

# AUSTRALIAN NURSE TEACHERS SOCIETY E-BULLETIN



COVER DESIGN: Fog wrapped around bushland in Canberra  
[www.abc.net.au/news/image/6588686-3x2-700x467.jpg](http://www.abc.net.au/news/image/6588686-3x2-700x467.jpg)

WINTER EDITION | VOLUME 9, ISSUE 2 | JULY 2017

# ANTS

WORKING TOGETHER FOR THE FUTURE OF NURSING, MIDWIFERY AND HEALTHCARE

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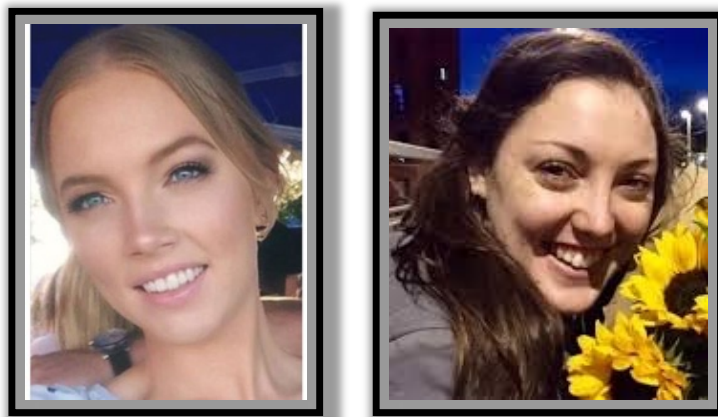
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## FROM THE EDITOR'S DESK

Welcome to the Winter Edition for 2017

**APOLOGIES:** In this issue, the Peer Review Article is re-printed from March with apologies to the authors for an incorrect title. An amended March e-Bulletin was subsequently posted with the correct information.

It is with sadness we recall the deaths of two Australians, whom were victims of the London Bridge terror attack on 3 June 2017. South Australian nurse, Kirsty Boden and Queensland au-pair, Sara Zelenak.



*From the ANTS Member Community, our thoughts are with the families and friends of Sara and Kirsty and other victims and survivors of the tragedy.*

Karen Simunov  
e-Bulletin Editor

## ANNUAL GENERAL MEETING 2017

The AGM for 2017 was held via a webinar on Saturday 24 June 2017 with a presentation on '*Tuberculosis and the implications for Australian Nurses*' by Kerrie Shaw, Director Australian Respiratory Council. The AGM was recorded and you are invited to complete the AGM polls (remain open for two weeks at <http://www.ants.org.au/ants/course/view.php?id=48>), ask questions of the committee and post your acceptance of the financial statement. You can find out more at our 41st AGM site () Your involvement is important.

The recording can be accessed via the ANRS website or alternately use the URLs to access the videos.

- <http://www.ants.org.au/events/2017/ANTS-AGM2017/ANTS-AGM2017.mp4>
- <http://www.ants.org.au/events/2017/ANTS-AGM2017/ANTS-Education-Presentation.mp4>

Any problems please email [office@ants.org.au](mailto:office@ants.org.au)

## NATIONAL PRESIDENT'S REPORT

### JULY 2017

Hello to everyone and welcome to winter

The 2017 AGM is now completed – thank you to those who were able to participate and for those who weren't there is a webinar link on the ANTS site for you to access the proceedings, the speaker and the documents from the meeting.

For the remainder of 2017 ANTS will be providing sponsorship and a presence at the ACN National Nursing Forum if your heading to the Forum later this year stop by the ANTS and say hello.

ANTS are also looking into a bronze affiliation with ACN that will provide our members with a discount rate of membership to the ACN, where you can access all of the benefits of ACN membership including – free CPD, discounts on courses, ACN nursing journal and other things.

The 2018 NNEC planning is pushing ahead fast and recently Christine Taylor sent an EOI via the ANTS website for members interested in participating in the scientific committee – so send your responses through, be a part of our bi-annual conference.

Further to this we are seeking support from members in Victoria to participate in the conference planning – if you would like to join the NNEC organising group let myself or Christine know.

Don't forget the ANTS website forum area is there for you to utilise to contact other members, ask questions or stay in contact.

Happy Winter and stay warm...

Michelle  
ANTS National President



VENUE: NNEC 2018, Melbourne

[http://www.venueselect.com.au/upload/file/20110622\\_230340.jpg](http://www.venueselect.com.au/upload/file/20110622_230340.jpg) | Accessed 24/3/2017

# 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.dconferences.com.au/nnec2018](http://www.dconferences.com.au/nnec2018)



## TRIBUTE TO SOUTH AUSTRALIAN NURSE – KIRSTY BODEN

The untimely death of Registered Nurse Kirsty Boden touched many South Australian nurses.

Ms Boden was originally from the tight-knit community of Loxton in South Australia's Riverland, and worked as a nurse at London's Guy's and St Thomas' Hospital.

Kirsty originally from Loxton in South Australia's Riverland (my home town) and a Flinders University nursing graduate (Didy Button is a FUSA lecturer and ANTS Secretary) had been living and working in London for a number of years as a nurse in Theatres Recovery at London's Guy's and St Thomas' Hospital, London.



Described as selfless and heroic after meeting an untimely death trying to help other victims of the London Bridge and Borough Market attack. Quotes from the Adelaide Advertiser:

*"Helping people was what she loved to do in her job as a nurse and in her daily life."*

*"We are so proud of Kirsty's brave actions which demonstrate how selfless, caring and heroic she was, not only on that night, but throughout all of her life."*

*"...sense of community and willingness to give her time and energy for the benefit of others was unquestionable".*

*"Kirsty was a lovely caring young woman. She always had a smile on her face and was warm and welcoming to all she met. She will be greatly missed by all who knew her."*

*"popular and much loved by staff and peers for her enthusiasm, dedication, and zest for life".*

*"...displayed immense courage in helping others in their time of desperate need, reportedly running towards danger to do what she could to bring aid and comfort to those injured in the horrific attacks,"*

*"She embodied all that is good in the face of adversity. It's said that character isn't forged in a crisis; it is revealed ... in the most extraordinary way her devotion, bravery and professionalism in her act of selflessness."*

*"Kirsty Boden was a beautiful young woman from Loxton, who left South Australia to explore the world using her talents as a nurse to care for others," ... "She died doing just that, trying to help others".*

*"We are incredibly proud of Kirsty and everything she did in her last moments, she made everyone proud."*

*"...consistent – warm, caring, friendly, positive ... embraced opportunities that were afforded her"*

*"...an outstanding nurse and hugely valued member of the staff team ... described by her colleagues as 'one in a million' who always went the extra mile for the patients in her care,"*

<http://www.abc.net.au/news/2017-06-07/london-attack-victim-kirsty-boden-remembered/8595374>

<http://www.adelaidenow.com.au/news/south-australia/south-australian-woman-kirsty-boden-feared-killed-in-london-bridge-terror-attack/news-story/07c8f1fbe255ee056aa7f36dab7f3fec>

<http://www.skynews.com.au/news/top-stories/2017/06/06/australian-still-missing-after-london-attack.html>

## ANTS POSTS OF INTEREST

### EOI FOR NNEC 2018 | SCIENTIFIC COMMITTEE

Dear Members,

ANTS is convening the National Nurse Educators Conference (NNEC) 2018, to be held in Melbourne 1-4 May 2018.

We are seeking expressions of Interest (EOI) for the Scientific Committee. The committee is an essential part of a conference to ensure quality of content. The committee members review abstracts and determine the academic program.

We are seeking nurse and midwives from a variety of sectors to review abstracts. Experience in one or more of the following would be desirable:

- reviewing academic papers (e.g for journals or conferences), successful publication of academic papers in peer-reviewed journals
- reviewing reports/programs, successful publication/distribution of reports produced on behalf of an organisation

***Details of the role are in the Terms of Reference as per website post at***  
<http://www.ants.org.au/ants/mod/forum/discuss.php?d=1440#p2610>

Please send an EOI of no more than 200 words by 7 July 2017 to [ch.taylor@westernsydney.edu.au](mailto:ch.taylor@westernsydney.edu.au)

Christine Taylor (Treasurer and convenor)

### RESEARCH ENQUIRY FOR A SURGICAL APPLICATION

Dear All,

I am reaching out to Universities who maybe interested in supporting a hospital or university based study, targeting operating room efficiency and patient safety. I have developed an application, which aims at supporting junior nurses in the operating room. My application has global appeal as I have developed it as a result of limited support for OR staff. ScrubUp is the name of the current app based software. I am wanting hospitals to trial the customized software format & even universities as the application is a real practical source for setting up the operating room and introducing surgical supplies and equipment. My users are not only operating room nurses but also medical students & nursing, surgical assistants, surgeons, orderlies. ScrubUp is divided into currently 10x surgical specialties, with the idea for the end user to make their own notes and create their own file on procedures and add a surgeons profile. The global appeal has been amazing over 130 countries have downloaded the app, with the USA, UK & AUS the largest markets. There has been over 13,000 downloads. I am looking for a university interested in supporting a study/pilot, I am also open to a partnership. If anyone can help or provide any feedback, it would be greatly appreciated. I am based in the South of Sydney.

Google Play - <https://play.google.com/store/apps/details?id=com.allistechology.scrubup&hl=en>

Itunes - <https://itunes.apple.com/au/app/scrubup-surgical-preferences/id951644305?mt=8>

Thank you Marrianne McGhee



# 2018 NURSING SUMMIT

ON BOARD THE HARMONY OF THE SEAS

#BIGGESTCRUISESHIPINTHEWORLD

10 -18 SEPTEMBER 2018

We have 7 other upcoming Travel CPD events.....*click to explore where you could be on your next CPD travel adventure!*



## DO YOUR STAFF KNOW THE DIFFERENT TYPES OF ASEPTIC TECHNIQUE FOR WOUND CARE?

Wound Care is often complex, time consuming and can markedly impact on the utilisation of staff time and available resources.

The Standards for Wound Prevention and Management 3<sup>rd</sup> edition provide a framework for promoting best practice in wound prevention and management as they reflect current evidence.

Whilst there are seven standards, all with valuable content, I would like to highlight a few points which if incorporated into your staff's standard practice within the right context after assessment of each patient, can effectively reduce unnecessary time and the use of valuable resources.



As Nurses are aware an 'Aseptic technique aims to prevent introduction into the wound of pathogenic microorganisms in quantity sufficient to cause infection' There are two types of Aseptic Technique associated with wound management. Hand hygiene practices must always be adhered to, regardless of the use of gloves.

Standard 4.4. The type of aseptic technique selected when performing a wound dressing procedure is appropriate to the individual, their wound and their healing environment.

Here is a summary of some key points!

There is an abundance of practical wound care information for Nurses at the Nurses for Nurses Network.

Our free Nursing News Blog contains regular nursing related updates. There is a section on wound care which contains free downloads.

Surgical Aseptic Technique	Standard Aseptic Technique
	
<input type="checkbox"/> Used for complex or wound dressing procedures that take <b>longer than 20 minutes</b>	<input type="checkbox"/> Used for simple wound dressing procedures and wound dressing procedures that take <b>less than 20 minutes</b>
<input type="checkbox"/> Used when attending to larger, open wounds, multiple wounds, wounds that penetrate a sterile body cavity	<input type="checkbox"/> Used for wound dressing procedures that involve few key sites or parts
<input type="checkbox"/> Used when attending wounds where the wound bed is not completely visible & requires insertion of packing material or a device. <b>Sterile gloves</b> , non-touch technique & a critical sterile field are used to protect key sites and key parts	<input type="checkbox"/> <b>Non sterile gloves</b> can be used & a <b>non-touch technique</b> & a field are used to protect key sites

Cheryl Dezotti RN., MQIHC., Grad Dip QIHC., AFAAQHC  
Co-Director and Educator Nurses for Nurses Network

P:0741513884 | Email: [info@nursesfornurses.com.au](mailto:info@nursesfornurses.com.au) | Web: [www.nursesfornurses.com.au](http://www.nursesfornurses.com.au)

Blog: <http://news.nursesfornurses.com.au/Nursing-news>

Reference: Wounds Australia. Standards for Wound prevention and Management. 3<sup>rd</sup> edition. Cambridge Media: Osborne Park, WA;2016p.27

## TAX TIME TIPS: CLAIMING HOME OFFICE COSTS

For 2017 the ATO has their attention on incorrect claims for work-related expenses, including home office deductions. With changes to technology unusual claims; higher-than-expected claims related to motor vehicles, travel, phone, internet and self-education and comparison to others in similar occupations earning similar amounts of money.

If you carry out all/part of your employment/professional development activities from home, a portion of the home office expenses may be claimed as a tax deduction.

*If your home is indeed your place of work and you have an area set aside exclusively for work activities, you may be able to claim both occupancy and running expenses.*

*If, as is more typical, you carry on your work or business elsewhere but do some work at home occasionally, you cannot claim occupancy expenses!*

The table below shows the deductions you can claim for the three ways you can work at home:

What you can claim	Home is your place of business AND you have a home work area	Home is not your place of business BUT you have a home work area	You work at home but you DON'T have a home work area
Occupancy expenses Cost of owning or renting the house	YES	NO	NO
Running expenses Cost of using a room (such as gas or electricity)	YES	YES	YES
Business phone costs	YES	YES	YES
Decline in value of office plant and equipment (such as desks, chairs and computers)	YES	YES	YES
Depreciation of curtains, carpets, light fittings, etc	YES	YES	NO

*So, what are the rules for claiming expenses  
when you work from home?*

Home Office Expenses you can claim include:

- occupancy expenses - rent, mortgage interest, rates, land taxes and house insurance premiums (in limited circumstances)
- home office equipment - computers, printers and telephones.
  - full cost for items costing up to \$300
  - decline in value for items costing \$300 or more
  - if you're self-employed, may be able to write-off equipment up to \$20,000
- work-related phone calls (including mobiles) and phone rental
  - portion reflecting the share of work-related use
- heating, cooling and lighting
- costs of repairs to your home office furniture and fittings
- cleaning expenses
- computer consumables, stationery, telephone and internet costs claimed on an actual expense basis.

Receipts or Other Written Records/Evidence:

In making home office deductions, ensure that you can substantiate all expenditure claims through receipts or diaries.

This includes:

- receipts for items of equipment you have purchased
- diary entries you make to record your small expenses (\$10 or less) for max \$200
  - or expenses you cannot get any kind of evidence for, regardless of monetary amount.
- diary indicating your running expenses related to working in your home office.
  - detail time spent in home office compared with other users as a diary record for a minimum 4-week representative period
  - can also include calculations of how much you used your equipment.
- itemised phone accounts from which you can identify work-related calls.

**Source:**

Australian Taxation Office

<https://www.hrblock.com.au/tax-tips/claiming-home-office>

<http://www.dailytelegraph.com.au/business/australian-taxation-office-sharpens-its-focus-on-workrelated-deductions/news-story/1e105eb53b22b67b1aa32940144dd989>





## 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

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



## CoNNMO MEETING REPORT

The most recent CoNNMO meeting was held in Melbourne on May 19th 2017 at the ANMF headquarters, from 0900 to 1600.

CoNNMO council and members have been working on the National Nursing and Midwifery priorities, these align with the Federal Department of Health N&M priorities, May 19th saw the release of the priorities, a press release was issued via CoNNMO. The priorities statement is available via the CoNNMO website or the CoNNMO link on the ANTS website.

The Department of Health provided an update on a project as a part of the National Medicines policy - Biosimilar medicines, a public education campaign will commence in the near future and information is available on the DoH website, with fact sheets etc.

The Nursing and Midwifery board update focused on the changes to overseas qualified nurses assessments for the future. A tender process will take place to set up an "OSCHE" type exam to support OSQN Registration in Australia. The Codes of Conduct survey results are being processed and will be finalised for an awareness campaign to commence in the second half of 2017 and the implementation of the codes in early 2018. Midwifery standards will commence review in July 2017 as well as the decision making framework.

ANMAC are currently reviewing the risk based approach for course accreditation that was released in February 2017 with stakeholders. The EN standards have been finalised by ANMAC and are now with the NMBA for final approval.

Nursing and Midwifery Support program provided a presentation on this new service that is funded federally from AHPRA, but acts independently. The support service provides a 24/7 on line and phone service to nurses across all areas of Australia - Rural and Regional. The service has been designed to support nurses and is free, confidential and anonymous (if required). N&MW support also has a facebook page. The service commenced operation in March 2017 and has to date had approx. 350 calls and 3000 website hits.

NMBA Midwife standards for Practice Project update - presented by Kate Nagle:

- Update on project from the last CoNNMO meeting. The draft of standards is currently in progress
- The draft standards will have a set of 7 standards unique to midwifery practice.

ANMF presented regarding national aged care staffing and skill mix and is seeking to address staffing and skill mix in aged care facilities Australia wide. A report will be available on the ANMF website for access.

Finally the day finished with a panel discussion - 'Certification, Credentialing, Endorsement - what does it all mean?' The panel comprised of 6 members of the CoNNMO membership each member had a 5 minute 'speak' time to how their organisation viewed the process, its relevance and the future for their specific nursing group. A lively discussion followed the

panel presentation and much discussion was held about the risks and benefits of credentialing and certification

The next meeting will be taking place in Sydney in October 2017, with the next CoNNMO council meeting to occur in June 2017

## NEWS FROM AHPRA

### CLOSING THE GAP – DEVELOPING AN INDIGENOUS HEALTH STRATEGY

AHPRA, the National Boards and accreditation authorities have begun working in partnership with leaders from the Aboriginal and Torres Islander health sector to develop an Aboriginal and Torres Strait Islander health strategy for the National Scheme.

In February 2017, Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, AHPRA and the Chair of AHPRA's Agency Management Committee, got together to discuss how best to start this important work. The goal of the workshop was to identify the National Scheme's strategy and role in ensuring patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system.

The group agreed on the vision: 'Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples'.

This strategy will focus on these streams:

- building a culturally safe registered health workforce and be leaders in achieving workforce outcomes to improve the health of Aboriginal and Torres Strait Islander peoples
- increasing Aboriginal and Torres Strait Islander participation in the registered health workforce
- supporting greater Aboriginal and Torres Strait Islander people's access to the National Scheme by:
- understanding how Indigenous communities access the scheme, and
- coordinating a consistent approach across the scheme in building access and participation.

### AUSTRALIA-CHINA COUNCIL (ACC) GRANT HELPS BOARD TO VISIT CHINA

A delegation from the Chinese Medicine Board of Australia has been able to take its first ever visit to China thanks to funding support from an Australia-China Council (ACC) Grant.

*'... supported ongoing work applying a risk-based approach to policy development and implementation'*

*'... a valuable opportunity to share learning, build relationships and gather information in partnership with other international authorities that regulate Chinese medicine practice.'*

One outcome of the visit was increased information sharing between the two countries and regulatory systems.

*'... developing relationships with international regulators we have continued to establish a network that strengthens our respective roles of protecting the public.'*

*'... Chinese medicine leaders .. share our ideals to protect the public and enable .. development of a flexible, responsive and sustainable Australian health workforce.'*

More information is available on the Board's website

## RESEARCH NEWS

### Outcomes of notifications to health practitioner boards: a retrospective cohort study

Study tracking the outcomes of notifications (complaints) about the health, performance, and conduct of health practitioners from ten professions in Australia lodged in 2011 and 2012. Identified factors associated with the imposition of restrictions on practitioners' registration. The goal was to advance understanding of how the National Scheme operates. Hypothesised that there would be systematic differences in rates of notification between professions, and that there would be relatively high rates of restrictive action against practitioners from certain professions and for notifications about certain issues.

There were 8,307 notifications followed in the study. Some highlights of the findings were:

- The notification rate was highest among doctors and dentists, and lowest among nurses and midwives.
- One in ten notifications resulted in restrictive action.
- Less than one notification in 300 resulted in suspension or cancellation of registration.
- Compared with notifications about clinical care, the odds of restrictive action were higher for complaints about health impairments (drug or alcohol misuse, mental illness, physical or cognitive illness), unlawful prescribing or use of medicines, and violation of sexual boundaries.
- The odds were higher when the report was made by another health practitioner or employer, rather than a patient or relative.
- Nurses and midwives, psychologists, dentists and other health practitioners had greater odds of being subject to restrictive actions than doctors.

Restrictive actions are the strongest measures health practitioner boards can take to protect the public from harm and these actions can have profound effects on the livelihood, reputations and wellbeing of practitioners.

The full research article is available online: *Outcomes of notifications to health practitioner boards: a retrospective cohort study* - Matthew J Spittal, David M Studdert, Ron Paterson and Marie M Bismark: BMC Medicine, December 2016. Accessed and adapted from <http://www.ahpra.gov.au/Publications/AHPRA-newsletter/June-2017.aspx#closing> 25/06/2017

## PROFESSIONAL ASSOCIATION | CATSINaM

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is the sole representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia.



### Our History

Founded in 1997 to formally represent Aboriginal and Torres Strait Islander nurses and midwives. CATSINaM's primary aim is to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing and midwifery.

Our organisation has now earned its place among the peak bodies in nursing and midwifery, and in Aboriginal and Torres Strait Islander health, as the sole representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia.

### Who Can Join CATSINaM

- Aboriginal and Torres Strait Islander nurses and midwives
- Aboriginal and Torres Strait Islander nursing and midwifery students
- retired Aboriginal and Torres Strait Islander nurses and midwives
- interested individuals and organisations

Join us today and help us honour an holistic and culturally safe approach to achieving optimal health and well being for Aboriginal and Torres Strait Islander Peoples and communities.

There is strength in numbers. Membership | [membership@catsinam.org.au](mailto:membership@catsinam.org.au)

### Key Messages

- Representation of Aboriginal and Torres Strait Islander Nurses and Midwives across Australia.
- Provide a voice for our workers in the national arena and support them with relevant information, mentoring and advocacy.
- Encourage Aboriginal and Torres Strait Islander people into the profession and support them to stay working within it.
- Dedicated to ensuring a meaningful cultural awareness training to ensure they can provide the best care for Aboriginal and Torres Strait Islander patients.
- A critical part of Australia's health system and provide high quality care both in mainstream hospital and in Aboriginal health services across the country.
- Play a large role in closing the health gap between Aboriginal and non-Aboriginal people because they understand the unique needs of the Aboriginal and Torres Strait Islander people in their care.

<http://catsinam.org.au/>



## ONLINE CPD

### CATSINAM VIDEOS

<http://catsinam.org.au/communications/resources> to watch videos from our Vimeo Chanel

- Cultural Safety Seminar - Cultural Safety, the CATSINaM Experience by Janine Mohamed
- Cultural Safety Seminar - Cultural Safety from Policy to Practice by Prof. Denis McDermott & David Sjoberg

### CATSINAM RESOURCES

<http://catsinam.org.au/communications/resources> to download a PDF

- CATSINaM Cultural Terms 2014
- Cultural Safety in Policy and Practice Seminar Report
- Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework
- National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families
- Characteristics of cultural competent maternity care
- Kildea Van Wagner Birthing on Country Literature Review
- Breast Cancer Handbook for Aboriginal and Torres Strait Islander Health Workers
- Birthing on Country Workshop Report
- Aboriginal and Torres Strait Islander Health Curriculum Framework

### 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 (refer to weblink for full listing)

- Introduction to Indigenous Health
- Chronic Conditions Management
- Mental Health
- Paediatrics
- Maternity
- Eye Health and Diabetes
- Ear Health
- Oral Health



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



## DIARY | CONFERENCE AND HEALTH PROMOTION

### | July

National Aborigines & Islanders Day Observance Committee (NAIDIC) Week | 2-9 July  
<http://www.naidoc.org.au>

Australian and New Zealand Society of the History of Medicine 15<sup>th</sup> Biennial Conference |  
*Health, Medicine and Society: Challenge and Change* | 11-15 July | Melbourne  
[www.dconferences.com.au/hom2017](http://www.dconferences.com.au/hom2017)

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

World Indigenous Peoples Conference on Education | *A Celebration of Resilience* | 24-29 July |  
 Toronto, Canada | [www.wipece2017.com/](http://www.wipece2017.com/)

World Hepatitis Day | 28 July | <http://worldhepatitisday.org/>

### | August

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

18<sup>th</sup> Asia-Pacific Prostate Cancer Conference 2017 | 30 August-2 September | Melbourne  
<http://prostatecancerconference.org.au>

Spinal Injury Nurses Association (SINA) 27<sup>th</sup> Annual Conference | 31 August-1 September |  
 Adelaide | [Eventbrite.com/e/spinal-injury-nurses-association-annual-conference-tickets-33143664593](http://Eventbrite.com/e/spinal-injury-nurses-association-annual-conference-tickets-33143664593)

### | 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/>

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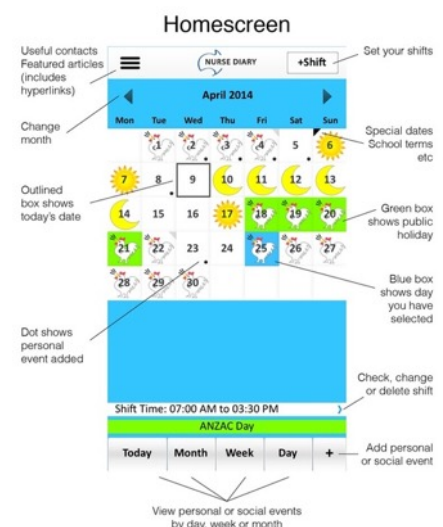
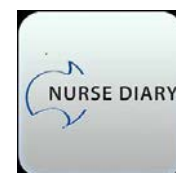
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# Feedback essentials for effective workplace learning

## AUTHORS

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## 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.

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