Australian Nurse Teachers Society

Working together for the future of nursing

E-Bulletin

Spring Edition | Volume 7, Issue 3 | October 2015

ANTS

COVER DESIGN: Floriade 2014, Canberra, Australia

Inside this Issue

Peer Review Section

FROM THE EDITORS DESK

Attention Readers ... the edition is becoming later each time as I eagerly await the limited number of submissions from non-members and members to publish. This time the extension was for the addition of the CoNNO Report and awaiting a return from leave (unfortunately not mine at this time). Please note I have adjusted the submission dates on [*refer to National Executive Contact Details page*].

Thank you to those who are beginning to submit to the Peer Review Section and I encourage others to follow trend. In addition I again request those with previous submissions to make the suggested adjustments (as this is what peer-review is all about) and re-submit their otherwise interesting and informative articles.

Each edition we have 'meet a National Committee member" and this time it is my turn.

Karen Simunov
e-Bulletin Editor

ANTS MEMBERSHIP

ORDINARY MEMBERS | Healthcare professionals engaged in nurse/midwifery education

- Category One : RN/RM primarily engaged in the education/teaching of nurses/midwives
- Category Two : RN/RM engaged in education/teaching of nurses/midwives as part of their role, but generally it is not their primary role
- Category Three: Healthcare professionals primarily engaged in the education/teaching of nurses/midwives

MEMBERSHIP BENEFITS | Membership entitles you to the following benefits:

- Discounted registration at conferences and education sessions
- Open access to the ANTS website at www.ants.org.au
- Networking with other clinical and academic health professionals with an interest in, and knowledge of nursing/midwifery education
- Research seeding grants AND / OR annual scholarships to attend conference/seminars

PRESIDENTS REPORT

Hello all and welcome to this edition … winter has passed as we move into spring as per the cover photo.

Firstly I would like to thank the following committee members for representing ANTS as a professional organisation:

- Mandy Gallacher for attending as my proxy at the recent CoNNO Meeting and volunteering as the ANTS exhibitor representative at the upcoming ANZSVN Conference in Adelaide in November
- Suzy Owens and Julie Shaw as the ANTS exhibitors at the October ACN National Nursing Forum in Brisbane (and look forward to a report in the next e-Bulletin)
- and last but not, least Karen Simunov and Stuart Taylor for being the key contacts for the event coordinators. You can read all about Karen in the "meet the National Committee

Recently I posted regarding a change of name of the organisation to ANMES – *'Australasian Nursing and Midwifery Educators Society'* and this is still in progress. Interestingly CoNNO is also seeking to be inclusive of Midwifery in its name as there are several professional organisations that have midwives exclusively or a blend of nurses and midwives as members. This will also mean a name change.

Late registrations can still be made for the upcoming Australasian Nurse Education Conference in New Zealand [*links on our website*] and if any members are attending we look forward to a short article or two for the first 2016 bulletin. Further to this, NETNEP 2016 abstract submissions are now closed and registrations remain open as we are trying to time our AGM for 2016 with the conference.

Until next time stay well and keep safe.....

Regards Michelle

ANEC Australasian Nurse Educator Conference

11-13 November | Auckland, NZ

ANEC Co-Creating the Future
Australasian Nurse Educators Conference 2015

'Co-Creating the Future – Being, Knowing, Caring'

Welcome. Tena Koutou katoa

Being: refers not only to the attitude required of the nurse, but the mix of attributes which are essential components in the embodiment of a nurse. These attributes combine to form the very essence of being a nurse and may include: leadership, cultural, spiritual, philosophical, ideological, ethical, motivational and inspirational.

Knowing: acknowledges the fundamental patterns of knowing. These include, knowing in regards to ethics, aesthetics, empirics and personal knowing (Carper, 1978). What kind of knowing is most valuable for the nurse? This knowing may include innovations in teaching and learning, researching, e-learning and learning by use of simulation.

Caring: involves the combination of knowledge and caring skills that the nurse must possess to provide excellent care. The careful choice of caring as opposed to 'skills' is to ensure the inclusion of empathy and compassion, without which, the attainment of practical nursing skills is meaningless. This theme may also include: the application of knowledge to practice, research which changes practice, new ideas and the practical 'hands on' approach of the nurse. In fact, everything nurses do.

'Still Time to Register and Attend'

Hosted by

Counties Manukau Health | Wintec Waikato Institute of Technology Te Kuratini o Waikato | Manukau Institute of Technology Te Whare Takiura o Manukau | Waikato District Health Board

www.anec.ac.nz

National Committee Member Profile

Name and Committee Position |

Karen Simunov, National Secretary (2 terms) and e-Bulletin Editor (2.5 terms)

Initial Nurse Training |

Completed General Nurse Training from 1977 – 1980 at the Adelaide Children's Hospital, North Adelaide (*now amalgamated into Women's and Children's Hospital*) for (3) years and a (6) month affiliate at the Royal Adelaide Hospital, Adelaide.

Current Position |

Current role is Medical Directorate EPAS Activation Lead, Central Adelaide LHN. Substantive position is as a Nurse Education Facilitator, The Queen Elizabeth Hospital (TQEH), Woodville Campus, Central Adelaide LHN.

During my nursing career I have undertaken various roles both internal and external to education that include: Undergraduate Student Facilitator; Refresher RN Program Coordinator; Nurse Management Facilitator - Human Resources; EN (Division 2) Transition Program Coordinator; Nursing Director Clinical Education and Surgical Strategy Coordinator.

How did you start in Education |

As a coal-face nurse I would often cast my mind back to being the 'newbie' where I had supportive mentors, therefore always ensuring that I provided support for others, soon becoming a unit preceptor. Gaining confidence I successfully applied for an under-graduate nurse facilitator secondment, which lead to several education projects and leave-backfill before attaining a position fulltime as a medical-surgical educator within the Clinical Education Department.

MY most recent portfolio included: Medication Management, Challenging Behaviours, Teaching on the Run, VET in Schools Program, Wound Management, Minimal Handling and e-Learning.

Future Vision for ANTS |

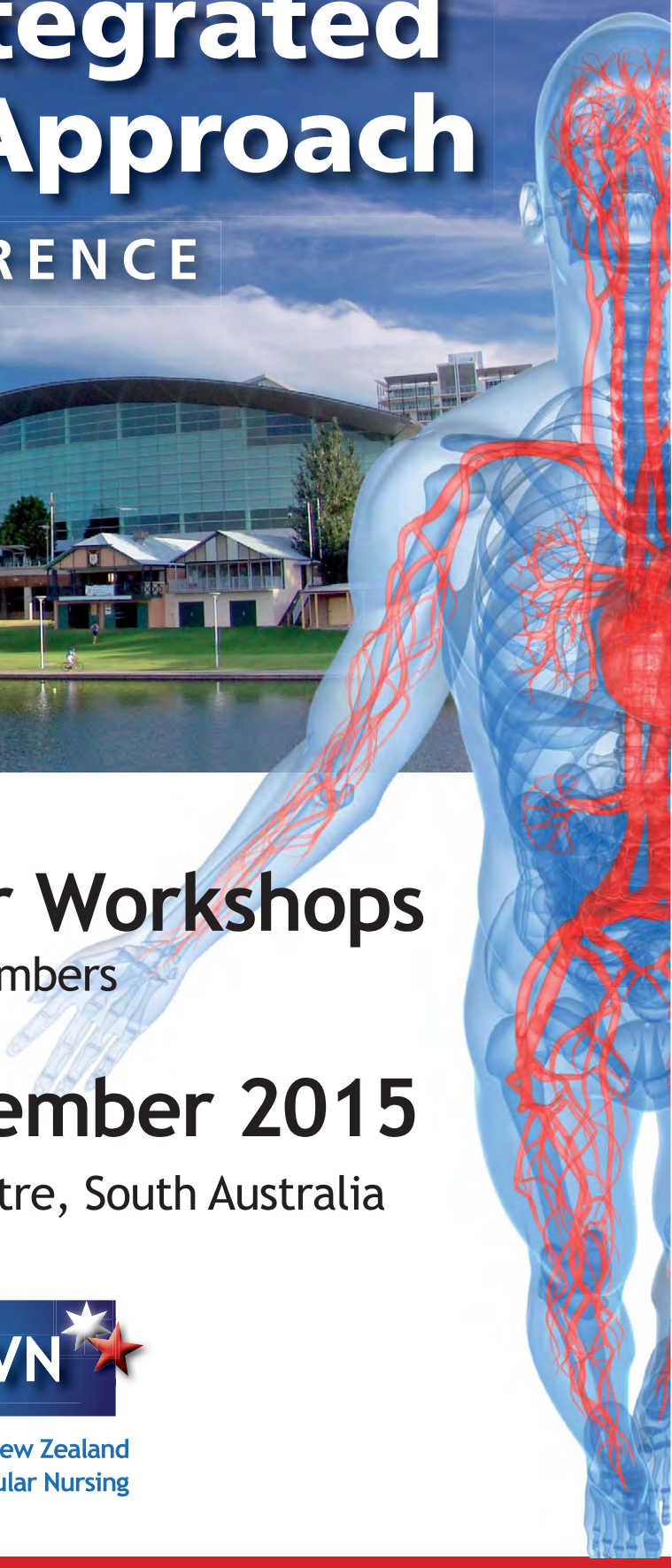
My aim is to encourage those involved with education of nurses/midwives to join the association to make it stronger as there are different levels of membership.

Each member to contribute in a small way from holding an event in their local area, submitting a short story or peer reviewed article, join the national committee at the next AGM. The saying "many hands make light work" is true as the committee volunteers their time to ANTS.

AUSTRALIA AND NEW ZEALAND SOCIETY FOR VASCULAR NURSING

Working Together for an Integrated Vascular Approach

CONFERENCE



12th November Workshops

- limited numbers

13th-14th November 2015

Adelaide Convention Centre, South Australia

ANZSVN

Australian and New Zealand
Society for Vascular Nursing

www.anzsvn.org

LEARNING THROUGH OTHERS EXPERIENCE – NURSING THROUGH A HURRICANE & BEYOND

Cheryl Dezotti RN.,MQIHC.,Grad Dip QIHC., AFAAQHC., MACN | Nurses for Nurses Network
www.nursesfornurses.com.au

Nurses by tradition have learnt from their peers. Whilst Nurses have access to a plethora of resources, it is often the first hand 'real life' experiences and related post event discussion that provides valuable insight and facilitates refinement of Nursing and Healthcare delivery processes. The Nurses for Nurses Network 2015 annual conference Contemporary Nursing Practice in a Challenging Health Care Landscape provided Nurses the opportunity through travel to learn from our professional colleagues, ways in which we can enhance our work practices in the event of emergencies.

2015 marks 10 years since Hurricane Katrina and the resultant levee breaches impacted on the citizens of New Orleans and surrounds. A pre-conference session in New Orleans provided Nurses the opportunity to spend an afternoon with Dr Denise Danna and Sandra Cordray who spoke to the group about their experience at Memorial Hospital during Hurricane Katrina. Dr Denise Danna was the Chief Nursing Officer and Sandra Cordray was the media and Public Information Officer for the hurricane season.

> *"At the time the levees breached, approximately 1000 employees and patients were stranded in the Charity and University Hospitals" … and … 'the numbers of individuals seeking assistance from the hospitals continued to swell as the extent of the disaster become evident".*

Continued next page

Nurses are resilient and innovative and during the afternoon we learnt directly from the Chief Nursing Officer how the Nursing and Hospital Teams worked tirelessly to save as many lives as possible, often at the detriment to their own well-being. The session resonated with the Nurses as it was brutally honest, it didn't ignore mistakes made or shield the audience from becoming aware of the myriad of issues that can make or break a team and save or cause the demise of patients in situations where resources and the human spirit are tested.

Whilst the location was America, Australia too has experienced many disasters and a range of variables were highlighted for us to consider when considering the concurrency and completeness of our emergency systems and processes in our workplaces and local communities.

Nursing in the Storm Voices from Hurricane Katrina is a book written by Dr Danna and Ms Cordray. The book captures the stories of Nurses who found themselves thrust into third world conditions and shares how they dealt with contradictory information, communication delays, system breakdowns, maintenance of patient care with no electricity, rationing of food and supplies, concerns with security and looters and most importantly the human psyche!

As Nurses we are fortunate that we have the opportunity to learn and professionally grow through the experiences of other Nurses. Whilst traditional methods of learning will remain, the ability for Nurses to travel and see and experience how healthcare is delivered in various settings is a valuable tool in assisting Nurses to remain concurrent with Nursing Practice and to continue to actively complete their continuing professional development.

MEMBER [LOCAL] EDUCATION EVENTS

Are you interested in planning a forum / networking meeting / study day in your local area?

START PLANNING AN ACTIVITY SOON

Template(s) for event planning – time line, planning details and budget

www.ants.org.au/course/view.php?id=25

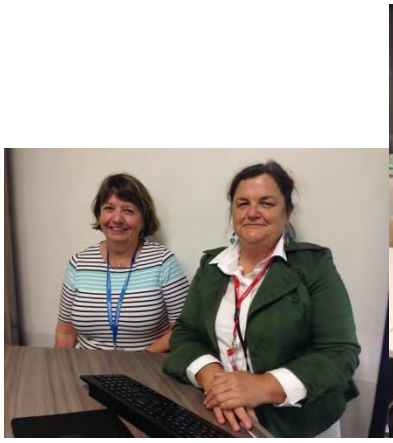
Assistance is available from Ants National via email

office@ants.org.au.

ANTS QUEENSLAND BRANCH

The Queensland Branch recently held a very successful education evening on 8th September at Gold Coast University Hospital.

The session was open to members and non-members and it served as an opportunity to introduce the Australian Nurse Teachers' Society (ANTS) to attendees. There were several non-members who were very interested in the work of ANTS who completed their membership forms on the night. We would like to send a special welcome to these new members!



The seminar was entitled "*Conference abstract writing – 5 easy steps to success*". It was an informal session which gave everyone the opportunity to ask questions and find out what they wanted to know about abstract submission. This topic was chosen as it was timely for those who were planning to submit an abstract to the NETNEP conference (abstracts have now closed).

The next seminar will be held on 13th October at Gold Coast University Hospital. It is entitled "Student learning: Providing constructive feedback – what to do and what not to do". We hope this topic will be of interest to facilitators, clinical nurses and anyone that has a role that includes performance feedback.

The Queensland members will be representing ANTS at the National Nursing Forum in Brisbane on 14th to 16th October 2015. If you are attending the forum, please come to the ANTS display and say hello.

For those members in other parts of Queensland, if you have any ideas for an education session and would like this facilitated, please get in touch with us.

You can contact us via the ANTS website or send an email to Julie Shaw

Email: j.shaw@griffith.edu.au

SA Study Day Report

After a 'rescheduled' date to August the SA Study Day went ahead with attendance by both members and non-members. Attendees were from the metropolitan area, South-East and Barossa Valley. The theme of the day was '*Tools of the Trade – Looking Outside the Box*' with the objective to provide an overview on contemporary educational practices and using available resources to their fullest extent.

The opening presentation was on scope of practice which is a "hot" topic with changes to the educational requirements of the EN in relation to medication management [refer to http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurses-and-medicine-administration.aspx]. This was followed by Jayne Hartwig who presented on her learnings from a recent scholarship of using a framework with options to match the transitioning nurse to the preceptor when "issues" are identified to match the learning and teaching styles to a best fit with respect and understanding.

With the upcoming NETNEP conference it was an ideal opportunity to identify criteria for conference presentations/posters for what to do (and not to do) as often the individual is at a loss of where to start.

Simulation across all levels of fidelity requires development of a SIM Cycle. As educators we all have access to a Resus Annie [some are fortunate to have access to a wider cohort of mannequins] … BUT do we use it to the fullest extent across a multitude of scenarios '*outside the box'*? The session was subdivided into modules of the sim cycle from developing a simulation through to debrief/evaluation. To close the simulation sessions a moulage workshop identified what could be made from the pantry shelf for realism and generated discussion, sharing ideas and delight with hands-on practice.

Moulage Workshop Stations

The final presentation looked to using digital information literacy in nursing education (and training) including: types of literacy; EBP; risks and rewards; BYO devices and policy. Electronic patient records are the future so the use of digital literacy is now being incorporated into undergraduate education for communication and self-directed learning.

In using digital literacy we should not re-invent the wheel by being IT savvy and sourcing what is available. An example of this is DAQRI 4D anatomy, with a printout, QR Code and mobile device you can view the cardiac system. Refer to: https://www.youtube.com/watch?v=ITEsxjnmvow and https://www.youtube.com/results?search_query=daqri+anatomy+4d+body.

Overall an excellent day from both the verbal and written feedback from participants.

From THIS …
to THIS

NETNEP 2016

6th International Nurse Education Conference

3-6 April 2016 | Brisbane, Australia

Transforming education practice through scholarship, development of academic leadership and evaluation research: committed to improving the lives of communities worldwide

Care of the patient is becoming increasingly complex, not only in relation to the outcome from new technologies and medicine, but also in relation to the needs of an increasingly ageing population, many with long term health and social care needs.

This complexity of care delivery requires practitioners who are able to respond with an equivalent complex skill set, underpinned by an advanced knowledge base as well as the core caring skills that are inherently nursing.

NETNEP 2016 encourages the sharing of research and practice of nursing, midwifery and health care education as it impacts on the learning experience of students and qualified practitioners, and the health and social care needs of individuals and communities worldwide.

For this conference we will be adding a new stream for the Midwifery Profession: Midwifery Education in Practice, where there is focus on collaborative education initiatives between women and midwives and delivery of education within the maternity services internationally.

NETNEP 2016 encourages the sharing of the research and practice of nursing and healthcare education as it exists in the classroom and in clinical practice and promotes networking opportunities for colleagues from around the world. The NETNEP series of conferences has attracted delegates from more than 40 countries worldwide which brings a richness of sharing with, and learning from, each other. This networking and collaboration is promoted throughout the conference.

Whom should attend NET-NEP 2016

The conference experience is for anyone involved in the delivery, development and organisation of nursing and healthcare education, as well as those who actively engage in participating in educational programmes. The conference particularly welcomes contribution from faculty, nursing, midwifery and healthcare educationalists, academic administrators, senior education managers, practitioners, researchers and students.

CoNNO Report

Full meeting papers will be made available at http://conno.org.au.

Friday 2 October | Sydney

Opening Address| Opening the meeting was Ged Kearney, ACTU President speaking on 'Bullying in the Workplace' which identified that to pursue a work-claim is a lengthy process and the person MUST stay in the workplace for the claim to be reviewed and outcomes occur. This is often hard for the individual who may identify an issue then move on for personal (and/or professional reasons). Workplace bullying is a complex issue and needs to become a community issue not an individual issue with a campaign to commence shortly. Bullying (and harassment) can be both vertical and horizontal with the recent publication of articles in professional journals (ANMF journal to name one). The other social issue is domestic violence … (2) women per week mortality at hands of domestic partner and on average (3) women per week are subject to domestic violence. A test case for 10 days domestic violence paid leave within EB Agreements is currently being pursued by ACTU with aim to be approved by legislation. Overall women are subject to workplace bullying when returning to the workforce from parental leave with an average of 1:2 citing discrimination and 25% subsequently leaving the workforce. Significant changes to the Fair Work Act are required with a test case in motion.

Chief Nursing and Midwifery Officer| Deb Thoms has been in the position a little over a week and was welcomed to the role. Deb has changed the title from 'nurse' to 'nursing' to be encompassing of the profession and acknowledged Rosemary Bryant for the networking relationships made during her time in the role. In addition Deb has been invited to the NHMRC as a permanent observer.

Department of Health Update| identified with the changes to government the Health Workforce Division is undergoing changes to portfolio responsibilities in relation to health and workforce issues. The Nanny Pilot program for childcare is to commence in 2016 for families who work non-standard hours or live in rural/remote areas away from existing childcare. The scheme is means tested with applications close shortly. More information and applications at: https://www.dss.gov.au/our-responsibilities/families-and-children/programmes-services/early-childhood-child-care/nanny-pilot-programme

NMBA Update| EN Standards for Practice to be presented at NENA Conference, 21 October in Adelaide. Appointment of (4) new board members to replace original retiring members.

Continued next page

CoNNO Report | Continued from previous page

ANMAC Update| There is a notation on website to encourage feedback from nursing and midwifery members and a communique posted bi-monthly.

Presentation| National Health Transition Authority (NETA) is an opt-in system for general public with an e-Health record as a 'shared health summary' accessible across Australia. This varies between States and Territories as it requires specific integrated clinical software. [*Refer to page 14 for further information and website address*].

Nursing Leadership Panel Discussion| Key topics from the floor related to the future direction of nursing and midwifery as a career and a profession:

- education to have a broader aspect related to primary health and chronic disease management (and refugee health);
- encouraging a shift in thinking with Graduate (Transition) programs to be SUPPORT Programs and expand further into non-traditional areas (ie primary healthcare, neonatal unit, aged care, health clinics, …) to promote specialities external to the acute sector
- valuing management as a N&M pathway/specialisation for which there is minimal [specific] further studies; and
- **Value what YOU (we) do as a nurse** … it is a complex role from coordination of a patients' health status to and optimal management. "I'm just a nurse" does not wash if you do not take action to self-promote what you do and the value.

Council Report| Council vacancies have been successfully filled with the ongoing funding submission to the DoH was successful for the next (2) years.

New Business| there are currently (53) member organisations with a change of name tabled to include 'Midwifery" in the name. Voting from attendees present was unanimous with a final vote to be via email and include suggestions for a revised name options.

Next Meeting| 6 May in Melbourne

CoNNO
Coalition of National Nursing Organisations

E-HEALTH RECORDS

Digital Health and the patient electronic health record is here to stay!

Each state/territory has a slightly different focus!

The National E-Health Transition Authority (NEHTA) is the lead organisation supporting a national vision for eHealth for Australia, for the uptake, progress and adoption through the health system. *NETA is jointly funded by the Australian Government and all State and Territory Governments.*

What is a personally controlled electronic health (eHealth) record?

An eHealth record is an electronic summary of your health records. You, and your healthcare providers, can access it online whenever you need, from wherever you are. Healthcare Provider Organisations can also register to participate in the eHealth record system, and authorise their healthcare providers to access the eHealth record system.

Why should I get an eHealth record?

The outcome is to access to the right information, for the right person, at the right time and place by collaboration between consumers, healthcare providers and the healthcare industry for a safe, secure and efficient health system that delivers better health outcomes for all Australians. eHealth records have strong security and privacy safeguards for access

How do I register for a personal eHealth record?

- online – http://www.ehealth.gov.au/internet/ehealth/publishing.nsf/content/home
- phone – 1800 723 471 and selecting option one
- in person – visit a Medicare Service Centre
- Assisted Registration – by a Healthcare Provider Organisation
- in writing – complete an application form [available from Medicare or website]

Will the eHealth record system be available on smart devices?

Limited at this time.

How can I be sure that health information will be secure?

Data is stored in line with the Australian Government Protective Security Policy Framework. In addition limits who can access/update an eHealth record and is protected by legislation.

Further Information and Resources

http://www.nehta.gov.au/

PROFESSIONAL ASSOCIATION | HEALTH INFORMATICS

HISA is the national affiliate of the International Medical Informatics Association (IMIA). Health informatics is the science and practice around information in health that leads to informed and assisted health care. As defined by WHO, eHealth is the combined use of electronic communication and information technology in the health sector and a sub-discipline of health informatics.

MEMBERSHIP

If you are a healthcare professional, health tech specialist, entrepreneur, innovator or business leader, **Australia's digital health future needs you!**

Individual: together with the Australasian College for Health Informatics (**ACHI**), promotes four levels of individual membership in the health informatics community.

Organisational: in partnership with industry; **healthcare** services, **vendors**, **health departments**, **hospitals universities**, associations etc.

COMMUNITIES OF PRACTICE

Nursing Informatics Australia (NIA): pre-eminent group providing good reference point to learn about the developments in nursing informatics.

HISA Primary Care Informatics: comprehensive focus on primary care.

Digital Healthcare Design: interplay between information technology and the built environment.

HISA's Health Information Privacy and Security group (HIPS): issues of privacy and security.

Aged Care Informatics: specialised branch that includes aged care research.

ANTS CLINICAL EDUCATOR OF THE YEAR AWARD

Recognising Excellence in Nursing and Midwifery Education in the Clinical Setting

This award recognises excellence of the clinical educator to encourage innovative teaching practices in the education of Nurses and Midwives in the clinical / workplace settings. Open to all categories of members who contribute to nurse/midwifery education external to the academic setting.

Nominate YOURSELF or a COLLEAUGE today

Full details of selection criteria and nomination forms are available on the ANTS web-site

www.ants.org.au

HEALTH PROMOTION DATES | 2015

Promote educational activities and displays using the Health Promotion themes

| OCTOBER

SHOCTOBER | Defibrillator Awareness Month | *http://www.cardiacarrest.org.au/*

Lupus Awareness Month | *http://www.lupus-sle.org/ info@lupus-sle.org*

Polio Awareness Month | *http://www.polioaustralia.org.au*

Breast Cancer Awareness Month | *http://bcna.org.au*

Ocsober | *http://ocsober.com.au/get-involve*

Walking with Wellness Week | 10-18 October | *http://www.walkingwithwellness.org.au*

Anti Poverty Week | 11-17 October | *www.antipovertyweek.org.au*

Haemophilia Awareness Week & Red Cake Day | 11-17 October | *http://www.haemophilia.org.au*

National Nutrition Week | 11-17 October | *http://www.nutritionaustralia.org/*

Be Medicinewise Week |12-18 October | *http://www.nps.org.au*

Perioperative Nurses Week | 12-19 October | *www.acorn.org.au/events/perioperative-nurses-week/*

Long Women's Lunch | 16 October | *www.thelongwalk.com.au/*

Blue Knot Day [Adults Surviving Child Abuse] | 26 October | *http://www.asca.org.au*

International Brain Tumour Awareness Week | 25-31 October | *http://theibta.org*

| NOVEMBER

Alpha-1 Awareness Month | *http://www.alpha1.org.au/*

Lung Health Awareness Month | *www.lungfoundation.com.au*

Walk4BrainCancer | *http://www.walk4braincancer.com.au/*

Australian Food Safety Week | 8-14 November | *http://www.foodsafety.asn.au*

National Skin Cancer Action Week | 15-21 November | *http://www.cancer.org.au*

Antibiotic Awareness Week |16-22 November | *http://www.safetyandquality.gov.au/*

International Lung Cancer Awareness Day | 17 November | *www.lungfoundation.com.au*

World COPD Day | 18 November | *www.lungfoundation.com.au*

| DECEMBER

World AIDS Day | 1 December | *http://worldaidsdayworldwide.org/*

Human Rights Day | 10 December | *www.un.org*

CONFERENCE DIARY 2015/16

|OCTOBER 2015

ACN National Nursing Forum | 14-16 October | Brisbane
Advancing nurse leadership | http://acn.edu.au/forum_2015

2nd Australian Nursing and Midwifery Conference | 15-16 October | Newcastle
Aspiration, inspiration and imagination: nursing and midwifery quality, research & education | www.nursingmidwiferyconference.com.au

CRANAplus 33rd Annual Conference | 15-17 October | Alice Springs
Telling tales - The power of the narrative | https://crana.org.au/about/conference/2015-conference/

Post Anaesthesia Nursing New Zealand (PANNZ) Conference | 15-17 October | Auckland
The Road to Recovery | https://www.eiseverywhere.com/ehome/pannz15/249024/

International Association of Gerontology and Geriatrics (IAGG) 10th Asia/Oceania Regional Congress | 19-22 October | Chiang Mai, Thailand | http://iaggchiangmai2015.com

68th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology, Head and Neck Surgery | 20-23 October | Nelson | *Enhancing Life* | http://www.orl2015.org.nz/

12th Biennial National Enrolled Nurse Association of Australia (ANMF SIG) Conference
21 October | Adelaide | www.nena.org.au/2015NENAConference.html

ARNA 25th Annual Conference | 22-23 October | Brisbane
Getting everyone on Board | www.arna.com.au

7th Australian Rural & Remote Mental Health Symposium | 26-28 October | Victoria
Closing the gap: Innovation and opportunity | http://anzmh.asn.au/rrmh/index.html

Ancestral Society of New Zealand Symposium | 23 October | Queenstown
Looking Back, Moving Forward | http://www.nzno.org.nz/get_involved/events/evt/405/ev/657

40th ANZICS/ACCCN Intensive Care Annual Scientific Meeting | 29-31 October | Auckland
Intensive Care Under Pressure | http://www.intensivecare.org.nz/

|NOVEMBER 2015

Nurse Managers Conference & Flight Nurse Symposium | 5-6 November | Tauranga
http://www.nzno.org.nz/get_involved/events/evt/357/ev/578

Melanoma Summit 2015 | 6-7 November | Auckland
http://www.nzno.org.nz/get_involved/events/evt/363/ev/589

39th Annual Renal Society of Australasia, New Zealand Branch Conference | 6-7 November
Facing the Future | http://www.renalsociety.org/education/2015-nz-annual-conference/

ANEC Australasian Nurse Educator Conference | 11-13 November | Auckland, NZ
Co-Creating the Future – Being, Knowing, Caring | www.anec.ac.nz

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Conference Diary 2015/16 | Continued from previous page

Australian & New Zealand Orthopaedic Nurses Association (ANZONA) Conference
11-13 November | Sydney | *Climbing to the Summit: Bridging research and practice in orthopaedic nursing* | www.anzonaconference.net/

International Society of Geriatric Oncology (SIOG) 15th Annual Conference| 12-14 November
Prague, Czech Republic | *Geriatric Oncology & Supportive Care: A Global Approach to Advance the Science* | http://www.siog.org/index.php?option=com_content&view=article&id=329&Itemid=206

Australian and New Zealand Society for Vascular Nursing Conference | 13-14 November
Adelaide | *Working Together for an Integrated Vascular Approach* | www.anzsvn.org/

Australasian College for Infection Prevention and Control Conference | 23-25 November
Tasmania | www.acipcconference.com.au/

24th National Conference on Incontinence | 25-28 November | Melbourne
http://www.continence.org.au/pages/national-conference-on-incontinence.html

Australian Injury Prevention Network 12th Australasian Injury Prevention and Safety Promotion Conference | 25-27 November | Sydney | *Impact and Innovation: Preventing Injury in a Changing World* | http://event.icebergevents.com.au/injuryprevention2015/

Nursing & Midwifery Leadership Conference | 26-27 November | Perth
Nursing and midwives: Leading change, celebrating success | http://nmlc2015.iceaustralia.com/

International Diabetes Federation, World Diabetes Congress | 30 Nov-4 Dec | Canada
http://www.idf.org/worlddiabetescongress

The Australian and New Zealand Society for Magnetic Resonance | 28 Nov-3 Dec
Bay of Islands | *Guidelines 2016 – Evolving for Excellence* | http://anzmag2015.co.nz/

|MARCH 2016

3rd Commonwealth Nurses and Midwives Conference | 12-13 March 2016 |London UK
Toward 2020: Celebrating nursing and midwifery leadership
www.commonwealthnurses.org/conference2016/

Australian Pain Society 36th Annual Scientific Meeting | 13-16 March 2016 | Perth
Pain: Meeting the Challenge | www.dcconferences.com.au/aps2016/

|APRIL 2016

NETNEP 2016 | 6th International Nurse Education Conference | 3-6 April 2016 | Brisbane
http://www.netnep-conference.elsevier.com/

New Zealand Resuscitation Council | 7-9 April 2016 | Auckland | http://www.nzrc2016.co.nz

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Conference Diary 2015/16 | Continued from previous page

|JUNE 2016

Australian Association for Cognitive and Behaviour Therapy (AACBT) 8th World Congress of Behavioural and Cognitive Therapies | 22-25 June 2016 | Melbourne
ttp://www.wcbct2016.com.au/

18th International Conference on Nursing Informatics and Technology | 23-24 June 2016 London UK | www.waset.org/conference/2016/06/london/ICNIT

13th International Congress in Nursing Informatics | 25-29 June 2016 | Geneva Switzerland *eHealth for all - Every level collaboration – From project to realization* http://ni2016.org/

|JULY 2016

9th World Congress on Active Ageing | 28 June-1 July 2016 | Melbourne | http://wcaa2016.com.au/

Australasian Delirium Association 3rd Biennial Conference | 14-15 July 2016 | Sydney

21st International AIDS Conference | 17-22 July, Durban, South Africa | www.aids2016.org/

4th Asia-Pacific Global Summit & Expo on Healthcare | July 18-20, 2016 | Brisbane | http://healthcare.global-summit.com/asia-pacific/

|SEPTEMBER 2016

New Zealand Association of Gerontology & Age Concern | 16-18 September 2016 | Wellington

Polio Australia's 2016 Australasia-Pacific Post-Polio Conference | 20-22 September 2016 Sydney | Inaugural Polio Conference: *Polio: Life Stage Matters*
www.poliohealth.org.au/conference-sydney-2016

|OCTOBER 2016

Australian & NZ Head and Neck Cancer Society | 27-29 October 2016 | Auckland | www.orl.nz

NZNO Perioperative Nurses Conference & Exhibition | 27-29 October 2016 | Dunedin

|NOVEMBER 2016

Clinical Nurse Specialist Annual Meeting | 7-9 November, 2016 | Melbourne | http://clinical.nursingconference.com/

APP REVIEW | MIND MAPPING

Research shows that the use of mind maps increases critical thinking and memory skills, particularly for visual learners. Mobile device mind mapping is quick, with the ability to create a comprehensive information 'store' and export as required.

1. MINDMEISTER (Android/iOS)
   https://www.mindmeister.com/
   - Collaborate in real-time and share [Facebook, Twitter, email, …]
   - Presentation within MindMeister or directly on the website

2. MINDMAPLE (Windows/Mac/iOS)
   http://www.mindmaple.com/Default.aspx
   - Note Taking (lectures, books, and discussions)
   - Structure and categorize information visually with attachments to show relationships

3. INSPIRATION (iOS)
   http://www.inspiration.com/
   - Website resources include visual learning methodologies and tools
   - Lesson plans that incorporate visual thinking aimed at K-12 School students, include Science, Thinking and Writing and others of interest

4. THE BRAIN (Android/iOS)
   http://www.thebrain.com/products/thebrain/know-more-mind-map/
   - Allows creation of information organized the way you think about it
   - Applies visualization to information, similar to paper-based mind maps

5. BUBBL.US (iOS)
   https://bubbl.us/
   - Up to 3 mind maps to share via email and/or print
   - Creating and deleting bubbles, format [colour, text, headings, bullets, weblinks, images]

6. SIMPLEMIND+ (Windows/Mac/iOS)
   http://www.simpleapps.eu/simplemind/
   - Simple to use across multiple platforms
   - Auto-layout with ability to move topics between 'parent' and 'child'.

7. THINKING SPACE (Android)
   http://www.techhive.com/product/464394/thinking-space.html
   - Compatible with Freemind, Xmind, MindManager, and MindMeister (premium)
   - Summarise meeting minutes, organising study notes and more

Adapted from http://www.bbcactive.com/BBCActiveIdeasandResources/UsingMindMappingTools.aspx and http://www.pcworld.com/article/226084/mobile_mindmapping_apps.html Accessed 4/10/2015

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Autumn Edition	15th March	Winter Edition	15th June
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Submissions from members AND non-members are accepted

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AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING

PEER REVIEW SECTION

ANTS 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.

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

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The benefits of an international workplace learning experience from the educators' perspective

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ABSTRACT

Undertaking an international workplace learning experience presents a number of challenges, from both an educational and personal perspective. However there are tremendous rewards to be gained from supervising an international workplace learning experience and each of us has come back with fond memories of the people, places and experiences we encountered. Much is written about the challenges and issues, as well as the benefits from a student or institutional perspective (Lee, 2004; Stanley, 2011; Henry, Preston, Webb-Were, Ballenger & Stanley, 2012; Stanley, 2014; Roberts 2015). However, this article offers our insights into the benefits of international workplace learning supervision, from the educators' perspective.

KEY WORDS: international learning experience, workplace supervision

We have each been supervisors on one or more international workplace learning placements clinical placements, to countries such as Thailand, India, Tanzania, Zimbabwe, and China, and each have returned with a host of wonderful stories and experiences. However, this article focuses on the benefits we have each identified, in the hope of encouraging others to consider similar opportunities to supervise students on these sorts of international workplace learning placements.

One of the most significant benefits was the capacity the trips offered for reflection on our own (Australian) health service. Seeing other health systems mean that constant, almost subconscious comparisons were made between the host countries health care system and the Australian health system. In Tanzania there were long, mainly patient queues all over the hospitals and clinics, as

people waited to see doctors, receive treatment or be given medications. The same was true in remote villages across Thailand were people also waited patiently to be seen by the health care teams. The humidity and lack of seats did not deter them and some villagers worked in the fields then came to be seen at the clinics, and returned to the fields after seeing the doctor, or obtaining medications to last until the next health clinic in a month or two's time. Often there were limited facilities and little explanation about the reasons for any delay. In India for example, a 40 minute drive from the metropolitan area resulted a practice environment that the local people called "remote" and indeed it was, as transport in the area was virtually non-existent. As while in Australian remote communities populations are sparse, in India, the community had multiple families and crowded living conditions with poor housing, community infrastructure and poor and limited local and domestic facilities. Health care in the "remote" communities tended to be provided by mobile health clinics that rotated through the district and operated from small vans that were funded by charity organisations. Clients were only provided with enough medications to get them through a week so as to encourage them to return to the clinic van again the following week. In Australia, waiting so long and in the same conditions would be met with an outcry, to health authorities and the government, but generally people in the countries we visited seemed to be waiting passively, patiently and calmly.

The range of diagnostic services and treatment options, including drugs, seemed limited and we were left with a general feeling about how lucky or blessed we were in Australia to have a health service that managed (most of the time to be accessible, of high quality and offered many options for patients). In Australia, we recognise that in remote locations, distance and poor travel connections may impact negatively on health outcomes. The same was true in each of the countries we visited with matters compounded by poorer roads, the common intersection of poor environmental conditions and a simple lack of regular or reliable transport.

Medications were commonly dispensed with a mixture of herbal/traditional remedies and "western" prescribed medications. As well, there was often no long term management plans for chronic illnesses and rather, most people were managed by having their presenting issue attended to with little recourse to a planned intervention programme.

These experiences also offered a chance to appreciate the global nature of the nursing profession and meet and see the commonalities nurses have no matter where they live. Training as a nurse in these countries each presented challenges in terms of the cost and commitment the students had to make to stay 'in the program'. In Thailand, India and Tanzania student nurses had to leave their homes and live in 'on site' with accommodation provided by the training university (or school) for the duration of their course, something that had not been encountered by the

visiting clinical supervisors and a practice that raised eyebrows amongst the students who accompanied us. The educational arrangements came with additional restrictions on leisure time and activities, with strict curfews and high standards of moral behaviour. The student uniforms (which included caps) also reflected styles that were very reminiscent of nursing from the 1960s and significantly, there was a strong view across all the countries visited that nursing was a good job and a respected profession. Being able to visit students as they learnt nursing was also a privilege and helped contextualise the health care provided in this country.

A major advantage of engaging with the trips has been the opportunity to see other parts of the world. Australia is a beautiful country, but seeing the sun come up over a tropical jungle, across new vistas and set over strange rivers or oceans has been wonderful. We all recognised that the experiences offered were ones we would all repeat. The chance to contribute our knowledge and skills and to observe the impact this has was generally amazing and humbling. The opportunity to immerse ourselves into a new culture and explore how health care personnel incorporate health practices under often difficult conditions was a privilege. Comparing health systems and how nursing is viewed has proved both educational and instructive as we have each reflected on how the different systems worked, and on their respective strengths and weakness.

The language barriers were often complex, but always surmountable and the universal language of nursing and compassion commonly worked well for both parties. A highlight for us all were the opportunities to try new and exotic foods, learn new words, see traditional practices and even dances and authentic and local health interventions. Exposure to different cultures remained one of the central joys of each of our trips and exemplifies what the international workplace experiences are aimed at; immersion in another culture and working to understand another health care system.

Another advantage was that as an educator it was a wonderful opportunity to really get to work closely with a small and committed group of Australian students as they worked to deal with the issues unique to an international workplace experience. We learnt from each other and supported each other to the point that ultimately the success of these experiences could be identified by the strength of the relationship made and the teamwork and communication effectiveness.

Being a clinical facilitator on an international clinical placement is a daunting concept and there is much that is new to be grasped. Adequate support and information, pre-departure preparation, support from colleagues and partners, and a clear set of objectives are vital if the most is to be extracted from the experience. The role goes well beyond simple clinical facilitation. It involves being a travel guide, medic, interpreter, a role model on almost 24/7 duty, a liaison person and a den mother (Stanley, 2014; Browne, Wall & Jordan 2015). However, the experiences we have had

have been wonderful, fun and lead to the blossoming of professional relationships with our own students and across the globe.

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What's going on? The effectiveness of communication in undergraduate inter-professional education: The student experience.

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ABSTRACT

Background: Ineffective communication between the health team has been acknowledged as a major cause of errors in health care. Inter-professional education in undergraduate health courses has been promoted as a means to address these issues. This project tested that idea.

Methods: The simulation workshop ran over two days with inter-professional student groups who worked to assess and determine patient care in the given scenarios following theoretical preparation and group discussion. The simulation activities were observed by clinical facilitators and audio-visually recorded. Student clinical reasoning and communication were calculated using data from student, patient and facilitator surveys following each scenario.

Results: 116 students from five disciplines completed the workshop. Overall the communication findings indicated that students from nursing and exercise sciences were the better communicators despite the higher communication skills self-assessment of students from the medical and medical sciences disciplines.

Conclusion: Effective communication is an important tool for patient safety in the provision of health care. Student exposure to a variety of health disciplinary communication experiences via inter-professional education highlights to students the commonalities and differences of disciplinary communication and their responsibilities for communicating effectively with the health team.

KEY WORDS: effective communication; inter-professional learning; simulation; health disciplines

Introduction

Health care environments are becoming more complex with increased opportunities for communication breakdown and errors. Poor communication amongst health team members inevitably affects patient outcomes negatively. Effective communication and understanding of various disciplinary roles is essential for person-centred team collaboration and quality health care and services. The World Health Organisation [WHO] (2013) promotes inter-professional education as one avenue to improve patient outcomes via more effective team communication and

collaboration. Nursing education recognizes that communication amongst health care team members must be included within the curriculum and that inter-professional education is one way to address this.

Background

Traditionally, the education of the various health disciplines has been conducted in silos, each group developing its own set of competencies within a culture of ownership of a specific area of work in the delivery of health services/care. Inter-professional education refers to the learning and teaching of students from different health disciplines with the aim to promote understanding of disciplinary roles, perspectives and scope of practice so as to improve patient outcomes (WHO, 2010). Internationally the challenge of inter-professional education has been taken up by governments to address workforce shortages, increase collaboration of health professionals and disciplines in health teams and improve patient outcomes (Wheeler, Fisher, & Li, 2014). In Australia, inter-professional education is evolving as educational and health institutions trial different approaches to inter-professional education (Inter-professional Curriculum Renewal Consortium, Australia [IPCRCA], 2013) in an effort to minimise health care errors by addressing inter-professional collaboration in particular inter-disciplinary communication.

Person centred care requires all members of the health team, including nurses, to communicate effectively in meeting the patient desired health outcomes (Lo, Teamwork and Communication Working Group, 2011). Communication involves the transfer of a message from one entity to another. Effective communication is when both the sender and receiver of the message have the same understanding of the sent message and in health care effective communication then becomes therapeutic communication (Coelho Damasceno et al., 2012). Communication within the health team indicates communication within health disciplines (Carrington, 2012), across disciplines, and with lay people (Street, 2013) highlighting the need for clear and effective communication and a similarity in the use of terms as the team focuses on meeting the patient needs. Essential to this is the effective use of the core communication skills: empathy; open ended inquiry; reflective listening and clarification of messages (Coelho Damasceno et al., 2012). These core skills promote therapeutic relationships (Coelho Damasceno et al., 2012) emphasising that trust is an important factor of the team relationship/s and the basis for team success in maintaining the person focus of the health care and service.

Health teams are diverse and bring together a number of professionals from a variety of health disciplines plus the patient, who is the client of the health care system and usually a lay person with limited understanding of health jargon and the functioning of health systems. All members

of the team aim to work together to reach a common goal, that is, to manage patient health in reaching the patient desired health outcomes. Person-centred care emphasises both the primacy of the patient and the delivery of ethical health care, in particular patient autonomy and respect for the patient and their decisions as well as respectful interactions (Edvardsson, 2015). Health care outcomes can be negatively impacted by ineffective health team communication (Eggerston, 2012). Inter-professional education aims to minimise communication errors and promote inter-disciplinary understanding.

Griffith University trialled a variety of approaches to inter-professional learning in the lead up to instituting inter-professional education across all health disciplines in 2014. This paper presents one of the approaches trialled that was inclusive of staff and students from different disciplines led by one of the authors (SO). The study was supported by a Griffith Learning and Teaching grant and aimed to assess student clinical reasoning and communication skills in a low fidelity clinical simulation workshop for interdisciplinary health students. Ethics approval for the study was granted by the University Human Research and Ethics Committee prior to the commencement of the study.

Setting

The setting for the workshop was a nursing clinical laboratory at one campus of the university which was set-up as a hospital ward with four beds and equipment necessary for health assessment of the patient including the provision of privacy. This included equipment necessary for observing vital signs, neurological observations, electrocardiographs, blood sugar levels, urinalysis and so forth.

Methods

Methodology

Quantitative research was seen as the appropriate methodology for the study as the quantitative approach provides empirical verification of experimentation through observation. As well quantitative research aims to minimise researcher bias and provides for careful scrutiny allowing for clear interpretations of data which fitted well with the planned study. Pre and post survey was seen as the appropriate type of quantitative research as surveys allow for the use of predetermined questions with answers collected from representative samples and the answers are analysed to determine tendencies.

Recruitment

A two-day low fidelity simulated workshop was planned for undergraduate volunteer students. There were four simulated sessions that required simulated patients who were either volunteer lay persons with real health conditions (n= 8) or health professionals acting as patients with health conditions (n= 6), a total of 14 simulated patients. Each workshop session had health professionals who acted as simulation scenario facilitators and assessors (n=12). A project flyer was released to all health schools asking for volunteer students from specified disciplines and year-levels. A total of 116 students volunteered from five health disciplines including: first year medical students (med) enrolled in the post-graduate program with no previous experience with patients (n=10); second and third year nursing students (nur) enrolled in an undergraduate degree who had previously experienced seven weeks of clinical placement providing nursing care for patients (n=47); second and third year undergraduate medical science students (msc) who had no previous experience with patients (n=16); third year undergraduate exercise science students (exsc) with previous experience with clients in clinical exercise testing (n=12); second year undergraduate health sciences students (hsc) with no previous experience with clients patients (n=31). At the start of the workshop all students consented to participate in the project workshop with the understanding that they could withdraw at any time. There were no financial incentives for participation. On completion each student was provided with a certificate of participation in the workshop to add to their professional portfolio.

Inter-professional Education Workshop

The workshops were facilitated by health professionals and involved several activities with the aim to provide students with relevant information in order to prepare them for the simulated exercise. Each student participated in the four scenarios over the two workshop days. The workshop ran as follows:

At the beginning of the workshop the students met and reviewed the information on clinical reasoning, professional conduct and professional communication. The communication mnemonic ISBAR [Identify, Situation, Background, Assessment, Recommendation] (Australian Commission for Safety and Quality in Health Care, 2012; Foronda, Gattamorta, Snowden, & Bauman, 2014) was identified as an effective tool for health communication and students were instructed to use it as a basis for their communication. Students were then allocated to groups of ten to work together as a multi-disciplinary team in the four simulated scenario activities. The allocated case study was reviewed by the group followed by a relevant physiology and pharmacology tutorial. The simulated activity was then undertaken and audio-visually recorded. The facilitator observed the simulated activity. Students all dressed in casual clothes for the workshop with no indication of discipline in

their appearance that is, no disciplinary indicator was used. Students were instructed to introduce themselves to the patient during the scenario as a health professional with no indication of professional discipline. Following the activity, students reflected and debriefed in their groups with the support of their facilitator who guided the session including the review of the audio-visual recording. The audio-visual recording was used in real time but students did not give consent for any further analysis or dissemination of audio-visual data.

Data Collection and Analysis

All data was collected via pre and post survey data and quantified utilising Social statistical package IBM SPSS software (v20). Probability (p) values of less than 0.05 were considered statistically significant. Quantitative analysis was performed on the survey results comparing results of groups using descriptive Chi square test. Prior to sessions a pre survey on expectations and the ISBAR survey were completed by all students. The survey tool was adapted from the assessment tool developed by Tanner (2006) and had four sections to be assessed including: Obtaining consent; Data gathering; Establishing rapport; and Patient education and counselling. Each of these survey sections comprised subtotals for each questionnaire section and the subtotals were calculated out of 25. The survey tool also provided the option for open-ended comments. At the end of the workshop, after students had completed the four simulated activities they were asked to self-complete a short evaluative survey on communication skills. The facilitators and simulated patients also assessed each student by completing the survey. The clinical reasoning survey comprised 5 5-point Likert questions ranging from 1 'Strongly Disagree' to 5 'Strongly Agree'. Data were entered into SPSS for descriptive analysis. Findings of each subsection were described by student discipline type. Prior to analysis, data were allocated a unique identifier and de-identified of personal information to maintain the anonymity and confidentiality of all participants. Ethics approval for the project was granted by the University Human Research and Ethics Committee prior to the commencement of the project.

Findings

There were a total of 11 groups with ten students and one group with six students from the different disciplines. All students (n=116), patients (n=14) and facilitators (n=12) completed the surveys. In the first round of scenarios, students from all disciplines were unable to perform clinical reasoning that is, students were unable to use information gathered from patient assessment to inform decision making in the care of the patients. Clinical reasoning was not attempted to be assessed after the first round of scenarios. This means that data collected using the 5-point Likert scale was not analysed and not reported on.'

The findings in regard to the consent section of the communication skills questionnaire (see figure 1) indicate that facilitators rated the exercise science students highest in communication skills and patients rated the nursing students highest. Medical and health science students were rated lowest by facilitators whereas patients rated medical and medical science students as those students with the lowest skills. Overall the medical students exhibited communication confidence by rating themselves high in this section. Patients and facilitators reported medical students disregarded directions and introduced themselves to the patients/clients in their discipline role and often neglected patient privacy and comfort. Patients and facilitators reported health science students were limited in regards to patient comfort and tended to neglect confidentiality and that exercise science students were over cautious in regard to consent and confidentiality and lacked cultural sensitivity. These assessors gave feedback that nursing students communicated in a professional manner and similar to exercise science students, lost marks for cultural sensitivity.

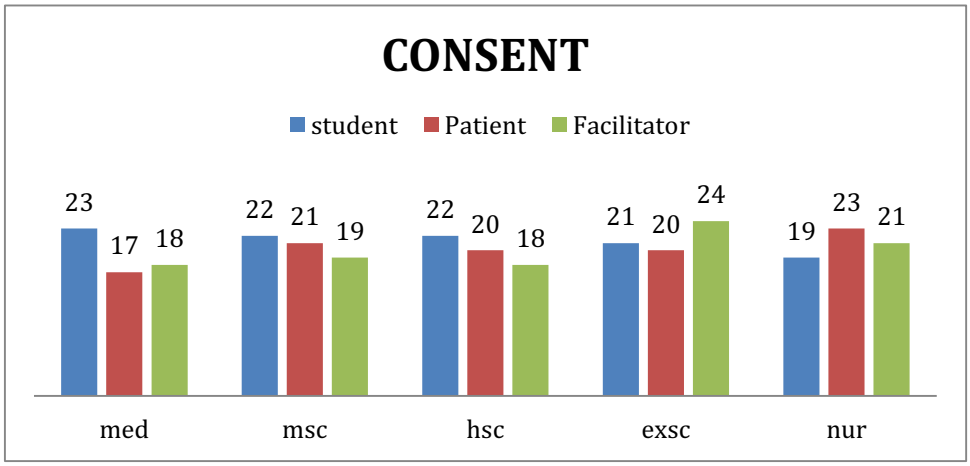

Figure 1. Communication in obtaining consent

The findings in regard to the assessment section of the communication skills questionnaire (see figure 2) indicate that the medical students were well organised in assessing the patient and the health science students were the least organised. Overall when communicating with the patient the medical students asked clear direct questions but confused patients by using medical jargon. Medical, medical science and nursing students did not allow patients enough time to respond to questions during assessment; and exercise science students allowed the patient to control the interview and assessment. In this section, medical students self-rated their level of communication skills as high.

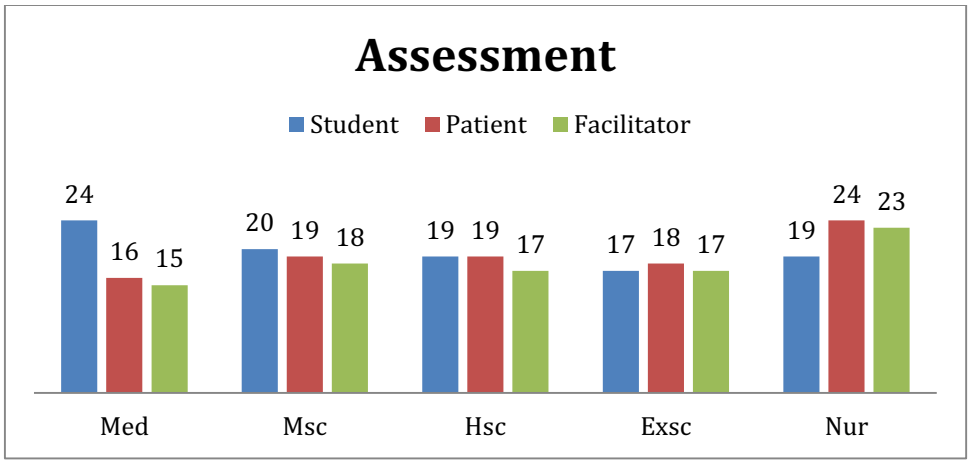

Figure 2. Communication in patient assessment

The findings in regard to the establishing rapport section of the communication skills questionnaire (see figure 3) were medical and nursing students were rated high by patients and facilitators as they were able to establish rapport with the patients immediately. Medical science, health science and exercise students struggled to establish rapport, although they explained disease process well. In this section, medical students self-rated their level of communication skills as high.

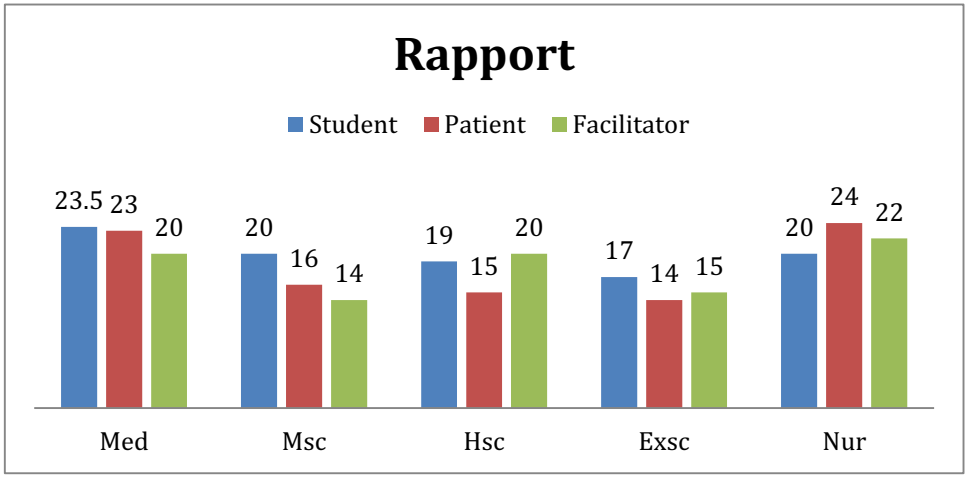

Figure 3. Communication in establishing rapport

The findings in regard to the patient education section of the communication skills questionnaire (see figure 4) show that nursing and health science students rated high in this section as they provided the patient with options and allowed for patient to express opinions. Medical, medical science scored lower as they conversed in medical dialogue and did not convey the meaning appropriately to patients and made decisions for patients and did not allow patients/clients to discuss options or provide their opinion on options. Similarly exercise science made assumptions based on their exercise physiology knowledge rather than the actual patient case and also made

decisions for patients and did not allow patients/clients to discuss options. Once again, medical students self-rated with the highest level of communication skills in this section.

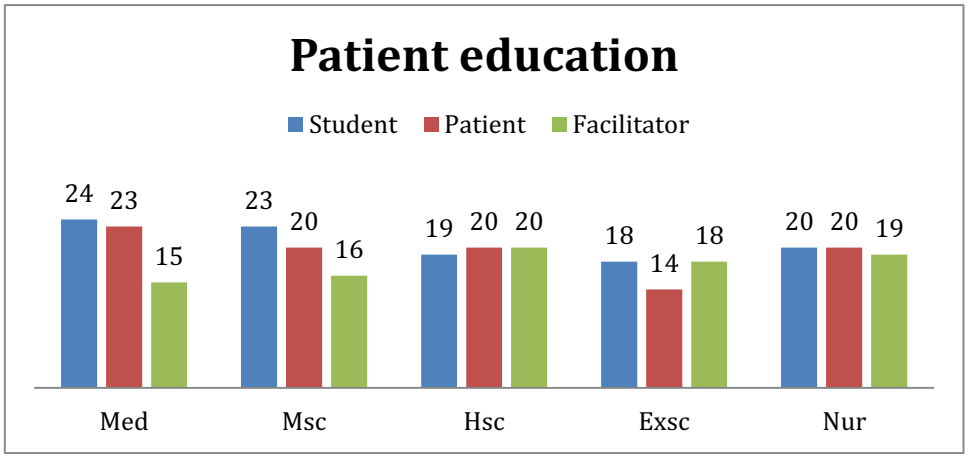

Figure 4. Communication in patient education and counselling

Findings from the facilitator led reflection indicated that students struggled with data gathering, interpretation of clinical findings and verbal reporting of these findings. Overall, clinical reasoning skills were poorly developed and communication skills varied by discipline group.

Discussion

Inter-professional education in the undergraduate arena provides an opportunity for health students to practice communication skills within the health team (WHO, 2010). Health professionals work in teams and aim to provide safe, quality health care for patients. Effective communication and respectful interaction with others within the health team is necessary for the delivery of safe, quality care (Foronda et al, 2014; Kadda, 2013; Schwartz, Lowe & Sinclair, 2010). The reported inter-professional activity did not harm the simulated patients although it identified that ineffective health team communication had the potential to negatively impact the patient (Foronda et al, 2013; Nørgaard, Ammentorp, & Kofoed, 2013).

Self-confidence is no indicator of effective student communication skills. Confidence in one's ability to communicate does not necessarily equate with an ability to communicate as evidenced by the medical students' consistent high rating of their communications skills in the current study. This rating was not supported by the patient and facilitator ratings. Conversely a lack of confidence in one's ability to communicate does not equate with the objective assessment of one's ability to communicate effectively as evidenced by the nursing students' consistent low rating of their communication skills and the contrasting high patient and facilitator ratings of nursing communication. This has implications for nursing educators as it is important to ensure nursing

students develop skills to reflect upon their communication abilities and triangulate their self-perceptions with feedback from facilitators and patients.

The study is not without limitations. The workshop did not provide adequate student preparation for developing clinical reasoning skills. Despite education on inter-professional communication and providing the ISBAR model as a basis for communication, student knowledge and use of ISBAR was not assessed nor were the student inter-professional communication skills. This limitation may be addressed in future studies by decreasing the number of scenarios, focusing more on preparation for clinical reasoning and inter-professional communication and assessing inter-professional communication. In this way the learning may be scaffolded allowing students to use ISBAR and communicate more effectively within the health team to promote teamwork in reaching patient determined health outcomes. Allowing more time for preparation may provide students with the opportunity to explore possibilities within the scenarios and develop confidence in their ability to communicate and make clinical decisions. Providing more education on communication increases the likelihood of more effective communication (Nørgaard et al, 2013).

This study has provided valuable insight into inter-professional education with undergraduate health disciplines. The identified strategies may help educators, including nursing educators, to improve the student experience, the observed patient outcomes and allow for comprehensive assessment of student skills in future inter-professional education projects. The study highlighted the importance of student and researcher preparation for the workshops as well as reasonable expectations of students and their skills related to clinical reasoning and inter-professional communication and collaboration. Providing adequate time for student learning and development is emphasized as necessary for student learning and development. Inter-professional learning provides opportunities for students from various health disciplines to be exposed to a variety of health disciplinary communication experiences highlighting commonalities and differences of disciplinary communication and responsibilities in the delivery of health care.

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