

AUSTRALIAN NURSE TEACHERS SOCIETY E-BULLETIN

AUTUMN EDITION | VOLUME 9, ISSUE 1 | MARCH 2017



COVER DESIGN: Autumn Fantasy | Bridgewater, Tasmania

[https:// https://farm8.staticflickr.com/7239/7262260640_270f7b8a89_o.jpg](https://farm8.staticflickr.com/7239/7262260640_270f7b8a89_o.jpg)

ANTS

WORKING TOGETHER FOR THE FUTURE OF NURSING, MIDWIFERY AND HEALTHCARE

F | <https://www.facebook.com/austnurseteachers/> W | www.ants.org.au E | office@ants.org.au

INSIDE THIS ISSUE

FROM THE EDITOR'S DESK	3
SAVE THE DATE NNEC 2018.....	4
ANTS PRESIDENT'S REPORT	5
NEW MEMBER WELCOME	6
PERSONAL DEVELOPMENT.....	7
SAVE THE DATE ANEC 2017	9
NEWS FROM APHRA	10
REPORT: MAXIMISING YOUR TRAINING & TEACHING IMPACT WORKSHOP	11
SAVE THE DATE NfN CONFERENCE 2018	12
PROFESSIONAL ASSOCIATION CRANA PLUS	13
ONLINE CPD	14
OFF THE BEATEN TRACK: THE RISE OF REMOTE AREA NURSING [EXTRACT]	15
SAVE THE DATE NETNEP 2018	17
WORK HEALTH & SAFETY CVS	18
DIARY CONFERENCE and HEALTH PROMOTION.....	20
APP REVIEW	22
NATIONAL EXECUTIVE AND CONTACT DETAILS	23
 PEER REVIEW SECTION	
Feedback essentials for effective workplace learning	3-7

FROM THE EDITOR'S DESK

Welcome to the Autumn Edition for 2017

As I prepare this edition for publication the weather continues to be changeable between summer and autumn and winter across Australia while the northern hemisphere undergoes similar extremes of weather patterns.

In South Australia we have 'MAD MARCH' in Adelaide with a cavalcade of festivals – Fringe, Adelaide Writers Week, Womadelaide, Adelaide Festival and the not forgetting the Adelaide Cup, Clipsal 500 and Saint Patricks Day. On the Adelaide Cup weekend the city of Adelaide was alive with the festivals PLUS the ABC show QandA with a focus on the arts and the Adele concert all 'dotted around the edges of the CBD.

In this issue the focus is on our rural and remote nurses with CRANA Plus as the Professional Association under the spotlight. We welcome the resurgence of the peer review section with an article from out Queensland Colleagues - thankyou.

The Peer Review Section welcomes your articles as many are of great interest. Thee peer review process identifies suggested changes/tweeks for publication in this section. The other option is to return the article to be published in the general section.

Karen Simunov
e-Bulletin Editor



<https://blogs.scientificamerican.com/running-ponies/files/2014/04/easter-bilby-australia.jpg> | Accessed 24/3/2017

EASTER BILBY WISHES

FROM THE NATIONAL EXECUTIVE TO ALL OUR MEMBERS

SAVE THE DATE

17TH NATIONAL NURSE EDUCATION CONFERENCE (NNEC) | MELBOURNE
CHANGING WORLDS: SYNERGIES IN NURSING, MIDWIFERY & HEALTH EDUCATION



KEY DATES:

CALL for PAPERS

OPEN - 3 July 2017 | CLOSE - 22 November 2017

ONLINE REGISTRATION

OPENS - 15 January 2018

EARLY BIRD CLOSES - 3 March 2018

CONFERENCE

Workshops - 1 May 2018

Conference - 2-4 May 2018

FACEBOOK: <https://www.facebook.com/austnurseteachers/>

WEBSITE: www.dccconferences.com.au/nnec2018

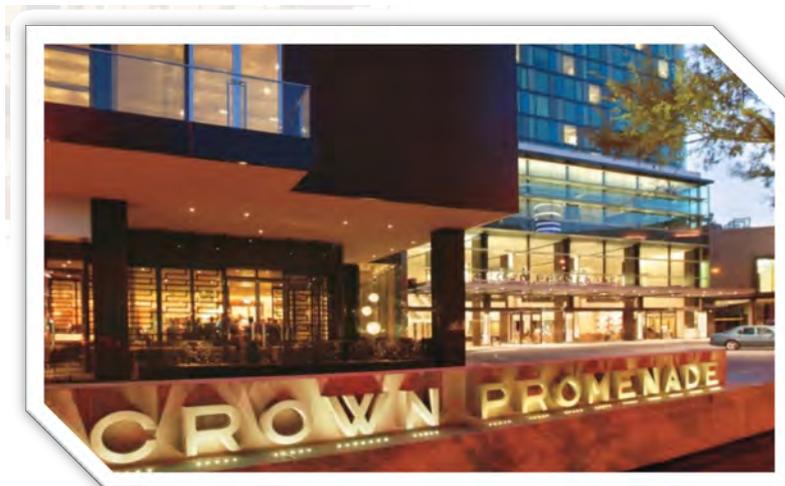
NATIONAL PRESIDENT'S REPORT

MARCH 2017

Hello all I hope everyone has had a good start to 2017, and we are now already at the end of the first quarter of the year, time is going so fast!

As many of you would know ANTS is a member of the Coalition of National Nursing and Midwifery Organisations, we have had representation at the CoNNMO meetings for a number of years, in August last I was elected to join the CoNNMO council for 2 years. I have participated in 2 council meetings since – a teleconference held in December and a face to face meeting on Friday 20/3/17 in Melbourne. Both meetings have addressed the priorities for CoNNMO over the next 12 months and the focus for the general member meeting events in May and October 2017. I will provide ANTS members with a further update after the May CoNNMO member meeting. CoNNMO is a federally funded incentive that is supported with a secretariat through the ANMF – for more information on CoNNMO and its function see : <http://connmo.org.au/>

The National Executive team have started to work strongly towards the planning of the 2018 NNEC. Save the date flyers will be available in the near future. The conference will take place in May 2018 at the Crowne Complex in Melbourne, early May. If any members particularly those in Melbourne have an interest in participating in the conference development let me know – it would be great to have some localised support.



http://www.venueselect.com.au/upload/file/20110622_230340.jpg | Accessed 24/3/2017

Dates for the AGM 2017 will be posted shortly – as well as the program and speakers. The AGM will be available for members from across Australia to participate via a link up system as we did in 2015. The link up worked well and allowed for members to participate regardless of their geographical location.

Don't forget that our Facebook page is up and running, so as well as the website information about the AGM , NNEC and other ANTS information will be available on there. Remember to refer people to the page and its available as another forum for discussion and sharing

Happy Easter everyone
Michelle

NEW MEMBER | WELCOME

DECEMBER |

Kate Colmer, SA | Child and Family Health Service Nurse Education Facilitator

Kylie Hume, NSW | Westmead Hospital Acting Nurse Educator

Lynette Gwynne, QLD | James Cook University Academic B

JANUARY |

Josephine Tighe, VIC | Monash University Lecturer

Colleen Ryan, QLD | Nursing Academic

Nikki Meller, NSW | Associate Lecturer

Alexandra Holliday, QLD | Careers Australia Nurse Educator

Nicola Archipow, WA | Fremantle Hospital Staff Development Nurse

FEBRUARY |

Beth Horner, NSW | IRT

Carole Maddison, NT | Top End Health Service

MARCH |

Heather Hoey, QLD | Queensland Health Nurse Educator

Cherilyn Paul, QLD | Opal Aged Care Education Manager

Louise Murphy, NSW | Shoalhaven Local Health District Principal Nurse Educator (MH)

Joanne Fahey, QLD | Learning & Development Manager

Ashleigh Benz, NT | Royal Darwin Hospital A/Clinical Nurse Educator

ANTS EDUCATOR OF THE YEAR

RECOGNISING EXCELLENCE IN NURSING AND MIDWIFERY EDUCATION

The Australian Nurse Teachers Society (ANTS) recognises excellence of the Nursing/Midwifery Educator with the 'ANTS Educator of the Year Award' to encourage innovative teaching practices in the education of Nurses and Midwives in the academic, clinical and workplace settings.

Further Information

- ANTS website at www.ants.org.au

PERSONAL DEVELOPMENT | TWELVE TIPS TO RELAX AND OVERCOME STRESS ON THE JOB

Published in PS News Professional- Edition #50 | Thursday, 23 February 2017

*Flora Kelly is a blogger based in Kentucky, USA. [This article first appeared at community.hrdaily.com.au]

Whether you're juggling a job and a family, or just coping with a career alone, you don't have to have the word "stress" defined for you.

Here are 12 ways to relax and overcome stress on the job:

1. *Learn to recognise your own stress signs and don't repress them*

Under tension, your mouth may become dry or you may get a migraine headache, but each of us is experiencing a physical clue to emotional or social stress – and we need relief before we can function well.

Stress isn't a sign of weakness. It's a response to change and a warning system that tells your body to relax – except when you need the fight-or-flight response to escape real danger.

2. *Recognise that you may be looking for the right things in the wrong place*

A job is the right place to look for power and prestige, but the wrong place to seek love and support!

3. *Don't medicate away your symptoms of stress*

Medication is only useful to prevent panic and disorganisation so that you're able to manage your stress, not mask it.

4. *We're each responsible for our own self-esteem*

When a husband is unemployed or is less successful than his wife, she should not have to make herself powerless to buttress his ego. A person can grow without having to cut down someone else.

5. *Guilt is a feeling others lay on you*

A warning system - Shame is what you feel when you don't live up to your own expectations.

A [healthcare worker] who tries to deliver 100 per cent at home and 100 per cent at work is doomed to suffer guilt for shortchanging [his/her] children and shame for [his/her] work inadequacies.

Just knowing that studies show that even full-time [parents] rarely spend 20 minutes a day entirely devoted to one child can be a guilt-reliever.

What each child benefits from most are short periods of intimacy, not long periods of your mere presence.

6. *A man who breaks down or cries at his desk is sounding an alarm for attention*

When a woman cries or has a tantrum, people may dismiss it as "normal feminine behaviour" (according to stereotype). Therefore, women often need to ask for help or else their distress may go unnoticed.

7. *Habits are false solutions to tension*

If cigarettes, liquor and food really solved the problem, we wouldn't have lung cancer,

alcoholism and obesity. Biofeedback and coping therapy (read on) can defuse tension before habits short circuit the body even further.

8. *When you first feel stress, give yourself a mental x-ray to locate its source*

Are you getting a headache before each executive meeting because you have to deal with other people's authority over you?

Or because you have to assume the pose of a tough, authoritative decision-maker?

Are you confusing your boss with your father/mother?

Afraid people won't like you if you're assertive?

Think about the very worst thing that can happen to you in that meeting.

Strengthen your skills

Could you handle it?

9. *Instead of bottling up your stress, becoming passive or hostile, try to use your energy to take charge of the situation*

Plan how to tell your colleagues why you feel they've set you up for a fall.

10. *The token [male/female] in management can be a victim of the 'Lone Ranger syndrome'*

If you're given the promotion and the accoutrements of power — but no psychological support within the organisation — develop friendships with others in similar positions in other organisations.

11. *Once you identify the source of your stress, challenge its logic*

Suppose you're meeting your supervisor for the annual review of your work performance.

Instead of spending a sleepless night or waking up with a knot in your stomach, analyse the situation.

Is it in your supervisor's interest to put you down?

Or wouldn't they want to find you doing well enough to reaffirm their choice of you to do the job?

Even if they identify a shortcoming of yours, where's the tragedy?

Why defend your shortcomings when you can use the constructive criticism to strengthen your skills?

12. *Stress isn't harmful as long as the body quickly returns to a restful state before physical and psychic resources are depleted*

You can learn to relax with these biofeedback techniques:

- Diaphragm breathing: breathe slowly through the nose, expanding the stomach area, not the chest, and concentrate on the breath exhaling on your upper lip.
- Warm your hands: to raise the blood temperature in your cold, clammy hands, sit quietly and imagine your hands growing warm in the summer sun or soaking in warm, soapy water.
- Relax muscular tension: lie down (or sit comfortably in a chair), close your eyes and think only about your limbs getting limp and heavy and all the tension flowing out of your body through your toes.

These three exercises may sound bizarre, but they work.



Kia whakatōmuri te haere whakamua

My past is my present is my future I walk backwards into the future with my eyes fixed on my past: Transition Technology Transformation

Call for Abstracts extended to 01 April

Further information [click here](#)

This conference embraces moving forward into the future of healthcare education with all its possibilities incorporating innovation, expanding knowledge and technology, while at the same time, looking back, learning from and honouring what has gone before.

Deliberately broad, this theme offers speakers and delegates an opportunity to be both reflective and future-looking, to consolidate, regenerate and push the boundaries of nursing education. We intend that a fusion of clinical and academic themes will be melded into an exciting conference programme.

To be held in Christchurch/Ōtautahi, at the newly constructed St Margaret's College campus, this conference promises to offer something for everyone.

We look forward to welcoming you to Christchurch.

Be inspired. Look backwards, move forwards and come to ANEC 2017.

Steph Cook,
Conference Convenor

NEWS FROM AHPRA

REMINDER: Nursing and Midwifery registration Renewal is due on 31 May

NATIONAL PUBLIC AWARENESS CAMPAIGN

The third and final stage of the campaign to increase awareness of national registration ran from June to August 2016. 'Be safe in the knowledge...you're seeing a registered health practitioner' was designed to raise awareness about the importance of seeing registered health practitioners (for the 14 regulated professions) and how to check if a practitioner is registered.

People are also encouraged to notify AHPRA and the National Boards if they have a concern about an individual practitioner and their service. The campaign was primarily delivered through social media channels and local newspapers.

In 2017 we are looking to extend on the public education component of the campaign with a focus on health literacy. In addition to a general campaign about the standards of care you can expect when seeing a registered health practitioner, more targeted communications will be developed for people with lower health literacy levels.

MAKING IT EASIER TO RENEW ONLINE

Renewal in 2016 was supported by videos AHPRA and the National Boards published ahead of each renewal campaign, explaining how to access online renewal, what a practitioner must declare about their previous 12 months' practice, how to pay the registration fee and what happens next. Resulting in almost all registered practitioners renewing on time and online.

Of the 370,000+ nurses and midwives 94% renewed on time - 98% renewed online.

Post the nursing and midwifery renewal period, a survey identified that 95% per cent of respondents said the email reminder instructions were mostly understood. In addition the customer service team recorded a 17% decrease in phone inquiries and 30% decrease in website inquiries compared with last year.

SMOOTHING THE PATH FROM GRADUATION TO REGISTRATION

Approx. 21,354 applicants graduating from Australian educational programs apply for registration in their chosen profession. In October 2016 an online tracker became available for the individual to check the progress of their application.

A new service for an online portal for education providers to securely upload lists of students who have successfully completed their courses makes it easier and safer to share this important information.

Accessed and adapted from <http://www.ahpra.gov.au/Publications/AHPRA-newsletter/December-2016.aspx#publicationsandprojects> 17/3/2017

REPORT: MAXIMISING YOUR TRAINING & TEACHING IMPACT WORKSHOP

Thankyou to a colleague who sent through a flyer for an upcoming professional development workshop for educators / trainers titled 'Maximising Your Training & Teaching Impact Workshop' provided by Mindworks [<http://mindworksteam.com.au/>]

As an Educator you often hear the old saying "You can lead a horse to water but cannot make it drink" and that is so often true as we provide education/training but what is the learning/application to practice for the individual?

Learning is related to multiple factors which include but are not limited to: topic and content; teaching style; learning style of the individual; retention of new information or reinforcement of current information to name a few. The focus of the workshop was on how the mind works, learning preferences and the use of multiple techniques in your teaching / training for retention of information post the classroom.

Participants came from all areas of adult education/training including government, NGO, RTO, private and small business owner offering an educational service. Except for (3) the majority of us were an educator/trainer with over seven years experience.

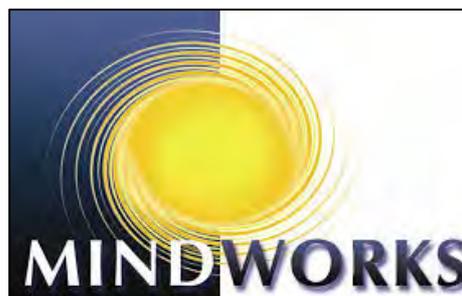
One of the key points is what is in it for the participant! Why did they come to your session?

- Mandatory training
- Sent (we all know this participant)
- Need to complete the required CPD hours before registration
- Interest in topic/subject ... the list goes on.

During the workshop real-life examples from the group were incorporated on how some of the 'impact options' could be used to 'tweek' an education/training sessions from the traditional way information is imparted.

A thoroughly enjoyable day was had by all and we went away inspired and thoughtful of how to 'maximise my training and teaching to make an impact on the participants'.

Thankyou Laurie and Mindworks.



Karen Simunov, ANTS Member



nurses
for nurses
network

CARE OF THE OLDER PERSON INTO THE 21ST CENTURY

CALL FOR ABSTRACTS

ALASKA | MARCH 2018

WWW.NURSESFORNURSES.COM.AU

PROFESSIONAL ASSOCIATION | CRANAPLUS



CRANApplus is the peak professional body for the remote and isolated health workforce with the vision to be leading experts in remote and isolated health.

History

In 1982, a gathering of (130) remote area nurses (RAN's) from across Australia met in Alice Springs to put remote area issues on the table giving birth to an organisation that would become the leading voice for remote area health. A timeline with a collection of stories, events, memories and resources can be accessed at <https://crana.org.au/about/history>

CRANApplus Philosophy Statement

- acknowledges the Aboriginal and Torres Strait Islander Peoples of Australia, many of whom live in remote areas, as the first people of the Nation who have suffered and continue to suffer the impact of colonisation.
- believes those living in Australia's 'remote' areas are entitled to access quality Primary Health Care, including emergency clinical care, health promotion and public health services.
- believes that collaboration within and between health care professional groups, services and other sectors which impact on health is fundamental to effective quality care and quality health outcomes for remote populations.

CRANApplus Patron

Michael Kirby, renowned human rights expert, a champion of HIV education, former Justice of the High Court and Chair of the Human Rights Council Commission of Inquiry to investigate Human Rights violations in the Democratic People's Republic of Korea, accepted an invitation to become the first Patron of CRANApplus.

Membership

As a member of the CRANApplus family, you can enjoy the expertise of the only health organisation with a remote health as its sole focus. CRANApplus is a member based organisation and we invite all Remote Health Professionals, students and those who have an interest in the remote health, to join us as we continue to support this unique and valuable sector. Membership benefits include:

- discounts to remote multi-day courses, online modules and conference registration
- weekly eNewsletter including employment opportunities/ career resources
- quarterly CRANApplus Magazine
- professional networking
- CRANApplus scholarship and grant opportunities
- annual on-line subscription of Australian Journal of Rural Health

CRANApplus Bush Support Service

A free and confidential telephone counselling service for rural and remote area health professionals and their families 24/7 on 1800 805 391.

ONLINE CPD

CRANA PLUS eREMOTE ONLINE COURSES

<https://crana.org.au/education/eremote>

All health practitioners working or preparing to work in the remote and isolated health sector can access CRANAplus online education. Support is provided by an experienced senior clinician via phone, Skype and email.

- Core Mandatory (inc Basic Life Support) (12 modules)
- Advanced Life Support (ALS) (9 modules)
- ALS Recertification Module (1 module overview of the 9 above)
- Physical Assessment Program (7 modules)
- Health Worker (ATSI) First Aid (4 modules)
- Clinical Upskilling in the Bush (12 modules)

REMOTE AND INDIGENOUS HEALTH MODULES

<http://www.rahc.com.au/elearning>

Suite of eLearning modules to increase awareness about various aspects of working within remote Indigenous communities for those who have worked primarily in urban-based settings.

Modules currently available are:

- Introduction to Indigenous Health
- Communication and Education
- Chronic Conditions Management
- Mental Health
- Paediatrics
- Maternity
- Major Incident Management
- Managing Medical Emergencies
- Trachoma
- Ear Health
- Oral Health
- Primary Eye Care Checks
- Eye Health and Diabetes
- Managing Scabies and Crusted Scabies
- Sexual Health in a Primary Health Care Setting
- Machado Joseph Disease (MJD)

TRANSITION TO REMOTE AND RURAL PRACTICE ONLINE MODULES

<http://sarrah.org.au/content/transition-remote-and-rural-practice-online-modules>

SARRAH, the peak body representing rural and remote allied health professionals (AHPs) provides online modules to assist with learning about the key issues faced in rural practice

- Self Care
- Confidentiality & Professional Boundaries
- Cultural Safety
- Translating Evidence Based Practice
- Primary Health Care
- Remote and Rural Outreach
- Communication in Remote and Rural Practice
- Healthcare Prioritisation in Remote and Rural Practice
- Working as a Team in Remote & Rural Practice

OFF THE BEATEN TRACK: THE RISE OF REMOTE AREA NURSING

Remote Area Nurses (RANs) work in far-flung pockets of Australia delivering healthcare to largely disadvantaged communities. Highly skilled, adaptable, and resilient, RANs collectively strive to improve health outcomes for people living remote. As the sector moves forward, ongoing challenges loom large, namely workforce shortage issues, boosting safety, and improving health service provision, writes Robert Fedele.

Registered Nurse Robyn Hill was biding time at the John Hunter Hospital in Newcastle, her dream of becoming a Remote Area Nurse firmly tucked away in the back of her mind. Since becoming a nurse she had been spellbound by the idea of travelling to a distant part of Australia to live and work out bush in a challenging environment.

The seed had been planted years earlier when Robyn worked as a jillaroo in South West Queensland during a gap year following high school.

In 2015, Robyn bit the bullet and headed to Alice Springs, to the annual conference held by the Council of Remote Area Nurses of Australia (CRANApplus) in search of kick-starting her ambition.

Through word of mouth and networking, Robyn stumbled across a transition program developed by the Northern Territory Government's Primary Health Care Branch and Centre for Remote Health (CRH) to fast-track nurses into jobs working remote.

A Registered Nurse for five years, Robyn thought she would need 25 years of nursing experience under her belt before even considering a career as a RAN.

But the Transition to Primary Health Care Practice, known as the Primary Health Care Nurse 3 (PHCN3) program, shifted her mentality and at the start of 2016 she embarked on a 12-month journey at the Julanimawu Health Centre on Bathurst Island in the Northern Territory, off the northern coast of Australia above Darwin.

The N3 program requires nurses to have at least 3 years' full-time experience prior to applying because, although the scheme is supported by nurse educators and clinic managers, budding RANs work autonomously and need sound clinical experience and judgment.

"You need to be able to do all sorts of checks from acute clinical work (which we do in the hospitals) but also chronic disease management, midwifery care, child and adolescent health, and sexual health," Robyn explains of the range of skills. "It was certainly an eye-opener and I took a little while to settle into the environment, particularly the heat up here. Your first couple of days out somewhere so far away from your supports is a little bit nerve-racking. But this particular clinic and this community has been incredibly supportive of me and I felt from day one that I wasn't alone."

Dotted with red dirt roads and bordered by crystal blue waters, Bathurst Island paints a striking picture. The Julanimawu clinic is staffed by about a dozen health professionals, including four acute nurses like Robyn, who support a community of 1,800, the population almost entirely Indigenous.

Robyn cites chronic diseases including heart disease, lung disease, diabetes and renal disease, as the most significant health issues facing locals.

Although she's only been a RAN for a short time Robyn is revelling in her newfound autonomy and extended scope of practice. "It's seeing someone after hours in that acute phase and doing all the work yourself. You're not surrounded by a team of Emergency Department staff in which you've got lots of people assisting you and specialists on hand. You're the one that needs to look at them, get their story, take their observations, listen to their chest, take blood tests and then you consult with doctors in Darwin about further management."

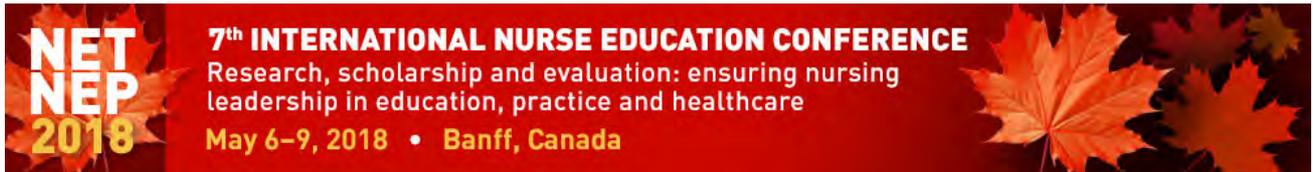
Late last year, Robyn officially graduated from the transition program and is now a fully-fledged RAN.

This year, she will expand her skills by undertaking a Graduate Certificate in Remote Health offered by the Centre for Remote Health and Flinders University, which focuses on boosting education surrounding cultural awareness, Indigenous health, remote advanced nursing practice, and chronic disease and primary healthcare.

At age 31, Robyn belies the sector's glaringly ageing workforce. Judging from her own experience, she suggests younger nurses could benefit from greater information. "Since I've achieved a placement in this course, I want people to understand that they don't have to wait until they're 40 or 50 to go out bush," she says. "I think people sometimes wait until their families grow up or think of it as a retirement step. But there are lots of places that are eager to take you and your family. It's a fantastic learning experience for everyone."

Accessed 17/3/2017 from <http://anmf.org.au/featured-stories/entry/off-the-beaten-track-the-rise-of-remote-area-nursing>





As with previous events in the series, [NETNEP 2018](#) will facilitate the sharing of knowledge and experience of nursing, midwifery and healthcare workforce education worldwide.

Abstracts are invited by September 1, 2017

For a variety of presentation formats on the following conference themes:

- Teaching & assessment
- Learning in practice – Clinical education
- New technologies, simulation and social media in teaching and practice
- Curriculum innovation & development
- Evidence and educational discourse
- Research, scholarship and evaluation
- Professional development & leadership

We hope that you will join us in Banff next year.

Karen Holland,

Education Advisor and Subject Chair:

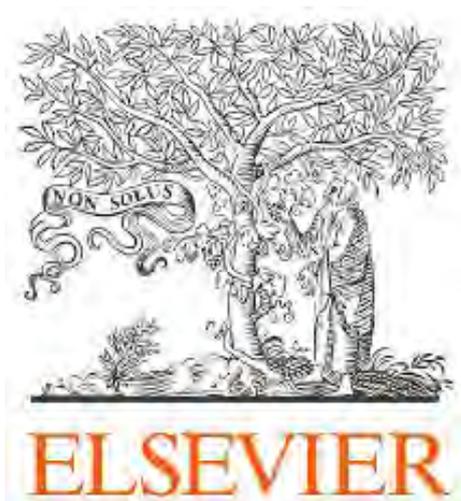
Elsevier Scopus Content Selection Advisory Board (CSAB), UK

Amanda Kenny,

La Trobe University, Australia

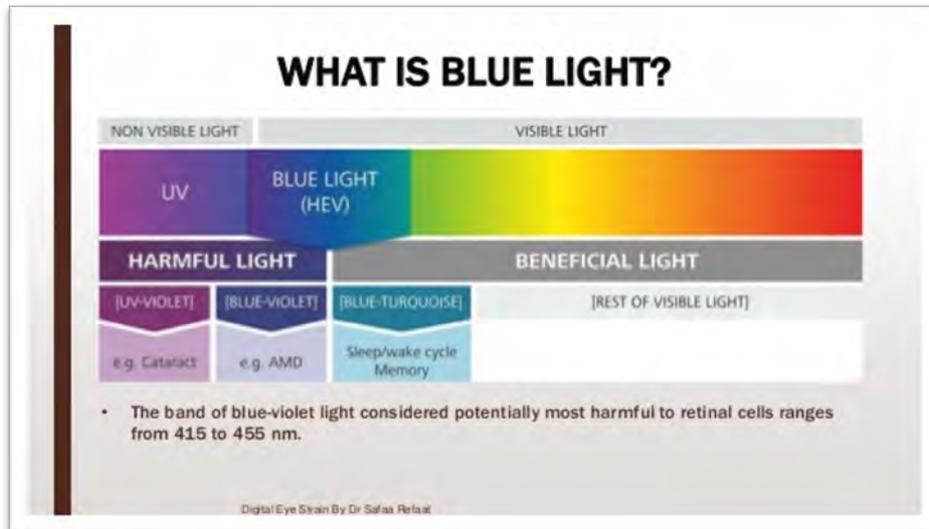
William Lauder,

University of the West of Scotland, UK Organising committee



WORK HEALTH & SAFETY ISSUES | COMPUTER VISION SYNDROME [CVS]

With the rise of the digital age the number of healthcare workers using a screen based devices (that emit a natural blue light) is increasing, leading to computer eye discomfort and/or strain is becoming a major job-related complaint.



To minimise eye-strain with computer screen use here are (10) easy steps to reduce your risk of computer eye strain and other common symptoms associated with computer vision syndrome (CVS), also known as Digital Eye Fatigue

Causes of Digital Eye Fatigue

- uncorrected focus/coordination vision problems
- poor lighting
- screen glare reflection off the digital screen
- variable viewing distances/screen position
- poor posture
- reduced natural blinking
- a combination of these factors

Symptoms of Digital Eye Fatigue

- headaches
- blurred vision
- dry eyes
- neck and shoulder pain

Practical Tips to Reduce Eye Strain

1. Comprehensive eye examination: visit the optometrist for review of eye strain and/or prescription eyewear to provide optimal vision.
2. Try to keep your computer monitor at arm's length
 - top of the screen near or below eye level
 - looking down slightly to the screen allows the eyes to align better

3. Ensure that the eyes are well focussed and aligned at the screen viewing distance and wear any spectacles recommended for the task
4. Monitor lighting and screen reflection from other light sources (windows, fluorescent lights, etc).
 - Use of an anti-glare screen on the monitor if unable to re-position computer.
5. Have a 20:20:20 break throughout the shift to allow the eyes to relax and refocus
 - Every 20 minutes
 - Focus on an object 20 metres across the room
 - For 20 seconds
6. Don't forget to blink regularly to avoid the eyes drying.
 - blink rate reduces when concentrating on specific tasks
 - avoid direct air flow onto the face from air conditioner, fans or heaters.
7. Replace style monitors (cathode ray tube) with a flat-panel liquid crystal display (LCD), like those on laptop computers.
 - LCD screens have an anti-reflective surface
 - wipe the screen often with an anti-static cloth
8. If you have to use a CRT screen, adjust the display settings to the highest possible refresh rate.
9. Adjust your computer display settings.
 - *brightness*: adjust to approximately same brightness as the surrounding workstation. [compare the white background a Web page to the surrounding light source, is it too bright or too dull?]
 - *text size and contrast*: adjust for comfort, especially when reading or composing long documents. Black print on a white background is best.
 - *colour temperature*: reduce the colour temperature of your display to lower the amount of blue light emitted.
 - Microsoft Windows, display settings are adjusted in Control Panel
 - Apple computer, display settings are found in Systems Preferences
10. Take frequent "mini-breaks" during your computer work day
 - stand-up to answer the phone
 - take a few steps to collect printing
 - minimise use of mobile devices during scheduled breaks

Good near focus ability and eye co-ordination is required to maintain comfortable vision for all near tasks.

RESOURCES: Accessed 24/3/2017

<https://www.eyecareplus.com.au/eyeconditions/computer-vision-syndrome/>
<https://www.slideshare.net/drsafaa1/digital-eye-strain>

DIARY | CONFERENCE AND HEALTH PROMOTION

| April

World Autism Awareness Day | 2 April

15th World Congress on Public Health - *Voices-Vision-Action* | 3-7 April | Melbourne
www.wcph2017.com/

7th Biennial Leaders in Indigenous Medical education (LIME) Network Conference: *The Future of Indigenous Health Education: Leadership, Collaboration, Curriculum* | 4-7 April
 Melbourne | www.limenetwork.net.au

World Health Day | 7 April

Anzac Day | 25 April

14th National Rural Health Conference | 26-29 April | Cairns
in conjunction with
 WONCA 14th World Rural Health Conference | 29 April-2 May | Cairns
www.ruralhealth.org.au/14nrhc

National Sorry Day | 26 April

International Council of Nurses (ICN) Congress: *Nurses at the Forefront Transforming Care* |
 27 April-1 May | Barcelona, Spain www.icnbarcelona2017

National Reconciliation Week | 27 April-3 May | www.reconciliation.org.au/nrw

| May

APNA National Conference: *State of the Art* | 4-6 May | Hobart
<http://www.apna.asn.au>

International Midwives Day | 5 May

Australian College of Dermatology (ACD) Annual Scientific Meeting | 6-9 May | Darling
 Harbour | www.adna.org.au

Holistic Nurses/Midwives Retreat: *Relax, Recuperate, Renew, Replenish* | 8-13 May | Bali
<http://nurses-healing.com/holistic-nurses-retreat-bali-may-2017/>

International Nurses Day | 12 May

Australian College of Critical Care Nurses Paediatric Conference: *Basics to Bizzare* | 19 May
 | Preston, VIC | www.acccn.com.au

National Sorry Day | 26 May

International Council of Nurses (ICN) Congress | 27 May-1 June | Barcelona, Spain
<http://www.icn.ch/>

National Reconciliation Week | 27 May-3 June

| June

World Environment Day | 5 June

Mindworks - 'Maximizing Your Training & Teaching Impact' Workshop | 5-6 June | Brisbane
<http://training.mindworksteam.com.au/trainer-skills-intensive/>

Laederal AUSUN - Simulation User Network Meeting | 7-9 June | Sofitel Gold Coast,
 Broadbeach | <http://laerdal.cvent.com/d/MFMgiRFEtECD9pMM1ST-pQ/pnpc/P1/1Q>

World Blood Donor Day | 14 June

World Elder Abuse Awareness Day | 15 June

20th Cancer Nurses Society of Australia Annual Congress: *Evolving cancer care: Enhancing quality Embracing innovation* | 15-17 June | Adelaide | www.cnsacongress.com.au

World Refugee Day | 20 June

13th Conference of the European Council of Enterostomal Therapists: *Building Bridges - from west to east from south to north Ostomy - Continence - Wound* | 18-21 June Germany | www.ecet2017.org

31st International Confederation of Midwives Triennial Congress: *Midwives - Making a Difference in the World* | 18-22 June | Toronto, Canada www.midwives2017.org/

Communicable Diseases Control Conference 2017 | 26-28 June | Melbourne
<https://www.phaa.net.au/events/category/conferences>

HEMI Regional Wound Management & Debridement Course | 30 June-1 July | Albury
<http://hemi-australia.com/regional-wound-care-debridement-course/>

| July

5th Annual WNC: *The Role of Nursing in Leading and Advancing Global Health* | 24-25 July
 | Singapore | <http://nursing-conf.org>

| August

HEMI Advanced Debridement Course | 25-26 August | Adelaide | <http://hemi-australia.com/advanced-debridement-course/>

| September

International Wound Practice and Research Conference | 6-7 September | Brisbane | <http://iwprc2017.com.au>

HEMI Advanced Debridement Course | 16-17 September | Hobart | <http://hemi-australia.com/advanced-debridement-course/>

Rehabilitation Medicine Society of Australia and New Zealand 2nd Annual Scientific Meeting
 | *The Leading Edge: Innovations in Rehabilitation Medicine* | 17-20 September 2017 |
 Canberra | <http://www.dconferences.com.au/rmsanz2017/>

HEMI Nurse Practitioner & Advanced Wound Specialist Forum | 22-23 September | Melbourne | <http://hemi-australia.com/hemi-advanced-nurse-practitionerspecialists-course/>

18th Australasian Nurse Educators Conference - *Transition, Technology, Transformation* | 28-30 September, Christchurch | <http://anec.ac.nz/programme/>

| October

Global Alcohol Policy Conference 2017 - *Mobilising for Change - Alcohol policy and the evidence for action* | 4-6 October | Melbourne | <http://www.gapc2017.org.au/>

HEMI Regional Wound Management & Debridement Course | 6-7 October | Cairns
<http://hemi-australia.com/regional-wound-care-debridement-course/>

ADSNA National Conference | 14-15 October | Glenelg, Adelaide | www.adsna.info

ANZSVS 2017 - *Vascular Surgery in Times of Economic Pressure* | 14-16 October, Perth
<http://www.medicon.com.au/conference/anzsvs-vascular-2017-australian-and-new-zealand-society-vascular-surgery-annual-scientific>

HEMI Advanced Wound Care & Pressure Injury Course | 20-21 October | Melbourne
<http://hemi-australia.com/advanced-wound-care-course-4/>

ANZONA Conference - *Let's Articulate, Align and Unite* | October 25-27 | Perth
<http://www.ona.asn.au/conference2017.html>

| December

HEMI Advanced Wound Care & Pressure Injury Course | 5-6 December | Sydney
<http://hemi-australia.com/advanced-wound-care-course-4/>

APP REVIEW | CLINICALKEY AND CLINICALKEY FOR NURSING

Elsevier, has launched a ClinicalKey mobile app that enables rapid access to evidence-based, peer reviewed clinical information via a mobile device. Designed to allow users to select access to ClinicalKey or ClinicalKey for Nursing available in Android and iOS formats for mobile phone and tablet.



- Adapts to your schedule, workflow preferences and information needs, making it easier for you to find and apply relevant knowledge quickly
- Filter results by source type, study type, specialty, date and Australian only content. Results update automatically
- Scale the search wide or narrow. Search across all content or within a specific chapter, book, journal or content type
- Review your search history for recent questions, including any filters you may have applied
- Save something interesting in your results to come back to it. Customised, searchable tags keep your content organised

AUSTRALIAN NURSE TEACHERS SOCIETY 2015-2017 NATIONAL EXECUTIVE CONTACT DETAILS

PRESIDENT	Michelle GIRDLER	South Australia
VICE PRESIDENT	Julie SHAW	Queensland
SECRETARY	Didy BUTTON	South Australia
TREASURER	Christine TAYLOR	New South Wales
MEMBERSHIP OFFICER	Stuart TAYLOR	New South Wales
E-BULLETIN EDITOR	Karen SIMUNOV	South Australia
GENERAL COMMITTEE	Mandy GALLACHER	South Australia
	Peter TEEKENS	South Australia
	Crena MITCHELL	Queensland
	Suzanne OWEN	Queensland

E-BULLETIN CONTRIBUTIONS

The official e-Bulletin of the Australian Nurse Teachers' Society Inc is published quarterly.

The opinions expressed by the contributors do not necessarily reflect the views of the executive or other members of the Australian Nurse Teachers' Society. The editor reserves the right to edit or delete submissions for length, content, or policy. All advertisements and items are taken in good faith but the Australian Nurse Teachers' Society Inc. cannot accept responsibility for misrepresentations by advertisers nor does inclusion of any item imply endorsement by the Australian Nurse Teachers' Society Inc. All rights reserved

SUBMISSION / ADVERTISING DEADLINES (EXCEPTIONS BY ARRANGEMENT)

Autumn Edition	15 th March	Winter Edition	15 th June
Spring Edition	15 th September	Summer Edition	15 th December

Submissions from members AND non-members are accepted

E | karen.simunov@sa.gov.au

AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING, MIDWIFERY AND HEALTHCARE



PEER REVIEW SECTION

ANTNS e-Bulletin is accepted for indexing in the Cumulated Index to Nursing and Allied Health Literature (CINHAL) the world's premier nursing literature database

PEER REVIEW SUBMISSIONS

Submissions should include an abstract of up to 250 words maximum. The abstract should be informative and report on the key aspects of the publication and include the methodology and key findings of the paper. The abstract should not contain abbreviations or references. Up to five keywords can be provided.

The acknowledgement of colleagues who are not named as authors should appear just before the reference list. The source of any funding or any potential conflict of interest should also be declared. The author is responsible for providing accurate references.

Referencing must follow an Author-Date style, such as APA (American Psychological Association). The reference list must include details only of those works cited in the text, and all references cited in text must be listed.

CORRESPONDENCE

All manuscripts, and related correspondence should be submitted via email to the Peer Review Section Editor at dstanle5@une.edu.au with feedback or a decision on the manuscript within 6 weeks of submission.

Reviewed submissions are encouraged for re-submission to the peer-review section or resubmitted as a stand-alone article for the general section.

Feedback Essentials for Effective Workplace Learning

AUTHORS

Julie Shaw^{1, 2, 4}, Suzanne Owen^{2, 3, 4}, Candy Brown^{1, 2}, Lyn Armit^{1, 2},

¹ Nursing & Midwifery Education & Research Unit, Gold Coast Health

² School of Nursing & Midwifery Griffith University;

³ Health Executive, Griffith University;

⁴ Menzies Health Institute Queensland.

ANTS Autumn Edition | Volume 9, Issue 1 | March 2017

Abstract:

Constructive feedback is essential for effective workplace learning as it reinforces safe practice, corrects unsafe practice and provides direction for improving nursing practice. This paper provides a commentary on the current feedback dialogue and identifies the essential factors for effective feedback related to learning in the workplace: Feedback is affected by the workplace context; individual educator and learner characteristics; the content, delivery and timeliness of feedback; the regularity and frequency of feedback; and whether or not feedback is accepted as a norm of nursing practice in the workplace.

Keywords: workplace learning; constructive feedback; nurse learners; nursing practice

Introduction

Workplace learning is valued by the nursing profession as it provides for socialisation of the novice nurse within the profession and the immersion of the novice in workplace practices, practices that have arisen over time which reflect the situation and culture of the workplace (Billet, 2002; 2015) and characterise the nursing profession. Effective workplace learning requires support and guidance by peers and experts irrespective of whether the nurse learner is a newcomer to a unit; a nurse upgrading or learning new skills; a novice nurse for example, a graduate nurse broadening their knowledge and skills; or a student nurse/enrolled nurse at the beginning of their nursing journey. For the purpose of this paper feedback refers to constructive communication with nurse learners in regard to their learning and their progress in meeting educational goals.

Whilst support and guidance comes in many forms for workplace learning, of particular importance for the learner is feedback on their performance. Feedback reinforces effective

and safe learner practice, corrects ineffective and unsafe learner practice and provides direction for the learner to improve practice (Cantillon & Sargeant, 2008). The following discussion provides an overview of feedback for learners in the nursing workplace, highlighting current knowledge on effective feedback and identifying the essential factors of effective feedback for nurse learners in the workplace.

What is feedback?

The term feedback is inconsistently used in education (Van de Ridder, Stokking, McGaghie & Cate, 2008) and is dependent on how feedback is operationalised within the learning context - be it the virtual world, the classroom or the workplace. In general terms, feedback is information provided as a consequence of performance at a particular time and place, reflecting a learner's understanding and /or performance at that time and place (Hattie & Timberley, 2007). As such, in the workplace feedback may be a reaction to the learner's performance, part of a learning process, or a step in the learning and assessment cycle (Van de Ridder et al., 2008) and is dependent on the workplace context including the role of the feedback provider. Irrespective of the workplace context the aim of the feedback is to provide support and guidance for the learner.

Learner feedback can be either formative or summative. In the nursing workplace formative feedback occurs continuously throughout the placement experience. Formative feedback is information 'for' learning (Abbott, 2014) to improve understanding and performance, and can be provided by: peers - fellow students/nurse colleagues (Cushing, Abbott, Lothian & Westwood, 2011); experienced nurses - buddies, preceptors and practice partners; and experts - facilitators, nurse educators, managers and specialists. Formative feedback is integral to workplace learning.

Summative feedback is associated with formal assessment and also guides learning. In the nursing workplace summative feedback relates to safe and satisfactory performance at the required professional standard/s at the end of practice (Lefroy, Watling, Teunissen & Brand, 2015): for students by the end of the placement; and for graduates and new staff within a given time period. Summative feedback is the information fed back to the nurse learner after the summative assessment; it is information about what has been learnt, what needs to be learnt, with directions on how to go about addressing the learner's needs. Summative feedback is generally provided by the assessor that is, in the situation of the student nurse/enrolled nurse the clinical facilitator provides the feedback; and for graduates or new staff the nurse educator/manager/facilitator will provide the feedback. The assessor bases

the assessment on observation of the learner, experiences of working with the learner, discussion with the learner and information provided (feedback) from relevant nursing staff in the learner's workplace. Summative feedback, similar to formative feedback, is integral to workplace learning.

Effective feedback essentials

The most effective feedback is constructive feedback (Groves et al., 2014). Feedback can be constructive in both aural and written forms. A plethora of factors affect constructive feedback dependent on the learning context, the feedback provider and the learner. Motley and Dolansky (2015, pp 400-401) identified five steps in providing feedback which take into consideration the context of learning and aims to enhance teamwork and collaboration in the nursing workplace. These steps include: 1. Creating a culture of feedback whereby feedback on performance is an accepted norm in the workplace forming part of a sequential learning process; 2. Using communication tools that are structured to enhance the understanding of feedback by reducing ambiguity in communication and providing clear guidance for practice; 3. Encouraging dialogue between learners and their educators to promote higher order thinking to focus on the provision of holistic nursing care as opposed to nursing skills/tasks per se; 4. Acknowledging the human factor whereby learning is affected by both the intrinsic and extrinsic learner human factors. Although not commented on by Motley and Dolansky, it is only logical to expect that the educator's intrinsic and extrinsic human factors may also affect their ability to support and guide the student; and 5. The nurse educator/facilitator embraces leadership by providing a role model for learners and staff.

The human factor that impacts constructive feedback, touched on briefly above, is extended in the literature to encompass the individual's personality, demeanour, life experiences, learning experiences and preparedness for feedback (Groves et al., 2015). Each of these factors individually or together may logically impact the educator's ability to provide constructive feedback and the learner's ability to receive and successfully use that feedback to learn and develop.

Whilst Motley and Dolansky (2015) provided information in relation to the learning context others have specifically looked at student centred feedback, the information content provided and the delivery of that information. Student centred feedback, identified by Cantillon and Sargeant (2008) changes the focus of feedback from one that is teacher driven indicative to one that is student centred whereby feedback is a reflective conversation

between the educator and learner who come to an agreement on learner goals and the path to be taken to attain those set goals.

Groves et al. (2016) provided commentary on effective feedback in the workplace focussing on the information to be included in the feedback. Similar to reflection, Groves et al., highlighted the importance of incorporating both the strengths and weaknesses of learner performance in feedback as well as the identification of strategies for performance improvement. Others have focussed on the delivery of information and highlighted the importance of timeliness in providing feedback for student learning (Hattie & Timberley, 2007; Cantillon & Sargeant, 2008) and noted that context affects whether timeliness refers to feedback that is concurrent with performance, or that which is at the end of the performance (Lefroy et al., 2015).

Nottingham and Henning (2014) explored educator and learner perceptions of provided feedback and identified the following characteristics of effective feedback that address the relevance, timing and the manner in which feedback is provided. The relevance of feedback is related to not only timeliness but also the specificity of the feedback providing for clarity in guidance (Duffy, 2013). The manner of the feedback relates to the tone of feedback as well as the location of the student when feedback is delivered for example, providing feedback publicly that focus on the learner's performance weaknesses is not conducive to learning. Learners also noted that over time, the nature of feedback changed from feedback on specific skills to feedback on overall performance as the learner's knowledge, skills, abilities and confidence developed (Nottingham & Henning, 2014). Authors identified that feedback should be frequent and regular so that it becomes the expected norm of workplace practice, is not feared and staff become skilled in both receiving and providing feedback (Cantillon & Sargeant, 2008; Duffy; Nottingham & Henning; Lefroy et al., 2015).

Conclusion

Feedback in its many forms is integral to learning. Feedback on learning in the workplace provides the receptive nurse learner with the guidance and stimulus to perform effectively. The essentials of feedback vary across the literature reflecting the varying contexts of workplace learning. Factors identified as important to workplace learning include: the context of learning; consistent use of communication tools that enhance communication clarity; discussion between nurse educator/facilitator/manager and nurse learner. Other identified factors are: acknowledgement of the human factor in respect of the learner and the facilitator/educator; educator leadership in workplace learning; feedback content that

indicates a true reflection on performance; timeliness of feedback; a delivery manner that is respectful of the learner; and frequency of feedback so that it becomes an accepted norm of learning. An understanding of these factors will empower nurses as lifelong learners, facilitators of learning in the workplace and supporters of learners in the workplace.

References

- Abbott S. (Ed.) (2014). *The glossary of education reform*. Retrieved from <http://edglossary.org/formative-assessment>
- Billet, S. (2002). Workplace pedagogic practices: Participation and learning. *Australian Vocational Education Review*, 9(1), 28-38.
- Billett, S. (2015). *Learning occupations through practice: Curriculum, pedagogy and epistemology of practice*. Retrieved from <http://www.nvmo.nl/>
- Cantillon, P., & Sargeant, J. (2008) Giving feedback in clinical settings. *BMJ (Clinical Research Ed.)* 337(nov10 2), a1961-a1961. <http://dx.doi/10.1136/bmj.a1961>
- Cushing, A., Abbott, S., Lothian, D., Hall, A., & Westwood, O. M. R. (2011). Peer feedback as an aid to learning - what do we want? Feedback. When do we want it? Now. *Medical Teacher*, 33(2), e105-e112. <http://dx.doi/10.3109/0142159X.2011.542522>
- Duffy, K. (2013). Providing constructive feedback to students during mentoring. *Nursing Standard (Royal College of Nursing (Great Britain))*, 27(31), 50.
- Groves, M., Mitchell, M., Henderson, A., Jeffrey, C., Kelly, M., & Nulty, D. (2015). Critical factors about feedback: 'They told me what I did wrong; but didn't give me any feedback'. *Journal of Clinical Nursing*, 24(11-12), 1737-1739. <http://dx.doi/10.1111/jocn.12765>
- Hattie, J., & Timperley, H. (2007). The power of feedback. *Review of Educational Research*, 77(1), 81-112. <http://dx.doi/10.3102/003465430298487>
- Lefroy, J., Watling, C., Teunissen, P.W., & Brand, P. (2015). Guidelines: The do's, don'ts and don't knows of feedback for clinical education. *Perspectives on Medical Education*, 4(6), 284-299. <http://dx.doi/10.1007/s40037-015-0231-7>
- Motley, C. L., & Dolansky, M. A. (2015). Five steps to providing effective feedback in the clinical setting: A new approach to promote teamwork and collaboration. *The Journal of Nursing Education*, 54(7), 399-403. <http://dx.doi/10.3928/01484834-20150617-08>
- Nottingham, S., & Henning, J. (2014). Feedback in clinical education, part II: Approved clinical instructor and student perceptions of and influences on feedback. *Journal of Athletic Training*, 49(1), 58-67. <http://dx.doi/10.4085/1062-6050-48.6.15>
- Van de Ridder, J.M., Stokking, K.M., McGaghie, W.C., & Ten Cate, Ollie Th. J. (2008). What is feedback in clinical education? *Medical Education*, 42(2), 189-197. <http://dx.doi/10.1111/j.1365-2923.2007.02973.x>