Symposium
Education in Nursing, Midwifery and Health Sciences Research Group

PROGRAM BOOKLET

<table>
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<tr>
<th>Date and Time</th>
<th>Wednesday, 12th February 2014, 9.00am – 4.00pm</th>
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<tr>
<td>Venue</td>
<td>C4-16. Centenary Building (Level 4), City East Campus, UniSA</td>
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<td>Further information</td>
<td>For further information please email Ms Katie Milochis <a href="mailto:Katie.milochis@unisa.edu.au">Katie.milochis@unisa.edu.au</a>, OR PH: 8302 2490.</td>
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<tr>
<td>RSVP</td>
<td>Tuesday, 4 February 2014</td>
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<td>Cost CPD Points</td>
<td>Free CPD Points: Participation in this symposium will attract 5 CPD points</td>
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The School of Nursing Education in Nursing, Midwifery and Health Science Research Group (ENMHSRG) is pleased to host this education research symposium at City East Campus on Wednesday 12th February 2014. All sessions will be held in room C4-16, Centenary Building, City East Campus, University of South Australia, Frome Road Adelaide. A map is provided at the end of this program.

The ENMHSRG is committed to engaging in rigorous education research that contributes to the development of quality research evidence to inform and enhance teaching and learning practices locally, nationally and internationally. The groups research interest and strengths are in the areas of:

- Clinical Decision-making
- Simulation in teaching and learning
- Clinical facilitation models
- Assessment
- Technologies and learning
- Patient Education

If you are interested in finding out more about the group access the website below or contact Associate Professor Colleen Smith.

[Website Link]

Contact Details
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CRICOS Provider No 00121B
**SYMPOSIUM PROGRAM**

**Education in Nursing, Midwifery and Health Sciences Research Group**

February 12th 2014, School of Nursing and Midwifery, University of South Australia

Room C4-16, Centenary Building, Level 4, Lecture Theatre 16.

*Chair: Associate Professor Colleen Smith*

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<td>Clinical reasoning: What it is and why it matters</td>
<td>Professor Tracy Levett-Jones</td>
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<td>• Clinical reasoning is key to patient safety</td>
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<td>• Factors that adversely impact on clinical reasoning</td>
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<td>Online Undergraduate Communities of Practice: How to create them and what are the challenges?</td>
<td>Dr. Sarah List</td>
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<td><strong>SimX (Virtual Environment- Gaming Platform)</strong></td>
<td>Christy Pirone</td>
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<td>• A game-based virtual environment (Post-partum haemorrhage)</td>
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<td>Storytelling: A lost art or new discovery?</td>
<td>Professor Tracy Levett-Jones</td>
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<td>• Learners retain more when information is linked to a story</td>
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<td>• Framework for enhancing the effectiveness of storytelling in healthcare.</td>
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<td>2:45pm</td>
<td>A systematic approach to identifying the principles guiding the teaching of reflection and how they could best be utilised to create authentic assessments of the process.</td>
<td>Dr. Tom Laws</td>
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<td>Educational strategies for enhancing interprofessional practice: Learning together, changing together</td>
<td>Dr. Barbara Parker</td>
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<td>3.45pm</td>
<td><strong>Summary and close</strong></td>
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PROFESSOR TRACY LEVETT-JONES
RN, BN, DHSc; MEd&Work; PhD

Deputy Head of School (Teaching and Learning),
School of Nursing and Midwifery,
The University of Newcastle

Abstract:
Clinical Reasoning: What it is and why it matters
- Clinical reasoning is key to patient safety
- Factors that adversely impact clinical reasoning

Clinical reasoning is key to patient safety. Health professionals with effective clinical reasoning skills have a positive impact on patient outcomes; conversely those with poor clinical reasoning skills often fail to detect impending patient deterioration. In this presentation the importance of clinical reasoning will be discussed with reference to contemporary education and clinical imperatives; the factors that adversely impact clinical reasoning will also be debated.

Abstract:
Storytelling: A lost art or new discovery?
- Learners retain more when information is linked to a story
- Framework for enhancing the effectiveness of storytelling in healthcare.

Research suggests that learners retain more when information is linked to a story than when provided with information alone. What is less well understood is the features of a story that make it meaningful and memorable. This presentation will discuss these issues and suggest a framework for enhancing the effectiveness of storytelling in healthcare.
Christy Pirone is the Principal Consultant for Patient Safety and Quality in the Department of Health and Ageing, South Australia. She is a leader in her profession and has gained recognition of her achievements as a recipient of international and state awards.

Christy’s role in Safety and Quality includes incident investigation and management, safety and quality policy and guideline development, enhancing teamwork for patient safety, clinical communication, recognition and response to clinical deterioration, evidence-based health care facility design and systems design for patient safety. Clinical education and research is central to Christy’s career in her areas of expertise which have included:

- Diving and Hyperbaric Medicine – Diver Medics, Medical, Nursing Staff and Community education programs
- Development of new undergraduate and post-graduate curricula
- Education in Safety and Quality at Undergraduate and Post-graduate levels
- The implementation and curriculum development of TeamSTEPPS® multi-disciplinary teamwork training across South Australia.
- Health Workforce Australia funded project assessing the feasibility of using virtual environment simulation to improve clinicians’ knowledge and skills in multi-disciplinary teamwork and communication and the management of clinical deterioration

Abstract:

SimX (Virtual Environment- Gaming Platform)

- A game-based virtual environment (Post-partum haemorrhage)
- Inter-professional teamwork and communication skills

This presentation will discuss the development and demonstrate a game-based virtual environment (Post-partum haemorrhage) to practice multi-professional teamwork and communication skills in a clinical context to improve patient safety in Australia.
A Lecturer in Nursing based within the Bachelor of Nursing (BN) program at City East campus since 2005. Was engaged in the higher education sector for a number of years prior to this. Has worked in the roles of clinical tutor, sessional tutor, clinical facilitator and lecturer. Mr Phillips is currently coordinating (at both primary and associate role) courses in the second year of the undergraduate degree around the acute assessment and management of the adult and care requirements addressing the concerns of chronic illness in the older adult, with an emphasis of having these persons well enough to be as independent as possible.

Craig has 20 years’ experience working as a registered, clinical, and clinical nurse consultant, both in public and private hospitals with strong interest in medical- surgical nursing, and have clinical experience in specialty areas, recovery and day surgery, accident and emergency and coronary care. He is currently engaged with an industry partner where there is opportunity to observe current practice and integrate this into the curriculum of the courses he teaches in.

Abstract:
Pre-registration paid employment choice and impact on graduate nurse transition

Since the transfer of nurse education in Australia in 1993 from hospital based schools of nursing to the higher education sector, undergraduate nursing students no longer derive any remuneration in the form of income directly associated with their educational preparation. As a consequence of the transfer, 80-85% of all undergraduate nursing students engage in some form of paid employment external to their nursing studies (Kenny et al. 2012; Phillips et al. 2012, Robotham, 2012; Salamonson et al. 2012), most notably in a health service or in the hospitality and retail sector (Rochford et al. 2009; Phillips et al. 2013a).

Undergraduate nursing students engage in paid employment primarily for two reasons: financial necessity to address student hardship and, experience of the workplace to acquire a variety of skills (Hall, 2012; Phillips et al. 2013a). Evidence is emerging that undergraduate nursing students

Findings from a recently completed Australian study with two datasets (n=459) suggest that some form of pre-registration paid employment undertaken by undergraduate nursing students is beneficial in terms of transition to graduate nurse practice, (than not to have worked), however, the choice of paid employment is largely arbitrary. Rather it is post-registration employer factors that determine the quality and success of transition for newly qualified registered nurses (Phillips et al. 2013a, 2013b, 2013c).

This paper will present a brief review of the overall study findings. The focus of the presentation will be the conceptualisation of a new theoretical model to assist newly qualified graduate nurses in transition, with recommendations for future practice.

References
Phillips, C., et al., A secondary data analysis examining the needs of graduate nurses in their transition to a new role, *Nurse Education in Practice* (2013b), [http://dx.doi.org/10.1016/j.nepr.2013.07.007](http://dx.doi.org/10.1016/j.nepr.2013.07.007)
Dr Sarah List joined the University in a sessional role in 2005, and has since been appointed as a Lecturer in Biosciences. Sarah’s interests include transformative learning processes, engagement of students with scientific theory to inform and direct their nursing practice, and mentoring of students in their professional career directions. The following awards and commendations are testament to her innovative teaching approaches at University, State and National level:

- 2012 UniSA Division of Health Sciences Student Nominated Excellent Educator Award
- 2011 Australian Learning and Teaching Council Citation for Outstanding Contribution to Student Learning
- 2011 South Australian Science Excellence Awards: Early Career STEM Educator Of The Year – Tertiary
- 2010 UniSA Citations for Outstanding Contributions to Student Learning
- 2011 Supported Teacher Award
- 2010 Nominee: Division of Health Sciences Student Nominated Excellent Educator Award
- 2009 Supported Teacher Award
- 2008 Quality Teaching Award

Abstract:

Online Undergraduate Communities of Practice: How to create them and what are the challenges

A sense of belonging and connectedness with their program and chosen career are cited as directly important to the quality of the student experience and whether they choose to continue their studies. Students also cite feeling unsupported, isolated and stress as significant factors. These issues strongly impact on the student experience, and are consistently found in both on and off campus populations, and may be exacerbated by the increasingly mobile and distant student body.
Informal communities that are spontaneously formed can counteract these issues, but they usually lack structure and the leadership to define professional boundaries. Also, it is not clear whether relationships formed via these communities online are equivalent to those traditionally formed face to face. Communities of Practice (CoPs) offer an opportunity to increase professional ‘connectedness’ by enhancing the learning of members in a supportive environment through mutually shared interests and goals. They are embedded in the concept that people learn better in a socially networked environment with a focus on collaborative knowledge sharing.

The Vygotsky based apprenticeship-style interaction between an expert and novice is applied as an induction to the profession. Undergraduate education mimics and apprenticeship, so a CoP would be likely to support this transformation from student to practicing evaluator. CoP use in the undergraduate space is poorly documented, how best they may be structured and facilitated, or what benefits they may provide. This study reports on the challenges and structural and practical issues of developing and implementing one for a cohort of Midwifery students.
Dr Laws is recognised nationally and internationally for his contribution to men’s health having edited and authored three books on the topic (1998, 2006 2007). He has written two post graduate men’s health courses for Edith Cowan University primarily for General Practitioners. His doctoral thesis, focused on the health practices of men within dual income families; arguing that gender equity in the workplace can be best achieved by a more equitable sharing of parental care. He also has a breadth and depth of experience in conducting focus groups interviews with men on sensitive issues and questionnaire design.

**ABSTRACT:**

A systematic approach to identifying the principles guiding the teaching of reflection and how they could best be utilised to create authentic assessments of the process.

Reflective practice is a requirement of the Australian Nursing Board for continuation of registration; the Conduct Statement 10 identifies that ‘Nurses practise nursing reflectively and ethically’ (ANMC, 2008). Within the profession, reflection is both a personal and collaborative process used to form cogent ideas upon which changes or modifications to health care practice can be justifiably instigated. However, few studies trace how reflection contribute to important changes and it is therefore often difficult to highlight the value of reflection to students who are keyed to expect evidence based practice (Duke and Appleton, 2008; Forneris & Peden-McAlpine, 2007; Mantzoukas & Jasper, 2008). In practice nursing is both a science and an art; reflection has a large creative component that is used to make a cognitive leap necessary to trigger change (Saylor, 1990). For example, in the absence of clinical evidence base midwives determined that having the father present at the birth of their child needed to be an option that was routinely offered to couples; this example does not dispel the idea that reflection is not initiated by good science, it frequently is.
It is against this background that academics face the challenge of preparing students for a professional practice role that is underpinned by reflective processes. It is incumbent upon academics to define course requirements that are aligned with professional competencies and standards, create related learning activities, construct and conduct authentic assessments and ultimately have some validated measure of the students’ development (Pilcher & Bedford, 2012). In the search for evidence to support their teaching practices, scholars of nursing have been left with the following questions. What are the best means of engender reflection in students? How can progressions in the depth and utility of reflection be evaluated along an educational pathway? Can the grading of students reflective work be validated and if so how can moderation across grades be achieved. This paper presents a systematic search of the peer review to determine plausible answers to these questions and make recommendations for the development of authentic assessment.

References
As the Program Director: Practice Based Learning, Dr Parker is responsible for the development, delivery and coordination of courses delivered in the clinical setting and the Practice Based Laboratories within the School. Key responsibilities include engaging in teaching and related activities, research and consultation with students as part of the teaching team.
Dr Parker also teaches in the 3rd year of the undergraduate nursing program and is interested in promoting an inquiry-based learning approach throughout our programs.
Dr Parker’s clinical nursing experience over 20 years is in acute surgical (predominantly urology and orthopaedics) as well as high dependency and recovery units.

Abstract
Educational strategies for enhancing interprofessional practice: Learning together, changing together

Background
Interprofessional learning (IPL) is recognised globally as a strategy which can contribute to improved health and patient outcomes (Mann et al. 2010) and work environments of health care providers (Schroder et al. 2010). An interprofessional process for communication and decision-making enables the “separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided (Way et al. 2003, p.3). These capabilities have been identified as essential to the delivery of health services that are safer, more effective, patient-centred and sustainable (Learning and Teaching for Interprofessional Practice Australia, 2009).

Aims
1. To determine the effect on student learning of an interprofessional clinical learning opportunity, for multiple health disciplines in a simulated hospital environment
2. To determine what resources are required to provide such a learning opportunity.
Method
Students were invited from 7 programs in the Division of Health Sciences to participate in 3 x 3-hour sessions in a simulated practice based learning environment. During each video recorded session, participants collaborated to deliver quality care for a standardised patient during a single hospital admission. In each session students were provided with a preparatory session and a formal debriefing. Sessions were videotaped and played back to the students for review. Students participated in a one-hour focus group to discuss the perceived benefits of the experience. An interview questioning framework was used and data from the focus groups were analysed and triangulated. Data was collected on staff time and the cost of resources to determine the feasibility of this type of activity. The study was approved by the University of South Australia Human Research Ethics Committee.

Findings
Students from the nursing, physiotherapy and pharmacy programs participated. Focus group data indicated that the sessions provided valuable additional time in clinical practice prior to formal clinical placements and an opportunity to work with and understand the role of other health disciplines. Students also identified that time to work with other health professions that were not represented in the pilot, having an experienced clinician or additional student from their discipline to discuss and/or collaborate with during sessions and additional information about the patient prior to the workshop would improve the IPL experience.

Conclusion & Implications
Practice based interprofessional learning activities assist in building confidence in health students. Optimising learning in on-campus IPL activities requires adequate preparation, support and supervision from peers and clinicians. Academic institutions need to be creative in offering these learning opportunities within workload and budget constraints.

References:
(Printable version)

Map of Centenary Building, Level 4 – C4-16 is opposite the lifts.