunity to network and share ideas with leaders, colleagues and peers from across Australia.

Top five reasons to attend The National Nursing Forum in Melbourne this year:

1. highly topical sessions from local and national presenters
2. participate in discussions on important and complex matters for nurses
3. interactive and engaging workshops with thought leaders in nursing
4. social functions and an opportunity to attend the Forum Gala Dinner
5. collaborate and exchange ideas with colleagues and peers from around Australia.

ACN is a leading provider of post graduate and vocational education for registered and enrolled nurses. We are an authorised higher education provider and registered training organisation which specialises in online postgraduate, professional development and training courses for registered and enrolled nurses.

Register your place today
A career as an Army Nursing Officer offers variety and challenges in employment and travel not always available in the normal hospital environment. You will gain experience and skills that will equip you for advancement in the Army, and will also be in high demand in your profession.

You’ll also enjoy great benefits like free medical and dental, world class training, subsidised accommodation, excellent salary packages, work/life balance and unique experiences.

To find out more about becoming a Nursing Officer search ‘Army Nurse’. 
Advancing Nurse Leadership was the core theme of the 2015 Forum attended by over 250 delegates for two and a half days at the Brisbane Convention and Exhibition Centre. The majority of delegates rated the program and content as excellent, which included six keynote presentations from local and international guest speakers, including Professor Anne Marie Rafferty from Kings College London, and 36 concurrent presentations.

Dr Rosemary Bryant AO FACN was the Orator and delivered her presentation “Shaping a profession: nursing at the turn of the millennium”.

Dr Ruth Rae FACN officially launched her book “The History of Australian Nurses in the First World War: An ACN Commemorative Trilogy”.

The interactive session, incorporating the “Choosing Wisely Australia” initiative by MedicineWise was well received.

“As always, networking – plenaries and concurrents all very informative and the MC was very good.”

“When I came back from the Forum, everyone kept saying that I was so refreshed and passionate again. It is absolutely true... I always leave with a renewed sense of commitment and enthusiasm to shape the world around me. The conference is empowering and all I want to do is get stuck in and make sure I am striving to do better.”
“It was valuable to hear the stories and experiences of some very inspirational nurses.”

“Really enjoyed networking, meeting other nurses, learning.”

“ACN’s focus on leadership was inspiring in equipping all of us to return to our workplaces with greater resilience, confidence and a vision. I felt empowered to keep pursuing excellence.”

“Great atmosphere.”

“The Forum provides opportunities for stronger teams with older and younger nurses working side by side... sharing difference experiences and knowledge to better impact on patient care.”
**General information**

**Venue and destination**

The Forum will be held at the **Melbourne Park Function Centre** in Batman Avenue.

For queries please contact:

Melbourne Park Function Centre
Phone: +61 3 9286 1118
Email: sales@mopt.vic.gov.au

**Parking and transport**

The Melbourne Park Function Centre is located within the Melbourne and Olympic Park complex. There are several car parks within the vicinity and there is a variety of transport options to reach the venue. Melbourne Park Function Centre offers discounts for **pre booking parking**.

**Tram (Route 70, City – Wattle Park)**
Available from Flinders Street, Spencer Street or Richmond train station to the Rod Laver Arena Tram Stop. Entry to the Function Centre is through the gates at Garden Square. Proceed left up the ramp.

**Train**
Richmond Station is 1km walk East of Hisense Arena along Olympic Boulevard. Jolimont Station is located through Yarra Park past the MCG. Epping & Hurstbridge lines also service this station.

**Taxi**
Located on Olympic Boulevard. Walk up the stairs towards the entrance of Rod Laver Arena and follow the path around to the right.

**Walk**
From Federation Square walk through Birrarung Marr to Rod Laver Arena. Continue up the stairs towards the entrance of Rod Laver Arena and follow the path around to the right.

Walking from Eastern Car Park, proceed along Olympic Boulevard to ‘The Oval.’ Continue along the designated path up the stairs towards the entrance of Rod Laver Arena. Continue to the right.

**Drop off/ Disabled Access**
Disabled parking bays and ramp access are located in the Northern Car Park. Entry allows 15 minutes turnaround without charge. Entry to Function Centre is through the gates at Garden Square. Proceed left up the ramp.

**Internet access**
Free wireless internet is available throughout the Melbourne Park Function Centre.

**Username:** Function Centre Events  
**Password:** events2016

If you require hardwired internet at a cost of $100 for setup and $10 per GB, please contact Melbourne Park Function Centre before the event to discuss your requirements.

Brooke Doherty, Business Events Coordinator  
Melbourne Park Function Centre  
T (03) 9286 1136 E: bdoherty@mopt.vic.gov.au
Registration
The registration desk will be located in the exhibition area of
the Melbourne Park Function Centre from 8.00am each day
throughout the Forum.

Exhibition and catering
The Forum exhibition and catering area will be located in the
Skyline and River Rooms within the Function Centre.

CPD hours
CPD hours are awarded to professional development
activities that are organised by ACN or have been endorsed
or accredited by ACN. One point equates to 60 minutes of
education.

Forum delegates will receive the following:

<table>
<thead>
<tr>
<th>Attendance date</th>
<th>Session</th>
<th>CPD hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 26 October</td>
<td>Forum day one</td>
<td>6</td>
</tr>
<tr>
<td>Thursday 27 October</td>
<td>Forum day two</td>
<td>6</td>
</tr>
<tr>
<td>Friday 28 October</td>
<td>Forum day three</td>
<td>6</td>
</tr>
</tbody>
</table>

Certificate of attendance
Following the Forum, delegates will be emailed a Certificate of
Attendance detailing their CPD hours.

Dress
The Forum dress is smart casual for all program sessions.
Cocktail/after five wear dress for the Forum Gala Dinner.

Social media #NNF2016
Join the Forum conversation on:
Facebook, Twitter, LinkedIn and Instagram

Mobile phones and devices
Attendees are asked to switch their mobile phones and other
devices to silent when in sessions.

Photography and filming
For promotional purposes, there may be professional filming
and photography during the Forum. Photographs and video
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 or filmed please inform the
camera operator.

Disclaimer
ACN reserves the right to make alterations to the program
where necessary and without notice, either before or during
the event. Please note, this program is correct at the time of
publishing.
MC introduction

Professor Brian Dolan FRSA MACN (Associate)
Director, Health Service 360

Brian is a dual-qualified psychiatric and general nurse and his clinical background is in emergency care. He is Director of Health Service 360, which provides online 360 appraisals for clinicians and managers and works with organisations undertaking leadership development and coaching. Brian is also Director of Service Improvement, Canterbury District Health Board, NZ where his role incorporates integrated care and systems change.

He has published over 70 articles and five books, mainly on emergency care and is writing up his PhD at Manchester Metropolitan University into the consultation skills of emergency nurse practitioners.

Brian was recently awarded a Fellowship of the Royal Society of Arts. The RSA was founded in London in 1754 for the benefit of ‘the publick good’. The RSA Fellowship is an international community of achievers and influencers from a wide array of backgrounds and professions, distinguished by the title ‘FRSA’. In July, Brian was awarded a personal Chair as Honorary Professor of Leadership in Healthcare at Salford University, Manchester, UK.

Day one closing address

Hon. Sussan Ley MP
Minister for Health and Aged Care and Minister for Sport

Sussan Ley’s career path has been wonderfully varied, with odd jobs on the way to a pilot’s license – roles as an air traffic controller, stock-mustering pilot and occasional shearer’s cook followed!

While raising three children on a family farm, ten years of study led to a senior position at the Australian Taxation Office before she successfully sought Liberal Party pre-selection for Farrer (NSW) in 2001.

Winning the seat narrowly in 2001, after being re-elected in 2004 Sussan was offered the added responsibility of Parliamentary Secretary for Children and Youth Affairs, then Agriculture, Fisheries & Forestry in 2006.


On the election of the Abbott Government in September 2013, Sussan took on the role of Assistant Minister for Education before being appointed Minister for Health and Minister for Sport in December 2014.

President’s welcome

Adjunct Professor Kathy Baker AM FACN (DLF)
Board President, Australian College of Nursing

Kathy served on the Board of The College of Nursing for many years and was President at time of unification. She has extensive experience in policy development, advocacy, finance, risk management, education and quality systems. In her position as Chief Nursing Officer with NSW Health she had the opportunity to work with nurses and midwives, CEOs, Directors General and Ministers for Health in various capacities. Kathy is Nurse Advisor, Australian Commission on Safety and Quality in Health Care. Kathy was elected to the Board in 2013 for a four year term.
Fiona Brew is a highly motivated executive with over 10 years experience managing public health services and aged care in various senior roles. With a long standing interest and passion for service improvement and hospital performance she has applied this knowledge through service redesign, models of care and health informatics to achieve improvements. She is a passionate advocate of education for health professionals and workforce innovation to meet the changing needs of the health environment.

Fiona commenced at Goulburn Valley Health in 2014 as the Executive Director Innovation and Performance, Chief Nurse and Midwifery Officer. With a background in regional health, she is an advocate for strong partnerships and collaboration in meeting the health needs of all clients.

David Plunkett commenced at Eastern Health in 2002 and has held the position of Chief Nursing and Midwifery Officer since February 2010 and was appointed to his current role as Executive Director of Acute Health in May 2013. Previously, David has held senior roles at Epworth Richmond and Latrobe Regional Hospitals. He holds a Master of Business Administration and is a surveyor with the Australian Council on Healthcare Standards. He is also a fully qualified peri-operative (theatre) nurse.

Christine has over 10 years’ clinical and managerial experience in the health industry in Canada, Australia, New Zealand and the UK and over 25 years in senior management, education and research roles in the university sector. She has worked with policy and administrative decision-makers in most states/territories. Christine is highly regarded by practitioners as a researcher who understands the world in which they work and who can translate results into practice and policy. Christine is the Director, Centre for Health Services Management University of Technology, Sydney (UTS) and Professor of Nursing and Health Services Management UTS and Edith Cowan University. Christine was elected to the board in 2013 for a two year term and re-elected in 2015 for a further four years until 2019.
Keynote speaker
Dr Louise Schaper
Chief Executive Officer, Health Informatics Society of Australia (HISA)

As leader of Australia’s peak professional organisation for digital health, Dr Louise Schaper is a renowned advocate for the transformation of healthcare through technology and information.

With her passion for innovation and commitment to entrepreneurship, she has achieved a global reputation in the rapidly evolving field of health informatics. Louise sits on the Advisory Board for the Stanford Medicine X conference, is a National E-Health Transition Authority Clinical Leader, previously chaired the E-Health International Advisory Group of the World Federation of Occupational Therapists and is a graduate of Stanford University’s Executive Leadership Program.

Keynote speaker
Adjunct Associate Professor Lydia Dennett MACN
Chief Nurse and Midwifery Officer, SA Health and Chair, Australian and New Zealand Council of Chief Nursing and Midwifery Officers

Lydia Dennett trained as an intensive care nurse before immigrating to Australia from London. She has extensive experience within both private and public health sectors and has previously spent a number of years working in Victoria at Alfred Health, The Royal Children’s Hospital, Melbourne Private Hospital and Western Health as a clinician and for the last 15 years in senior management and executive roles.

Lydia was appointed to the role of Chief Nurse and Midwifery Officer for SA Health in December 2011 and in this role she has the responsibility of providing professional leadership, as well as providing advice and direction on a diverse range of nursing and midwifery issues, including workforce planning, development and reform, recruitment and retention, best practice initiatives, research and policy development. In line with this is the requirement to influence and represent the professions to continue to enhance the quality of care delivered to consumers, and to ensure that practice is contemporary and evidence-based.

Keynote speaker
Ann Maree Keenan MACN
Chief Nursing and Midwifery Officer, Victoria

Ann Maree commenced in the role of Chief Nurse and Midwifery Officer, Victoria in May 2016, a role she is currently combining with Chief Nursing Officer at Austin Health. Prior to this Ann Maree was the Executive Director of Nursing and Ambulatory Services at Austin Health for 11 years where in addition to her professional nursing leadership role she had operational responsibility for a range of clinical services including Mental Health and Continuing Care. She has held a broad range of nursing positions in the public health sector including Infection Control Clinical Nurse Consultant, Nurse Unit Manager, Nurse Educator, and Nursing Site Manager. In 2005 she was responsible for the relocation of services into the Austin Tower.

Ann Maree holds post graduate nursing qualifications, is a Fellow of the Williamson Community Leadership Program and holds a Master of Enterprise.

Ann Maree is passionate about nursing and the absolute critical role of nursing in providing safe and compassionate care as well as every nurse’s role as a leader and creating cultures where nursing leadership can flourish.
Tanya Vogt was appointed the Executive Officer of the Nursing and Midwifery Board of Australia in July 2014. Tanya has been working in the area of health practitioner regulation in Australia since 2007, and has been directly involved in the development of the National Registration and Accreditation Scheme in Australia. Tanya has qualifications in nursing and law and has practised in both areas. The combination of these qualifications has provided a solid foundation for her roles in health practitioner regulation and especially in the role of Executive Officer for the Nursing and Midwifery Board of Australia.

Sandy Eagar is a Fellow of the Australian College of Nursing, and has over thirty years nursing experience in the fields of refugee health, emergency nursing, education and management. She holds a Masters Science (Honours) Research, Bachelor of Applied Science in Advanced Nursing and qualifications in emergency nursing, emergency paediatric nursing, education and advanced life support.

Sandy is currently the Nurse Manager at The NSW Refugee Health Service where she has implemented a new nursing model of care, the Refugee Health Nurse Program. Sandy has represented the Australian College of Nursing on the Detention and Immigration Health Advisory Group providing expert advice to the Department of Immigration and Citizenship.

Lindy Marlow is the State Wide Facilitator of the Victorian Refugee Health Program. She has initiated, implemented and evaluated many programs and projects that have a specific Refugee and CALD focus. She was integral in the implementation of the key service model for Refugee Health Nurses that has been adopted by the Victorian Department of Health. She has co-written the online post grad course for Monash University in Refugee Health and Wellbeing and co-facilitates the Refugee Health training for nurses and allied health staff for the Victorian Refugee Health Network. She is co-Chair of Victorian Refugee Health Network Advisory Committee and chair of the Refugee Nurses Australia and The Refugee Health Network of Australia.
Kate Birrell OAM, MACN
Emeritus Group Director of Nursing, St. John of God Health Care

Kate has over thirty years’ experience in senior nurse leadership roles. Since graduating from general nurse training in 1966, Kate has progressed her career through the ranks of staff nurse, charge nurse and hospital coordinator positions. In January 1990, Kate became the Director of Nursing at St. John of God Hospital, Geelong. In 2006, Kate was appointed Group Director Nursing for St. John of God Health Care (SJGHC) and appointed by the Australian Catholic University to the position of Clinical Associate Professor. Kate holds a Graduate Diploma of Administration, a Bachelor of Business (Human Resources) and a Master of Health Science. She is currently a member of various nursing, health and industry boards, committees and organisations, as well as advisor to the SJGHC Nursing Development Program in East Timor.

In 2014, Kate was awarded the title of Emeritus Group Director of Nursing in recognition for her outstanding contribution to the nursing profession. In 2015, she was awarded the Order of Australia Medal in the General Division.

Heather Keighley MACN
Acting Chief Nursing and Midwifery Officer, Northern Territory

Ms Heather Keighley, Senior Nursing and Midwifery Advisor, RN, RM, M Intl Health Mgmt, MACN. Heather has worked as a nurse and midwife in the Northern Territory since 1975 with a brief stint in Queensland and another working in Qatar as an English teacher. While in NT, Heather worked in acute, community, public health and remote practices in Alice Springs, Tennant Creek, Nhulunbuy, Darwin and Indigenous communities. Heather has a strong history working in multi-disciplinary teams with her most recent appointment in August 2014 as Director of Nursing and Midwifery for Top End Primary Health Care. Heather is responsible for oversight of the professional development and performance of nurses and midwives during the transition into the health service, amalgamation of community health, remote and prison health, strategic planning as a member of the Top End Health Service primary health care leadership team, along with providing policy advice and oversight for medication management in remote health clinics. Heather’s OCNMO portfolio covers models of care with specific reference to the Palmerston Regional Hospital, remote workforce and professional organisation liaison, nursing agency agreements and medication management.

Mary Wooldridge was elected as the Member for Doncaster at the November 2006 Election and was re-elected in 2010. Following the abolition of the seat of Doncaster in a redistribution of electoral boundaries, Mary was elected as a Member in the Eastern Metropolitan Region and became Leader of the Opposition in the Legislative Council and the Shadow Minister for Health.

Mary has a Bachelor of Commerce (Honours) from Melbourne University, a Master of Business Administration from Harvard University in the USA and a Diploma from the Australian Institute of Company Directors.

Prior to entering parliament, Mary had a number of roles including CEO of the Foundation for Young Australians, Manager at McKinsey and Co., Executive Director at both PBL and CPH, and Senior Advisor to the Federal Industry Minister.

From 2010 to 2014, Mary served as Minister for Mental Health, Minister for Community Services, Minister for Disability Services & Reform, and Minister for Women’s Affairs.
Keynote speaker

**Professor Wendy Cross FACN**  
Associate Dean, Nursing and Allied Health, Monash University

Professor Wendy Cross is a mental health nurse of 35 years and works clinically in crisis teams in the emergency department. She joined Monash University in 2007 as Associate Professor, Mental Health Nursing, in the School of Nursing and Midwifery. In 2009 she was appointed as Professor and Head of the School of Nursing and Midwifery. In January 2016 she commenced in the role of Associate Dean, Nursing and Allied Health. Professor Cross holds a number of leadership positions in mental health nursing and education. She chairs the Council of Deans of Nursing and Midwifery (Australia and New Zealand) and is a Board Director for the Australian Nursing and Midwifery Accreditation Council (ANMAC) and the Nursing and Midwifery Health Program (Vic).

Keynote speaker

**Professor John Daly FACN**  
Dean, Faculty of Health and Head of the UTS/World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development, University of Technology, Sydney

Professor John Daly is the current Dean of the Faculty of Health and Head of the UTS/World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at the University of Technology, Sydney. Professor Daly has published widely on leadership in nursing and health, nursing education, cardiovascular health, role transition in nursing, aged care, cross-cultural nursing and nursing workforce issues. Professor Daly is former Editor-In-Chief of Collegian: The Australian Journal of Nursing Practice, Scholarship & Research (the refereed journal of the Australian College of Nursing which is published by Elsevier) a position he held for 9 years.

Keynote speaker

**Dale Fisher**  
Chief Executive, Peter MacCallum Cancer Centre, Melbourne

Dale Fisher is Chief Executive of the Peter MacCallum Cancer Centre, Australia’s only public hospital solely dedicated to cancer treatment, research and education and home to Australia’s largest cancer research program. Dale led the relocation of Peter Mac’s East Melbourne site to its new home in Parkville in June 2016, as part of the $1.1 billion VCCC Project.

In recognition of her achievements in leadership and promoting excellence in women’s health to the Victorian community, Dale was inducted into the Victorian Honour Roll of Women in 2011 as part of the centenary celebrations for International Women’s Day. In October 2013, Dale’s many roles as a strategic and educational leader were again recognised when she was honoured as one of the Australian Financial Review’s 100 Women of Influence.
Masterclass speaker

Paul Mracek
CEO, Kotan Australia

Paul has over 30 years’ experience in business and implementing strategic change in Asia, Europe, USA and Australia, establishing and building successful businesses. He has been an active advisor on training, education and industry policy to both Government and academic institutions.

Paul is the founder of Kotan Australia, which provides leadership, performance and communication coaching for individuals and teams. Paul is also the co-founder of AXIS NeuroPerformance, which is based on research and application of neuroscience to leadership and the development of a management framework for business.

Paul has held several senior business leadership positions and is a chartered Professional Engineer, Fellow of the Australian Institute of Management, Graduate of the Australian Institute of Company Directors, Certified Trainer and Master Practitioner of the American Board of NLP and Hypnotherapy, Time Line Therapy®, Member (JP) Royal Victorian Association of Honorary Justices.

He is also the author of several books on the mindset of success, change, and business with balance.

Masterclass speaker

Dr Elise Sullivan MACN
Australian Academy of Clinical Leadership

Elise Sullivan is passionate about advancing the nursing and midwifery profession. She challenges nurses and midwives to step up as leaders, push their own boundaries, take a seat at the table and make a difference in the healthcare sector.

Elise has successfully transitioned from being a clinical Registered Nurse, through to senior management levels in the health and aged care sector, and government. She has worked in academia in business management, and more recently as an executive director in the Australian Academy of Clinical Leadership, which delivered professional development programs to advance the clinical and leadership skills of health professionals. Her PhD in Nursing revealed the conditions needed to advance nursing practice. This project engaged nurses in driving changes at a personal, organisational and legislative level, empowering them to operate as autonomous clinicians, in collaboration with their medical, managerial and nursing peers.

Elise believes that empowered leaders, empower those around them to reach their true potential. Her perspective on self-empowerment is captured in her book “Laying Bare the Power in You”.

Masterclass speaker

Fiona Barron
Publishing Editor, Elsevier Australia

Fiona has worked in publishing for the past 26 years, initially for a small scientific and academic publishing company which helped give an all-round view of academic publishing. She joined the production department of Elsevier in 1998 as a Journal Manager becoming a Publisher in the Social Sciences in 2000. Fiona moved to Sydney, Australia in 2006 as Publisher in the Health Science area to help develop the Australian journal portfolio. Collegian, The Australian Journal of Nursing Practice, Scholarship and Research has been published with Elsevier since 2008. We aim to help manage and develop journal content in conjunction with the editors and the editorial board.

What I find fascinating is how new technologies can aid dissemination of information – especially in the health science area. What is a challenge is how to get clinicians to write and transfer their knowledge to others.
Masterclass speaker

**Professor Lisa McKenna FACN**  
*Editor in Chief, Collegian, Monash University*

Lisa is a Professor in the School of Nursing and Midwifery at Monash University.

She has extensive experience in teaching at undergraduate and postgraduate levels. Lisa has researched and published extensively in educational research in nursing, midwifery and health professions. She is currently the Editor-in-Chief of Collegian, Associate Editor for *Women and Birth*, and Editorial Advisor for *Nurse Education Today*.

Masterclass speaker

**Vivienne Black**  
*Consultant, Facilitator, Coach, Leaders in Leading*

Vivienne is the Principal Presenter and Facilitator for Leaders in Leading.

She has an extensive background in management, training, counselling, coaching, personal development and events coordination both inside and outside of Health, working with people in complicated and complex environments.

Vivienne is well known for her inspirational workshops and coaching style.

She has a positive and practical approach in her presentations that motivates participants to implement skills and strategies immediately post session, affecting new and positive outcomes, both in their personal and professional lives.

Her strength is in building positive relationships in the workplace through communication and understanding, as opposed to bullying, fear and intimidation.

Participants have found Vivienne’s workshops to be relevant, enlightening, engaging, uplifting and life changing.

Closing speech

**Adjunct Professor Kylie Ward FACN**  
*Chief Executive Officer, Australian College of Nursing*

Adjunct Professor Kylie Ward has more than two decades of experience as a celebrated Nurse Leader and a respected Health and Aged Care Executive. Intimately aware of the significant contribution nurse leaders make to health and aged care, community outcomes, individualised care and patient experiences, Kylie also brings an innate passion for people, professionalism, service and leadership to the Australian College of Nursing (ACN).

Her approach to leadership is modern, ethical and progressive, and focuses on building mental and spiritual resilience to meet organisation challenges and lead people through change.
# Program

## DAY ONE  Wednesday 26 October 2016

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<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8.00am</td>
<td>Registration, tea and coffee, exhibition</td>
<td>Skyline Room</td>
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<tr>
<td>8.45am</td>
<td>MC introduction</td>
<td>Park Room</td>
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<tr>
<td></td>
<td>Professor Brian Dolan FRSA MACN (Associate)</td>
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<tr>
<td>8.55am</td>
<td>ACN President’s welcome</td>
<td>Park Room</td>
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<td></td>
<td>Adjunct Professor Kathy Baker AM FACN (DLF)</td>
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<td>Board President, Australian College of Nursing</td>
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<tr>
<td>9.00am</td>
<td>Keynote session</td>
<td>Park Room</td>
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<td></td>
<td>Fiona Brew MACN Interim CEO, Goulburn Valley Health</td>
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<td></td>
<td>“The Power of Governance”</td>
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<td></td>
<td>Adjunct Professor David Plunkett MACN Acting CEO, Eastern Health</td>
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<td>“The Power of Culture”</td>
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<td></td>
<td>Dr Louise Shaper Chief Executive Officer, Health Informatics Society</td>
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<td>of Australia (HISA)</td>
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<td>“The Power of Digital”</td>
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<tr>
<td>10.30am</td>
<td>Principal Sponsor address</td>
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<td></td>
<td>Department of Health &amp; Human Services</td>
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<td>Video recording of The Hon. Jill Hennessy MP</td>
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<td></td>
<td>Minister for Health and Ambulance Services, Victoria</td>
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<tr>
<td>10.40am</td>
<td>Morning tea</td>
<td>Skyline Room</td>
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<tr>
<td>11.10am</td>
<td>ACN Talks Concurrent Session One</td>
<td>Yarra Rooms</td>
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<td></td>
<td>Presentations from leaders across the nursing profession in the areas</td>
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<td>of health and aged care, education, management, academia, clinical</td>
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<td>and research that will address the most current and topical issues</td>
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<td>affecting nursing today.</td>
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<tr>
<td>12.40pm</td>
<td>Lunch</td>
<td>Skyline Room</td>
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<tr>
<td>1.40pm</td>
<td>Keynote session</td>
<td>Park Room</td>
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<tr>
<td></td>
<td>Professor Christine Duffield RN PhD FACN FAAN</td>
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<tr>
<td></td>
<td>Professor of Nursing &amp; Health Services Management UTS and Edith Cowan</td>
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<td></td>
<td>University</td>
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<tr>
<td></td>
<td>“The Power of Now”</td>
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<tr>
<td>2.00pm</td>
<td>Refugee Nurses of Australia</td>
<td>Park Room</td>
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<td></td>
<td>Sandy Eagar FACN Nurse Manager, NSW Refugee Health Service</td>
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<td></td>
<td>Lindy Marlow Chair, Refugee Nurses of Australia</td>
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</table>
DAY ONE Wednesday 26 October 2016 continued

2.10pm  “Speed leading” session
Get your questions ready with this exciting new initiative as emerging nurse leaders and early to mid-career nurses have the opportunity to connect directly with senior nurse executives, clinicians and academics for career coaching, networking and advice in facilitated 5 minute sessions.
Skyline Room

3.30pm  Afternoon tea
Proudly supported by
Skyline Room

4.00pm  Nursing and Midwifery Board of Australia Update
An update from the Nursing and Midwifery Board of Australia in relation to registration standards, codes and guidelines.
Tanya Vogt
Executive Officer of the Nursing and Midwifery Board of Australia
Park Room

4.30pm  The Spanish General Council of Nursing Delegation Address and Gift Presentation to Delegates
Dr Cristina Garcia Vivar
Park Room

5.00pm  ACN Annual General Meeting
All ACN members are encouraged to attend to hear the latest from your Board, to participate and vote. Non-member delegates are welcome to attend, but are not able to vote or ask questions.
Park Room

5.45pm  Day One Closing Address
The Hon. Sussan Ley MP
Federal Minister for Health and Aged Care and Minister for Sport
Park Room

6.05pm  Investiture of Distinguished Life Fellow, Honorary Fellow and Fellows
The Hon. Sussan Ley MP
Federal Minister for Health and Aged Care and Minister for Sport
Park Room

6.30pm  Drinks with the ACN CEO and Board Directors
A special function open to all delegates, offering an opportunity to get together and network with your fellow ACN Members, Fellows and colleagues.
Skyline Room/Balcony
## Wednesday 26 October – Concurrent session one 11:10am–12:40pm

<table>
<thead>
<tr>
<th>Room</th>
<th>Yarra 1</th>
<th>Yarra 2</th>
<th>Yarra 3</th>
<th>Yarra 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:10am–11:40am</td>
<td>Implementing a nursing professional practice model in an Australian hospital</td>
<td>Where am I now? 6+ 1 generations of nurses</td>
<td>Still eating our young: Power, bullying and the nursing student</td>
<td>What are nurses’ own long-term conditions and how do they manage them? Findings from an Australian health service-wide survey</td>
</tr>
<tr>
<td></td>
<td>Anthony Dolan MACN</td>
<td>Prof Jane Mills FACN</td>
<td>Prof Melanie Birks FACN</td>
<td>Dr Wendy Smyth MACN</td>
</tr>
<tr>
<td>11:40am–12:10pm</td>
<td>Bringing Education Back to the Bedside</td>
<td>Stories of Compassion: The importance of ‘being in the moment’</td>
<td>The power of context: New graduate registered nurses practice readiness for Australian health care contexts now and in the future</td>
<td>Fit for the Future? The health and health behaviours of the nursing and midwifery workforce</td>
</tr>
<tr>
<td></td>
<td>Belynda Abbott FACN</td>
<td>Dr Jennifer Newton FACN</td>
<td>Helena Harrison MACN</td>
<td>Prof Lin Perry MACN</td>
</tr>
<tr>
<td>12:10pm–12:40pm</td>
<td>Powerful partnership, Powerful outcomes: Embedding an oral health wellness program into a nurse-led refugee health service</td>
<td>Teaching nursing students: The relationship self-care and wellbeing to the practice of compassion</td>
<td>Scope of Practice: A powerless concept?</td>
<td>The Power of Falls Awareness</td>
</tr>
<tr>
<td></td>
<td>Leanne Schmidt FACN</td>
<td>Dr Anne Hofmeyer MACN</td>
<td>Associate Professor Rachael Vernon MACN</td>
<td>Karen McLaughlin</td>
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## DAY TWO Thursday 27 October 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>8.00am</td>
<td>Registration, tea and coffee</td>
<td>Skyline Room</td>
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<tr>
<td>8.45am</td>
<td>MC Recap</td>
<td>Park Room</td>
</tr>
<tr>
<td></td>
<td>Professor Brian Dolan FRSA MACN (Associate)</td>
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</tr>
<tr>
<td>8.55am</td>
<td>Keynote session</td>
<td>Park Room</td>
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<tr>
<td></td>
<td>Ann Maree Keenan MACN</td>
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<td></td>
<td>Chief Nursing and Midwifery Officer, Department of Health and Human Services, Victoria</td>
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<td></td>
<td><em>Learning from the Past to deliver to the Future</em></td>
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</tbody>
</table>
### Adjunct Associate Professor Lydia Dennett MACN
*Chief Nurse and Midwifery Officer, SA Health and Chair, Australian and New Zealand Council of Chief Nursing and Midwifery Officers*

*A Walk in the Park*

### Heather Keighley MACN
*Acting Chief Nursing and Midwifery Officer, Northern Territory*

*The Power of Opportunity: Nursing in the Northern Territory*

---

**10.25am**  **Morning Tea partner address - NNT Uniforms:**

_Penny Parkinson_  
*Project Manager Healthcare & Aged Care Workwear Group*

_Jo Begbie_  
*Deputy Director of Nursing and Midwifery Monash Health*

---

**10.30am**  **Morning tea and poster presentations**

_{Morning tea proudly supported by NNT Uniforms}_

---

**11.15am**  **ACN members and delegates session**

_Come and hear the latest updates from ACN Key contacts for regions and communities of interest and participate in establishing priority goals and activities for membership in 2017._

---

**1.10pm**  **Major Partner Address:**

_HESTA Kylie Whicher_  
*General Manager Client Relations*

---

**1.15pm**  **Lunch**

_{Skyline Room}_

---

**2.15pm**  **ACN Talks Concurrent Session Two**

_Presentations from leaders across the nursing profession in the areas of health and aged care, education, management, academia, clinical and research that will address the most current and topical issues affecting nursing today._

---

**3.15pm**  **Afternoon tea**

_{Proudly supported by HESTA}_

---

**3.45pm**  **ACN Talks Concurrent Session Three**

_Presentations from leaders across the nursing profession in the areas of health and aged care, education, management, academia, clinical and research that will address the most current and topical issues affecting nursing today._

---

**5.00pm**  **Close of Forum day two**

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**7:00pm**  **Forum Gala Dinner**

_A special evening is planned for delegates to unwind and celebrate our profession. The Gala Dinner will incorporate the ACN Oration, presented by Kate Birrell, OAM, MACN, and Grants and Awards Presentation._
### Thursday 27 October – Concurrent session two 2:15pm–3:15pm

<table>
<thead>
<tr>
<th>Room</th>
<th>Yarra 1</th>
<th>Yarra 2</th>
<th>Yarra 3</th>
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</thead>
<tbody>
<tr>
<td>2:15pm–2:35pm</td>
<td>Privately practising nurse practitioners in Australia, challenges and constraints</td>
<td>“Street Feet” Changing the health paradigm on foot, saves lives and money</td>
<td>Nurturing Leadership in Community and Primary Care through Storytelling</td>
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<tr>
<td></td>
<td>Jane Currie MACN</td>
<td>Bernadette Mulcahy MACN</td>
<td>Ross O’Neill</td>
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<tr>
<td>2:35pm–2:55pm</td>
<td>Back on the floor: Deconstructing clinical practice, illuminating the power of nursing</td>
<td>Looking backwards to power the future, the journey to Clinical Governance</td>
<td>Why are we so busy? The challenges of a paper based documentation system in a tertiary public health service</td>
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<td></td>
<td>Dr Deb Massey MACN</td>
<td>Edel Murray MACN</td>
<td>Naomi Dobroff MACN</td>
</tr>
<tr>
<td>2:55pm–3:15pm</td>
<td>Building and Supporting Clinical Leadership in aged care: A best practice recommendation</td>
<td>Hand Hygiene among Patients: A Pilot Study</td>
<td>The effect of a communication and information intervention on the registered nurse mentor and preceptor experience</td>
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<tr>
<td></td>
<td>Dr Drew Dwyer MACN</td>
<td>Prof Lesley Wilkes FACN</td>
<td>Dr Lynette Bowen FACN</td>
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### Thursday 27 October – Concurrent session three 3:45pm–5:00pm

<table>
<thead>
<tr>
<th>Room</th>
<th>Yarra 1</th>
<th>Yarra 2</th>
<th>Yarra 3</th>
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<tbody>
<tr>
<td>3:45pm–4:05pm</td>
<td>Implementing an electronic health record: The power of nursing support in ensuring success</td>
<td>Promoting self-care and wellbeing nurses and midwives</td>
<td>Nurses stories and the power of now: Capturing the past to inform the future</td>
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<tr>
<td></td>
<td>Dr Sally Lima MACN</td>
<td>Robin Girle</td>
<td>Jane Douglas MACN</td>
</tr>
<tr>
<td>4:05pm–4:25pm</td>
<td>Bringing Emotional Intelligence into the here and now</td>
<td>Patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care units</td>
<td>The power of philosophy at the nursing leadership level: Caught or taught and what does it matter?</td>
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<td></td>
<td>Dolores Dooley MACN</td>
<td>Samantha Jakimowicz MACN</td>
<td>Dr Lexie Anne Brans PhD FACN RN</td>
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<tr>
<td>4:30pm–5:00pm</td>
<td>Empowering Our Workforce Now: Navigating the journey towards advanced scope of practice</td>
<td>The heart of mindfulness: Developing Courage and Self-Compassion</td>
<td>Eat Walk Engage - Implementation of a Delirium Prevention Programme for Older Patients in Acute Care</td>
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<td></td>
<td>Adj. Prof Kath Riddell MACN</td>
<td>Paul Bedson</td>
<td>Margaret Cahill</td>
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**DAY THREE** Friday 28 October 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>8.00am</td>
<td>Registration, tea and coffee, exhibition</td>
<td>Skyline Room</td>
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<tr>
<td>9.00am</td>
<td>MC Recap</td>
<td>Park Room</td>
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<td></td>
<td><strong>Professor Brian Dolan FRSA MACN (Associate)</strong></td>
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<tr>
<td>9.10am</td>
<td><strong>Keynote session</strong></td>
<td>Park Room</td>
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<td></td>
<td><strong>Professor Wendy Cross FACN</strong></td>
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<td></td>
<td>Associate Dean, Nursing and Allied Health, Monash University</td>
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<td></td>
<td>“The Power of Self”</td>
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<td></td>
<td><strong>Professor John Daly FACN</strong></td>
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<td></td>
<td>Dean, Faculty of Health and Head of the UTS/World Health Organization Collaborating</td>
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<td></td>
<td>Centre for Nursing, Midwifery and Health Development, University of Technology, Sydney</td>
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<td></td>
<td>“The Power of Global”</td>
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<td></td>
<td><strong>Dale Fisher</strong></td>
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<td>Chief Executive, Peter MacCallum Cancer Centre, Melbourne</td>
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<td></td>
<td>“The Power of You”</td>
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<tr>
<td>10.30am</td>
<td><strong>Nurses influencing policy</strong></td>
<td>Park Room</td>
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<td>An interactive session providing delegates with an opportunity to discuss their needs with the Shadow Minister for Health, Victoria.</td>
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<td></td>
<td><strong>The Hon. Mary Wooldridge MP</strong></td>
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<td></td>
<td>Shadow Minister for Health, Victoria</td>
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<tr>
<td>11.00am</td>
<td><strong>Morning tea</strong></td>
<td>Skyline Room</td>
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<td>Proudly supported by NNT</td>
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<tr>
<td>11.30am</td>
<td><strong>Masterclass session one</strong></td>
<td>Yarra 1, Yarra 2</td>
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<td>Delegates will choose from four masterclass topics.</td>
<td>Yarra 3, Yarra 4</td>
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<tr>
<td>1.00pm</td>
<td><strong>Lunch</strong></td>
<td>Skyline Room</td>
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<tr>
<td>2.00pm</td>
<td><strong>Masterclass session two</strong></td>
<td>Yarra 1, Yarra 2</td>
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<td>Delegates will choose from four masterclass topics.</td>
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<td>3.30pm</td>
<td><strong>Afternoon tea</strong></td>
<td>Skyline Room</td>
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<td>Proudly supported by HESTA</td>
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<tr>
<td>4.00pm</td>
<td><strong>Closing Speech</strong></td>
<td>Park Room</td>
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<td><strong>Adjunct Professor Kylie Ward, FACN</strong></td>
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<td></td>
<td>CEO, Australian College of Nursing</td>
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<td></td>
<td>“Free To Be Me”</td>
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<tr>
<td>4.45pm</td>
<td><strong>Prizes to be drawn</strong></td>
<td>Park Room</td>
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<tr>
<td>5.00pm</td>
<td><strong>Forum close</strong></td>
<td>Park Room</td>
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<td></td>
<td><strong>Farewell drinks</strong></td>
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<td>Stay and join the team for a farewell drink</td>
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</tbody>
</table>
Creating and providing attire for healthcare workers is a specialty we take seriously. NNT understands the need for practical, easy-care and comfortable garments while promoting the value of feeling and looking good at work.

Call us to find out more: (03) 9621 7555
Creating and providing attire for healthcare workers is a specialty we take seriously. NNT understands the need for practical, easy-care and comfortable garments while promoting the value of feeling and looking good at work.

Call us to find out more: (03) 9621 7555

Partners

Department of Health and Human Services

Principal Sponsor

On 1 January 2015, the Victorian Government established the Department of Health & Human Services, bringing together the former Department of Health, Department of Human Services and Sport and Recreation Victoria.

The department has been established to develop and deliver policies, programs and services that support and enhance the wellbeing of all Victorians. We take a broad view of the causes of ill health, the drivers of good health, the social and economic context in which people live, and of the incidence and experience of vulnerability. This will allow us to place people at the heart of policy-making, service design and delivery.

HESTA

Major partner

For more than 25 years, HESTA has focused on helping those in the health and community services sector live well in retirement. We have more than 800,000 members and $30 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.

NNT Uniforms

Morning tea partner

As an experienced provider of uniforms to health and aged care facilities for over 50 years, NNT has a detailed understanding of the service requirements, industry specifications, policies and people that are so important to the provision of healthcare services in Australia.

We design garments specifically for the healthcare sector, working regularly with focus groups consisting of nurses, clinical and non-clinical staff to understand their unique requirements. In addition, we trial-wear all new designs and fabrics in a true work environment.

NNT combine best in class products with a service offering that is tailored to match your organisational needs, crafting a uniform solution that empowers your employees to do what they do best... care.

www.nnt.com.au
Sponsors

Edith Cowan University

Satchel 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.

James Cook University

USB Sponsor

JCU Nursing, Midwifery and Nutrition delivers programs across five teaching sites and by external mode. JCU campuses are equipped with modern learning and teaching facilities to ensure a positive student experience. In addition, student learning is supported through professional experience placements in healthcare facilities throughout the North Queensland region and beyond. In addition to its undergraduate, postgraduate and higher degree programs, JCU Nursing, Midwifery and Nutrition has a vibrant culture of research, with activity in areas of: natural disasters; Indigenous futures; maternal, child and adolescent health; mental health; leadership and clinical governance; learning and teaching; and clinical research.

SwingShift Nurses

Name tag sponsor

SwingShift Nurses is devoted to providing health care services throughout metropolitan and regional Victoria with the best casual replacement nursing staff.

We are customer focussed and committed to matching the qualifications, skills and experience of our nursing staff to our clients requirements.

SwingShift Nurses is successful because we fulfil the needs of both our clients and our nurses.

www.swingshift.com.au

Colbrow Healthcare

Notepad and pen sponsor

As Melbourne’s first nursing agency, Colbrow Healthcare has been providing nursing and care staff to Melbourne’s public and private hospitals and families since 1957. Through our divisions of Colbrow Nurses, for our general nurses and midwives; Critical Solutions, for our specialist nurses; Colbrow Homecare, for our home and community nurses and care workers; and Colbrow Immune, for our immunisation nurses, we have a wide variety of employment opportunities for Registered Nurses and carers. Our well established, solid foundation of excellence, both in the care of our clients and our workforce, sets us apart from our competitors.
A Graduate Certificate is the first step towards becoming an expert practitioner in your chosen clinical speciality and work towards a higher grade position. Our courses are developed and delivered by nurses and promote nursing leadership and professional advancement. They are designed to:

- Enhance your knowledge of evidence based clinical practice
- Build confidence in your leadership and clinical decision making skills
- Deliver elective units of study that best support your current practice
- Provide a nationally and internationally recognised post graduate qualification

ACN offers Graduate certificates in:

- Acute Care Nursing
- Aged Care Nursing
- Breast Cancer Nursing
- Cancer Nursing
- Child and Family Health Nursing
- Critical Care Nursing
- Drug and Alcohol Nursing
- Leadership and Management Nursing
- Neonatal Care Nursing
- Orthopaedic Nursing
- Paediatric Nursing
- Perioperative Nursing
- Stomal Therapy Nursing

Have you considered becoming a Nurse Immuniser? ACN offers an online Immunisation course that is designed for registered nurses working in health areas where administration of immunisation is part of their role. It is also suitable for registered nurses who wish to enhance their career opportunities by becoming a Nurse Immuniser.

Delivered online over 12 weeks. Completing this course will help you develop the knowledge and skills to confidently and competently deliver an immunisation service that is safe, timely and appropriate.

- Enrolments are monthly (excluding January)
- This course has been approved by the Health Departments in NSW, VIC, TAS, SA and ACT*

*Successful completion of this course is one of the requirements necessary for RNs to administer vaccinations without the direction of a medical officer (ACT legislation differs, please refer to course information for details)

Graduate Certificates have two intakes per year – January and July. To enrol phone customer service on 1800 265 534 or email customerservices@acn.edu.au. For more information visit our website www.acn.edu.au
Do you have the knowledge and skills to make decisions when lives hang in the balance?

ACN offers an online course in Principles of Emergency Care, designed for RNs and ENs working in any clinical setting in metropolitan, regional, rural and remote areas. It equips you with the knowledge and skills needed to render first-line emergency care in emergency/critical situations.

It will also enhance your critical thinking and problem solving skills, and your confidence in decision-making when providing care to patients during emergency situations.

- Build on existing knowledge and understanding of principles of emergency nursing care
- Demonstrate assessment skills in prioritising care of critically ill patients
- Apply problem solving and clinical decision making skills in the management of deteriorating patient conditions
- Implement communication strategies that support interdisciplinary collaboration and patient-centred care
- Plan and evaluate patient management using clinical practice guidelines and current evidence

Are you looking to advance into a management role?

Be inspired and inspire others with the knowledge and confidence this online course provides. ACN’s graduate certificate is your chance to increase your knowledge and build a pathway to a higher grade position.

The Graduate Certificate in Leadership and Management consists of four core postgraduate units, studied online, with support from your tutor. Online learning includes activities and networking with colleagues. The units of study are:

- Introduction to leadership and management
- Human resource management in the health care setting
- Financial management in the health care system
- Quality

These units are also available as individual postgraduate units of study.

Graduate Certificates have two intakes per year – January and July. To enrol phone customer service on 1800 265 534 or email customerservices@acn.edu.au. For more information visit our website www.acn.edu.au
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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.

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The Australian Nurse Teachers Society (ANTS) has been an advocate for nurse and midwifery education for many decades. We provide a collegial environment to facilitate professional exchange including a biannual National Nurse Educator Conference. We participate in a variety of nursing forums representing the needs and views of nurse educators.

**Australian Primary Health Care Nurses Association**

APNA is collaborating with the nursing profession to develop a national Education and Career Framework and Toolkit to support the employment opportunities, recruitment and retention of nurses in primary health care settings. This project is being delivered under the Nursing in Primary Health Care Program, funded by the Australian Government Department of Health 2015-2018.

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Correct Care Australasia provides primary health services to all 13 public prisons across Victoria.

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**Australian Nursing & 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. 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.
Department of Health and Human Services

On 1 January 2015, the Victorian Government established the Department of Health & Human Services, bringing together the former Department of Health, Department of Human Services and Sport and Recreation Victoria.

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Juliana Adams Inc
Juliana Adams, BSN, MSN, MA Psychology is the President of Juliana Adams Inc., a US based communications corporation dedicated to the advancement of nursing through leadership, education and inspiration. She is the author of The Joy of Nursing, Reclaiming Our Nobility as well as an accomplished speaker and documentary filmmaker.

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McFarlane Medical is a major supplier of medical and surgical products to Medical clinics, Day surgery centres, Hospitals, Pathologies, Testing labs, and Universities and many other organizations throughout Australia and New Zealand. We are an Australian owned company, operating for 30 years and we pride ourselves on our excellent customer service to the healthcare sector.

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The Gawler Cancer Foundation

The Gawler Cancer Foundation is a not for profit organisation that promotes a whole-person (holistic) and integrative approach to health, healing and wellbeing. Our mission is to improve the recovery outcomes and quality of life for people affected by cancer or multiple sclerosis and to promote the prevention of illness, through evidence-based lifestyle education programs.

The Spanish General Council of Nursing

The Spanish General Council of Nursing, the highest Spanish nursing representative body and professional coordinator at national and international level representing 285,000 professionals, would like to share with all the colleagues who will participate in the Australian National Nursing Forum and invite them to the celebration of the International Council of Nurses Congress that will take place in Barcelona (Spain) on 27 May – 1 June 2017. During the Congress days the focus will be on the relevance of integrating practice, science, knowledge, competence and equity in order to provide an excellent care. We wish to transmit all the necessary information to promote the active participation of everyone in this worldwide event.
**TrendCare**

TrendCare is the leading workload management and workforce planning system in Australasia, operating across five countries, winning National and International Awards for innovation, service delivery and training. TrendCare provides rostering, patient acuity, work allocation, risk assessments, care planning, handovers and HRM solutions. TrendCare promotes safe staffing, improved patient outcomes and productivity, and efficiency gains.

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Your Nursing Agency (YNA) is a 100% Australian owned and operated company, focused on providing the best level of support to our clients and nursing staff. Managed by a professional team with over 50 years nursing experience YNA are a national company with offices in Adelaide, Brisbane, Melbourne, Cairns and Perth.
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Session one

Implementing a nursing professional practice model in an Australian hospital

Wednesday 26 October 11:10am Yarra 1

Anthony Dolan MACN

Background: A Professional Practice Model (PPM) enables nurses to envision and communicate a framework for practice (Hoffart & Woods 1996). A robust PPM aligns with organisational nursing values and embodies elements of nursing excellence. An Australian tertiary hospital initiated a program to implement a PPM that would define the structures and processes necessary for nurses to control their practice and the care environment.

Aims: The specific objectives were to:

- Determine the key components of robust PPMs.
- Develop a PPM tailored to nursing in this organisation.
- Implement the developed PPM.

Methods: A systematic search of literature published was conducted. Articles were subjected to thematic analysis to determine the essential elements of PPM. Development of the PPM was an iterative process involving workshops with nurses to interpret the essential components for their context. Implementation of the PPM included publication of the final product and forums in which nurses modelled their application of the PPM in practice.

Results: The literature review located 16 PPMs, which identified the need for simple language and six fundamental components: (a) patient outcomes, (b) practice environment, (c) nurses’ independent and interdependent practice, (d) leadership and shared governance, (e) nurse development and reward, and (f) research and innovation. Widespread consultation with nurses refined the six components into four domains applicable to nursing in this organisation, which were set into a schematic based on the hospital logo. Publication and presentation at a variety of forums enabled dissemination of the PPM to direct care nurses across the organisation.

Conclusion: The implementation of a robust PPM is a significant undertaking. A simple, meaningful PPM that can be easily articulated by nurses is fundamental to success.
Bringing education back to the bedside
Wednesday 26 October 11:40am Yarra 1

Belynda Abbott FACN

Today’s health care is delivered in dynamic, complex and unpredictable clinical environments and may inhibit the development of an effective learning culture. Experienced clinicians are integral in supporting learning in these challenging and dynamic environments and are well positioned to assist staff to develop critical thinking skills through dialogue at the bedside.

Bedside teaching rounds give ownership to the staff involved, providing them with more responsibility for their own self-directed learning (Harden 2002) and contribute to developing workforce capacity through the engagement of staff and involving patients in bedside learning.

This presentation reports the findings of a project that implemented nurse teaching rounds in one clinical unit in a tertiary referral hospital in Queensland conducted over a six month period. The Hennessy-Hicks training needs analysis questionnaire (2011) identifies and prioritises training needs of individuals, groups and organisations. It has known validity and reliability and measures the training needs of five broad areas – research/audit; communication/teamwork; clinical tasks; administration; and management/supervision. It can be tailored to meet the specific requirements of any given health setting.

Nurse teaching rounds were conducted by the unit’s nurse educator or clinical facilitator. Sessions lasted one to 1.5 hours and were conducted at the bedside. Following participation in a teaching round, staff completed the Hennessy-Hicks training needs analysis questionnaire. Data were collected at two time points – T1 and T2. A total of 25 teaching rounds and surveys were completed (T1 n=13; T2 n=12). At time of submission, results are currently undergoing statistical analysis and will be available for the subsequent presentation.

Results from the training need analysis will identify the significance of nurse teaching rounds on staff knowledge and skills and highlight focus areas to be addressed for future nurse teaching rounds.

Powerful partnership, powerful outcomes:
Embedding an oral health wellness program into a nurse-led refugee health service
Wednesday 26 October 12:10pm Yarra 1

Leeanne Schmidt FACN and Margaret Pukallus

Introduction: In Queensland, the majority of newly arrived people with a refugee or asylum seeker background are settled within the Metro South Health region. Due to displacement, trauma, torture, family separation, food insecurity and deprivation, people experience long-term physical and emotional issues. These factors impact on past and future oral health and hygiene practices. Based on their eligibility, new arrivals are entitled to receive free dental treatment within the first 12 months of arrival. Access to culturally safe and timely preventative oral health services (OHS) is needed. Establishment of an oral health (OH) wellness program within Metro South Refugee Health Service (MSRHS) for newly arrived families delivers early assessment, triage, first line treatment and education.

Description: In 2015 a two-year wait list existed for initial assessment and care at OHS Logan Central Community Health Services. Exploration of options led to oral health therapists (OHT) undertaking observational placement in MSRHS. A two-pronged collaborative approach was developed to improve access. Key considerations included interpreters, a culturally sensitive environment, scheduling clients and resource development. The best time to deliver the program was during the nursing health assessment in MSRHS. The program commenced March 2016.

Summary: Implementation of this multidisciplinary approach facilitates appropriate entry to OHS. Coordination processes were developed between MSRHS, MSOHS, the settlement agency (ACCESS Community Services Inc) and Metro South Health Interpreter Services. Clients receive holistic OHS within 28 days of arrival. Efficiency and effectiveness gains have occurred with no increased additional program costs. This partnership is an essential enabler for program sustainability and client access.

Conclusion: Partnership relationships have been pivotal enablers of this quality improvement initiative. Streamlined pathways ensure timely utilisation of children and adult OHS. To the best of the authors’ knowledge this program design is unique.
Where am I now? 6 + 1 generations of nurses
Wednesday 26 October 11:10am Yarra 2

Professor Jane Mills FACN and Dr Jennifer Chamberlain-Salaun

Introductory sentence: In this presentation we will introduce you to a nurse from a different decade every two minutes. Personal stories and perspectives highlight the things that change over the years and those that always seem to stay the same.

Summary: The presentation will introduce six nurses who finished training/graduated between the 1960s and 2010s, and one student nurse who will graduate in 2017. The nurses have been drawn from a range of settings including academia, general practice, tertiary care, tertiary nursing management and remote practice.

The presentation will use a Prezi® format to tell the nurses’ stories using photos, images, voice over and audio. Each nurse will share with the audience in a two-minute timeframe:
• A story about their training and their entry to the profession
• Their current work and role
• Their opinion on the most pressing nursing-related issue they face in their everyday work

The seven stories will be presented in chronological order of the decade in which each nurse finished training/graduated from the 1960s to 2010s. The presentation will culminate with a student nurse who will graduate in 2017.

The authors will facilitate an open discussion following the presentation. Audience members will be invited to discuss issues presented during the presentation and any similarities and differences in issues that they face in their everyday work. The audience will also be invited to reflect on and to discuss where they are now in their nursing career and the opportunities and possibilities that ‘now’ presents.

Conclusion: Seven nurses’ short stories of nursing illustrate intergenerational issues, concerns, trends and triumphs in health care.

Stories of compassion: The importance of ‘being in the moment’
Wednesday 26 October 11:40am Yarra 2

Dr Jennifer Newton FACN

Background: In recent times there has been criticism that the compassion of caring in nursing is being eroded. Whilst clinical and health services are challenged to confront this crisis in care, limited attention has been given to the experiences of nurses as recipients of care. Indeed, tabloid headlines are quick to depict the nurse as someone who does not care (Darbyshire & McKenna 2013).

Aim: This project explored the experiences of Victorian nurses as health care consumers and whether this experience influenced their subsequent practice as a clinician, manager or educator and their concept of caring.

Method: A phenomenological exploration, informed by van Manen (2014) was used. Fourteen registered nurses volunteered to participate. They were interviewed on two occasions, about six months apart. Interviews were audio-recorded and verbatim transcripts were analysed following van Manen’s six steps.

Results: Nurses who had lived this experience became acutely aware of the importance of compassion from the care staff which was identified in the theme – “Being in the moment”. The notion of person-centred care came to the forefront as being an essential component of care for these consumer nurses. Reflecting on their experiences provided an opportunity for participants to consider the crucial aspects of caring. This afforded the nurses to have the power, when returning to their workplace to change practice. In most cases, this was not done in a formalised way, but in modelling patient-centred care to their colleagues.

Conclusion: Nurses remain nurses, even when patients. More importantly, nurses have the ability to empower others to improve their practice. This is the now, and the power is in the collegiality that drives nurses across generations to share the importance of compassion and create new ways of working to improve the patient’s care experience.
Teaching nursing students: The relationship self-care and well-being to the practice of compassion

Wednesday 26 October 12:10pm Yarra 2

Dr Anne Hofmeyer MACN, Dr Luisa Toffoli, Associate Professor Rachael Vernon, Professor Ruth Taylor and Associate Professor Siedine Coetzee

Background: Research has linked poor patient outcomes with austerity measures and the perceived lack of compassion in health care. Patients say how they are cared for matters. Poor working conditions foster stress, diminished resilience and fatigue that compromises nurses’ ability to be compassionate. In response to explicitly teach compassion in nursing education, there is an abundance of classroom studies, but few online studies.

Aim: Explore the effectiveness of an online compassion module taught to final year nursing students within a digital learning environment in a Bachelor of Nursing program at an Australian University in 2015. The study consisted of an online knowledge intervention (compassion module) and pre- and post-intervention qualitative questions to explore and describe nursing students’ understanding and learning about the practice of compassion toward patients, colleagues and themselves.

Methods: Students (n=42) responded to open-ended questions administered via SurveyMonkey® prior to and after studying the compassion module. Free text responses were analysed thematically. Institutional ethical approval was granted.

Findings: Four major themes: being present; act to relieve suffering; get the basics right; practice as a new registered nurse. Some talked about being present to patients through actions such as placing yourself in their shoes and taking time to listen. They said even the smallest actions such as touch can convey compassion and relieve suffering. New insights were generated about being mindful of burnout and compassion fatigue in colleagues and self. We present exemplars of practicing compassion toward patients, colleagues and self, and strategies to be self-aware and resilient: positive lifestyle practices, cultivating supportive networks, and personal boundaries.

Implications: Recognising the critical contribution of compassionate care to patient outcomes and provider well-being, it is timely for nurse educators to now implement these findings and exemplars to teach the practice of compassion, self-compassion and resilience to the next generation of nurses.

Still eating our young: Power, bullying and the nursing student

Wednesday 26 October 11:10am Yarra 3

Professor Melanie Birks FACN, Dr Lea Budden, Dr Robyn Cant and Dr Tanya Park MACN

Introduction: This presentation will describe the findings of a nationwide study of bullying experienced by nursing students in Australia.

Description of pertinent research: The purpose of this study was to identify and describe uncivil behaviours such as bullying and harassment directed towards students during clinical placement. The study employed a nationwide cross-sectional survey that was administered online. The total valid sample of 888 respondents was comprised of 89% females with a median age of 26 years at various stages of enrolment. At least half of the participants had experienced bullying or harassment in the preceding 12 months while on clinical placement. The results indicate that it is often those in positions of power that are either perpetrators of bullying or harassment, fail to prepare students to deal with such behaviour, or are ill-equipped to assist students who fall victim to it while on clinical placement.

Summary: The perpetuation of the culture of incivility in nursing has a number of implications for the profession. Such implications extend beyond the student experience and include a negative impact on patient care and the personal, economic and professional cost when students are lost from the profession.

Conclusion: Incivility has long been recognised as an issue in nursing and there is an abundance of published research on the topic. Less is known about the impact of bullying on student nurses during clinical placement. It is recognised, however, that bullying experiences can lead to anxiety, depression and ultimately loss from the profession.

In order to demonstrate the full impact of the findings of this study, role-play will be used to present examples of bullying and harassment described by the participants. The audience will be encouraged to interact with the presenters to identify the reasons why nursing persists in eating its young and to explore possible solutions to the problem.
The Power of Nursing Care
The Power of Nursing Workforce
The Power of Nursing Leadership
The Power of Self Care

The power of context: New graduate registered nurses practice readiness for Australian health care contexts now and in the future
Wednesday 26 October 11:40am Yarra 3
Helena Harrison MACN, Adjunct Professor Jane Mills FACN and Professor Melanie Birks FACN

Ensuring new graduate registered nurses (NGRN) are ready for practice is important for universities and health care providers (HCP). Health care environments are growing, shaped by consumers, geographic, economic and workforce changes and challenges. In response to the changes and challenges, the nursing profession is evolving. The combination of these factors heightens the need for NGRN to be ready to provide safe quality care in dynamic health care contexts.

The aim of this study was to define NGRN practice readiness from the perspective of Australian health care providers and explain the process by which an NGRN is determined to be practice ready. Understanding HCP perspectives could improve our knowledge of the capabilities required for NGRN to be practice ready and adaptive to complex health care environments.

Using a multiple case study approach, this study explored HCP perspectives of NGRN practice readiness. Fifty-one nursing, medical, allied health and human resource professionals from four health care facilities in different geographical locations in Australia were interviewed. Data from each case were analysed and categorised individually and collectively.

Findings emphasise the power of context in shaping NGRNs and their experiences. Personal, clinical and professional capabilities health care providers consider important for new nurses were identified. These capabilities stem from the influence of context and advocate the need for new nurses to be responsible, resilient and adaptive to complex, evolving environments.

Consideration of context in the preparation and establishment of new nurses’ personal and professional capabilities is central to ensuring NGRN are ready for practice and the provision of a safe quality of care. Findings can be used to align the educational preparation of NGRN to ensure they are practice ready for the health care system now and in the future.

Scope of practice: A powerless concept?
Wednesday 26 October 12:10pm Yarra 3
Professor Melanie Birks FACN, John Smithson MACN and Jenny Davis

Introduction: The concept of scope of practice is often discussed as something that exists in its own right, yet it remains an ill-defined concept.

Description of presentation: This presentation uses an interactive approach that challenges nurses to think about their scope of practice, how it is determined and how it is enacted in reality. Research on this topic is limited, serving to further contribute to the nebulous nature of scope of practice. Presenters will draw on the contributions of audience members as a foundation for discussing the findings of the first nationwide study of registered nurses about factors that impact on their scope of practice. This study employed an online survey that revealed how scope of practice is enacted in various professional contexts by nurses with varying roles, qualifications and experience.

Summary: As the largest component of the health workforce, the nursing profession has the power to make a difference, yet constraints on scope of practice can undermine this power. The greatest constraints come from within the individual professional and the profession at large, with many practitioners not cognisant of the legal limits to their scope. Context-specific factors such as geographical location or institutional culture place further constraints on scope of practice, with risk averse nurses and organisations placing limits on practice that are often unjustified.

Conclusion: In the context of the National Health Reform Agenda, increasing pressure on health services and consumer demand for innovative, efficient and effective health care, it is critical to examine the roles and functions of health care professionals.
What are nurses’ own long-term conditions and how do they manage them? Findings from an Australian health service-wide survey
Wednesday 26 October 11:10am Yarra 4

Dr Wendy Smyth MACN, Professor Anne Gardner MACN, Associate Professor David Lindsay FACN and Professor Colin Holmes

Introduction: Very little is known about nurses’ personal long-term conditions. This study aimed to identify the types and impacts of reported long-term conditions and strategies used by nurses so that they could continue to contribute to the workforce in a meaningful way.

Methods: Using a cross-sectional survey design, all nurses/midwives employed in a northern Australia health service were sent a paper questionnaire; 665 (30.9%) completed surveys were returned. The anonymous questionnaires took no more than 25 minutes to complete; less if the nurse/midwife reported having no long-term conditions.

Results: Three-fifths (n=401) of respondents reported having at least one long-term condition (range 1-9 conditions); longer nursing experience was associated with having more than one long-term condition (t=-2.2, p=0.03). Musculoskeletal conditions were most frequently identified (n=214), even in the younger respondents; and 107 respondents reported conditions related to mental health and well-being. The most frequently reported individual conditions were back pain, migraine and asthma. Respondents were more likely to use personal strategies (such as monitoring their symptoms, taking medication or engaging in exercise) than those provided by the workplace (such as changing the nature of their tasks or working hours) to manage their long-term conditions.

Summary and conclusion: Nurses reported a range of long-term conditions that they manage on a daily basis in order to continue working and contributing to patient care. Further investigation as to how the health service could improve the uptake of workplace-provided strategies, at the same time facilitating nurses’ use of personal strategies, to manage their long-term conditions is suggested. This study has informed a similar study being undertaken with doctors and allied health staff across the same health service. Given that nurses comprise the largest sector of the health workforce, that they are ageing, and are in short supply, further investigation across a larger sample is suggested.

Fit for the Future? The health and health behaviours of the nursing and midwifery workforce
Wednesday 26 October 11:40am Yarra 4

Professor Lin Perry MACN, Professor Robyn Gallagher MACN, Professor Christine Duffield FACN, Professor David Sibbritt and Dr Rachel Nicholls

Introduction: With nursing workforce shortages and ageing demographics, nurses’ health is important yet little is known about this and its relationship to workforce retention.

Description of the research: The aim of this study is to examine the health and health behaviours of the nursing and midwifery workforce of New South Wales (NSW), Australia. An online survey of established health-related assessments and work-related questions was emailed to NSW working nurses and midwives through the NSW Nurses and Midwives Association and professional contacts between August 2014 and February 2015. Complete responses from 5041 nurses and midwives were compared to Australian population values (ABS 2010-12).

With respondents’ demographic and occupational profiles representative of NSW registrants (AIHW 2013), results show self-reported health was ‘excellent – very good’ for 50.6% of respondents, but for 55.1% of the Australian population. About half of all Australians but two thirds of the nursing workforce reported at least one chronic disease diagnosis, with more mental health, asthma and arthritis. Symptom burden was high with around 40% experiencing, sometimes and more often, back and joint pain, headaches and severe fatigue. More than one third suffered insomnia. Health lifestyle behaviours were little/no better, sometimes worse, than the Australian population.

With almost one quarter (22%) intending to leave their job within 12 months, and other characteristics accounted for, those at greater odds of leaving were: younger, working in non-regional areas, shift workers, reporting poorer job satisfaction, worse general health or breathing problems.

Summary: Findings revealed a fatigued and symptomatic workforce with health a significant but poorly recognised influence on staff retention.

Conclusion: Findings offer previously unrecognised opportunities to promote nurses’ health and retain them in the workforce. Educators, managers and policy makers should heed study findings and instigate workplace health promotion to promote the health and retention of this workforce.
Karen McLaughlin and Kelley Lennon

**Introduction:** Approximately 350 falls per month occurred in 2014 across the Hunter New England Local Health District (HNELHD). Of these falls, a significant number involved injury. In addition to the increased length of stay for patients who fall, there is the human cost of loss of confidence, independence and impact on lifestyle and family.

**Project:** A falls reduction project was developed in response to this information. This project was piloted across five facilities within the HNELHD with the aim of achieving a target of 20% reduction in falls and to increase awareness of falls risk. This pilot was designed to introduce new falls risk assessment and management tools. The pilot was conducted from September to November 2015 within targeted units of John Hunter, Belmont, Maitland, Armidale and Moree Hospitals.

The new tools trialled included some revised documentation on admission in the form of an Adult Inpatient Admission and Risk Assessment tool, and a new Hourly Rounding Care Plan as well as the introduction of the safety huddle, which is a brief meeting of teams to identify individual falls risk using a template and allocate resources to manage that risk. In addition the common cause analysis tool was developed to examine patterns of falls and inform discussion on common patterns to falls in clinical areas.

**Results:** A 29% falls reduction was noted in the chosen areas over the three-month trial period. Safety huddles were embraced as a powerful and effective tool for identification and management of individual falls risk.

**Conclusion:** The nurses in this pilot project embraced and modified new risk identification and management tools to increase awareness of falls risk within their units and systematically reduce the number of falls occurring. This work is ongoing in HNELHD with a sustainable falls reduction program under development.

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Jane Currie MACN, Professor Mary Chiarella FACN, Associate Professor Thomas Buckley

**Introduction:** This paper presents data from the first national survey of privately practising nurse practitioners (PPNP) in Australia.

**Background:** Although services provided by PPNPs became eligible for subsidisation by the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS), little is known about practice activities of NPs in private practice.

**Method:** Assisted by the Australian College of Nursing, the Australian College of Nurse Practitioners, the Australian Practice Nurse Association and the Chief Nursing and Midwifery Officers, PPNPs in Australia were invited to complete an electronic survey. Seventy-three participants reported engaging in private NP practice. Quantitative data were analysed using descriptive statistics and qualitative data interpreted using thematic analysis.

**Results:** Forty-eight per cent practise in suburban areas (n=35), 42% (n=31) in metropolitan areas and 38% (n=28) in rural areas. Almost three quarters (n=54, 74%) reported working solely in private practice and 26% (n=19) in both private and public health services. Twenty-six percent (n=19) reported having undertaken business training prior to entering private practice. The highest proportion of participants provide services related to chronic and complex care (n=52, 71.2%) and primary health care (n=51, 69.9%). The key constraints to private practice reported were restricted MBS items, and the requirement for legislated collaborative arrangements. Ninety-six per cent reported having undertaken business training prior to entering private practice. The highest proportion of participants provide services related to chronic and complex care (n=52, 71.2%) and primary health care (n=51, 69.9%). The key constraints to private practice reported were restricted MBS items, and the requirement for legislated collaborative arrangements. Ninety-six per cent reported having undertaken business training prior to entering private practice. The highest proportion of participants provide services related to chronic and complex care (n=52, 71.2%) and primary health care (n=51, 69.9%).

**Conclusion:** This is the first insight into PPNP services in Australia and identifies current activities, enablers and restraints to private practice. PPNPs are ideally placed to meet the increasing demand for community and primary health services and findings from this study inform future policy and workforce development in meeting this need.
Dr Deb Massey MACN and Dr Debora Osborne

Following a long period working as an academic, then a senior manager, I decided to return to clinical practice – the floor. Colleagues and peers reacted negatively when I told them; “You are too good for that; what a waste; you will be bored; I give you a month”, are examples of comments received. Perhaps, I viewed practice through rose-coloured lenses, but when I last worked clinically, admittedly a long time ago, I enjoyed it. I enjoyed patient interactions, the support I received and friendships made. I loved the mental challenges, the problem solving, the critical thinking, being able to multitask and, most importantly, making a difference to patients.

Going back to the floor was a decision not taken lightly. After 16 years out of clinical practice, I faced a significant reduction in earnings, loss of autonomy and, it appeared, loss of status. Performance anxiety plagued me; I worried I would not be accepted by colleagues and peers. Yet I was positive I was making the right choice, after 16 years out of practice, I felt disconnected from the realities of the clinical world, disconnected from patients and the need for reconnection was strong.

The comments made by nurses, made me question my decision to return to practice. I started to explore if going back to the floor was a positive career choice. I started to analyse and reflect why nurses frame clinical nursing, the very essence of nursing, so negatively. In this presentation we deconstruct the discourses underpinning clinical nursing practice, and look to open these up for analysis and examination. Through this deconstruction we aim to illuminate assumptions underpinning the profession of nursing to see them for what they are – taken for granted, outdated beliefs that construct a negative picture of caring and serve to disempower nurses.

Dr Drew Dwyer MACN

This study explored the impact of structured clinical leadership training on RNs positioned as clinical leaders and managers in Residential Aged Care Facilities (RACFs) in Australia.

The aim of the study was to address the negative experiences of nurses in the role of team leaders through a clinical leadership training program that represented an intervention designed to empower participants to become care team leaders now.

The study followed a sequential mixed-methods design and included a pre- and post-intervention survey from the participant and control groups. The intervention was a five-module course in clinical leadership. Qualitative interview and a process of thematic analysis was used to analyse transcripts to enhance the findings of the quantitative surveys. The results from both inquiry methods were then synthesised through integrative analysis.

The findings from this study suggest that nurses are well suited to being transformational leaders and that clinical leadership training has the capacity to empower RNs to become team leaders in multidisciplinary teams. The training gave clarity to the position of RN Team Leader and provided skills in leading the team to improved outcomes in care. The role of the RN is a specialised one and requires contextualised clinical leadership training that empowers the nurse to transact with the team and transform the care. The study findings also suggest that, if organisations respect the value of a nurse’s autonomy and skills to practice, along with the valued role of the RN as clinical leader, then improved recruitment and retention of nurses in aged care will be achieved.

As the world ages, there is fundamental shift in how we provide care and support to increasing numbers of frailing individuals and their circles of influence. Nursing care continues to hold high ground on the values and principles of society that reflect the expectation of the profession in supporting their needs.
Bernadette Mulcahy MACN

"Without the nurses coming round I would have been stuffed" (AHPC Consumer). For a homeless person living on the streets, getting access to primary health care can be out of reach. Youth Projects’ After Hours Primary Care (AHPC) nurses provide an assertive outreach model of care targeting homeless people living in public spaces and crisis accommodation from 7pm to 11pm across the weekends.

The nurses engage with those clients begging or sleeping rough on the streets of Melbourne’s CBD providing a non-judgemental service that is often the first, or for some the only, point of contact with the health system. In the period of 2014/15 AHPC nurses had 1983 contacts, a 50% increase from the previous year with 97 referrals made to emergency departments; 88 more than the previous year (Dove 2015). So why are we seeing these numbers increase? Homelessness exacerbates and complicates the treatment of physical and mental health problems. Clients find it difficult to maintain appointments and treatment regimes. Maintaining community trust amongst the homeless, delivering flexible and individualised combinations of care in every weather condition provides appropriate care – in the right place at the right time and with the most appropriate service. “Systems are stronger if they are more comprehensive, coordinated, community focused, universal, affordable and family oriented” (Swerissen 2016).

The nurses display high levels of skill de-escalating difficult situations. AHPC reassure clients, that the help they need is not necessarily through a difficult-to-access and expensive tertiary service but can be met at a primary health level when they are ready. Through the early detection of illness and disease and with referral to appropriate specialist services, health resources are used efficiently and more costly interventions can be avoided. The nurse-led service provides care to those in need – the Power of Now.

Edel Murray MACN

**Introduction:** The Australian Commission on Safety and Quality in Health Care (ACSQHC) was established in 2006 to ‘Lead and coordinate improvements in safety and quality in health care in Australia’. One of the multifaceted approaches to fulfil this mandate was the introduction of a nationally agreed National Safety and Quality Health Service Standards Framework. In the review of Standard 1 Governance for Quality and Safety Health Service Organisations, referred to as Standard GS Governance for Safety and Quality (ACSQHS 2015) promotes the teaching, understanding and implementation of clinical governance. But what is clinical governance and where did it come from?

**Research:** An integrative literature review was conducted of peer reviewed and grey literature to summarise the historical development of clinical governance and its importance in health care.

**Summary:** Clinical governance has been defined and discussed inconsistently throughout the peer reviewed and grey literature since the initial UK Department of Health white paper. The literature review identified that the lack of a clear definition and universal understanding of clinical governance has resulted in inconsistencies in the application of clinical governance resulting in organisations not receiving the potential quality and safety outcomes. As Balding states, in her 2008 paper, ‘Throughout Australia health services are looking for practical ways to meet their clinical governance responsibilities’. In order for this to occur a clear understanding of the history of clinical governance and the principles that underpin it is required for the Australian safety and quality agenda in health to move forward.

**Conclusion:** Looking backwards at the rationale for the development of clinical governance will assist us to power the future and inform an agreed definition and understanding of the key principles. A consistent understanding of clinical governance will help embed safety and quality in health care now and into the future.
Hand Hygiene among Patients: A Pilot Study
Thursday 27 October 2:55pm Yarra 2

Professor Lesley Wilkes FACN, Ashita Prasad and Harrison Ng Chok

Background: The power of hand hygiene is seen as one of the principal means of preventing hospital based infections for both staff and patients. While there are many guidelines for hand hygiene practices for health professionals, there is a scarcity of research studies about the attitudes and hand hygiene practices among patients.

Aim: To grab the power of now, this study aims to explore nurses and patient attitudes to patient hand hygiene practices.

Method: A mixed-method study design was used in this research which consisted of:
1. observations of patient hand hygiene practices using a validated observation tool conducted by two trained research staff;
2. face-to-face patient interviews over three hospital wards, and
3. a survey of nurses in the hospital.

Patient hand hygiene practices were calculated using a compliance score which is the percentage of observed hand hygiene events over hand hygiene opportunities. Interviews and surveys were textually and quantitatively analysed.

Results: A total of 105 patient observations, 50 patient interviews and 51 nurse surveys were collected. At interview and survey, the majority of patients and nurses respectively, reported hand hygiene as an important aspect of everyday life in preventing infection in hospital. However, this contrasts with the poor hand hygiene practices identified using the patient observation tool. Patient interviews found that more encouragement and education by staff, increased signage and easily accessible facilities will promote better hand hygiene practices.

Conclusion: Patient hand hygiene is considered the ‘missing link’ in reducing hospital related infections. This study highlights the importance of patient input in understanding the entirety of hand hygiene practice from both the nurses and patients point of view. Further training of nursing staff in promoting a hand hygiene friendly environment will have a powerful influence among patients and in delivering patient centred care.

Nurturing leadership in community and primary health care through storytelling
Thursday 27 October 2:15pm Yarra 3

Ross O’Neill and Dr Elizabeth Emmanuel FACN

Nursing leadership is key in many community-based health care services. Advancing nurse leadership and the development of a meaningful and sustainable partnership between tertiary centres and local communities provide an important foundation towards promoting community health in regional health districts. Working together affords mutual benefits as shown in the past two years in this one NSW health district. One such instance, involved both parties meeting together and celebrating their partnership, raising awareness of existing and potential contributions made by community and primary health care nurses.

This engagement highlighted to academic staff the capacity of the service and its impact and well-being on the individual and community. What belies this capacity, is passion and commitment to the community by community and primary health care nurses. This stemmed from their storytelling. Themes of commitment, quality care and expert practice shone through their stories. More importantly, it clearly showed that nurses in this context have great pride in the effectiveness in management of individuals in the community, thus ensuring equity of health care access and good health outcomes. At the same time, they ensure the promotion of integrated health care by working with a range of services.

Storytelling from members of the dynamic team at Tweed Community Health Nursing emphasised leadership as essential to improving health outcomes for the community. In this setting, leadership is nurtured and encouraged amongst junior and senior nurses. The stories told were so compelling that academic staff felt the need to collect these towards an e-book for circulation among community health nurses. The intent for this exercise was to give voice to leadership and highlight the ‘power of now’ in community and primary health care nurses. In this way, appropriate recognition is given to nurses who continue to be the best they in the here and now.
Why are we so busy? The challenges of a paper based documentation system in a tertiary public health service

Thursday 27 October 2:35pm Yarra 3

Naomi Dobroff MACN

Introduction: Only now that we are moving towards an electronic medical record are we really beginning to understand the perceptions of documentation as a barrier to our clinical workflows and the time we are currently spending directly caring for our patients.

Research description: Medical, nursing, midwifery, physiotherapy and pharmacy staff were invited to participate in an anonymous online survey on their perceived barriers to clinical workflow pre an electronic medical record (EMR) implementation. We anticipated recruitment of 500 employees across all professional groups. The data was collected and simple summary statistics have been prepared.

Summary: In May 2016, over 250 nurses and midwives responded to the pre EMR implementation survey. An analysis of the nursing and midwifery results as well as a comparison against the other professions will be provided.

The initial results have shown that nurses and midwives believe they spend significant time providing direct care for their patients yet they are unsatisfied with the current clinical workflows. Almost 20% of nurses and midwives described spending between 30-60 minutes looking for paperwork per patient per day. Further to this, over 20% of nurses and midwives spend 60-90 minutes undertaking documentation per patient per day. This and other data is compared to the other health professions surveyed. This research also demonstrates the levels of dissatisfaction with current clinical workflows including documentation and their perceptions about the impact an EMR will have on this workflow.

Conclusion: Paper based documentation and the perceived effect it has on clinical workflows can now be understood. Nurses and midwives are generally dissatisfied with their clinical workflows, and this will be compared to other health professions. With health services considering moving towards an integrated EMR this research provides an understanding of pre EMR workflows and the effect an EMR may have on the busyness faced by nurses and midwives.

The effect of a communication and information intervention on the registered nurse mentoring and preceptor experience

Thursday 27 October 2:55pm Yarra 3

Dr Lynette Bowen FACN, Associate Professor Ashley Kable and Dr Diana Keatinge

Introduction: Mentors and preceptors are the most powerful element now in the undergraduate nursing experience, providing guidance, enthusiasm and passion to future nurses. However, they report being the least informed regarding expectations of them when supporting undergraduate nursing students on clinical placement.

Purpose: To determine if a communication and information intervention improved the experience of registered nurses (RNs) who support undergraduate nursing students in the rural clinical context.

Method: A cross-sectional survey was conducted using a pre and post intervention design. Eligible RNs were recruited into four groups: pre-control, pre-intervention, post-control and post-intervention. The study sample was 666 registered nurses across three hospital sites located on the Mid North Coast, NSW. The intervention, a communication and information strategy was delivered on 14 occasions to 66 participants in the intervention study sites. The survey contained six domains and included items to measure the effectiveness of the intervention.

Results: The data demonstrated improvement in the mean best practice score between the pre and post intervention groups and a significant difference between post-control and post-intervention scores (p=0.043). This was supported by a statistically significant reduction in pre and post-means for the control groups (p=0.012).

Four domains: expectations; attributes, recommendations about clinical placement; and rewards were consistently scored highly across all participant groups. Resources and support, and challenges were consistently scored lower.

A post hoc evaluation of the questionnaire determined most items tested for internal consistency and validity, resulted in Cronbach alpha scores >0.8. Subsequently, the questionnaire was revised so it is suitable for evaluating similar interventions and best practice in briefing RNS supporting undergraduate nurses on clinical placement.

Summary: The flow-on effect of this study is a strategy to assist RNS to support and be effective role models to future RNS, also providing a validated tool to measure their experience.
Implementing an electronic health record: The power of nursing support in ensuring success
Thursday 27 October 3:45pm Yarra 1

Dr Sally Lima MACN

Government initiated health care reform is increasingly advocating the implementation of electronic health records (EHR). This likely reflects the assumed contribution of EHR to improved quality, safety and efficiency, however, EHR uptake has been limited and evaluations from a nursing perspective largely focused on satisfaction.

In April 2016 a large organisation-wide EHR went ‘live’. Applying sociotechnical theory, an EHR implementation evaluation, from the perspective of inpatient nurses, explored the interrelationships between

- technical characteristics: ease of learning and use, reliability, completeness
- social aspects: computer literacy, attitudes, teamwork, communication, and
- organisational factors: leadership, management support, super users, training, culture.

Data was collected via audit of records and observations of practice. Prior to ‘go live’, all nurses had logins and had completed mandatory proficiency tests. Pre ‘go live’, observations highlighted little interaction between nurses and technology. At the time of ‘go live’ some logins did not work and some anticipated EHR functionality was incomplete. Observations at ‘go live’ captured variability between nurses’ readiness, ranging from disengaged to anxious, excited, calm and/or prepared. The contribution of ward ‘super users’ was evident as was teamwork and camaraderie, as nurses actively communicated, questioned and supported each other.

Post ‘go live’, early observations highlighted the invaluable contribution of ward ‘super users’ and the teamwork between nurses as they supported adaptation to the EHR, collectively developing workarounds to address technological gaps. Also evident was the visible support and recognition from executive, managers and the EHR team.

Findings from the evaluation demonstrated interrelationships between technical, social and organisational factors in implementing an EHR and, in particular, highlighted the fundamental importance of social aspects such as adaptability of nurses to new situations, teamwork and support, to enable successful change implementation. This provides important information for other organisations planning to introduce an organisation wide EHR.

Bringing emotional intelligence into the here and now
Thursday 27 October 4:05pm Yarra 1

Dolores Dooley MACN, Associate Professor Cate Nagle and Dr Leah East MACN

Emotional intelligence (EI), defined as the ability to recognise and respond appropriately to emotions in oneself and others, influences nursing and midwifery clinical practice. Despite this, nursing and midwifery students’ perceptions of EI are poorly understood.

Background: EI has been considered especially important within nursing and midwifery, where well developed interpersonal and intrapersonal skills are required. EI has the potential to enhance a student’s ability to navigate the emotional complexities of their theoretical and clinical education. With the increased complexity of health care settings now, more than ever before, EI is required of our future workforce.

Objective: The aim of this study was to explore final year undergraduate nursing and midwifery students’ perceptions of EI within the context of their theoretical education and clinical practice.

Method: A naturalistic inquiry approach was used and qualitative data was collected via face to face semi-structured interviews, with final year Bachelor of Nursing (BN) and Bachelor of Nursing and Bachelor of Midwifery (BNBM) students enrolled at Deakin University, Victoria. Interviews were digitally recorded with participants written and informed consent and professionally transcribed. The data was analysed using thematic analysis.

Key findings: EI is not explicitly taught in the undergraduate curriculum nor in the clinical setting. Nursing and midwifery theoretical education and clinical practice is emotionally laden and students struggle with the disparity between how they perceive EI and what they are seeing and experiencing in both these environments.

Conclusion: Bringing EI into conscious awareness in students’ undergraduate years will provide students with both the power and insights to manage the emotional complexities of their professional life. The outcomes of this study may also inform undergraduate education in both the classroom and the clinical setting.
Empowering our workforce now: Navigating the journey towards advanced scope of practice

Thursday 27 October 4:30pm Yarra 1

Adjunct Professor Kath Riddell MACN and Joanne Mapes

Introduction: In order to meet present and future challenges of delivering optimal health care, nurses and midwives require systems which support them to practice to their full scope and encourage transition towards advanced practice. There are many misconceptions in relation to what constitutes ‘advanced’ practice. This is not surprising given there is no agreed definition and a common belief that it is the role or position an individual holds that largely determines scope of practice.

Discussion: Eastern Health (EH), one of Melbourne’s largest metropolitan health services, identified the need to clarify and enhance the understanding of scope of practice. The workforce required a system which empowered them to navigate the milestones and regulations in relation to progressing toward advanced practice.

Initial work focused on updating and streamlining policy, practice guidelines, processes and standard templates. This strategy was linked to the broader EH professional framework, the Domains of Practice, which borrows from Ackerman et. al.’s (1996) work which defined the components of practice inherent in the role of all nurses and midwives.

The second phase of the strategy focused on developing a user friendly guide to assist in unpacking the complexity of the various layers of scope of practice, whilst providing relevance to all clinicians regardless of where they were positioned within their career.

A secondary intent was to support operational managers, in the context of reviewing services and models of care, to determine appropriate and desired nursing/ midwifery profiles within their multidisciplinary teams.

Conclusion: This work has delivered an alignment of professional strategy, organisational governance and has been integrated in educational programs. An informed workforce with enhanced opportunity has led to improved clinical services and standards of care. The nursing midwifery profession is leading the way at EH with other disciplines now adopting and adapting the strategy for their workforce.

Promoting self-care and well-being of nurses and midwives

Thursday 27 October 3:45pm Yarra 2

Robin Girle, Margaret Martin MACN and Keith Jones

South Eastern Sydney Local Health District (SESLHD) Nursing and Midwifery Practice and Workforce Unit (NMPWU) are committed to the development and support of a nursing and midwifery workforce which is person centred and focused on the delivery of high quality, safe, compassionate care. Evidence suggests that patient experiences and job satisfaction will be further enhanced by improving the well-being of staff and conversely poor staff health has a negative effect on patient outcomes (McDonald et al. 2013, Maben 2013, Lowes et al. 2015 & Durkin et al. 2013).

The NMPWU recognises a high degree of physical and emotional strength is required to consistently deliver high quality compassionate care. It is important for nurses and midwives to build resilience to endure the fatigue, pressure, stress and emotion experienced in their professional environments. We care for others, but how often do we take time to care for ourselves.

The presentation will provide an overview of the innovative approach NMPWU took to promote and enable self-care and well-being for SESLHD nurses and midwives. The bodies of work and resources developed have provided staff with opportunities to consider physical, mental and emotional well-being. The resources were designed to help focus on elements of well-being that can be practiced every day by staff on their own, with their teams or with patients.

Seligman’s (2011) theoretical framework for happiness was used to inform the work which promotes mindfulness, reduces fatigue and creates good habits for a healthy balance between caring for self and for others. The resources incorporate the NMPWU’s heart of caring conceptual framework, including connecting human to human, engaging as a team, promoting self-care and well-being and promoting effective workplace cultures.

The presentation will explore the bodies of work completed and resources developed along with evaluation and exploration of future opportunities.
Patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care units
Thursday 27 October 4:05pm Yarra 2

Samantha Jakimowicz MACN, Professor Lin Perry MACN and Dr Joanne Lewis

**Introduction:** Compassion satisfaction and compassion fatigue impact nurses’ well-being. It is important to understand intensive care unit (ICU) nurses’ experience of compassion satisfaction or fatigue to develop interventions to support nurse well-being and retention in the workforce.

**Aims:** To determine critical care nurses’ experience of compassion satisfaction and fatigue in Australian ICUs.

**Methods:** A self-reported cross-sectional survey collected data from nurses of two adult Australian ICUs. The Professional Quality of Life Scale measured compassion satisfaction, with compassion fatigue as two subscales: burnout and secondary traumatic stress. Scores of 22 or less were designated low, 23 to 41 as average, and 42 or above as high.

**Findings:** With 117 respondents (58.5%), most (71.4%) were female and held postgraduate qualifications (55.3%); their mean (SD) age was 42.3 (11.4) years, with 16.2 (10.6) years working as a nurse, 8.9 (7.2) years in their current ICU. The mean (SD) score for compassion satisfaction was 35.4 (6.0), burnout 25.5 (5.3) and secondary traumatic stress 21.4 (4.6). Compassion satisfaction scores significantly increased with increasing duration of practice as a nurse and in their current ICU. Burnout scores significantly reduced with increasing age, years of tenure and practice, contributing 6%, 4% and 9% to variation in burnout scores. Nurses with, rather than without, a postgraduate qualification had significantly higher compassion satisfaction scores (p=0.027). Compared to Site B, nurses at Site A had significantly higher compassion satisfaction scores (p = .008) and lower secondary traumatic stress scores (p=0.025).

**Conclusion:** These critical care nurses had ‘average’ levels of compassion satisfaction and fatigue, whereas the ideal entails high compassion satisfaction and moderate to low fatigue. Mid-career nurses and those without postgraduate qualifications are at higher risk of compassion fatigue. Further research is needed to understand what enhances compassion satisfaction and could support and empower nurses’ well-being in their challenging role to provide effective patient-centred nursing in the ICU.

The heart of mindfulness: Developing courage and self-compassion
Thursday 27 October 4:30pm Yarra 2

Paul Bedson

“*Our ability to have the confidence to know and trust in ourselves helps us to constantly evolve as leaders so that we can be our best selves every day.*”

So, the questions arise; How can we nurture and develop self-knowledge and self-trust? How can we constantly evolve?

Harnessing The Power of Now through the practise of mindfulness meditation provides some powerful daily resources for developing self-knowledge and self-confidence. At the very heart of mindfulness meditation is the practise of ‘Centering’ or mindfulness of feeling.

Mindfulness of feelings enables us to face our feelings, acknowledge our needs and listen to our inner knowing (or inner integrity). This core mindfulness practice develops courage and self-compassion, which can then flow into realistic compassion for others. Without these inner resources, carers in particular can experience fatigue, frustration, emotional exhaustion and the syndrome known as ‘compassion fatigue’. For satisfying and sustainable professional lives, we all need these personal resources: presence, courage and compassion.

In this workshop/presentation you will begin the experiential learning of:
- being more fully present and connected to yourself
- staying centered and grounded
- listening to your needs, accepting them and responding to them
- developing healthy boundaries to create some space in your life and nurture your true self
- keeping your feelings free from judgement and over-analysis
- developing the courage to face your vulnerability, and emotional resilience and self-confidence grow out of this courage.

“*…so that we can be our best selves everyday.*”
Nurse’s stories and the power of now: Capturing the past to inform the future
Thursday 27 October 3:45pm Yarra 3

Jane Douglas MACN

Nurses are wonderful storytellers – walk into any nursing tea room at lunch time or attend a nursing conference and you will encounter oral history in the making. Nurses talk to other clinicians about patients in their care, they reflect with colleagues about their day, student nurses talk with lecturers about their clinical experiences and to friends about what it is to be a nurse. They discuss patient history and reflect upon responses to particular situations. Through storytelling they examine the histories of their working lives and plan the future. As a lecturer in nursing, I use my stories to illustrate concepts and one of the greatest requests I receive from students is to tell more stories. Many nurses will tell you that they would rather talk about it than write it.

This is a narrative about a journey to collect and analyse the narratives of recently registered nurses, a Droste effect, capturing narratives within a narrative. It investigates the transformative experiences of this group their contribution to the formation of their identity as nurses. Through nurses storytelling, we can begin to understand the transformative power of critical reflection upon experience. When translated into text, such stories invite the reader to become an active participant in the story, not through didactic approaches but rather through critical reflection upon the reflection of others. By capturing the power of stories in the present we can learn about the past and plan for the future.

This presentation discusses narrative as a valid form of rich data collection, capturing nurses transformational experiences, documenting history, scratching below the surface and discovering the things that should not and cannot be effectively measured through numbers.

The power of philosophy at the nursing leadership level: Caught or taught and what does it matter?
Thursday 27 October 4:05pm Yarra 3

Dr Lexie Anne Brans PhD FACN RN

This presentation will briefly describe philosophy, nursing philosophy and the methods of (nursing) philosophy which are analysis, critique and synthesis. The five levels of application of nursing ethics (micro, meso, molar, macro, and mega) are then described as instances of how ethics, as philosophy, is applied in a practical sense at the leadership level. It will be argued that the methods of philosophy, when taught at the nurse leadership level, are a powerful tool for advocacy at the meso- macro levels in particular and for the enhancement of the nursing role in health care. The presentation includes historical and current examples from Australia and internationally, in particular the Clinical Ethics Residency for Nurses or CERN program.
Eat Walk Engage: Implementing a delirium prevention programme for older patients in acute care
Thursday 27 October 4:30pm Yarra 3

Margaret Cahill

This presentation describes the implementation of an evidence based programme of care, currently being integrated at the Royal Brisbane and Women’s Hospital across medical, surgical and oncology wards.

The implementation of Eat Walk Engage focuses on providing strategies and resources to support the nutrition and hydration, early mobilisation and cognitive stimulation of older patients – all necessary for delirium prevention. This approach evolved from quality improvement programmes and local research in addition to the involvement of older patients to understand local practices and inform improvements in care processes.

The Eat Walk Engage programme utilises trained facilitators to support multidisciplinary teams in identifying areas of need and implementing practical strategies. Allied Health assistants have also been trained to assist with carers. Implementation has required executive leadership and support, engagement of consumers and key opinion leaders in addition to clinical champions, identification of organisational and local barriers and solutions, cyclic measurements and feedback processes in addition to multidisciplinary education and training. Data sources include nursing documentation, patient reports, activity mapping in addition to routine reporting of falls, length of stay and discharge destinations.

To date, Eat Walk Engage is now in eight wards across the hospital. Sequential observational audits and patient feedback have shown improvements in patient mobility levels, nutritional practices and the availability of cognitive activities. A promising reduction trend in delirium, pressure injuries, length of stay, falls and sub-acute referrals have been observed. Additionally, the use of “specials” for patients with cognitive impairment is decreasing, in conjunction with improved patient experiences and increased nursing morale.
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Masterclass sessions
Delegates will choose from four masterclass topics.

FRIDAY 28 OCTOBER

1. Transition from clinician to manager
   Session one: 11.30am – 1.00pm
   Session two: 2.00pm – 3.30pm
   Yarra Room

Dr Elise Sullivan MACN
All too often nurses and midwives make the transition from clinician to manager without the support they need to build their skills and confidence to do the role confidently. For some, it feels like they have just stepped into the deep end and not sure whether they are going to sink or swim!

What do they need to make this transition quickly, effectively and without the stress?

This interactive workshop will:
- Unpack the roles and skills needed to become a high functioning unit manager
- Explore the mindset shift from clinician to manager
- Identify the challenges to moving from clinician to manager
- Develop strategies to smooth the transition

People will walk away being clearer on what is expected of this role, connections with other managers, the tools needed to support their transition and a personal strategy to make the transition successfully.

2. The Art of Reviewing for Journals
   Session one: 11.30am – 1.00pm
   Session two: 2.00pm – 3.30pm
   Yarra Room

Professor Lisa McKenna FACN and Fiona Barron
Have you been asked to review a manuscript for a journal but not really known what is required? This workshop is designed to facilitate development of skills in providing effective manuscript review. It will cover what to look for and how to evaluate a manuscript, as well as provision of constructive feedback for authors.

3. Leadership from the Inside Out
   Session one: 11.30am – 1.00pm
   Session two: 2.00pm – 3.30pm
   Yarra Room

Vivienne Black
Shine a light on your leadership influence and impact on others. This 90 minute workshop will deepen your insight and bring out the authentic leader within.

Gain and refresh positive practical skills and solutions through:
- Mindful leadership practices
- Managing emotions when things get tough
- Staying in the NOW when facing difficult situations
- Building resilience daily with practical powerful habits

4. Leadership, Performance and Communication
   Session one: 11.30am – 1.00pm
   Session two: 2.00pm – 3.30pm
   Yarra Room

Paul Mracek
This session focuses on the issue of people and whether they are ‘Ready To Learn (RTL)’, i.e nurses, doctors, patients, management and employees and how they interact to achieve the necessary outcomes whether it be health results, performance levels for each person or for the organisation. RTL explains why people shut off when you speak to them and they don’t get what you say to them. It provides an opportunity to understand what is at the source of others opinions, judgements and bias that causes a decrease in readiness to learn, listen and change behaviour.

Participants in the session will be encouraged to build a mindmap on how they increase their own RTL and also that of someone else who is important to them, e.g. doctors, management, etc.
1. One year to learn it all: The extent to which completing a critical care postgraduate certificate increases nurses’ confidence and competence

Rebecca Baxter

Introduction: Competence and confidence are described as important outcomes of critical care postgraduate education; however, research to empirically demonstrate increased competence and confidence as a result of higher education is scarce, and there is a lack of psychometrically sound measurement tools to assess critical care nurses’ competence and confidence. Evaluating critical care education from the nurses’ perspective may encourage education providers to consider how competence and confidence can be inspired through the combination of education and clinical practice.

Aim: To explore the extent to which completing a critical care postgraduate certificate increases nurses’ self-reported competence and confidence. The secondary aim was to develop and test the psychometric properties of a questionnaire to measure critical care nurses’ competence and confidence.

Method: A quasi-experimental pre-test post-test design was used to explore the development of competence and confidence in a sample of critical care nurses’ on commencement and completion of a critical care postgraduate certificate. A 40-item questionnaire was developed and tested for psychometric properties to measure nurses’ self-reported competence and confidence across four domains.

Results: A statistically significant increase in competence and confidence scores was reported on completion of the critical care postgraduate certificate when compared to scores reported on commencing the course. Findings support the validity and reliability of the questionnaire to measure critical care nurses’ competence and confidence.

Conclusion: The results indicated that critical care postgraduate certificate education significantly increased nurses’ self-reported competence and confidence across the four questionnaire domains. The results also support the use of the questionnaire to measure critical care nurses’ competence and confidence. With a significant critical care and emergency nurse shortage predicted in the coming years, the time to invest in critical care education is now.
2. I want the Student! A preceptorship initiative to rectify a nursing culture

Tianna Camilleri MACN

“Nurses eat their young” is a culture that is deeply imbedded in Australia’s nursing workforce today, and has devastating effects on both the profession and its clients. The process begins at clinical placement level, where nursing students are often the recipient of bullying behaviour and are felt to be a burden, leading to poor education outcomes, negative relationships and premature departure from the profession.

This author is designing a program to be piloted in conjunction with NSW Health that both encourages and fosters positive student-preceptor relationships. The program will survey current mentoring processes, critically analyse their effectiveness compared with evidence based and qualitative research and then provide mentorship alternatives. The program will consist of an education package for both students and preceptors so that both parties are best prepared and knowledgeable on the integration to come, and the most appropriate way to address different issues and experiences. There will be subsequent evaluation of the program and its’ effectiveness, with results compiled and scrutinized in order to evolve to a more sophisticated and tailored program with the intention of rolling it out to other hospitals and health service networks across Australia.

The ‘I want the Student’ program is integral to the development and retention of highly skilled and educated, patient focused nurses with positive approaches to learning. This program is intended, in the long term, to change the culture and poor student preceptorship experiences that are so damaging to the nursing profession. By improving mentor relationships, more focus can be placed on the students’ clinical experience and bring value back to both being a student and being an educator. By implementing the ‘I want the Student’ Program in all facets of healthcare in Australia, we can take giant steps to mitigating these factors, and the time to act is now.

3. Journey of transition to professional practice (community)

Janice Clark, Michelle Destefanis, Michelle Lemoine and Louise Edwards

As health services’ focus on hospital avoidance particularly for chronic and complex diseases, there is an identified need to increase the community workforce. This innovative project strives to harness the passion and energy of newly qualified Registered Nurses to secure the future of Community and Aged Care Nursing.

An online survey identified that 22% of third year nursing students in Australian universities expressed an interest in a career in Primary Health Care after registration (Bloomfield et al 2015). Consequently, a community specific transition program was developed in collaboration with hospital and academic partners.

An inclusive advisory workshop with cooperative consultation took place. The underpinning education was embedded in the program; this included a 12 week preceptor schedule with fundamental education such as a Compression Bandaging workshop and a Catheter Management workshop facilitated by Clinical Nurse Consultants.

Collaboration between the Project Manager, the advisory group and management established a Scope of Practice for the Transitioning Registered Nurse (TRN), outlining their parameters.

Preceptor training was undertaken to ensure there was ample support for the TRNs in the clinical setting. Information sessions were held for all staff in the centres where the TRNs would be based. These endeavoured to alleviate concerns about patient safety and adequate support within current resources and the isolated clinical environment.

Conclusion: With the present focus on hospital avoidance and chronic and complex care, the issue of recruitment and retention of staff in the community requires attention. Research indicates that New Graduate Nurses would welcome direct entry into the community. A community specific program to foster the enthusiasm of the Transitioning Registered Nurse was developed. Training was provided for the nurses in the community in order to support the TRN. This contemporary pilot project commenced in February 2016.

This presentation explores the Journey of Transition to Professional Practice (Community).

References:
4. Building confidence of returning and initial registration nurses in a program

Terri Conley MACN

**Aim:** The poster will provide an overview of the support provided for participants to build their confidence within the successful ACT Health programs.

**Background:** ACT Health has offered accredited programs via Staff Development Unit for a decade achieving initial accreditation with the Nursing and Midwifery Board of ACT in 2005 for the RN Refresher Program and Overseas Qualified RN Program OQNP.

Overseas Qualified Nurse Program provides a supportive program to integrate internationally educated nurses seeking initial registration within Australia into the ACT Health environment. On completion they will have met the criteria appropriate for registration standard as RNs with Nursing and Midwifery Board of Australia, giving participants the confidence to assume their role as a productive RN within an Australian health care environment.

Re-entry Program allows suitable returning Nurses to return to practice recognising their prior experience and knowledge within a supportive framework of an accredited program.

The program supports participants to reconnect to prior learning and expand their range of knowledge and skills in an acute care healthcare environment. On successful completion the participating nurses may be eligible for registration with the Nursing and Midwifery Board of Australia, having met the National Standards for registration.

Therefore the participant will be confident that they are able to demonstrate autonomous, safe, ethical, culturally safe practise and have been deemed competent to practice, according to the Nursing and Midwifery Board National Competency Standards for the registered nurse.

In combination these programs have had over two hundred nurses successfully complete and begin or return to work within the profession of nursing. Annual participant evaluations consistently show graduates are prepared to take on the role of registered nurse within an acute care setting.

5. Do nurses and midwives really analyse this much information to make decisions?

Naomi Dobroff MACN

**Introduction:** In undertaking the preliminary work-up to an electronic medical record (EMR) within a tertiary health service, the complexity of nursing decision making processes were uncovered and documented.

**Summary:** Due to the preliminary work for an electronic medical record, the ten ‘foundations of care’ used by a tertiary health service to define the nurses and midwives key areas of practice and professional responsibility were reviewed in working groups. These ‘foundations of care’ are hygiene, comfort, hydration, nutrition, elimination, mobility, environment, physiological, sociocultural and psychological. These working groups were asked to use driver diagrams to describe the drivers behind a decision (Institute for Healthcare Improvement). Complex decisions are made every day by nurses and midwives to meet their patient’s care needs.

The complexity of decision making and the information nurses and midwives analysed had not been fully understood or described previously within this health service. The resource of a chief nursing information officer and the organisations journey towards an electronic medical record enabled this piece of work to occur. As the driver diagrams were developed, two primary drivers, six secondary drivers and up to 32 tertiary drivers were described for each ‘foundation of care’. These drivers were then aligned to the specific information nurses and midwives need to make these complex decisions.

For each of the ‘foundations of care’ up to 20 different assessments are required to be undertaken and then analysed to make a decision that leads to the right provision of care to any patient.

**Conclusion:** Nurses and midwives are responsible for the delivery of care to patients to meet their needs; the ‘foundations of care’. The complexity of this decision making and the assessments and analysis have now been demonstrated to preparation for an EMR and has led to the review of the current paper based documentation including alignment of assessments to nursing and midwifery care plans.
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6. Palliative care symptom control that is client-centred; the time to change nursing practice is now!

Alaina Evanson MACN

Palliative care clients often require a combination of subcutaneous medications that can be delivered by a continuous delivery device (CDD) such as a smart pump (e.g., CADD Solis) or a syringe driver (e.g., Niki T34). Using combinations of 2-4 drugs mixed into one CDD is fairly common in Australia but this is not necessarily the case in other places internationally.

There are disadvantages for using combinations of drugs together as there is limited research on compatibility of drug combinations commonly administered for palliative care patients. The practice of administering combinations of medications by a CDD are subject to physicochemical changes which can alter their efficiency and safety. Some medication combinations considered compatible and safe in the clinical environment have been shown to be incompatible in the laboratory. Some combinations have research data that is both compatible and incompatible or there is no evidence at all to support the combinations being used. The practice of combining 2-4 drugs into one CDD could be seen to be clinician-centred rather than client-centred (saves time for the clinician). The control of the CDD medications is in the hands of the health care professionals since no break-through doses can be given.

There are significant benefits of only using one drug per CDD. The primary benefit of only having one drug per CDD is the capacity to provide the client with quick and efficient break-through doses or patient demand doses (PCAs). Some CDD also allow for clinician doses. When using only one drug per CDD the maximum time for the delivery volume may often be stable for more than 24 hours. Having a longer delivery time has benefits for the clients/families. Clients often benefit from a longer time free from the healthcare visits as this can provide them with a sense of normalcy and privacy.

It is time to rethink the practice of combining multiple medications into one CDD. This presentation will provide a different perspective for nurses to consider.

References:

7. Promoting self-care and wellbeing for nurses and midwives

Robin Girle, Margaret Martin and Keith Jones

South Eastern Sydney Local Health District (SESLHD) Nursing and Midwifery Practice and Workforce Unit (NMPWU) are committed to the development and support of a nursing and midwifery workforce which is person centred and focused on the delivery of high quality, safe, compassionate care. Evidence suggests that patient experiences and job satisfaction will be further enhanced by improving the wellbeing of staff and conversely poor staff health has a negative effect on patient outcomes (McDonald et al. 2013; Maben 2013; Lowes et al. 2015; & Durkin et al. 2013).

The NMPWU recognise a high degree of physical and emotional strength is required to consistently deliver high quality compassionate care. It is important for nurses and midwives to build resilience to endure the fatigue, pressure, stress and emotion experienced in their professional environments. We care for others, but how often do we take time to care for ourselves.

This poster will portray the innovative approach NMPWU took to promote and enable self-care and wellbeing for SESLHD nurses and midwives. The bodies of work and resources developed have provided staff with opportunities to consider physical, mental and emotional wellbeing. The resources were designed to help focus on elements of wellbeing that can be practiced every day by staff on their own, with their teams or with patients.

Seligman’s (2011) theoretical framework for happiness was used to inform the work which promotes mindfulness, reduces fatigue, creates good habits for a healthy balance between caring for self, and for others. The resources’ incorporate the NMPWU’s heart of caring conceptual framework including connecting human to human, engaging as a team, promoting self-care and wellbeing and promoting effective workplace cultures.

The poster will portray the bodies of work completed and resources developed along with evaluation and exploration of future opportunities.
8. ENDometriosis – time is of the essence

Anna Groth MACN

Endometriosis is now receiving attention in media including The Guardian, SBS and New York Times exposing debilitating pain that has been medically normalized for women seeking diagnosis. Those afflicted remain undiagnosed for an average of 9 years, with every year fueling disease progression, financial hardship and complicated fertility.

One in eight women are diagnosed. I propose that nurse-patient contact can help address the patient experience of the “medical merry-go-round”, comprising trivialization and dismissal of symptoms leading to delayed treatment. There is no time like now to curb disease progression and associated economic waste. Costs to society are higher than that attributed to Diabetes and cost to the individual is estimated at US$1000 per month. Unnecessary suffering and lack of appropriate care breaches Article 25 of our Human Rights. The NMBA recognises the critical link between inattention to human rights and the serious consequences to human health. The disease burdens more of the population than Diabetes, yet receives no priority health status (in Australia).

I had Endometriosis for 11 years before diagnosis. Disease progression caused me to leave the ACN’s ENL program. I respond to the abstract invitation that reads, “Our ability to have the confidence to know and trust in ourselves … to constantly evolve as leaders so that we can be our best selves”. I begin now to raise awareness among a group of mindful leaders. Everybody knows Endometriosis; this session will encourage women and men to support their patients and co-workers to beat the social costs of the disease. Incorporating video messages from patients and 2 brainstorming activities - 1. Misinformation causing missed opportunities for diagnosis, 2. Actionable ideas on supporting patients to gain appropriate treatment (all levels of nursing)

This session will encourage timely action by nurses to reduce diagnosis times for women suffering unnecessary debilitating pain.

9. Pain management for the older person in acute care: the role of nursing leadership

Dr Joanne Harmon MACN, Prof Isabel Higgins, Prof Sian Maslin-Prothero, Dr Peter Summons and Dr Erica Southgate

I present the findings from my doctoral work, an ethnographic study undertaken in eight acute care wards in two hospitals on the East Coast of Australia. The aim was to explore the extent to which culturally congruent and person centered pain care was being delivered by nurses for the older person. Congruency refers to the provision of pain care considered by the older person as ‘beneficial, safe and satisfying’.

Findings highlighted organisational, and system barriers to the delivery of culturally congruent and person centered pain care by nurses within the study sites. The context was reflective of a lack of specific policy and procedures for pain management of the older person, with nurses having limited access within their clinical settings to evidence based best practice (EBP) pain guidelines. Study nurses held beliefs that older people would not disclose their pain and the lack of observed use of EBP pain assessment tools may have contributed toward incomplete documentation of the older persons’ pain history. An organisational focus on auditing for compliance with documentation impacted and informed how nurses undertook pain assessment. Continuity of pain management was hampered and was considered by the older person at times to be not beneficial, nor respectful of their pain experiences. Of particular salience was the finding that the older person was often excluded from pain management decision making with the older persons interviewed speaking of not being heard, and having to make a choice about being either a popular or unpopular patient.

Overall I found that pain care delivery being located within a set of consensus based social rules guided by ritual and routine, rather than being culturally congruent and person centered for the older person. Highlighted are the importance of the key roles that nursing leadership can undertake in underpinning, translating, and directing EBP.
10. Healing touch – An innovative approach to care in nursing

Michelle Henderson and Christine Watts

Summary: Healing Touch is an energy based, therapeutic approach to healing. It is a program that was developed by Janet Mentgen, a nurse from Colorado. She integrated numerous healing techniques into a formalised, structured program which she called Healing Touch. The language, assessments, and interventions are compatible to a modern health care setting and supports evidence based practice.

Evidence based research supports energy based nursing care. Healing Touch acknowledges the emotional and spiritual aspects of being, with the focus on wellness/healing as opposed to cure. It involves us in basic nursing care, as the skills required support patient interaction not intervention.

It takes passion to work with energy especially in nursing. The idea of energy is a very misunderstood phenomenon and therefore can be met by misplaced judgement. Energetic healing may be seen as being related to mysticism, as being an issue of mind over matter, or some hippie vegetarian thing – where there is no place for any of this within the nursing sector. As one Healing Touch practitioner was told “There will be no healing in this hospital.”

Despite the above views Healing Touch has been accepted and practised within the following health care facilities:
- Solaris Care, Sir Charles Gardiner hospital, St. John of God,
- Port Macquarie Hospital, Residential Care facilities,
- Indigenous communities, Staff wellness days Ballarat Base Hospital

Energy is a very powerful, dynamic and motivating force, although conversely by working with energy we can consciously enter a sacred space of stillness, sensitivity, and communication. This is the space of mindfulness, the potential that empowers us as nurses and healers.

Conclusion: Healing Touch is an energy based therapy that has its foundations in nursing. It is practiced within health care facilities. Whilst evidence based research supports energy based nursing care, the practice is often misunderstood. This presentation explores Healing Touch within the context of empowerment, innovation and passion.

11. Increasing research capacity, the power of pre-admission nurses

Elizabeth (Eilish) Hoy, Laura Hunter and Edel Murray MACN

Introduction: The Pre-Admission Centre is a nurse led service coordinating multidisciplinary teams to optimise patients prior to elective procedures and admission to the acute care facility. Patients are comprehensively assessed and are connected to clinicians and other services in their healthcare journey. Pre-Admission Centre nursing staff offer a broad range of primary health assessments as part of the patients’ routine assessment. Due to the relationships that the pre-admission nursing staff have built with the multidisciplinary team, patients and families alike have a unique role to play in many research projects.

Summary: Since 2004 the Pre-Admission Centre has been sought out by many researchers to assist with projects due to their unique position of meeting with patients prior to their admission and on the start of their journey through the healthcare system. Nursing staff have been trained by researchers to assist with recruitment and selection, data collection, delivering intervention in many research projects to improve services to patients, provide primary healthcare and to improve quality and safety in patient outcomes. This has increased the knowledge and research capacity of the nursing team resulting in this team now being sought out for their involvement in early stages of projects for their expertise on recruitment, patient selection and data collection not just the ‘doing’.

Conclusion: Over the past 10 years pre-admission nurses led by the Nurse Unit Manager have become involved in research projects throughout the organisation. The unit role of the pre-admission nursing staff, the broad range of services offered and their relationship with patients put them in an ideal position to be involved in research projects that are conducted within the organisation. This has led to increasing research capacity among the pre-admission nursing team who are now seen as experts in research process and highly sought member of research teams.
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12. Becoming a zen nurse

Jenyfer Joy MACN

Introduction: Nursing. It is like driving car. One wrong move, one distracted turn and it is over. The news and coronial inquests are saturated with nursing errors. But despite advancements in technology and improvement in nursing education, why are nursing errors so common? And how is Zen relevant to nurses?

Background: Zen practice is based on simplicity. Zen practitioners believe in the power of now. Although the underpinnings of Zen practice originates from Buddhism anyone can incorporate the peaceful principles of Zen to improve their work or life. But how is Zen related to nursing?

This talk aims to dig into the principles of Zen and transform the simple truths into everyday nursing practice. The first principle explored will be the significance of the power of now and how nurses can use mindfulness to prevent careless errors. Another Zen practice involves simplicity. In our modern healthcare system, unnecessary stressors such as office politics clouds are judgment and drains our energy. By incorporating the simplistic practice, nurses can focus on what is truly important. Lastly, as Donna Cardillo, the inspiration nurse stated, it is significant for nurses to set positive intentions. This is something that is not taught in university or in our healthcare education institutions. However through Zen, nurses learn how to set intentions to transform their day.

At the end of this talk, the audience will leave with a set of unique tools to transform and better their nursing practice. Nurses, regardless of whether they are a new graduate nurse or a senior nurse consultant will rediscover the essence of these simple ideas.

Conclusion: By incorporating experiences from Cambodia and Australia, I hope to make this presentation a valuable and enjoyable experience for the audience. I will begin with sharing my personal experience in Cambodia and how mindfulness came to my attention. These universal lessons have helped me to provide good patient care and I hope to share this with the ACN community.

13. The ACN and the ARC: a 40 year association – saving lives then and now

Tracy Kidd MACN

Introduction: Part of the mission for the Australian College of Nursing (ACN) is to advocate at state and federal levels to provide valuable insight and recommendations from a nursing perspective on a wide range of issues in healthcare. As part of this, the ACN has representatives on various peak bodies in Australia, one of which is the Australian Resuscitation Council now known as the Australian and New Zealand Committee on Resuscitation (ANZCOR). ARC was established in February 1976 and the ACN (then known as the RCNA) has been a member organisation since that time.

Summary: ARC guidelines are produced using a pre-determined stepwise process and after consideration of all available scientific and published material. Guidelines are then only issued after acceptance by all member organisations. ANZCOR (ARC + NZRC) is also part of the International Liaison Committee on Resuscitation (ILCOR). Where ILCOR drives the international scientific evidence review process, the job of the ARC is to develop guidelines to reflect local implementation of the resuscitation science.

Conclusion: The way resuscitation is conducted has changed greatly over the last 40 years. This paper will briefly outline how ACN representation contributes to the ARC, a brief look at past practices in relation to resuscitation; and then a brief look at the most recent guideline changes introduced in February 2016.
14. Bringing them back: the power of re-engaging an acute workforce

Joanne Mapes

Introduction: In 2014 the Eastern Health workforce team set about responding to the challenge of growing workforce shortages and a reducing level of experienced clinicians, particularly evident across the acute settings. With an increasing awareness that there were many registered nurses who were keen to return to acute practice and reclaim skills and confidence, this strategy evolved to ‘bring them back’.

Discussion: Eastern Health is one of Melbourne’s largest metropolitan health services, with a nursing/midwifery workforce exceeding 4,000. The Registered Nurse Refresher Program (RNRP) was first introduced in March 2015 following a comprehensive marketing strategy and a successful recruitment and selection process. The aim of the program was to attract, support and transition experienced registered nurses into employment within the health service.

The program offers individual flexibility and was initially delivered at two acute hospital sites. Participants undertake the program within their own time, akin to a clinical placement model. The program is structured to deliver 160 clinical hours and 40 theoretical and simulation learning hours, with clinical educator support, alignment to preceptors, and completion of clinical competency hurdles.

Since commencement EH has received in excess of 150 applicants, and offered places to 37 participants. The success of the program can be measured by the conversion rate to employment, currently 84% following three programs in 2015. This group of nurses would have otherwise been ‘lost’ and not applied for acute positions or more often unlikely to have been successful in an application, given their lack of recent acute practice.

Conclusion: The RNRP is now an embedded recruitment strategy and complements the novice recruitment that occurs through the graduate program, supporting the organisation to deliver a balanced workforce in relation to knowledge, skills, and experience. The RN Refresher program has been established utilising existing resources, passion and commitment from staff and without financial cost to the participant.

15. Mitigating the nursing skills apocalypse: A collaborative approach

Jack Matulich MACN

In the face of the impending experienced nursing workforce shortage, the workforce dynamic is developing to weigh heavily in new graduate employment as the healthcare system avoids workforce attrition from retirement of the 40% of Australian nurses aged 50 years or older. The onus lies on the nurses of now to develop ways to ensure the immeasurable breadth of knowledge and wisdom held in these senior nurses does not depart with them. Current recommendation for developing a sustainable workforce with a balanced skill mix is to build nurse leadership capacity, extend early career support and nurture innovation. This poster aims to broaden participants understanding of the economics of these issues, the current recommendations for solving them and facilitate discussion and innovation around ways to develop these principles to become the daily practice needed to ensure long term sustainability is the end point of today’s efforts. The session will begin with exploring the audiences’ perceptions and experiences of the predicted workforce shortage before assimilating participants understanding with the current predictions emphasising the implications on workforce skill dynamics into the future. With this context, the current academic and government agency recommendations will be examined briefly to enable discussion on the pragmatic ways nurses from a variety of disciplines can strive to implement these recommendations. Participants will be asked to collaborate with clinically relevant colleagues in small groups to brainstorm techniques to develop junior nurse leadership, early career support and foster innovation in their workplaces before sharing, discussing and developing these ideas between all groups. Exiting this session, participants will be aware of the severe implications of the threatening nursing workforce shortage, how this risk is to be ideologically mitigated and possess both the ideas and support of a network of colleagues who are all shaping up to the present challenge.
16. Self-rating and reflection for clinical skills

Catherine McKellar MACN and Nicola Timms

Introduction: As nurses we have a professional responsibility to be our best selves. Ensuring our competence in clinical skills and continuing professional development is an essential component to delivering excellent patient care and outcomes.

Description: The aim of this poster is to describe the innovative way that one organization has moved away from tick box competencies (for non-mandatory competencies) to a method of self-ratings and reflection. A tool has been developed that supports proactive development with the focus of regular updates,反射 and is supported with current evidence based practice. This allows for engagement with clinical support when there are actual or perceived deficiencies. The tool is a creative method for competence that is time efficient for both participants and education teams, allowing a focus of resources to those who require it and developing reflection for all – supporting others to become self-aware and evolve.

The development process included reviewing current literature which did not identify similar concepts at the time. This tool was then designed as an alternative solution to update our existing staff on current evidence-based practice and protocol. The tool was trialed for two clinical skills and following an overwhelmingly positive evaluation, the tool is now implemented and is used for a growing number of clinical skills.

The tool has been placed onto the internal information technology platform allowing for easy access by all staff and links to resources such as learning packages, web resources and the organization’s policy and procedures.

Summary: In order to develop staff who can recognize their skills and areas for development, a self-rating and reflection tool can be used to guide reflection and education for staff.

Conclusion: Self-awareness is vital for the delivery of high quality patient care and outcomes. Developing self-awareness and reflection skills via a tool to develop clinical skills has been successfully implemented to meet the needs of a large nursing workforce.

17. Evaluation of student nurse clinical placements in Prison Health Services

Dr Judith Needham, Associate Professor Thea van de Mortel FACN, Kate Barnewall MACN, Ashleigh Djachenko and Jennifer Patrick

Introduction: In order to meet the current demand for clinical places student nurses were placed in Prison Health Services (PHS). This presentation describes the evaluation of these clinical placements.

Research Description: Mixed method approach involving anonymous student surveys with fixed response, open-ended questions, student interviews, preceptor interviews and focus groups was utilised, obtaining data on students’ and preceptors’ experiences of PHS placements.

Eighteen of 46 students (39.1%) placed in four major metropolitan correctional centres completed the anonymous survey. Sixteen (34.8%) provided qualitative responses on their experiences. Six of 20 preceptors (30%) were interviewed.

Summary: The majority of students 88.9% (n=16) found the clinical placements valuable and enjoyable. Students valued the opportunity to increase their clinical skills, practice in a different environment, and the qualities of the staff who welcomed them to the clinical team. Preceptors were positive about the majority of students, finding them engaged and keen to learn, and describing the placements as good for their own and their colleagues’ practice and professional development. They valued the students’ contributions to the facility, and recognised the placements as an excellent recruitment strategy. Challenges experienced by students included dealing with prisoners and their emotional states, aspects of the environment, feelings of isolation, and a lack of resources.

Students and preceptors both reported that some prison staff displayed poor attitudes to each other and the students, and heavy workloads impacted on clinical learning. Suggestions to improve the experience included a more in depth orientation for students and more support for the preceptoring role.

Conclusion: Students who are mature, assertive, stable, and possess integrity and a non-judgmental attitude can provide prisoners with competent, dignified, and compassionate health care. Preceptors require educational support, adequate theoretical resources, regular feedback on their own performance, and supported practice opportunities to help improve their skills.
18. Evaluating the confidence of Advanced Practice Nurses to implementing evidence-based practice within a tertiary paediatric setting

Rachel Nheu, Zahir Saldin, Georgia Borrack, Georgina Cocklin, Arvinder Kaur, Bin Li, and Fiona Newall (Mentor)

All nurses are expected to use principles of Evidence Based Practice (EBP) when performing their nursing roles. The expectation holds that nurses performing more senior roles ought to have more advanced skills in this area.

A cross-sectional survey was conducted using a piloted tool to survey senior nurses from 3 streams of practice (Clinical, Management, and Education). Respondents were asked to identify their level of confidence in the use of EBP on a 7-point Likert scale. Answers from 1-4 were deemed to indicate a ‘novice’ level of confidence and answers from 5-7 indicated expert. Senior nurses were defined as level 3 or higher, according to the current Enterprise Agreement 2012-2016. A total of 178 senior nurses completed surveys across a period of 3 weeks (n = 178). The survey found a strong positive correlation between confidence in using EBP and educational qualification. Nurses with a Master’s degree qualification were found to be the most confident group in using EBP principles in this study. They were significantly more confident than nurses with Post-Graduate diploma level qualifications. There were no significant differences across the 3 streams of nursing practice.

Results from this survey will inform current knowledge of baseline EBP confidence amongst senior nurses. We believe this is the first time such a study has been conducted in an Australian tertiary paediatric setting. This study will inform the development of targeting education and training to support senior nurses’ confidence in using principles of EBP.

19. A kiss from an angel – The power to heal hearts – NOW

Stacey O’Brien

A Kiss from an Angel is an inspirational journey through grief and the loss of a child. A journey that starts with the stillbirth of Finn, who etched love into his Mother and Father’s hearts and taught them a way to love that was beyond the physical.

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10 years of talks with Health Workers have led to a second book: “The Healers Workbook” which answers questions asked by midwives, nurses, doulas, counsellors, social workers and support groups.

Helping those warriors to assist their patients with firsthand information that helps to allow healing to be authentic and longer lasting.

It must be extremely difficult to deal with grief and loss as a part of your normal days’ work. “The Healers Workbook” offers self-healing practices for Health Workers who dedicate themselves to an industry with such a demanding emotional element.

Helping our Health Workers to heal stress as it visits their days, allows them to offer the very best in these demanding careers.

A Kiss From An Angel offers healing modalities of Massage, Crystal Healing, Holistic Counselling and a Safe, Non Judgemental Space for clients to discover ways to recognise and Heal Emotional Stress and Trauma in their lives.

I love to share my journey through grief to healing with Health Workers and to share the Power to Heal Hearts – NOW!
20. Fit for the future? A Delphi consultation to provide health promotion recommendations for the nursing and midwifery workforce

Professor Lin Perry MACN, Professor Robyn Gallagher MACN, Professor Christine Duffield FACN, Professor David Sibbritt and Dr Rachel Nicholls

Introduction: A large, representative survey of nurses and midwives in New South Wales found the workforce fatigued and reporting high symptom burden, with healthy lifestyle behaviours little better and sometimes worse than the Australian general population.

Description of the research: The aim of this study was to develop recommendations for workplace policies and interventions to promote and support the health of the Australian nursing and midwifery workforce.

A modified Delphi technique was used. Snowball sampling recruited 19 participants, recognised by their professional colleagues for their expertise and experience in workforce planning and health promotion/preventive health.

First an introductory teleconference was held, where survey findings were presented and health promotion responses discussed.

In the first and second Delphi rounds, 12 then 11 of the original 19 panellists participated. The two Delphi rounds were conducted using an electronic survey delivered by email. Panellists commented and ranked the importance and feasibility of a range of health promotion interventions used in workplace settings, and processes to facilitate their development and implementation, identified through literature searching. Four workplace health promotion topics identified as priorities in the initial teleconference were rated on a Likert scale (0-5) and summary composite scores calculated.

Mental health and wellbeing was highest ranked (mean score 12.7), followed by food and nutrition (10.6), physical activity (9.0) and smoking cessation interventions (mean score 6.7). A range of activities was supported within each topic.

Summary: The Delphi consultation resulted in recommendations which may be implemented to promote and improve the health and well-being of the nursing and midwifery workforce.

Conclusion: Nursing/midwifery managers and researchers, decision-makers and policy makers should heed study recommendations to design and implement appropriate interventions and strategies in health promotion for nurses and midwives.

21. Urinary continence and incontinence in the Australian nursing and midwifery workforce: prevalence, severity and work related characteristics

Heather Pierce, Professor Lin Perry MACN, Professor Robyn Gallagher MACN and Professor Pauline Chiarelli

Introduction: Urinary incontinence (UI) is a condition prevalent in women, with a significant negative impact on psychosocial health and quality of life.

Description of research

Aim: To determine the prevalence of continence and UI in female Australian nurses and midwives, and to describe the work characteristics of respondents with UI.

Method: This research formed part of a cross sectional study of the nursing and midwifery workforce in NSW, Australia. An electronic survey distributed between May 2014 and February 2015 included demographic questions and validated instruments related to common health problems. UI was investigated using the International Consultation on Incontinence Questionnaire. Investigated work characteristics included: work role, location, setting, contract, shift, job satisfaction, sick leave and plans to leave current job.

Results: Of 5,041 responses to the survey, 68.5% (n=3,454) answered the question on UI. Females comprised 90.6% of the response sample. Participant characteristics were comparable to the Australian nursing workforce (AIHW 2014). Whilst 68% of nurses reported no continence problem, the prevalence of any UI in the past 4 weeks was 32.0%.

Of those with the problem, it was rated at moderate severity by 40.5% and severe or very severe by 4.4%. UI was more likely to be reported in those working part-time, in aged or community care, and ininner regional areas. Respondents with severe or very severe UI had less job satisfaction and were more likely to intend to leave their current job in the next 12 months than those with slight or moderate symptoms.

Conclusion: UI is an important health concern for the Australian nursing and midwifery workforce. Further research is required to explore the impact of symptoms on workplaces and productivity, and to investigate strategies for continence promotion.

22. Tailoring preceptor support; empowering the graduate nurse

Rachel Wardrop MACN, Dr Elisabeth Coyne MACN & Dr Judith Needham

Background: The preceptor has a significant role in supporting the graduate for successful transition to practice. For the graduate this is a time marked by adaptation and challenges, multiple health care organisations internationally responded with development of programs to support the graduate nurse. In transitional programs the preceptors are the main source of support and guidance; yet formal training for preceptors is not established. This research investigated the experiences and expectations of preceptors.

Method: Interpretative Phenomenological Analysis was used to explore the preceptors’ experience of supporting graduates. Semi-structured interviews were conducted with seven preceptors across different wards in a metropolitan hospital. A thematic analysis was completed to identify themes.

Findings: Thematic analysis revealed two themes related to the provision of psychosocial support to the graduate. In the first theme, ‘providing support’; participants identified challenges around type of support and the level of support provided to the graduates. The cultural challenges for graduates related to work life balance. Participants conveyed ideas related to providing support referring to specific qualities for providing emotional support, motivation and clinical support. The second theme ‘building resilience’ is where participants discussed the struggle for graduates to assimilate to the new role particularly the challenge of making clinical decisions. Preceptors reported the different guidance needed for developing critical thinking skills in graduates.

Conclusion: Preceptors’ understand the challenges of graduate transition however they had different ways of working with the graduate. Integration of support into graduate transition programs is well documented; however a balance of emotional and clinical supports needs to be found by the preceptor. Support is multifaceted, and preceptor training should address challenges the graduate faces in their transition year. To tailor the preceptor support will empower the graduate to take charge of their development as a graduate leading to increased job satisfaction and retention.

23. Professionalising the primary health care nursing workforce: an education and career framework

Emily Wheeler and Linda Govan

The Australian Primary Health Care Nurses Association (APNA) received funding from the Australian Government Department of Health under the Nursing in Primary Health Care Program to develop an Education and Career Framework and Toolkit for Primary Health Care (PHC) Nurses. The objectives of the project include improving employment opportunities, recruitment and retention of PHC Nurses. The Framework will aim to build workforce capacity and support the transferability of nursing skills across PHC settings. Expanding the PHC nursing workforce to manage chronic diseases is acknowledged as being critical in improving patient outcomes and reducing costs to the health system.

Integral to the three year project is an extensive consultation phase, involving a range of consultation methods, which commenced in 2016. The initial consultation phase focused on key stakeholder interviews with over 40 experts from a range of nursing and PHC domains, while the second consultation phase involved ten focus groups with PHC nurses and key stakeholders conducted in every Australian jurisdiction. Qualitative interview and focus group data was analysed using thematic analysis, with engagement with the literature prior to analysis.

Results identify a level of intraprofessional and interprofessional discrimination within the nursing workforce, expressed towards PHC nursing roles. There is consensus amongst key stakeholders that efforts to positively impact on the recruitment and retention of PHC nurses relies on reframing PHC nursing as an enriching and dynamic career option, rather than a ‘back-up plan.’ Essential to this is improving the professionalism and perceived value of PHC nursing, which experts link closely with continuing professional development and postgraduate education.

This poster presentation will report on the findings of the key stakeholder interviews and focus groups and explore how the data is informing the development of the Framework.
Ms Maxine Jordan  
Co presenter Helena Harrison

Aim: To explore registered and enrolled nurses’ perceptions of face-to-face education sessions to develop cultural competence.

**Background:** The number of migrants now calling Australia home is increasing, as is the evidence indicating they are experiencing healthcare disparities due to nurses’ limited ability to provide culturally competent care. The cultural competence of nurses has been shown to improve the healthcare outcomes of these consumers.

Central to developing cultural competence is fostering cultural awareness. Face to face education offers the opportunity for nurses to reflect on their values and beliefs, fundamental steps in developing cultural awareness. This study explored the lived experience of nurses who attended face-to-face education sessions to improve culture competence and to determine if the education increased their perceived levels of cultural awareness.

**Research design:** Descriptive exploratory study

Participants: A convenience sample of eight registered and enrolled nurses (N=8) from one health care facility in Australia.

**Methods:** Focus groups, audio taped and transcribed. Data were analysed thematically into major themes and subthemes.

Findings: Three major themes were identified: ‘varying expectations and experiences’, ‘light bulb, aha and eye opening moments’ and ‘the power of shared experience’.

**Conclusion:** Face to face education increased nurses’ perceived levels of cultural awareness however the degree of this increase is unknown. Findings will be used to develop the face-to-face education sessions and inform future research aimed at improving educational strategies to enhance the capabilities of nurses to care for culturally and linguistically diverse (CALD) consumers.
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