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P101

Simulation-based learning in developing clinical reasoning skills in nursing: An integrative review

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Aim:
Nurses need strong clinical reasoning skills to support their complex clinical decisions and promote positive patient outcomes. Simulation-based learning is an important modality in developing nurses' clinical reasoning. While high-fidelity simulation as a teaching and learning strategy supports learners to practice safely by enhancing decision-making without risking patient safety, its role in developing clinical reasoning skills is not understood. How nurses develop clinical reasoning skills throughout their careers remains unclear, and whether high-fidelity simulations effectively support this process requires further exploration. The aim of this review is to evaluate the effectiveness of high-fidelity simulation in fostering clinical reasoning skills among pre- and post-registration nurses.

Methods:
We undertook an integrative review using Whittemore and Knafl's (2005) framework. We searched the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, PubMed, Science Direct, and ProQuest databases and identified 2,876 articles. After a thorough screening process, 42 studies were selected for analysis. Braun and Clarke's (2006) six-step thematic analysis method was used to analyse the data.

Results:
Two primary themes were developed through analysis of the data.
- • Enhance clinical reasoning through simulation-based learning: Diverse approaches.
- • Evaluating the effect of simulation on clinical reasoning in nursing: Methods and Metrics.

Conclusion:
This review emphasises the importance of simulation-based learning in enhancing clinical reasoning skills among nursing students and registered nurses. The need for tailored simulation approaches, especially for preparing nurses for complex clinical environments was a key finding. By addressing identified gaps and integrating high-fidelity simulation, nursing programs can equip students with the clinical reasoning skills necessary for safe and effective patient care. Furthermore, a multidimensional evaluation approach would also be beneficial in recognising and supporting diverse learning needs.

Keywords:
Simulation-based learning; pre-registration nursing; post-registration nursing; clinical reasoning

P102

Integrating Personal Experience and Theoretical Learning in Nursing Education

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Background
This study examined how nursing students develop breastfeeding knowledge through an online module, addressing a critical gap in healthcare education. Despite global efforts, the World Health Organization's breastfeeding targets remain largely unmet, partly due to gaps in the knowledge of healthcare providers, including nurses. Equipping nursing students with effective, contextually relevant education is essential for preparing them to support breastfeeding women.

Methods
A case study approach was used, incorporating student artefacts and semi-structured interviews with 10 third-year nursing students. Thematic analysis was conducted, followed by further analysis using the Specialisation dimension of Legitimation Code Theory (LCT). Specialisation provides a framework for understanding how knowledge is structured and communicated, focusing on two key relationships: epistemic relations (ER), linking knowledge to the subject matter, and social relations (SR), connecting practices to the people involved.

Results
The analysis revealed that students developed breastfeeding knowledge by integrating personal experiences with the theoretical content from their nursing curriculum. Applying the LCT Specialisation dimension highlighted how students navigated complex knowledge structures, blending personal experiences with formal academic knowledge to develop disciplinary expertise. This approach demonstrated the fluid, non-linear nature of knowledge acquisition, expanding the application of LCT to nursing education by emphasising the importance of becoming the "right kind of knower."

Conclusions
This study highlights the importance of incorporating students' personal experiences into nursing curricula. By blending lived experiences with formal learning, nursing education can foster the development of reflective, empathetic professionals who are better prepared to provide holistic, patient-centred care. This approach supports the development of skilled, compassionate practitioners, aligning educational practices with the realities of patient care and promoting deeper, contextually relevant learning.

P103

"I am not a math's teacher": Nurse academics self-reported confidence and anxiety when teaching nursing numeracy

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Aims:
To explore and analyse Australian nurse academics' self-reported confidence and anxiety levels when teaching undergraduate nursing numeracy; identify who is best placed to teach numeracy; and the resources to support the teaching of nursing numeracy.

Methods:
Purposive sampling was used to recruit Australian nurse academics (n = 170) who teach numeracy and medication calculations to undergraduate nursing students. Data were collected via a national cross-sectional online survey between November 2023 and February 2024, exploring responses to two standardised scales for mathematics confidence and anxiety, and asking questions on various aspects of numeracy teaching.

Results:
Almost 50% of participants self-reported feeling not/somewhat confident or very/somewhat anxious when teaching nursing numeracy. There were no significant differences in overall confidence and anxiety levels based on demographic variables, indicating this is a widespread issue. Academics would like resources and support to build their teaching capabilities. A combination of a registered nurse and mathematics support staff were considered best placed to teach numeracy, and academics were willing to learn and teach methods of calculation besides their preferred style.

Conclusions:
A significant proportion of students are being taught nursing numeracy by nurse academics who lack confidence and experience anxiety, which can be contagious, affecting students learning and potentially compromising patient safety. Many students enter university with limited numeracy knowledge; hence it is vital that nurse academics are supported to teach this skill. By investing in nurse academics professional development, they are empowered and better equipped to meet the diverse needs and learning styles of the students. For a core nursing skill, it is vital that nurse academics feel confident teaching nursing numeracy ensuring the effective preparation of future generations of Registered Nurses.

P104

Empowering Student Agency through Peer Mentoring for Enhanced Student Belonging and Engagement

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Aim:
Facilitating learners' transition into higher education is crucial for their academic success. Many students struggle with the "hidden curriculum"—the unspoken norms of university life—which can lead to misunderstandings and feelings of isolation. This is especially true for students studying health degrees, who often come from diverse backgrounds or are first-generation university attendees. Peer mentoring programs have proven effective in supporting diverse student groups by creating a sense of belonging and enhancing engagement. Research shows these programs help reduce anxiety and strengthen connections among new students. This project aims to support the transition for first-year nursing students by delivering a structured peer mentoring program across the Faculty of Health.

Methods:
The Faculty of Health Peer Mentor Program, launched in Spring 2024, incorporates curriculum design into two first-year courses: Functional Anatomy and Foundations of Nursing Practice 1B. High-achieving students from these courses were invited to serve as mentors, with a 30:1 peer-to-mentor ratio. Mentors attended one class each week and underwent pre-program training. The program's evaluation included an online survey for mentors and academic staff to assess engagement, effectiveness, and reach.

Results:
The evaluation revealed positive outcomes. 83% of mentors reported increased confidence in their leadership, communication, problem-solving, and empathy skills. Furthermore, 68% of mentors reported positive interactions with academic staff, and 67% of academics indicated that mentors enhanced students' learning experience. The program supported 35% (150/409) of first-year sports students and 85% (405/478) of nursing students, involving 20 peer mentors, 18 teaching academics, and two subject coordinators.

Conclusion:
The Peer Mentor Program has successfully supported first-year students during their transition into higher education and promoted engagement between mentors, students and academics. In 2025, the program expanded to all schools in the Faculty of Health, with ten mentors returning as senior mentors, showcasing its strong impact on student success.

Keywords:
Peer mentoring, student transition, student experience, tertiary education

P105

The evaluation of a learning package and workshop on Electronic Medical Records for nurse academics.

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Aim/Objective:
To evaluate a learning package to support nurse academics to teach Electronic Medical Records (EMR).

Methods:
The project used Knowles adult learning principles and a development model using Analysis, Design, Development, Implementation and Evaluation (ADDIE) to construct a learning package and structured workshop for nurse academics to learn EMR concepts. Post workshop, semi structured interviews (22) were conducted to evaluate the EMR workshop and learning package.

Results:
Preliminary findings identified three themes: Readiness to teach EMR, Challenges with teaching EMR and Academic resources needed to teach EMR. Some of the findings identified that prior to attending the workshop, participants reverted to teaching paper documentation because they were not skilled to teach EMR to nursing students. Participants experienced clinical facilitators questioning nurse academics why students were not taught EMR in the university setting. Post workshop the participants stated they felt more confident teaching EMR to pre-registration students. Participants identified many challenges to teach EMR, which include time to learn EMR, troubleshooting computer issues and a lack of or inappropriate programs to teach EMR. Academics recommended that all staff including casual staff should be attending workshops on EMR. There is a need to upskill nurse academics to deliver quality teaching and learning on EMR to prepare nursing students for the clinical environment.

Conclusion:
The use of Knowles adult learning principles and the ADDIE model has provided a structured approach to develop a learning package and workshop to teach nurse academics about EMR. The workshop and learning package provided nurse academics with the confidence and knowledge to teach EMR to pre-registration nursing students to prepare them for clinical placements.

Keywords:
EMR, nurse academics, pre-registration nursing students

P106

Experiences of casual academics working remotely: A systematic review.

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Aim/Objective:
To understand the experiences of casual academic staff who work remotely and analyse how these experiences can inform policy and decision making for higher education providers.

Methods:
Systematic review and qualitative meta-synthesis of published peer-reviewed literature, conducted according to PRISMA guidelines. A modified PICo framework (Population – casual academics, phenomenon of Interest - experiences, Context – working remotely) was used with four electronic databases searched (Scopus, ERIC, CINAHL, Academic Search Complete). Quantitative, qualitative and mixed methods studies in English were eligible for inclusion. To facilitate the capture of broad data, no date restrictions were applied. Data were analysed using thematic analysis.

Results:
Database searching identified 5010 articles, with 4876 removed through title/abstract screening. A further 123 articles were excluded through full-text review, resulting in eleven articles for inclusion. Four overarching themes emerged from the synthesis: 'Preparation is critical', 'Communication is central', 'Flexibility is essential' and 'Feeling valued is vital'. The review findings highlight that academic staff face unique challenges in developing solutions to meet the diverse needs of working remotely. Further research is needed to gain deeper insight into the specific needs of this cohort.

Conclusion:
Casual academics working remotely describe positive and negative experiences, commonly attributed to the degree of organisational support received, impacting work performance, job satisfaction and desire to continue employment. Solutions that meet the diverse needs of this unique group of academic staff are necessary for improving outcomes, job satisfaction and retention, critical aspects necessary at a time of significant academic staff shortages.

Keywords:
casual academic, remote work, higher education, experiences.

P107

Calibrated Contribution: A Concept Analysis

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Aim:
There is a 'perfect storm' forming in the nursing workforce. An aging workforce, salary cuts, pay freezes, cost-of-living crisis, and a significant decline in nursing university enrolments all pose serious threats to the sustainability of the nursing workforce pipeline. As nursing academics navigate the complex demands of their roles and academic responsibilities, many have begun to reframe their approach to work-life balance. The concept of 'calibrated contribution' has begun to permeate nursing academia. Yet we do not fully understand the concept of calibrated contribution, what it means and how the academic workforce uses it. Without a clear understanding of the concept, developing effective interventions to improve retention and recruitment of nursing academics is challenging. This concept analysis aimed to critically examine the concept of calibrated contribution within the context of nursing academia.

Method:
A concept analysis was conducted using Walker and Avant's (2005) approach. A search of three databases identified five articles, which were analysed to identify the antecedents, attributes, and consequences of calibrated contribution. The elements were mapped and conceptualised into a descriptive conceptual statement.

Results:
Calibrated contribution was conceptualised as the exercise of personal agency to safeguard one's physical and mental wellbeing in response to individual and organisational stressors associated with the workplace.

Conclusion:
Calibrated contribution is an emerging and complex concept that is poorly understood and not clearly defined. By offering a clear definition and conceptualisation, this analysis provides insights into the antecedents, attributes and consequences of calibrated contribution, including how these shape and influence the functionality of nursing academics both now and into the future. The findings position calibrated contribution as a form of self-preservation, underscoring its importance in fostering psychological safety and strengthening workplace support networks to ensure a healthy and sustainable nursing academic workforce for the future.

P108

Teaching the Heart of Care: Integrating Spirituality into Nursing Curricula

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Aims:
This study aimed to evaluate the implementation of a spiritual care subject in a nursing program and to examine undergraduate nursing students' perceptions of providing spiritual care within their holistic nursing practice.

Methods:
This study used a two phase, sequential explanatory mixed method design which comprised of a quantitative study followed by a qualitative study. The setting of the study was an Australian faith-based university. Participants comprised undergraduate nursing students who were enrolled in a spiritual care subject. The spiritual care subject was a 13-week face to face subject which taught students about spirituality in nursing practice. Quantitative data were analysed using the Spiritual Care Competency Scale and qualitative data were analysed using Colaizzi's 7 step method of analysis.

Results:
Two findings from this study emerged: (1) the spiritual care subject transformed participants' knowledge and practice of spiritual care, and (2) the participants' perceptions of spiritual care were broadened by the spiritual care subject. Participants perceived themselves more equipped to provide spiritual and holistic care following completion of the spiritual care subject. Learning about different religious beliefs and cultural practices helped participants to view these from a nonbiased and nonjudgmental perspective resulting in them being more conscious of not trying to impose their own beliefs on their patients when providing holistic care.

Conclusion:
In conclusion, the spiritual care subject had a positive influence on participants' perceptions of providing spiritual care within holistic care practice. The findings have implications for nurse educators to consider how spiritual care content can be included within undergraduate nursing curricula.

Key Words:
Spiritual Care, Nursing students, Undergraduate Education

P109

From ideals to realities: Factors influences nursing students' intentions to specialise in paediatric nursing

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Aim:
This integrative review explores the factors that influence preregistration nursing students' intentions to specialise in paediatric nursing.

Methods:
Fifteen studies were identified through searches of seven electronic databases in February 2024. Data relating to demographic characteristics, sociocultural influences, perceptions of nursing specialties, and clinical or educational experiences were extracted. A convergent integrated approach was used to synthesise findings across diverse study designs. Data were systematically coded, patterns identified, and key themes developed through narrative analysis.

Results:
Three interconnected domains shaped students' intentions to pursue a career in paediatric nursing: identity, perception, and experience. Students who identified as young women, particularly those with caregiving experience or a strong affinity for children, were more likely to express interest in the specialty. Paediatric nursing was frequently romanticised as joyful, meaningful, and emotionally rewarding – an image reinforced by societal narratives and cultural ideals. Clinical placement emerged as a pivotal influence: positive exposure built confidence and sustained interest, whereas negative or absent experiences prompted students to reconsider previously held aspirations.

Conclusion:
While educators may not shape students' identities, they can influence how paediatrics is perceived and experienced. Early engagement and deliberate placement strategies offer a critical opportunity to nurture sustained interest and optimise alignment between student aspirations and workforce needs.

Keywords:
Nursing students, paediatric nursing, career planning, nursing education

P110

Enhancing support for enrolled nurses transitioning to bachelor of nursing studies

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Aim:
To support the successful transition of Enrolled Nurses (ENs) into Bachelor of Nursing (BN) studies by addressing the unique challenges they face and enhancing academic success and professional integration.

Objectives:
- 1.To identify and address the specific academic, professional, and personal challenges faced by ENs transitioning to BN studies.
- 2.To implement a tailored quality improvement initiative that supports EN engagement, confidence, and academic performance.

Methods:
The quality improvement initiative adopted a multifaceted approach in 2024, focusing on:
- EN-specific orientation, providing resources and guidance on academic requirements and university life.
- Transforming the unit Transitioning into Bachelor of Nursing Studies, to streamline teaching and learning content, enhance relevance specific to the EN experience, and improve delivery methods.
- Strengthening academic support by embedding Learning Skills Advisor and librarian presence into the unit.

Results:
The EN-specific orientation provided essential insights into university life, academic writing, and resource navigation, as evidenced by positive feedback from students and academics. Streamlined content within the Transitioning into Bachelor of Nursing Studies unit increased engagement by focusing on transition-specific modules and received positive student feedback. Attrition rates among EN students dropped from 33.6% in 2023 to 25.9% in 2024, indicating improved retention.

Conclusion:
Tailored support significantly improves the academic and transition experience of ENs. The initiative emphasised the importance of role differentiation between ENs and Registered Nurses (RNs), scope of practice, legal and ethical responsibilities, evidence-based practice, and practical academic skills. Feedback revealed opportunities for future development of transition support. As ENs form a critical part of Australia's future healthcare workforce, continuous support and targeted strategies for furthering education are essential. The initiative demonstrates a replicable model for enhancing EN transition into BN studies, fostering resilience, competence, and success.

P111

Piecing together: Using jigsaw puzzles to strengthen teamwork in healthcare education

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Background
Empowering healthcare professionals through innovative teaching methods is essential for preparing them to work effectively in complex healthcare environments. Jigsaw puzzles have been explored as an educational tool in interprofessional education, health promotion, and mass casualty simulations to develop and advance teamwork. This research examines the connection between jigsaw-based activities and experiential learning, emphasising their role in developing collaborative skills.

Aim
The aim of our research was to explore the use of jigsaw puzzles in tertiary healthcare education to empower ākonga by enhancing teamwork skills through experiential learning.

Methods
A case study approach was used, incorporating reflections on teaching experiences with jigsaw activities and a literature review on their application in higher education. These insights were analysed through the lens of experiential learning theory.

Results
Preliminary findings indicated a lack of literature specifically addressing the use of jigsaw puzzles for teamwork training in healthcare education. While jigsaw-based learning has been applied in management, medicine, and simulation training, its role in empowering teamwork development remains underexplored.

Conclusion
By situating jigsaw puzzles within experiential learning, this research highlights jigsaws as a teaching method to strengthen teamwork and problem-solving skills. Integrating this approach into healthcare education can contribute to building a more empowered and collaborative workforce.

What this presentation offers
This presentation invites participants to engage in discussion about the use of jigsaw puzzles as a form of experiential learning. It will explore how jigsaws can be symbolic representations of patients, by reinforcing the complexity and interconnected nature of healthcare practice. Attendees will contribute to the conversation on how this innovative approach can enhance simulation-based learning and support the development of collaborative problem-solving skills among healthcare learners.

Keywords
Experiential learning, teamwork, nursing education, empowerment

P112

Exploring nursing academics' experiences and perceptions of academic integrity in undergraduate education: A qualitative study

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Aim/Objective
This study explored nursing academics' experiences and perspectives on academic integrity within undergraduate nursing education. Given the strong connection between academic integrity, clinical safety, and professional accountability, the research aimed to examine the challenges, enablers, and institutional strategies shaping ethical conduct in nursing programs. All authors are Academic Integrity Officers (AIOs) and are actively serving on university academic integrity committees.

Methods
A qualitative exploratory approach was employed to examine this complex and evolving issue. In February 2025, semi-structured interviews were conducted with 22 nursing academics from Australia and New Zealand, recruited through purposive sampling. All participants were actively engaged in undergraduate teaching and assessment. Data were analysed using Braun and Clarke's reflexive thematic analysis.

Results
Four main themes and eight sub-themes were identified. Theme one, Patterns and Motivation for Breaching Academic Integrity, captured common forms of misconduct, including plagiarism, contract cheating, and misuse of GenAI, along with the rationalisations and pressures driving student behaviour. Theme two, Barriers to Maintaining Academic Integrity, described structural and cultural challenges such as increased academic workload, inconsistent institutional processes, and the evolving complexity of AI-related breaches. Theme three, Facilitating Academic Integrity, emphasised the importance of pedagogical approaches, authentic assessment design, and early intervention strategies. Theme four, Consequences of Breaches, highlighted the risks to student progression, professional credibility and potentially to patient safety.

Conclusion
Academic integrity is foundational to safe and ethical nursing practice. These findings highlight the need for a multi-layered institutional response that includes increased resourcing, tailored staff development, early and culturally responsive student education and assessment design. Ultimately, academic integrity must be embedded across the curriculum, not only as an academic expectation, but as a core professional standard that underpins clinical competence, public trust, and the safety of future patients.

Keywords:
Academic integrity, nursing education, misconduct, professional practice

P113

Student nurses' assessment of pain

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Background and Aims:
This research aimed to explore the current knowledge and attitudes to pain management among undergraduate nursing students. Our expectation was that students would demonstrate increased knowledge at the end of their program.

Methods:
This is a cross-sectional study of a convenience sample of 150 undergraduate nursing students from three Australian regional universities, measuring student knowledge and attitudes towards pain management and assessment using the Knowledge and Attitudes Survey Regarding Pain tool between May and September 2023. The measurement tool was originally developed for registered nurses based on cancer pain guidelines across six areas, is validated, and is frequently used in assessing nurses' knowledge of pain management (including students).

Results:
The average scores for each year level in relation to the total KASRP were Year 1 (M = 22.98; SD = 4.74), Year 2 (M = 25.09; SD = 4.46), and Year 3 (M = 27.27; SD = 4.22). There were statistically significant differences in KASRP scores between students across the three years of the program. The results also indicated that very few students were able to achieve the overall pass rate. Of concern, students did not respect the smiling patient's stated pain levels and would not provide appropriate PRN pain relief despite correctly answering that "the patient is the best person to rate their pain". Additionally, medication knowledge was an identified aspect of pain management which students may need targeted support.

Conclusions:
Nursing students' pain knowledge and attitudes were improved throughout their undergraduate program. However, there are significant knowledge deficits that may be insufficient to assess and manage pain in clinical practice. Pain education should be recognised as a national priority within all nursing curricula, and a revised tool to measure students' pain knowledge should be formulated, aligning with the scope of practice of the nursing student.

P114

Empowering new graduate nurses: Building nurse capabilities in the first year of practice

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Aim:
The first year of practice can be challenging for new graduate nurses. This study investigated the influence of new graduate programmes on the development of nursing capabilities and examined whether the inclusion of a university postgraduate course enhanced capability development. The research was conducted across two New Zealand districts offering the Nurse Entry to Practice (NETP) programme. One district included a postgraduate course within the programme; the other did not.

Methods:
A mixed methods explanatory design employing multiple data collection methods was used. New graduate nurses rated their practice capabilities pre/post programme via an online questionnaire. Direct observation of new graduate nurses was undertaken to ascertain demonstration of capabilities in practice. Patients cared for by the new graduates during the observation completed a questionnaire to determine their experiences of the care received. Additionally, nurse educators who supported new graduates completed an online questionnaire rating new graduate capabilities and participated in a focus group to elucidate the questionnaire findings.

Results:
Both programmes supported the development of new graduate capabilities. However, nurses who completed the programme that included a postgraduate course reported significantly higher scores in the capability factors of Knowledge for Practice, Explaining Practice, and Applied Diagnostic Reasoning, compared to those nurses not completing such a course. Nurse educators agreed that the programmes enhanced capabilities but expressed uncertainty about when, and how postgraduate education should be introduced into such programmes. Overall, patients reported satisfaction with the care received and expressed confidence in the nurses' capabilities.

Conclusion:
This study highlights the positive impact of new graduate programmes on nurses' capability development and offers new insights into how educational components, such as postgraduate study, may influence capability development. The findings contribute to the ongoing discussion around personal, professional, and organisational strategies to support new graduate nurses during their transition to practice.

P115

Empowering nurses through dermoscopy education: A scalable model to improve skin cancer detection in rural and remote Australia

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Aim/Objectives
The Rosemary Bryant AO Research Centre (RBRC), University of South Australia has developed the first Professional Certificate in Clinical Dermoscopy for registered and enrolled nurses. The course addresses a critical gap in skin cancer prevention and early detection, particularly in rural and remote areas. By equipping nurses with dermoscopy skills, the program enables nurse-led skin assessments, improving access to timely care in underserved communities.

Methods
The course builds on a pilot study by RBRC in collaboration with Skin Smart Australia, and funded by Skin Check Champions, and The Hospital Research Foundation. Over two years, nurses were trained to use dermatoscopes to screen skin lesions at four regional events across South Australia. Dermoscopic images were captured and reviewed by GPs or dermatologists. Feedback from nurses and community members informed course development. The course is now delivered in a blended learning format at AQF Level 8 and integrated into postgraduate education pathways.

Results
More than 530 people were screened, with 40–50% reporting no previous skin check. Nurses identified 222 suspicious lesions, leading to 17 melanoma, 37 basal cell carcinoma, and 16 squamous cell carcinoma diagnoses. Nurses reported increased confidence and knowledge, with all expressing intent to integrate dermoscopy into their practice. Community feedback confirmed strong support and demand for nurse-led services.

Conclusion
Education nurses in dermoscopy offers a scalable, evidence-based approach to improve skin cancer detection in rural and remote Australia. The course aligns with national health priorities and supports nurses to practise to their full scope. Delivered through a university framework, it enhances workforce capability and provides an academic pathway for further qualifications. This initiative strengthens primary care and supports equitable access to skin cancer screening.

Key Words
Nurse education, Dermoscopy training, Rural health, Skin cancer detection

P116

The effectiveness and feasibility of reciprocal peer learning in nursing education simulations. A mixed-method explanatory sequential research design.

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Aim:
This study aimed to evaluate a reciprocal peer learning program in simulation within a nursing curriculum.

Methods:
A mixed-method design was adopted. The quantitative phase utilised the 'Clinical Teaching Preference Questionnaire' to assess peer-learning experiences and the 'Peer Teaching Experience Questionnaire' to evaluate peer-teaching roles. In-depth qualitative data were gathered through semi-structured interviews, exploring their perceptions, challenges, and suggestions for refining the peer learning model.

Results:
This pilot study results in a response rate of 20%. The survey presented an overall mixed evaluation of their learning experience. Whilst 50% of participants felt neither well-instructed by peers nor confident as instructors, many recognised the value of peer observation. They reported feeling less anxious when taught by peers and appreciated the opportunity for increased practice and engagement in a low-stakes environment. Participants noted improvements in teaching skills and preparation for real-world scenarios. However, found it challenging to provide corrective feedback, suggesting the need for more structured guidance in this area.

Conclusion:
Nursing students found reciprocal peer learning beneficial for reducing anxiety and increasing engagement, but effective integration requires strategies to overcome the barriers of providing peer feedback. Implementing structured peer feedback training and gradually increasing peer teaching responsibilities is recommended. Further large-scale studies are needed to evaluate the long-term impact of reciprocal peer learning on nursing education outcomes and clinical performance.

P117

Third-year Bachelor of Nursing students as change agents for a healthier future.

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Aim/Objective:
To explore current issues for nursing in planetary and sustainable healthcare.

Methods:
This innovative, final year course explores how human actions impact the health of the planet and can affect human health and wellbeing. Globally, indigenous communities are disproportionately impacted by climate change. In Aotearoa a focus is placed on biodiversity loss, water pollution, and climate change, exacerbated by changes in land use. We invite students to contribute to planetary health by integrating environmental and social determinants of health into their practice, advocating for sustainable practices, and promoting health equity. Using a hybrid learning environment, students work through two interactive modules. They analyse local research and international case studies of nurses and midwives making a difference and respond to question prompts in class Padlets and forum discussions.
"Understanding the effect of pollution, deforestation, overfishing, overcrowding etc on people's access to food and clean water, equitable healthcare, sanitation, adequate and affordable housing, gender disparities and immigration and the impacts on health outcomes around the world is critical knowledge for nurses to fully understand the patients and communities they work within" (student quote)

Results:
Students developed a greater awareness of the impact of human actions on the planet and their professional nursing role in practicing and advocating for sustainable healthcare. They developed a deeper understanding of the impact on vulnerable populations and the importance of indigenous knowledge, mātauranga Māori in Aotearoa, in improving the health of the planet and the health of humanity.

Conclusion:
By integrating planetary health and sustainable healthcare practices in this third-year course, pre-registration nurses were able to consider the question: "Can we raise awareness of global issues that call our nursing profession to action?" These students have begun a journey where they see change within professional practice is possible and can contribute to making healthcare more sustainable.

P118

How do non-traditional clinical placements influence pathways to practice choices for nursing students in mental health?

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Background:
This research examines the impact of work integrated learning placements on nursing students' preparedness for practice and their postgraduate career choices with specific reference to mental health.

Significance of Clinical Placements:
Positive clinical placements can significantly shape students' perceptions of nursing and influence their choice of specialty upon graduation. Key factors contributing to a positive placement experience include the quality of staff-student relationships, particularly with mentors, the welcoming nature of the ward, and the sense of being part of the team. A supportive learning environment that is both safe and professionally stimulating is crucial. Placement leaders who foster a positive ward culture and demonstrate a supportive attitude towards students significantly enhance the learning experience.

Impact on Career Choices:
Theoretical learning alone is insufficient for understanding the nursing role. Work-integrated learning, where students engage directly with patients under the guidance of healthcare professionals, is essential for skill development and optimal care delivery. These placements not only improve students' attitudes towards their client base but also potentially influence their career choices in specific specialties.

Focus on Mental Health Nursing:
With the growing need for mental health care in Australia, this research hypothesizes that positive placements in mental health settings can prepare students to specialize in mental health nursing post-graduation. Exposure to mental health settings enhances skills, knowledge, and attitudes towards mental health patients, but its influence on career choice remains underexplored.

Conclusion:
Quality clinical placements bridge the gap between theoretical knowledge, nursing skills, and professional identity. Positive experiences enhance learning and career expectations, while negative experiences can impact resilience and attitudes towards specialized care areas. Support during placements is a major influence on students' attitudes towards specialty areas and their future career paths.

P119

Knowledge translation and implementation of reflection: Teaching squares for interprofessional collaboration

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Aim/Objective:
The scholarship of teaching and learning [SoLT] research team has a strong interest in ways to support nursing and midwifery colleagues in advancing their teaching, through pathways less formal than summative peer review of teaching. Hence, we have investigated less stressful approaches yet retaining potential benefits to enabling colleagues to improve their teaching practice. After assessing the literature, we have focussed on teaching squares, as an alternative approach. This program of research aims to generate opportunities for interdisciplinary reflection and networking across nursing and midwifery academics to increase their collective teaching skill set which will ensure increased opportunities for interprofessional education provision and better student learning experiences.

Methods:
Action research

Results:
Triangulation of the findings resulted in the identification of four main themes: Teaching squares for professional networks; Perceptions of Safety; Stepping in and out of a reflective cycle; and Time Constraints vs. Time Value. Teaching squares improved pedagogical skills, in the creation of positive academic relations. Undertaking interdisciplinary reflection led to the development of social capital, resulting in increased confidence. Participants stated benefits for building leadership skills, partnerships and collegial relationships, as well as junior staff gaining a sense of belonging. Teaching squares process provided a safe space for academics to reflect on their teaching.

Conclusion:
This program of SoLT research has explored the effectiveness of teaching squares in encouraging academic reflection on teaching and fostering a collaborative teaching culture within interdisciplinary higher education academics. An unexpected finding was the value and promotion of interdisciplinarity professional relationships and networks. The findings from this research project offer valuable insights into the benefits of adopting teaching squares in health education and contributes to evidence-based pedagogical practices

Keywords:
teaching square, interdisciplinary collaboration, education,

P120

Students' perceptions of case-based learning in midwifery education.

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Aim:
Case-based learning (CBL) is often used in nursing and midwifery education to explore authentic clinical scenarios to support student learning. However, CBL is implemented in many ways. Some curricula use new cases each semester/trimester, some continue cases across the year, and others use a 'caseload' of women across a midwifery degree, enabling students to follow the history of women in their caseload. This study aimed to explore students' perceptions of varied models of CBL used to support student learning to prepare for clinical midwifery practice and continuity of care.

Methods:
This exploratory descriptive study explored midwifery students' perceptions from three Australian universities using CBL scenarios in their curricula. Second, third, and fourth-year BNBM dual degree students participated in focus group discussions. Audio recordings were transcribed and thematically analysed.

Results:
Students across all programs valued CBL for developing their critical thinking and clinical decision-making. The variety, breadth and depth of cases reflected clinical practice. Students appreciated when the CBL case was used in a tutorial and their skills laboratories. However, students found the CBLs used were generally not reflective of continuity of care with new cases introduced each week. When the same case returned for a subsequent 'pregnancy', they did not recognise this. Recommendations for improvement included increasing accessibility with transcripts, subtitles of videos and audio cases and using images to connect the text with a 'woman'. Whilst some wanted more cases, having too many cases at a time was considered not reflective of clinical practice. More detail, akin to a medical record, was desired.

Conclusion:
Scaffolding learning across the duration of a degree is a critical pedagogical practice. CBL offers significant advantages but necessitates active student engagement. Additionally, seeking student feedback is crucial for refining educational practices.

Keywords:
case-based learning, pedagogy, midwifery, quality improvement

P121

Building a Self-Sufficient Nursing Workforce through Schwartz Rounds in Higher Education: A Scoping Review

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Introduction:
The healthcare system faces significant challenges in maintaining a well-supported and resilient workforce, specifically the nursing profession. This scoping review aimed to explore how Schwartz Rounds have been implemented in universities in the United Kingdom and other parts of the world with a view of bringing the program to Australian universities. The review focused on the processes and practices being used in universities, and the differences in running Schwartz Rounds in a higher education setting compared to a health service setting.

Methods:
Following the Joanna Briggs Institute (JBI) scoping review guidelines and the methodological framework of Arksey and O'Malley, this review identified, examined, and synthesized existing literature and sources on Schwartz Rounds, a wellbeing program for people learning and working in healthcare. The review included studies from academic journals, university websites, blogs and other non-academic sources. Data were extracted and analysed to identify current practices, processes, and successes in implementing the program in higher education contexts.

Results:
Preliminary findings suggested that wellbeing programs, such as Schwartz Rounds, significantly improved students' emotional and professional wellbeing. The collaboration between universities and health services enhanced the implementation and sustainability of these programs. Key factors included structured support systems, regular reflection sessions, and interprofessional collaboration. The review highlighted successful models and strategies that could be adopted to build a resilient and diverse nursing workforce.

Conclusion:
This scoping review provided valuable insights into effective strategies and models that could be implemented to enhance student wellbeing, improve student retention, and build the healthcare workforce of the future. The findings underscored the importance of fostering a supportive environment for students, empowering them to positively reflect on their workplace learning experiences. This work highlights the potential for innovation in Australian higher education settings and health services to empower a diverse nursing workforce.

P122

Intra-professional education: Utilising simulation-based education to explore scope of practice for Diploma and Bachelor of Nursing students

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In Australia, the nursing workforce consists of many roles, underpinned by two qualifications, the Bachelor of Nursing (BN) and the Diploma of Nursing (DN), which lead to qualification as a registered nurse (RN) or an enrolled nurse (EN), respectively. Each role has its own scope of practice, specific roles, and responsibilities. Employing industry report that role confusion exists between RNs & ENs for graduates.

Intra-professional education (IaPL) is defined as learners from one or similar professions learning about, from and with each other enabling effective collaboration and improved outcomes. This presentation will outline an ongoing longitudinal study with DN and BN students in simulation that is delivered over four staged scenarios throughout these qualifications.

Objective:
Improve work readiness of nursing graduates by delivering intraprofessional learning scenarios in which BN and DN students work collaboratively to deliver patient care while exploring their own roles and responsibilities, and the clinical decision-making framework.

Method:
Using a mixed-methods longitudinal study over 3 years, we investigate how the understanding of intraprofessional learning and perceptions of its importance change over time. We also explore how different methods of learning can be used to develop this understanding of intraprofessional practice.

Results:
Our findings to date show that students in both qualifications value IaPL and demonstrate that simulation-based education was essential to allow participants to explore their roles and responsibilities in certain scenarios. We also highlight that while IaPL is valuable, there are challenges due to the regulatory requirements of each qualification.

Conclusion:
This study shows the value of IaPL on nursing students who will enter the workforce as improved communicators, understanding their own scope as well as the scopes of other members of the healthcare team. This highlights the essential nature of IaPL, which should be further expanded and delivered at all education providers.

P123

Exploring an innovative integrated clinical placement model for nursing

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Aim/Objective
While clinical placement is crucial for undergraduate nursing and midwifery students to translate theory to practice, the traditional models of clinical placement can lead to poor student experiences and impact learning. In response, an innovative model for clinical placement was introduced into year 3 of the undergraduate nursing course, in collaboration with industry partners. The model used an integrated 10-week rotating design in which students attended placement every second week, with on-campus/university classes on alternate weeks.

The aim of this research was to explore nursing students and clinical nurse educators' perspectives of the integrated model for clinical placement.

Methods
A qualitative design at one Australian university:
- Year 3 nursing students (n=35) completed entrance interviews, audio diaries of their placement experience/s each week, and an exit interview.
- Clinical nurse educators 9n=10) participated in interviews of their experience of the integrated model.
Data were analysed thematically.

Results
Students reported improved confidence, increased ability to translate theory into the clinical setting, increased ability to reflect on their clinical experiences and debrief with their peers and academics, enhanced their sense of belonging on the ward and built trust with their educators. In addition, students described being better able to manage their academic workload, feeling less fatigued and able to continue paid part-time employment. Clinical nurse educators described the integrated model enabling greater support for students who were not yet meeting expectations and reduced student sick leave.

Conclusion
This innovative clinical placement model had positive impacts for both students and industry partners. The integrated model enhanced student learning and overall clinical placement experience, fostered meaningful relationships between students and health service staff, and contributed to a more supportive and engaging clinical environment.

Key words
Clinical placement;, Nursing student;, Qualitative research

P124

Fostering an engaging and supportive learning environment for pre-registration nursing students.

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Aim:
To explore factors which influence pre-registration nursing students' clinical practice.

Methods:
A qualitative research design, underpinned by grounded theory methodology. Data collection involved semi-structured individual interviews with pre-registration nursing students, nurse clinicians and nurse academics. Data collection and analysis occurred concurrently through theoretical sampling and constant comparative analysis, informed by inductive and abductive reasoning. Interviews were transcribed verbatim and analysed iteratively to identify patterns and develop conceptual categories.

Results:
Findings from 33 participants (12 pre-registration nursing students, 7 nurse clinicians, 14 nurse academics) highlighted the value of an engaging and supportive learning environment in preparing students for clinical practice. Three key factors were identified as fundamental: i) clear communication and transparent expectations; ii) constructive relationships grounded in trust and respect; iii) opportunities for active student participation in the learning process.
Integration of these factors contributed to a dynamic and effective learning environment. This learning environment fostered student engagement, strengthened self-efficacy and autonomy, and encouraged learners to take ownership of their education. Students who experienced this environment reported greater confidence and increased readiness for clinical practice. They became motivated to learn because they understood the expectations. Trust and respect between student and educator supported development of a nurturing relationship, where students felt safe to ask questions. By integrating these factors into teaching (clinical and academic), nurse educators can create supportive and engaging learning environments that promote both personal and professional growth and better prepare students to navigate the complexities of clinical practice.

Conclusion:
Understanding factors that influence students' learning is critical for informing educational strategies to enhance students' transition to clinical practice. Engaging and supportive learning environments that prioritise not only academic outcomes but also relational support and meaningful engagement is essential for students to transition to clinical practice and ultimately a registered nurse.

Keywords:
Pre-registration, nursing, education, grounded theory

P125

Tag Team Patient Medication Safety (TTPMS) simulation in a cohort of third year undergraduate students – an evaluation.

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Aim/Objective:
Nursing students work in increasingly complex healthcare systems. Patient medication safety is one of the key critical skills that students are required to learn and maintain within their learning. A novel tag team patient medications (TTPMS) simulation was used and evaluated as a teaching strategy with a cohort of final year nursing students. The aim of the research was to explore final year undergraduate nursing student's experiences of TTPMS simulation in a New Zealand university nursing programme.

Method:
Qualitative descriptive approach using an open-ended anonymous questionnaire (google forms survey) to evaluate TTPMS with final year nursing students across three sites. Braun and Clarke's six-step thematic analysis was utilised to analyse the qualitative data.

Results:
Two superordinate themes (a) Tag team simulation provided an effective teaching modality and (b) planning is everything were underpinned by six subordinate themes. As an effective teaching modality students found TTPMS facilitated critical thinking, enabled them to translate into real-world situations and gave them a useful strategy in their tool-box for moving forward as a Registered nurse. Planning became a critical aspect where teaching staff needed to be prepared with a pre-simulation briefing on how to run the session, that getting the timing right in terms of location within the curriculum was important and roles within the simulation needed to be considered in light of student's personalities.

Conclusion:
The evaluation provided the knowledge that using TTPMS is a valuable exercise students enjoy. It is also a translatable process to other nursing education scenarios. However, it is important to ensure academic educators are well briefed on the process, and timing and location in the curriculum is considered.
Key words: Nursing education, medication safety, nursing simulation, evaluation.

P126

"I don't know how much longer I can do this": The demise of nursing and midwifery academic workforce.

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Aim/Objective:
To explore the lived experiences of nursing and midwifery academics in Australia and Aotearoa New Zealand and identify the influences on workforce.

Methods:
Semi-structured interviews were conducted with 24 nursing and midwifery academics across diverse tertiary institutions. Inductive thematic analysis, guided by Herzberg's Motivation-Hygiene Theory, was used to explore intrinsic and extrinsic factors influencing workforce.

Results:
Three intersecting themes were identified: 1) The dance between academia and clinical practice – revealing tensions in retaining clinical identity while meeting academic demands; 2) The murky waters of academia – highlighted chronic workload overload, lack of transparency, bullying, and institutional neglect; and 3) The peaks and valleys of academic life – captured fleeting moments of professional joy amid widespread burnout, professional grief, and a deep sense of being expendable. Many participants reported feeling they were "at breaking point", with some planning to leave the sector entirely. Key drivers of dissatisfaction included salary disparities gaps between clinical and academic roles, poor psychological safety, and perceived lack of care from leadership.

Conclusion:
Findings highlight a workforce in distress and crisis which if not urgently addressed will negatively impact patient safety. While nursing and midwifery academics remain deeply committed to their roles, they face unsustainable workloads, limited structural support, and a lack of recognition, coupled with   diminishing reimbursement for their expertise. Without strategic investment in workload reform, remuneration, and leadership that prioritises staff wellbeing and career development, the risk of continued attrition remains high, jeopardising the ability to build and retain the critical nursing and midwifery academic workforce.

P127

Empowering neurodiverse students transition into employment for a healthier, inclusive nursing workforce

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Aim/Objective:
Neurodiverse nurses bring invaluable strengths to the healthcare workforce. However, transitioning from student to graduate nurse is not a level playing field when being compared to neurotypical counterparts competing for the same positions. Traditional hiring processes, which emphasize standardized testing, rigid interview formats and conventional communication styles, are particularly challenging. Preparing neurodiverse students for these processes requires innovative, engaging curriculum developed collaboratively with the academic educators and employing healthcare partners. Thus, the aim of this project was to prepare a curriculum module that specifically prepares neurodiverse nursing students for the application, interview, and acceptance processes, as well as the transition from student to employed professional as a graduate nurse.

Methods:
Our project will produce a dynamic, interactive two-part module, titled 'Bridging the transition for neurodiverse students to graduate nurses'. Part A focuses on facilitating neurodiverse students in preparing and applying for graduate nurse employment, while Part B supports their early career transition into the healthcare workforce. This dual approach facilitates ownership and use by academics in the Bachelor of Nursing program and industry partners. This then provides students with relevant hands-on experience and preparation for immediate entry into employment utilising their neurodiverse strengths. The incorporation of cutting-edge technologies, methodologies, and practices within the module further highlights the innovativeness of this curriculum.

Results:
The impact of our project will be multifaceted, significantly enhancing the employability outcomes for RMIT neurodiverse nursing students. This preparation includes equipping them with strategies to effectively navigate the job market and transition into the workforce, thereby eliminating or minimising potential disadvantages when competing with neurotypical students.

Conclusion:
Neurodiverse nurses and midwives bring unique perspectives and problem-solving skills to the healthcare workforce. Their diverse ways of thinking and resilience foster a more inclusive and supportive environment, ultimately leading to a healthier and stronger workforce.

Keywords:
neurodiverse, students, graduate nurse

P128

Preparing for practice - holistic support for a healthier future

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Background:
Academia plays a crucial role in preparing nursing and midwifery students for their future careers. Becoming a registered nurse or midwife involves more than academic success; it requires dealing with complex and stressful healthcare environments. Students need to learn independently, take responsibility for their professional development, and apply their knowledge in variable situations. During their practical preparation, students observe, practice skills, develop interpersonal capabilities and form their professional identities. These practice based experiences help students remain committed to their studies and future careers.

Issue:
Healthcare environments are often stressful and chaotic. Patient care situations bring extremes of joy and despair that can be confronting and taxing and, affect the well-being of nurses and midwives. Students, as temporary participants in these environments, are not immune from these situations and can face significant challenges.

Impact:
 Their practices and identities are fragile and there is evidence that not all practice based experiences are supportive of their growth and development. While universities offer programs to support students to succeed academically and prevent attrition, there is a lack of specific support for the impacts of practice based preparation. This gap risks loss of future nurses and midwives.

Conclusion:
Providing holistic evidence based support during and following practice based experiences is essential for nurturing future nurses and midwives who are not only knowledgeable and skilled but also able to sustain empathic and compassionate care.

P129

Strengthening the Northen Territory remote health workforce, co-designing a graduate nurse program

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Aim/Objective:
To develop and implement a culturally safe, structured, and sustainable transition-to-practice program for new graduate nurses (NGNs) to strengthen the remote Aboriginal health workforce in the Northern Territory (NT).

Methods:
The GNPE was co-designed using a participatory action research (PAR) framework. The process involved four key stages:

- Engagement and governance committees were established with representatives from various organisations.
- Evidence and needs analysis included a literature review, stakeholder interviews, and a national survey of students and early-career nurses.
- Consultation and co-design involved three rounds of consultations with Aboriginal Community Controlled Health Services (ACCHSs).
- Iterative design and feedback informed ongoing refinement of curriculum. orientation, training, and support strategies.

Results:
The 18-month GNPE includes an initial two-week orientation, structured hybrid model of preceptorship, including onsite and virtually, peer support networks, and cultural safety training. Educational components include weekly in-services, short courses, and a scholarship for a Graduate Certificate. A staged implementation is planned with a joint pilot with three ACCHSs in one region, supported by a shared coordinator and educator. Economic modelling demonstrates the GNPE as a cost-effective alternative to agency nursing, reducing expenditure and improving workforce stability.

Conclusion:
The GNPE addresses critical workforce challenges in remote Aboriginal health by embedding NGNs through a culturally safe, structured transition model. Co-designed with communities and stakeholders, it offers a scalable and sustainable approach to improving recruitment, retention, and continuity of care in remote settings.

Keywords:
Remote Area Nursing, New Graduate Nurse Program, Aboriginal health workforce, Co-design

P130

What are nursing students experience of Mixed Reality Holographic Simulation?

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Aim
To examine the lived experiences of undergraduate nursing students engaging with mixed reality (MR) simulation as part of their curriculum.

Background
Simulation has become an integral component of nursing education, facilitating the transition from theoretical knowledge to clinical practice. Mixed reality (MR) technology, which integrates holographic virtual elements into real-world environments via head-mounted displays, offers a transformative approach to nursing education. While existing literature suggests that MR enhances clinical judgment, enthusiasm, and engagement, the students' direct experiences associated with the MR Phenomenon remain largely unexplored

Methods
A hermeneutic phenomenological approach guided by van Manen's philosophical framework was employed in this qualitative study. Data were collected through interviews with nursing students from Australia, New Zealand, and the United States who have participated in MR simulations. The analysis was structured using van Manen's six interwoven research activities, existential methods, and the clinical reasoning cycle to identify emerging themes.

Results
Findings reveal a diverse range of student experiences, particularly emphasising the immersive nature of MR and its role in visualising clinical conditions. A key discovery is the formation of a "knowledge bank" and "memory bank," which operate cyclically—allowing students to draw upon a vast array of evoked emotional responses established through MR exposure.

Conclusions
This study provides a student voices of the MR phenomenon and how it is experienced as an educational tool in nursing education. The insights gained offer valuable contributions to curriculum development, potentially enhancing student preparedness and safety in clinical settings.

P131

The use of Generative Artificial Intelligence (GenAI) to support learning in undergraduate nursing education: Scoping Review

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Aim:
To present research evidence on how GenAI is being used to support learning in undergraduate nursing education.

Methods:
Arksey and O'Malley's (2005) framework and the JBI scoping review methodology guide this scoping review. Searches for literature undertaken using truncation and Boolean operators on CINAHL, PubMed, Science Direct, ProQuest, ERIC, Academic Search Complete, and OVID databases. Google Scholar also searched. Articles included if they were written in English, peer reviewed, primary empirical literature, the last five years, January 1st 2019 – May 1st 2025. Articles were uploaded to the Rayyan Systematic Review Management Platform (n=285). Duplicates were removed (152) and 126 articles were screened and conflicts resolved by two team members. Analysis is in progress, using data extraction tables and content analysis.

Results:
Initial findings will be presented.

Conclusion:
Health care has seen a surge in AI technologies and nurse educators have a key role in ensuring that graduates are ready to work in a technology-integrated health system. As well, there is an opportunity in undergraduate nursing education to utilise the more recently released GenAI to personalise learning, develop critical thinking and clinical reasoning. However, there is limited research available to guide application of AI in nursing education. This scoping review aims to identify and describe the emerging evidence on the use of GenAI in nursing education. Initial conclusions will be presented.

Keywords:
Artificial intelligence, AI, generative artificial intelligence, ChatGPT, undergraduate nursing education, pre licensure nursing education, nursing students.

P132

High expectations to keep the public safe: Teaching and assessing nursing numeracy within undergraduate education.

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Aims:
To explore the approaches to teaching and assessing undergraduate nursing numeracy and medication calculations from the perspective of Australian nurse education leaders; and understand how the accreditation process and national standards influence curriculum development.

Method:
In this qualitative study, purposive sampling was used to recruit Australian nurse education leaders of undergraduate nursing degrees (n = 17), who were responsible for leading the development, implementation and accreditation process of the curriculum within their school. Individual, semi-structured interviews were conducted between November 2022 and January 2023. Interview data were analysed using thematic analysis.

Results:
There was limited guidance from the accreditation council and no standards in relation to numeracy. An array of pedagogical approaches to teaching and assessing numeracy were implemented by academics who considered themselves good clinicians but not numeracy educators. There was an assumption that students would have numerical proficiency upon entering university. Support was required for struggling students to pass high stakes assessments, which were often conducted under conditions incongruent to the clinical setting.

Conclusions:
To improve the quality of nursing numeracy education and ensure safer patient outcomes, this research aims to inform the development of an evidence-based conceptual teaching framework for tertiary education. Furthermore, to prompt consideration into the recommendation for a national standard or an independent numeracy assessment that would ensure that candidates have all achieved the required benchmark to practice safely.

P133

A Sense of Belonging: Student Transition to the Accelerated Bachelor of Nursing

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Aim
Belonging is crucial for student success and program retention. One at-risk group consists of enrolled nurses who enter the Bachelor of Nursing program in its second year. These students come from diverse clinical and academic backgrounds, from novice nurses to seasoned clinicians with limited academic experience. These students encounter challenges during their transition, such as limited access to first-year orientation, a diminished sense of belonging, and limited peer support. However, students who feel a strong sense of belonging are likelier to seek assistance and engage in learning opportunities. Therefore, we developed a two-phase transition program to enhance belonging and academic preparedness for enrolled nurses in the Bachelor of Nursing.

Methods
The program featured a focused orientation and additional activities in the second-year curriculum. The study used an exploratory mixed-methods design, including semi-structured interviews with enrolled nurses to gain insights into their transition experiences. These interviews were followed by a belonging survey after orientation. Thematic analysis was used for the interviews, and descriptive statistics were applied to the survey data.

Results
Three key themes emerged from the interviews: belonging, transition, and academic preparedness. A total of 107 enrolled nurses participated in the orientation program, and 42 completed the belonging survey. Participants were predominantly female (83%, n = 35), with an average age of 23 years (SD 6.8), and primarily domestic students (95%, n = 40). The findings indicated increased belonging (71%, n = 32), capability (64%, n = 28), and academic preparedness (80%, n = 34) following the orientation. All 171 enrolled nurses took part in Foundations of Nursing Practice 2A activities.

Conclusion
The findings highlight the importance of integrated transition programs in the curriculum for enrolled nurses starting a Bachelor of Nursing. These programs can enhance their belonging, academic readiness, and ability to navigate their transition into higher education.

Keywords:
Enrolled Nurse, student transition, belonging, orientation

P134

The evolving role of nursing informatics in the era of artificial intelligence

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Background:
Nursing informatics combines nursing science with information technology to enhance healthcare delivery. The rise of artificial intelligence (AI) presents transformative opportunities for improving diagnostics, treatment planning, and resource management. However, its integration into nursing practice also introduces challenges, including ethical concerns and the need for specialized training.

Aim:
This presentation explores the role of AI in nursing informatics, highlighting its impact on nursing practice, healthcare efficiency, education, and policy.

Methods:
A comprehensive literature review was conducted (2013–2023) using databases such as PubMed, Google Scholar, and Scopus. Studies were selected based on relevance to AI's role in enhancing patient care and optimizing healthcare workflows.

Findings:
AI enhances nursing practice by improving diagnostic accuracy, streamlining care processes, and supporting clinical decision-making. However, concerns such as data privacy, algorithmic bias, and the digital skills gap among nurses present barriers to successful implementation.

Implications: To ensure responsible AI integration, policymakers must develop ethical guidelines and promote AI literacy programs for healthcare professionals. Equipping nurses with AI knowledge is critical for safe and effective adoption.

Conclusion:
AI holds great promise in nursing informatics, improving patient care and decision-making. However, addressing ethical issues and ensuring adequate AI education for nurses is essential for sustainable implementation.

P135

T2PAC – evaluation of undergraduate transition to practice clinical placements in aged care.

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Aim:
To evaluate a Transition to Practice – Aged Care (T2PAC) clinical placement program, designed to enable third-year undergraduate nursing students' transition to practice as registered nurses in aged care. It explores students' perceived readiness for practice and considers benefits and challenges for university and industry partners.

Methods:
Three learning strategies were evaluated: 1) preceptorship by registered nurses; 2) seminars on complex aged care topics delivered by health professionals to students and aged care staff; 3) student-led case study presentations to peers, clinicians and academic staff. Data consisted of qualitative interviews with students and industry partners and seminar and case study feedback surveys.

Results:
In this evaluation, 32 students were involved in the T2PAC program across three aged care services. Thirty students (94%) completed their placement, and 25 of these (83%), along with nine industry partners participated in the qualitative interviews. Eighty-nine seminar/case study feedback surveys were returned. The complexity of clinical nursing practice in aged care settings was consistently reported. Students identified increased confidence, knowledge, and skills from participating in the program. Industry partners viewed completing students as workforce ready. Preceptors supported the application of new knowledge to practice settings. In Stage 1, it was challenging to consistently allocate preceptors; students reported a range of preparedness of their preceptors. Seminars enabled continuation of learning from the academic program to the practice setting, including new knowledge gained as part of their clinical experience. Student-led case studies further enabled the application of gerontological knowledge to practice.

Conclusion:
The T2PAC program supports the transition of undergraduate students into aged care, improves self-perceived readiness and enables collaboration between university and industry partners. This gerontological specialist clinical experience continues to be sought after by students through expressions of interest and the program was extended to additional aged care industry partners in the region.

Keywords:
gerontological nursing; undergraduate; aged care; clinical placements.

P137

Academic readiness to teach Electronic Medical Records to nursing students. A quantitative survey.

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Aim
The aim of this research was to understand nurse academics readiness to teach Electronic Medical Records (EMR) education in undergraduate nursing programs.

Method
An online survey was used to gather information on nurse academic perceptions of their readiness to teach EMR to nursing students at Australian universities. One hundred and twenty-seven participants (n=127 nursing academics), participated in the study from across Australia.

Results
The findings revealed aspects of nurse academics readiness to teach pre-registration nursing students. Following data analysis, 93 (74%) nurse academics have never taught EMR to nursing students. It was also identified 46 (36.8%) nurse academics do not feel ready or confident to teach EMR. Whereas 55 (44%) nurse academics agreed teaching nursing students EMR in the simulated labs setting was important for placement preparation. However, 69 (56%) nurse academics disagreed with this statement and felt it was important for nursing students to learn EMR in a clinical setting. Regardless of gender, age, experience or employment status (including permanent or casual) in academia, there was no significant difference with confidence using EMR. Most participants (98%) claimed that workshops and resources need to be made available.

Conclusion
Universities play a crucial role in equipping nurse academics with the skills and confidence to effectively teach EMR to nursing students. By fulfilling these responsibilities, universities are required to support nurse academics in their professional development and enhance the overall quality of nursing education by preparing students with essential EMR skills needed in healthcare settings.

Keywords:
EMR, nurse academics, nursing students, readiness

P138

Beyond the Scrubs: Investigating Moral Character in Nursing Students.

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Aim/Objective:
To investigate nursing students' moral character and examine relationships between demographic attributes and moral character.

Methods:
A cross-sectional descriptive design, with undergraduate (2nd and 3rd year) and postgraduate nursing students. Data were collected using a demographic questionnaire as well as a validated instrument - the Moral Character Questionnaire that consists of 30 items across six moral domains: honesty, compassion, fairness, loyalty, respect, and purity. Ethical approval for the study was obtained. Descriptive statistics, t-tests, and ANOVA were used to analyse the data, with significance set at $p < 0.05$.

Results:
A total of 220 nursing students participated. The mean age of participants was 26.56 years (SD = 8.30), most were female (86.20%), a majority undergraduate students (76.80%), and just over half (53.20%) were in their second year of study.
Among moral character subscales, compassion had the highest mean (4.45, SD = 0.49), while purity had the lowest (3.52, SD = 0.67). The strongest correlation among the six subscales was between respect and fairness (r = .579, p < 0.01), with the weakest correlation between purity and fairness (r = .235. p < 0.01). Among the demographic variables, gender, year level, enrolment types and religions were significantly associated with moral character subscales.

Conclusion:
The moral standards of students are important for academic integrity. The study findings have provided some insight into students' moral character, informing universities in developing strategies to enhance student morality. Strong correlation between respect and fairness suggests that emphasising these values in nursing education could foster a more ethically attuned nursing workforce. Observed differences in moral character subscales and significantly positive correlation between gender, year level, enrolment status, religions and moral character highlight the need for curriculum that builds upon ethical competencies as students advance. It is also worthwhile considering students' background when adapting moral educational strategies.

Keywords:
moral character, nursing, nursing education

P139

Improving Paediatric Nursing Education: Tackling Placement Shortages through Experiential Learning at Kindergym

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Aim/objective:
- To bridge the education gap affected by reduced paediatric clinical placements for undergraduate nursing students.
- To enhance undergraduate nursing student understanding of paediatric development
- To facilitate undergraduate nursing students understanding of building therapeutic relationships with children and caregivers
- To provide an experiential learning opportunity in a child focused environment

Methods:
Nursing is a hands-on profession that centres around the key components of therapeutic relationships and human interaction. Traditionally, students develop clinical skills through clinical placements, but diminishing availability and diversity, particularly in paediatrics, necessitate alternative educational strategies. Kindergym is a fundamental movement program that's supports children from 0-5 years of age to learn new psychomotor skills, socialise and take risks in a safe and fun environment. It provides an alternative learning environment where nursing students can be supported to develop skills in observing and assessing developmental milestones, whilst communicating and establishing therapeutic relationships with children and their caregivers. The Kindergym program was integrated into the pre-registration nursing curriculum as a simulation-based substitute for paediatric placement. This experiential learning experience mirrored paediatric developmental stages, fostering communication, observation, and assessment skills.

Results:
Feedback from undergraduate nursing students highlighted several benefits including: increased confidence in interacting with children and establishing therapeutic relationships; improved understanding of paediatric developmental milestones and behaviours; and enhanced teamwork and communication skills. The results convincingly demonstrated that the exercise held value in improving student's perception of their preparedness for providing paediatric nursing care.

Conclusion:
The Kindergym program effectively addresses the challenges posed by limited paediatric clinical placements. By providing a safe, ethical, and practical simulation environment, it enriches the nursing curriculum and equips students with essential paediatric nursing skills.

Keywords:
undergraduate nursing curriculum, paediatric, developmental milestones

P140

Speaking up or staying safe? Student Nurses and the Safety Dilemma

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Background:
Student 'speaking up' behaviours are under researched and underutilised with research literature focusing on either a singular qualitative or quantitative approach. Yet, students participating in clinical placements work closely with patients and are therefore essential contributors in health care provision which aims to keep patients safe. A mixed methods approach offers deeper insights into how students understand and enact 'speaking up' safety behaviour.

Aim:
This study examined the psychological and sociocultural factors influencing nursing students' safety behaviours from the student perspective.

Methods:
We used a two-phase mixed methods design, beginning with an explanatory sequential approach. First year nursing students (target n=611) were purposively sampled after their professional placement of 80 hours to complete a survey (Phase 1) followed by individual interviews (Phase 2).

Results:
Among 33 survey respondents, 87% reported speaking up about patient safety concerns, while 56% remained silent in some instances. Fear of negative reactions or reprisal (57%) and uncertainty of patient risk (57%) were common barriers to speaking up. Interview data generated four themes which captured two students' perceptions of risk and consequences when speaking up: navigating power dynamics, feeling/being silences, conflicting expectations, and prioritizing a positive placement outcome. Participants weighed personal risk versus self-protection, making deliberate choices to speak up or stay silent - a transactional process shaped by academic consequences, scope of practice and balancing self-advocacy with patient safety.

Conclusion:
Student speaking up behaviours are a significant part of the holistic patient safety 'puzzle' in healthcare. The clinical environment is a key factor influencing if, how and when students speak up for patient safety. Our findings underscore the human factors within teaching teams and organisations that impact how students are enabled and supported to keep patients safe.

P141

Healthy planet, healthy people The development and evaluation of an educational board game

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Background
Planetary health emphasises the deep interconnections between nature and humans as well as the need for sustainable practices that protect the health of the planet and current and future generations. Climate change is a significant disruptor of planetary health and described as the most pressing issue facing humanity today.
Studies suggests that well-designed educational board games can promote higher level thinking and learner engagement. Games can also stimulate the release of dopamine, allowing learning to be enjoyable and embedded in long-term memory.

Aim
Planetary health initiatives, including climate change mitigation and adaptation strategies, are integral to nurses' and midwives' scope of practice. Enhancing skills and knowledge in these areas could lessen greenhouse gas emissions from healthcare services, ultimately reducing the threat of surpassing 1.5 degrees Celsius global warming. The 'Healthy planet, healthy people' board game sought to address these imperatives.

Method
In 2024, members of the Planetary Health for Nursing and Midwifery Research and Education Collaborative developed a board game titled: 'Healthy planet, healthy people'. The game is premised on the understanding that there is 'no health without planetary health'.

Results
The evidence-based board game was informed by the results of a Delphi study that sought consensus on the knowledge and skills that graduates require to steward healthcare towards a more sustainable future. This presentation will provide preliminary findings from a study that examined the impact of the board game on students' knowledge acquisition, attitudes and level of satisfaction with the learning experience.

P142

Stakeholder collaboration in clinical education for nursing students: exposing a complex system.

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Aim/Objective:
To improve the effectiveness of stakeholder collaboration for student learning in the clinical setting, current practices of stakeholder collaboration between RNs, student nurses and academic clinical educators in clinical learning needed to be exposed. The aim of this study was to explore how stakeholders collaborate to support the development of clinical competence in undergraduate nursing students in the acute setting?

Methods:
Qualitative description underpinned by complexity theory was the methodological approach used. Focus groups and individual interviews with stakeholders (RN's (7), student nurses (9) and academic educators (9) were analysed using a complex adaptive framework.

Results:
Interpretative analysis found that collaboration happens on a contextually influenced continuum comprised of five interrelated dimensions: 'the individual(s)', 'the relationship', clinical practice', 'acute care environment', and 'clinical education'. Each interrelated dimension includes notions related to values and beliefs, as well as other factors that both enable and constrain stakeholder collaboration. Most significantly, findings showed that student nurses are usually positioned on the peripheries of collaborative interactions, even though they are central to the purpose of interaction between stakeholders.

Conclusion:
Valuing stakeholder relationships and clinical responsibilities, investing time for both patient care and student learning, while empowering students by teaching them how to collaborate to meet their learning needs, is key to improving the effectiveness of stakeholder collaboration. Attending to these recommendations early in a programme of study is key to promoting patient safety and improved outcomes for students as they progress towards becoming RNs of the future.

Keywords:
Clinical learning, education, collaboration

P143

Understanding nursing students' placement experiences to strengthen the Primary Health Care workforce.

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Aim/Objective:
Primary Health Care (PHC) prevents illnesses, manages chronic diseases, and reduces hospital admissions through preventive measures, health promotion and community-based services. However, a global nursing shortage, driven by rising demands and workforce attrition, threatens its sustainability. In Australia, a nursing shortfall of nearly 80,000 is projected by 2035, with 27% of this shortage expected in PHC. Nursing students represent a critical workforce pipeline, yet few graduating nurses transition to PHC careers, possibly influenced by limited exposure to PHC during education and variable placement experiences. The aim of this review was to analyse literature on undergraduate nursing students' PHC placement experiences, as these are pivotal to identifying factors influencing satisfaction, enhancing undergraduate PHC education, shaping career intentions, and addressing PHC workforce shortages.

Methods:
The review followed JBI's framework for scoping review methodology and adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review's Checklist. A comprehensive search strategy using Peer Review of Electronic Search Strategies was applied, including grey literature. Covidence facilitated article screening and extraction. Inductive thematic analysis identified key themes.

Results:
Four key themes were developed: 1. PHC placements as a learning environment; 2. Skills development and acquisition; 3. Importance of Nurse Supervisor relationship; and 4. Curriculum Structure and Preparation. These themes offer insight into the factors influencing students' experiences during PHC placements and highlight areas for strengthening undergraduate education.

Conclusion:
This review explored nursing students' PHC experiences and factors affecting satisfaction, highlighting gaps in enhancing quality to better prepare students and strengthen the PHC workforce. Further research is required on student satisfaction, variability in experiences across PHC settings, the impact of supervisory relationships and strategies to strengthen them, and stronger integration of specific PHC content in nursing curricula. Addressing these gaps is essential for aligning education with workforce demands, enhancing student career intentions in PHC.

Keywords:
PHC education, placements, workforce

P144

Supporting nursing educators: Understanding the impact on and preparedness of educators when supporting student wellbeing

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Aim:
To explore the experiences, concerns, strategies and preparedness of nursing educators in providing support for student wellbeing whilst on clinical placement.

The prevalence of wellbeing issues and the increase in mental health concerns presenting in our nursing student cohorts is of concern. Students have regular access to healthcare educators, whose role encompasses wellbeing support. However, little is known about the impact of supporting student wellbeing has on the educator.

Method:
A scoping review was undertaken utilising the Joanna Briggs Institute manual for Evidence Synthesis methodology.

Results:
Healthcare educators are aware that students are under stress and believe this stress to be both workplace and personal related. Educators report that managing student wellbeing is an expected and yet not a formally documented part of their role. Educator wellbeing is impacted by self-reported lack of confidence, capability and training, and a concern over role conflict when undertaking roles of assessor, pastoral carer or support person, and healthcare professional. Educators identify a number of supportive requirements for them to perform this role including professional development to build both confidence and capability, role clarity, organisational support and inclusion of curriculum reform addressing wellbeing.

Conclusion:
There is a significant absence of literature addressing the experience of healthcare educators in supporting students presenting with wellbeing concerns. Educator personal wellbeing can be significantly impacted when supporting student wellbeing and there is an urgent need to investigate this impact further. Through transformative education and understanding of how we can best support our nursing educators, they will then be equipped to better support wellbeing in students undertaking clinical placements.

P145

Enhancing undergraduate nursing students' interprofessional self-efficacy in chronic disease management

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Aims/ Objectives:
To prepare undergraduate students for collaborative interprofessional practice, a cornerstone of high-quality healthcare. To utilise an interprofessional education (IPE) innovative online chronic disease management seminar to foster interprofessional self-efficacy among undergraduate health students, including nursing, midwifery, physiotherapy, occupational therapy, psychology, speech pathology, and other health disciplines.

Methods:
The seminar was chaired and developed by nursing academics, and incorporated interactive, case-based learning and collaborative discussions amongst interprofessional disciplines to enhance communication, role understanding, and teamwork in chronic disease management. Evaluation utilised thematic analysis of qualitative student feedback.

Results:
Undergraduate nursing students represented most participants who embraced the IPE opportunity, reporting increased confidence in interprofessional collaboration. Participants cited improved role clarity, respect for other disciplines, and readiness to take on leadership roles in collaborative chronic disease care. The seminar also highlighted real-world challenges and fostered a holistic vision of patient-centred care, with nursing students reporting readiness to work to full scope of practice in chronic disease management. Feedback of the activity emphasised the importance of providing undergraduate health students with interprofessional connection opportunities with experienced clinicians, and face-to-face learning activities in future iterations.

Conclusion:
The findings demonstrate that well-designed IPE activities can significantly enhance interprofessional competencies, benefiting undergraduate nursing students' readiness for collaborative practice, and embracing their professional identity, worth and value. The initiative underscores the value of innovative approaches in IPE for empowering future nursing and healthcare professionals. The seminar activity can be easily replicated as a sustainable resource for future learning in both synchronous and asynchronous formats. Forthcoming plans include integrating the chronic disease seminar recording into interprofessional curricula and hosting face-to-face IPE activities to build upon the valuable outcomes of the initiative.

Keywords:
Interprofessional education

P146

Beyond the maternal instinct: A mixed methods exploration of preregistration nursing students' interest in paediatric nursing

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Aim:
This study examined the factors influencing preregistration nursing students' intentions to pursue a career in paediatric nursing.

Methods:
A concurrent embedded mixed-methods design was used to explore student intentions at one Australian university in March 2025. A total of 310 students enrolled in the Bachelor of Nursing or Master of Nursing (Pre-Registration) programs completed a survey comprising demographic questions, the ASPIRE-PAEDS tool, and two open-ended prompts. The ASPIRE-PAEDS measured attitudes towards paediatric nursing, including interest, self-efficacy, perceived preparation, and perceived value. Quantitative data were analysed using descriptive and inferential statistics in SPSS. Qualitative responses were thematically analysed to contextualise and expand upon the quantitative findings.

Results:
Of the 310 participants, 126 demonstrated high ASPIRE-PAEDS scores, indicating a strong interest in paediatric nursing. These students were significantly more likely to identify as female ($p = 0.026$). A non-significant trend also linked interest in paediatric nursing with concurrent health-related employment ($p = 0.077$). Qualitative analysis confirmed this relationship, with students frequently citing previous caregiving experience as a motivating factor. Many also expressed concern about limited placement opportunities in paediatric nursing, which they felt hindered their ability to build confidence and skills in the specialty.

Conclusion:
Identifying students with an early interest in paediatric nursing offers a valuable opportunity to shape future workforce pathways. Embedding paediatric content across the curriculum, including interprofessional learning with early childhood and allied health, can enhance exposure when clinical access is limited. Reimagining paediatric placements to include flexible models and a broader range of settings, particularly in community-based care, may enhance continuity of exposure and better support students' development.

Keywords:
paediatric nursing, career choices, nursing students, nursing education

P147

University academics' experiences of engaging with mental health related education, assessments and feedback: A qualitative research

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Aim/Objective:
To explore the experiences of university academics engaging with mental health related education, assessments and feedback

Methods:
In this qualitative study, University academics engaged in health and social care related programs including Psychology, Nursing & Midwifery, Medicine / Paramedicine, Occupational Therapy, Social Work were invited to engage in an individual semi-structured audio-recorded Interview. The interviews focused on university academic staff' experiences of teaching and marking mental health related subjects and giving feedback to the students. A naturalistic research design approach was used. The Nvivo software program was used for data management and to assist with data analysis. The qualitative data was analyzed by the researchers using Braun & Clarke's thematic analysis.

Results:
The analysis of eight in-depth interviews with academics involved in undergraduate mental health education revealed four overarching themes including Clarity, relevance and consistency in mental health education, Emotional impact on educators and self-care strategies, Addressing student engagement and reducing stigma, and Gaps in institutional support and systemic challenges.

Conclusion:
The findings underscore a tension between institutional demands, resource constraints, and the pedagogical and emotional complexities of teaching mental health. Academics employ creative, individual strategies to bridge these gaps, but systemic improvements are needed to enhance both student learning experiences and educator well-being.

Keywords:
Academics, Mental Health, Education, Feedback and Assessment

P148

Evaluating electronic medical record training in undergraduate nursing education

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Aim/Objective:
To evaluate the effectiveness of an electronic medical record (EMR) training prototype on nursing students' confidence, perceived competence, and readiness for digital clinical practice.

Methods:
A cohort study design was used to assess the impact of a structured EMR training intervention delivered to undergraduate 2nd year nursing students. The EMR prototype included simulated clinical scenarios requiring documentation and data retrieval using a mock EMR system. Pre- and post-training surveys measured students' confidence and perceived competence in EMR use. Usability and relevance to clinical practice were also evaluated.

Results:
The study found statistically significant improvements in students' self-reported confidence and perceived competence following the EMR training. Students highlighted the training's realism and practical value, noting that it helped connect theoretical knowledge with clinical practice. The EMR system was rated highly for usability. However, some participants encountered minor technical issues that occasionally disrupted learning flow.

Conclusion:
This cohort study provides valuable insights into the effectiveness of an EMR training prototype for nursing students. Improvements in confidence and competence suggest that structured, hands-on EMR training can enhance informatics skills. Positive user feedback underscores the importance of realistic, usable systems. Further research with longer follow-up and more diverse student samples is recommended. Integrating EMR training into nursing curricula may better prepare students for the digital demands of modern healthcare.

Keywords:
nursing education, electronic medical records, informatics, simulation training

P149

Balancing the tightrope: Navigating educational and healthcare legislative requirements in nursing education in Aotearoa New Zealand

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Background:
Nursing education in Aotearoa New Zealand operates within a dual regulatory framework, where educational legislative requirements ensure academic rigor, while healthcare legislation mandates clinical competence and patient safety. The intersection of these creates a challenging landscape for nursing programs, requiring them to balance both sets of requirements without compromising educational integrity or regulatory compliance.

Aim/Objective:
This study examines the intersection of educational and healthcare legislative requirements in nursing education in Aotearoa New Zealand. It explores how the Nursing Council of New Zealand regulates and accredits nursing programs to ensure compliance with both frameworks while maintaining public safety.

Methods:
A qualitative analysis of the Nursing Council of New Zealand's accreditation process was conducted, focusing on how nursing education standards align with healthcare regulatory requirements. Key documents, including accreditation reports and legislative guidelines, were reviewed to identify challenges and strategies used to balance these requirements.

Results:
Findings highlight the complexities of meeting both educational and healthcare legislative requirements, demonstrating how nursing programs navigate this regulatory landscape. The Nursing Council's seven education standards serve as a mechanism to ensure alignment between academic rigor and clinical competence. Strategies for successfully balancing these demands include robust curriculum design, stakeholder collaboration, and continuous quality assurance processes.

Conclusion:
Nursing education in Aotearoa New Zealand requires a careful balance between academic excellence and healthcare regulatory compliance. The Nursing Council's accreditation process plays a critical role in ensuring that nursing programs produce graduates who are both clinically competent and academically prepared. Understanding this balance is essential for educators, regulators, and policymakers to enhance nursing education while upholding public safety.

Keywords:
Nursing education, accreditation, healthcare regulation, education standards

P150

Nursing Students' Experiences of Mentorship by NGRNs on placement: A Qualitative Descriptive Study

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Aim:
The study explored pre-registration nursing students' experiences of mentorship by New Graduate Registered Nurses (NGRNs). The challenges and opportunities associated with this mentoring relationship were identified, enabling insights into strategies that can be implemented to improve students' learning experience and better prepare them for their professional roles.

Method:
The study used a qualitative descriptive design underpinned by naturalistic inquiry. Semi-structured interviews were used to collect data. Purposive and snowball sampling methods were used to recruit pre-registration nursing students based on their experience of being mentored by NGRNs. Participants were recruited through Instagram, Facebook™ and the Australian College of Nursing (ACN) website. Twelve participants were interviewed as data sufficiency was achieved. The six phases of thematic analysis recommended by Braun and Clarke (2022) guided the process.

Results:
Interviews generated three themes and five subthemes: Theme 1 was titled: Not just placement, a place to belong: Creating a safe environment for nursing students and included two subthemes (i) Breaking the Ice: Being Welcoming and Approachable. (ii) Cultivating Empathy and Emotional Connection. Theme 2 was titled Pedagogical approaches of NGRNs in teaching with subthemes (i) Collaborative learning in clinical setting and (ii) Building confidence: The role of time and patience. Theme 3 was titled Barriers to student learning with subtheme (i) Feeling overwhelmed: Experience and lack of confidence in NGRNs.

Conclusion:
Working with NGs is beneficial as this helps to strengthen the learning environment and individual learning creating a positive student experience. Not feeling judged, being of a similar age and having experienced the same educational journey were highly appreciated by the students. Moreover, they also encountered challenges, including the NGRN's limited clinical experience and lack of confidence, affecting their ability to teach nursing students.

P151

Enhancing Nursing Students Digital Literacy: Impact of EMR Simulated Activity.

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Objective:
Current research indicates that incorporating health informatics in nursing education better prepares nursing students to manage and navigate digital health platforms. The main objective of this research is to measure the impact of EMR simulated activity in preparing nursing students to work effectively in a digitalised setting.

Methods:
An experimental approach was employed using a convenience sample of 100 second-year Bachelor of Nursing students. The initial pre-test survey included quantitative questions using a Likert scale to measure their confidence in using the EMR system. Upon completing the survey, nursing students were randomly allocated to either the study or control group, with the study group participating in the EMR simulation activity. After attending their clinical placement, both groups completed a post-test survey where the study group responded to an open-ended question aimed at capturing their feedback and experience with the simulated EMR training.

Results:
The study group had a higher confidence level in using the EMR system than the control group. This included tasks such as documenting vital signs, progress notes, and editing. The majority of the participants in the study group provided positive feedback about their experience undertaking the EMR activity, including feeling better prepared to use the EMR system.

Conclusion:
With the healthcare industry undergoing ongoing digital transformation, it is evident that nursing students require a comprehensive suite of digital literacy competencies to navigate digital health platforms effectively. Addressing gaps in nursing students' digital literacy skills is crucial to enhancing their confidence in effectively delivering digital healthcare.

Keywords:
Nursing, Education, Digital Literacy

P152

Enablers and barriers for high school students pursuing a career in nursing in Tasmania

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Background:
Globally, the average age of nursing students has steadily increased over the past five years, now reaching the late thirties. In contrast, other healthcare disciplines, such as physiotherapy, continue to attract school leavers, while nursing enrolment among younger students has declined. Historical and contemporary media portrayals of nursing contribute to recruitment barriers, shaping societal perceptions and career choices. There is a paucity of contemporary research, specifically in Tasmania.

Aim/Objective:
This study aims to identify the key enablers and barriers influencing Tasmanian school leavers' consideration of nursing as a career.

Methods:
A focused ethnographic approach was employed to investigate these career decision-making factors within a specific subculture. Semi-structured focus group interviews were conducted in high schools across Tasmania's North, Northwest, and Southern regions, allowing for rich qualitative data. Thematic analysis was used to then develop codes and themes through an inductive process.

Results:
This paper will present the findings from these interviews. Early findings from this research indicate that Tasmanian school leavers' perceptions of nursing are shaped by a combination of social influences, career awareness, and accessibility factors. Several key themes have emerged including enablers: early exposure, role models, job security, financial support and barriers: geographic and accessibility challenges, limited career awareness and perceived workload stress. These will be explored further in the presentation.

Conclusion:
By examining school leavers perspectives, the research seeks to provide insights that can inform strategies to enhance nursing education accessibility, engagement, and recruitment efforts. This study contributes to ongoing discussions surrounding educational accessibility, career promotion, and workforce sustainability in the Tasmanian health sector. Findings from this research will inform policy and practice, supporting initiatives aimed at strengthening nursing education pathways for school leavers.

Keywords:
Nursing Education, Career Decision-Making, Barriers & Enablers.

P153

Empowering future nurses: Innovation as a catalyst for confidence, collaboration, and career identity

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Aim/Objective:
To explore how embedding innovation-focused learning in final-year nursing education can motivate students to engage confidently in clinical problem-solving and see themselves as active contributors to healthcare transformation.

Methods:
An innovation module was introduced within the final semester of the Bachelor of Nursing programme, grounded in constructivist teaching principles. Students drew on their clinical experiences to identify challenges in practice and design innovative, holistic solutions to address them. The learning culminated in a conference-style poster expo attended by academic staff and university stakeholders across disciplines. Students were encouraged to explore bold ideas, with an emphasis on critical thinking, collaboration, and practical impact rather than feasibility alone.

Results:
Standout student projects have sparked ongoing interdisciplinary collaborations, including integration into computer science work-integrated learning (WIL) projects and post-graduate master's within the School of Computing and Mathematical Science. Nursing students took the role of product owners, guiding development with clinical insight while computer science students contributed technical expertise. This partnership highlighted the strengths of both cohorts and fostered mutual respect, teamwork, and creativity. Students reported increased confidence in their nursing knowledge, enhanced communication skills, and a sense of agency in addressing real-world healthcare issues.

Conclusion:
This approach to teaching empowers students to think laterally, act collaboratively, and embrace their role as emerging professionals capable of influencing healthcare systems. Supported by university innovation resources, including the HIKO innovation hub, the initiative has helped students acknowledge the broader scope and possibilities within their nursing careers. The value of this collaboration was also recognised across the wider academic team, particularly within the computer science faculty, resulting in the project being delivered again this year, concluding on 2 May. Further projects have already been identified for continuation within the Work Integrated Learning programme and are also being explored across other disciplines and postgraduate pathways.

Keywords:
Nursing education, innovation, constructivism, interdisciplinary learning

P154

Enhancing nursing education through study tours: a catalyst for learning, growth and engagement – a scoping review

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Aim/Objective:
This scoping review aims to explore how international study tours enhance nursing education by fostering student learning, professional growth, and engagement with global health perspectives.

Methods:
Using the Joanna Briggs Institute (JBI) methodology and reported in accordance with PRISMA-ScR guidelines, a comprehensive literature search was conducted across four databases: CINAHL, MEDLINE, Scopus, and ERIC. Qualitative studies published between 1990 and 2025 were included if they examined nursing students' experiences during international study tours or cultural exchange programs. The review applied the PCC framework: nursing students (Population), participating in international study tours (Concept), in global settings (Context). Data were extracted and narratively synthesized to identify key themes.

Results:
The review found strong evidence that international study tours contributed to personal transformation and enhanced global awareness. Reported outcomes included improved adaptability, empathy, cultural humility, and strengthened professional identity. Exposure to unfamiliar healthcare systems prompted critical reflection and broadened students' clinical thinking, especially around health equity and culturally safe care. Cultural competence was a central theme, supported through direct engagement with host communities and guided reflection, it profoundly expands students' global health perspectives by immersing them in diverse cultural and clinical settings, deepening their understanding of health inequities, resource limitations, and ethical challenges in global care.

Conclusion:
International study tours are transformative educational experiences that cultivate globally competent and reflective nurses. Integrating these programs into nursing curricula strengthens students' preparedness for diverse healthcare settings and fosters a deep commitment to equity and cross-cultural care. These experiences enrich learning environments by challenging students' assumptions and enhancing their ability to deliver compassionate, culturally responsive care across varied patient populations.

Keywords:
Nursing education, international study tours, cultural competence, global health

P155

Designing a Doctor of Nursing program to address gaps in nursing leadership and change management

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Aim/Objective:
To describe the rationale, objectives, and innovative design process of a Doctor of Nursing (DN) program that addresses educational gaps in nursing leadership, management, and organizational change.

Methods:
A consultative and iterative approach guided the DN program development. Initial stages included comprehensive literature reviews, stakeholder consultations, faculty workshops, and needs analyses with local healthcare organizations and nursing leaders. A collaborative working group of nursing educators and leaders designed the curriculum, defined program objectives, and established learning outcomes emphasizing transformative leadership, operational management, and evidence-based practice.

Results:
The DN program, distinct from Doctor of Nursing Practice (DNP) and PhD pathways, specifically targets nurses in non-clinical leadership roles or those aspiring to such positions. Key features include flexible part-time and full-time online study options, a curriculum centered on leadership competencies, change management, policy influence, and cultural safety, and rigorous integration of scholarly inquiry into professional practice. Program outcomes directly address contemporary demands for enhanced leadership competencies and effective management of healthcare change initiatives.

Conclusion:
This DN program provides a critical educational pathway addressing gaps between clinically-focused DNP and research-intensive PhD programs, while supporting equitable access to graduate education for underserved populations. Graduates will be prepared to lead improvements in healthcare management, policy development, and service delivery, enhancing nurse retention, workplace satisfaction, and patient outcomes. This initiative sets a precedent in Canada for innovative terminal degrees tailored to nursing professionals seeking alternatives to traditional research-intensive pathways.

P156

Using AI-assisted technology to develop 3D pathology models in nursing applied science education

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Aim/Objective:
Artificial intelligence (AI) is transforming global industries, including healthcare and education. While AI presents both opportunities and challenges for nursing, educators must adapt to technological advancements by shifting from traditional content delivery to fostering critical thinking and innovation. This study explores the integration of AI-assisted 3D modelling in nursing education to enhance applied science learning and prepare future nurses for digital healthcare leadership.

Methods:
An innovative assessment was implemented in the nursing applied science paper across pre-registration nursing programmes, requiring students to develop 3D pathological models for health promotion using AI-assisted tools. Students had the option to utilize AI for digital design and modelling or to create traditional handcrafted models.

Results:
While some students embraced AI-assisted 3D modelling, others preferred manual model creation. The assessment successfully mitigated AI plagiarism risks while encouraging ethical and effective AI use. Student reflections highlighted increased confidence in AI's role in healthcare and a stronger motivation to lead AI-integrated practice in their future careers.

Conclusion:
Although AI adoption in nursing education remains gradual, its influence will continue to grow. Nurse educators must collaborate with institutions and policymakers to develop forward-thinking teaching strategies that harness AI's potential while maintaining academic integrity.

Keywords:
AI-assisted learning, 3D modelling, nursing education, innovation in teaching

P157

How can nursing education support the scope expansion? A pedagogically innovative response to integrating differential diagnosis into education

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Aim:
In response to the growing complexity of healthcare, the Nursing Council of New Zealand (NCNZ) introduced the six pou competency assessment framework to guide registered nursing practice. Pou four: Pūkengatanga – Evidence-Informed Nursing Practice supports scope expansion through the integration of critical thinking, evidence-based care, and cultural safety to support differential diagnosis. Tertiary education plays a key role in supporting this shift.

Methods:
Teaching tools and assessments have been developed to support the implementation of differential diagnosis into tertiary nursing education to align with pou four. These are being systematically integrated across both undergraduate and postgraduate nursing programmes. The tools include a range of structured clinical reasoning templates, case-based learning scenarios, and culturally responsive assessments; which have been designed to scaffold students' diagnostic reasoning skills at different stages of their education. These tools are staggered across the curriculum to align with students' learning progression and support the development of pou four competencies.

Results:
Early anecdotal feedback from students suggests increased confidence in meeting pou four competencies. Post-graduate students report stronger alignment with their nursing practice. Continued refinement of these tools is underway, informed by educator reflections and student feedback.

Conclusion:
This project represents a pedagogically innovative response to evolving nursing roles in Aotearoa-NZ. It aims to inform curriculum development by aligning educational strategies with pou four of the NZNC competencies; contributing to a culturally responsive nursing workforce, equipped to meet the demands of contemporary healthcare.

Key words:
Differential diagnosis, Nursing education, Pou four: Pūkengatanga – Evidence-Informed Nursing Practice, Tertiary education.

P158

Reclaiming the Unique Needs of Infants: A Call for Nursing Leadership in Child Protection Policy

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Child protection legislation in New South Wales (NSW) is guided by the principle of advancing the best interests of the child. This presentation argues that infants—defined as children under 12 months of age—have distinct developmental needs and vulnerabilities that warrant recognition as a discrete legal category across all relevant instruments, including the UN Convention on the Rights of the Child (CRC) and Australian domestic child protection law. The current lack of legal differentiation for infants in out-of-home care (OOHC) decisions, particularly regarding contact orders, represents a critical gap in the child protection framework.

This research explores how infancy is treated in legal decision-making and proposes law reform to better reflect the unique needs of this age group. It also highlights the inconsistent definitions of "infancy" across legal and health domains, both domestically and internationally, and calls for greater alignment to support improved developmental and mental health outcomes for infants in OOHC.

Crucially, the study positions nurses as key leaders in shaping child protection policy. As frontline health professionals and expert informants to the courts, nurses are uniquely placed to identify early signs of infant neglect, maltreatment, and long-term health risks. However, there is limited research on how nursing-provided health information influences judicial decisions regarding infant removal.

Findings from this research project reveal a lack of transparency and consistency in how such information is used, underscoring the need for clearer policy frameworks and stronger interdisciplinary collaboration.

By integrating legal theory with health science, this paper advocates for a more infant-centred and nurse-informed approach to child protection—one that empowers nurses to lead in policy development and ensures the legal system adequately safeguards the most vulnerable children during their most formative stage of life.

P159

Learning from normal work: re-examining how we learn about risk in healthcare

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Safety learning within healthcare has traditionally responded to adverse events by investigating causes and implementing actions to prevent recurrence.

This approach to risk management fails to recognise how healthcare practice is predominately delivered safely by healthcare professionals who adapt their practice daily, sometimes outside of prescribed policies, in response to challenges and resource restrictions/constraints. Existing safety management fail to consider the existence of these adaptions, so they fail to inform the refinement of safety related policies.

Policies and procedures are often designed on the perception of how care is, and should be delivered; Work as Imagined, but care delivered in real life does not always match that intention; Work as Done.
In reality, care delivered daily is more nuanced and complex than can be considered by policies/procedures and requires people to adapt to constraints and context that they face daily, often because of a mismatch between demand and capacity.

Safety II
The Safety II approach to risk management considers that learning about how people are kept safe in healthcare must include 'learning from normal work' - not just when things go wrong, but how they also go right. Risk learning that occurs only in response to adverse events does not inform our understanding of how adaptions in practice result in things mostly going right.
There are significant advantages to embedding safety II principles into healthcare safety frameworks and educational curriculum. The approach is proactive, it engages individuals within the system to be more involved in risk determination, it acknowledges the adaptations that people make in their daily practice and provides an opportunity to reduce constraints that frustrate people, increase risk and challenge the efficiency of practice.

Conclusion
This presentation advocates for embedding the principles of Safety II into the risk and safety curriculum of all healthcare related education institutions.

P160

Falling Off the Research Cliff: Stronger Advocacy Needed for Nursing and Midwifery Early to Mid-Career Researchers: A Roadmap

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Aim/Objective
Nurses and midwives comprise over half of the global healthcare workforce and play a critical role in delivering quality care, improving patient outcomes, and advancing education and innovation. However, those pursuing research careers—particularly Early to Mid-Career Researchers face systemic barriers such as limited recognition, disproportionately low funding, and constrained career progression. To address these challenges, the Australian Nursing and Midwifery Early to Mid-Career Researcher (EMCR) Advocacy Roadmap was developed.

Methods
The Roadmap was developed by the Maridulu Budyari Gumal – Sydney Partnership for Health, Education, Research, and Enterprise (SPHERE) Nursing and Midwifery Implementation Science Academy EMCR Group. It incorporates contributions from over 100 Australian nursing and midwifery EMCRs, clinical and academic experts, and consumers representatives at the inaugural National EMCR Research Symposium (Sydney, Nov 2024). The Roadmap also draws on findings from a national Australian nursing and midwifery EMCR research survey.

Results
This Roadmap outlines a strategy to address key gaps in support, recognition, and career development for nursing and midwifery EMCRs, offering three main recommendations:
- Recognition as Researchers: Showcase the impact of nursing and midwifery EMCRs and strengthen leadership, mentorship, and networking.
- Collaboration as Partners: Support interdisciplinary and academic-healthcare partnerships, enabling nursing and midwifery EMCRs to lead impactful research through dedicated collaborative platforms.
- Capacity and Capability for Impact: Strengthen the ability of nursing and midwifery EMCRs by providing dedicated time for them to lead and conduct research, enhance their skills in research design and evidence translation, and provide continuous professional development to support robust research programs and build leadership capacity.

Conclusion
The Roadmap urges organisations, policymakers, funders, and individuals to adopt its recommendations to support the development of nursing and midwifery EMCRs and cultivate the next generation of leaders—through education, innovation, and enhanced evidence translation—to improve patient outcomes and tackle healthcare challenges.

P161

Healthcare assistant decision-making in aged residential care

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Aim:
Healthcare assistants provide most of the care to older people living in aged residential care. Increased demands for aged-care services and workforce shortages have resulted in HCAs working under increased pressure and making decisions about many aspects of care. Despite being the essential workforce for the aged-care sector, there is a limited understanding of how HCAs make decisions. This study explored HCA decision-making when caring for residents, including those with dementia, multimorbidity and with complex conditions requiring ongoing treatment and/or palliative care.

Methods:
Critical ethnographic methodology was underpinned by Small-World theory to inform data collection. Data sources included direct observation, semi-structured interviews, and experimental vignettes. Small-World theory and decision-making theories provided frameworks for analysing data.

Results:
We identified 12 routine decision schema; decisions HCAs considered easier or more difficult to make; and three ways information was shared to gain situational awareness. The institutional schedule, availability of resources, rules of work, and the social norms of the facility were found to have influenced their decisions. Resident attributes, HCA characteristics, and the nature of care tasks also influenced decisions. Vignettes revealed the decisions that were routine and a reliance on tacit knowledge when they were unsure. Advice was sought from experienced HCAs and RNs. HCAs supported residents to adapt to institutional care routines.

Conclusion:
Knowledge of the routine decisions HCAs considered easier or more difficult to make offered insights into the complexity of the care they provided. Registered nurses can better support HCAs to make more informed decisions by sharing information about residents' conditions and care. Targeted education can support HCAs to make more informed decisions with confidence.

Keywords:
decision-making, healthcare assistants (HCAs), aged-care

P162

Keeping loved ones in the 'communication loop': a tool to assist residential aged care nurses.

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Aim/Objective:
Australian Catholic University evaluated the experience of staff and family using a communication app, Brenna. Brenna allows nursing staff to provide family members with digital updates on their loved one's condition through a mobile app.

Methods:
In the Baseline phase, an observational Time in Motion study measured the number of minutes nurses spent on communication activities at 3 sites of a Tasmanian Aged Care provider, OneCare (May 2024). In the evaluation phase a cross-section online survey was piloted with 11 staff and 50 loved ones using the Brenna application within 2 Greenhill aged care services in NSW (April/May 2024). With the main evaluation collecting data from 33 staff and 122 loved ones across 5 facilities (OneCare) Tasmania (January-April 2025). Funding was provided by an Aged Care Research and Industry Innovation Australia (ARIIA) grant and ethical approval was obtained.

Results:
Time spent communicating during baseline phase was measured across 13 hours 18mins of shadowing 6 staff. A total 1-hour 18mins was spent on family communication activities (10% of observation time). For 5 staff communication took up an average of 16% of their time. Only 3 out of 10 calls were answered, 70% went to voicemail. The evaluation of the App found that Nursing staff 'agreed' or 'strongly agreed' that Brenna was helpful in reducing stress, improving communication, and saving time. Loved ones 'agreed' that the Brenna app updates and news announcements were useful, that Brenna was easy to use and helped with clear communication but were neutral on Brenna promoting trust and improving their satisfaction with care.

Conclusion
Digital technology can play a significant role in nursing communication within the aged care sector, particularly given the systemic challenges the industry faces.

Keywords:
staff-family relationships, residential aged care, digital technology, nursing, communication, older people nursing.

P163

Employing clinical judgement while remaining compliant with the Early Warning System protocols

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Nurses are significant decision makers within the multi-disciplinary team, directly influencing the care and outcomes of patients. Their role in using early warning systems and applying their clinical judgement, means they are ideally positioned to positively influence the quality and safety of healthcare services for the public.

Nursing practice continues to be guided by nursing theories, which serve as structured frameworks to evaluate and improve nursing interventions with a focus on better patient outcomes. Practice level nursing theories, such as the Theory of Acknowledging developed through this study, provide actionable insights that directly influence nursing practice. This theory highlights how nurses use their clinical judgement to address patient needs, ensuring timely and effective care.
By employing clinical judgement, nurses not only improve patient outcomes but also play a crucial role in harm prevention.

The use of EWSs, coupled with informed clinical judgement, enables nurses to identify and address potential adverse events proactively. The Theory of Acknowledging offers a valuable understanding of the processes nurses use to achieve these outcomes, underscoring the importance of their contributions to a safer, more effective healthcare system.

P164

Non-fatal strangulation and the health services response.

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Identifying and clinically managing the care of those who have survived strangulation is vital to preventing or minimising long-term morbidity and mortality. The study aimed to explore frontline health professionals' current understanding of non-fatal strangulation (NFS) and their need for and support of a comprehensive education and screening package to support health delivery.

A descriptive mixed-method approach was chosen to analyse responses to an anonymous, online survey consisting of ten Likert-scale, open-ended, and five demographic questions describing the subjective experiences and perceptions of the participants. 103 Front-line health professionals (nurses, doctors, paramedics, midwives) participated in this study.

The findings identified that 51% of health professionals do not ask about strangulation routinely and that 59% reported receiving no formal education or professional development on NFS to increase their knowledge and inform clinical practice. Frontline health professionals acknowledged that at times they were unsure if a person's presentation was due to physical or psychological trauma, alcohol or drug use, or an undisclosed disability. Mild traumatic brain injury as a consequence of strangulation, and lack of visible face or neck injuries after strangulation, were not reported. Health professionals rarely document the agencies to which people with NFS might be appropriately referred.

Findings suggested that frontline health professionals lacked the requisite knowledge and skills to assess and refer for ongoing safety and care. Frontline health professionals would benefit from screening and education to guide recognition and response to non-fatal strangulation.

P165

Experiences of people with diabetes mellitus of telehealth for diabetes management during the COVID-19 pandemic

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Aim:
To explore experiences of people with diabetes who utilized telehealth, telephone and videoconferencing software, for diabetes management, with doctors, nurses, allied health, due to COVID-19 pandemic.

Objective:
To conduct a systematic review of all available and appropriate literature on the experiences of diabetes care during the COVID-19 pandemic, as research had not yet synthesised or critically analysed the experiences of people with diabetes who received care via telehealth, an unavoidable and rapid transition from traditional in-person consultations with health professionals.

Methods:
The review was conducted according to JBI guidance on Qualitative Systematic reviews. A search of 5 single databases, and several ProQuest databases was conducted. Studies from January 2020 onwards were assessed for inclusion. This review included qualitative and mixed methods studies in any language. Two independent reviewers screened studies and assessed the methodological quality by critical appraisal. The included studies were synthesised utilising JBI meta-aggregation.

Results:
The review considered 819 studies, where after exclusions, 7 studies were selected for inclusion. There were three synthesised findings identified, of which were established on 13 categories with 53 findings from sub theme analysis of the included articles. The synthesised findings were; 1) The provision of care and diabetes self-management capabilities utilising telehealth was based on the perceived quality of communication and the ability for patients to access quality health assessments and care, 2) Telehealth was seen as logistically convenient, saving, effort, money and time through reduced travel for patients, and 3) Telehealth required user friendly infrastructure which considers accessibility, connectivity, compatibility and digital health literacy.

Conclusion:
The review validates existing utilisation of telehealth for diabetes care, further suggesting the viable and valuable implementation of formalised telehealth as a hybrid model service for diabetes care delivery beyond the COVID-19 pandemic.

Key words:
COVID-19, Telehealth, Diabetes Management, Patient Experience

P166

Qualitative study of the effectiveness of chronic disease management plan on patient self-management with diabetes, patients' perspectives

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Background and purpose:
Chronic Disease Management (CDM) plans must appropriately target patients' needs; however, patients with chronic conditions are often poorly served by the current health delivery and arrangements that fail to coordinate care across different service providers. Therefore, this qualitative study investigates the patients' perspectives on the effectiveness of CDM plans on self-management

Methods:
A qualitative evaluation framed by post-positivism examined the effect of CDM plans on patient self-management in primary care. This study was conducted in a general practice setting in a semi-rural area and employed semistructured, in-depth interviews with a purposive sample of 15 patients with type 1 and type 2 diabetes. The interviews were carried out after the completion of the CDM plans.

Results:
Four themes and 18 sub-themes were identified in this study. Four themes are discussed: overwhelming management of diabetes, life priorities, a lack of focus on person-centred care, and cognitive overload.

Conclusion:
CDM plans are a well-used tool in primary care practice. Better-targeted services based on patient needs, a higher level of coordination among the multidisciplinary team, patient involvement in setting shared goals and decision-making, and regular reviews are the outcomes of improving and restructuring the current format of CDM plans.
Relevance to clinical practice: This method could help inform the development of the CDM plans to assess self-management and develop interventions to increase self-management skills among patients with diabetes

Keywords:
Chronic disease management plan, primary health care, general practice setting, patient's perspective, patient care planning, patient-centred care, patient with diabetes, self-management.

P167

Stroke survivors experience of acute stroke care using the Fundamentals of Care Framework. A Kaupapa Māori aligned study

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Aim
In Aotearoa New Zealand, 9000 people a year are affected by stroke, with Māori, the Indigenous peoples, disproportionately affected.
This study aims to describe stroke survivors and their whānau (family), experience of fundamental care during the acute hospital admission. This is a sub-study of the Quality in Acute Stroke Care (QASC) Australasia study. The Fundamentals of Care (FoC) framework provides a tool to investigate the patient experience.

Methods
A prospective, Kaupapa Māori aligned qualitative study, using semi-structured interviews. Kaupapa Māori methodology is "by Māori for Māori", with whanaungatanga (relationships) at its centre. Māori voices and experience will be privileged while including all ethnicities.

Inclusion criteria
Acute stroke patients
  • Adults ⎕ 16 years
  • Stroke care in a QASC study hospital
  • Experienced a stroke during the QASC study period.
  • Discharged from hospital
 Whānau
  • Whānau members ⎕ 16 years

Data collection: Following written informed consent, face-to-face interviews, either in-person or via video conferencing, will be conducted by a Māori researcher. Speech and Language support will be available as needed. Questions will be informed by the FoC Framework, investigating participants experience of building relationships with staff, and physical and psychosocial care received.

Data analysis: Thematic analysis will inform data analysis. Transcripts will be read and re-read with inductive theme identification. A Māori researcher will analyse Māori participant data, while others will be analysed by a non-Māori researcher. Participants will be offered the opportunity to review their transcript and identified themes.

Results
This work will address our Te Tiriti o Waitangi obligations, being the first-time fundamental care following an acute stroke in Aotearoa has been reported, while helping to build future Māori research capacity.

Conclusions
This work will lead to future co-designed stroke studies, building trust and relationships with Māori who have long experienced institutional racism, and stroke patients who are a marginalised group.

P168

Shifting from Paper-Centred to Patient-Centred: A New Era in Chronic Disease Management

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Chronic disease management has historically been centred around paper-based processes in primary healthcare settings, with decision-making and patient involvement being limited. However, there is a growing recognition of the need to shift towards a patient-centred approach that empowers individuals to participate actively in their care. This qualitative study explored the transition from paper-centred to patient-centred chronic disease management and its implications for healthcare delivery.

This qualitative study conducted interviews with ten healthcare professionals involved in CDM plans. One central theme in this study was that the robust care planning process is not person-centred. The complexity of chronic disease management (CDM) plans presents challenges for evaluation. Due to the diverse range of patients and interventions, person-centred care is crucial but challenging to assess. The chronic nature of the disease complicates the short-term assessment of person-centred care. To address this, the study has emphasised that transforming the delivery, structure, and design of CDM plans is necessary for promoting person-centred care.

The shift towards patient-centred chronic disease management represents a fundamental change in the way healthcare is delivered, placing greater emphasis on collaboration, shared decision-making, and, most importantly, patient empowerment. This approach acknowledges the unique needs, preferences, and goals of individual patients, moving away from a one-size-fits-all model towards personalised care plans, inspiring hope for a more patient-centric future in healthcare.

This study provided insights into the opportunities and challenges associated with this transition, highlighting the need for a comprehensive and inclusive approach to healthcare delivery.

P169

The role of advance care planning in hospital transfer of aged care residents at the end-of-life

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Aim/Objective:
The aim of this scoping review was to determine the available empirical literature on hospital transfers from residential aged care facilities for residents who are at the end-of-life and the role that advanced care planning (ACP) has in hospital transfers.

Methods:
A scoping review was conducted using the Joanna Briggs Institute Preferred Reporting Items for Systematic Reviews and Meta- Analysis Extension for Scoping Reviews and Arksey and O'Malley's framework. Several health databases were searched. Guiding research questions were: to what extent are advanced care plans (ACPs)/advanced care directives (ACDs) completed in aged care facilities?; what are the reasons for hospital transfer from aged care facilities at the end-of-life? and; what is the role of ACP in the decision to transfer residents to hospital at the end-of-life?

Results:
196 potential papers were identified from screening. After applying the Population Concept Context inclusion and exclusion criteria, twenty-two research papers were identified. Fourteen were quantitative, seven were qualitative and one was mixed methods. ACP took many forms, reflective of the variety of countries where the studies originated. Rates of ACPs for residents in aged care ranged from 2.3% to 92.4%. Reasons for hospital transfer were predominantly facility or resident related and were classified under the themes: acuity, ability, vulnerability and family. ACPs that included specific instructions to not resuscitate or not hospitalise resulted in less hospital transfers than those that did not. Of concern were reports of hospital transfers against resident wishes as documented on ACPs or ACDs.

Conclusion:
ACP is a significant strategy to reduce hospital transfers of aged care residents at the end-of-life. Nursing staff education on ACP and end-of-life care is imperative to ensure that resident preferences are respected and to prevent unnecessary and burdensome hospital transfers at the end-of-life.

Keywords:
advanced care planning; aged care; end-of-life; hospital transfers.

P170

Culturally appropriate palliative care for older Chinese in aged care

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Aim
This study aims to explore the experiences of older Chinese residents and registered nurses regarding palliative care in a residential aged care facility.

Methods
A qualitative descriptive design was used. The study was conducted at a for-profit aged care facility in southeastern Australia.
Purposive sampling recruited 14 participants: older Chinese residents (n=7) and registered nurses (n=7). Residents were aged 65 and older, living with life-limiting illnesses, and were able to provide informed consent. Nurses provided care to these residents.
Focus groups and individual interviews were conducted, with interpreters providing Chinese translation. Interviews were transcribed, translated into English, and analysed using qualitative thematic analysis.

Results
The identified themes were organised into two main categories. (1). Residents: awareness of health conditions, preferences for decision-making and advance care planning, perceptions of care received. (2). Registered nurses: understanding of palliative care, initiating advance care planning and describing culturally appropriate care, and communication difficulties and solutions.

Conclusion
The study highlights the need for guidelines for nurses on a culturally appropriate approach to palliative care discussion and improved education that fosters a full understanding of palliative principles and supports older residents from a culturally and linguistically diverse background, such as Chinese, to live fully until their final days.

Key words:
Older Chinese, residential aged care, nursing home, palliative care, culture, experience

P171

Pandemic Paradox: A mixed methods study unmasking the impact of COVID-19 on nursing and midwifery workforce job retention.

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Aims:
The aim of this study was to investigate Australian Registered Nurses and Registered Midwives' lived experiences of working through COVID-19 while examining how the pandemic affected their intention to stay or leave their job or profession.

Methods:
A convergent parallel mixed methods study was conducted with 306 Registered Nurses, 42 Dual Practicing Registered Nurses and Midwives, and 16 Registered Midwives from across Australia who worked during the pandemic. The questionnaire was administered between November 2022 and April 2023. Concurrently, a purposive subset of 11 participants, selected based on eligibility criteria, participated in semi-structured online interviews guided by an Interpretive (Hermeneutic) Phenomenology Model.

Results:
Quantitative analysis revealed that midwives had higher relational but lower extrinsic job satisfaction compared to nurses. Qualitative analysis of individual interviews identified three key contexts with associated themes and subthemes. These three contexts were 'The Perfect Storm', 'The Cost of Caring' and 'Caring in the Shadows'.

Conclusion:
The results of this study offer a comprehensive view of job satisfaction in nursing and midwifery following the pandemic. These findings emphasise the complex and interconnected nature of job satisfaction, highlighting the interplay between individual, occupational, and systemic factors. Regardless of the COVID-19 case numbers or mortality rates, nurses and midwives are inherently prone to psychological distress due to the inherent nature and demands of their professional role, identity, and sense of duty. The study emphasises the need for organisational adaptability and proactive risk management, shifting focus from relying on individual resilience to addressing systemic shortcomings during crises. This study's findings enhance the existing literature on job satisfaction and retention among nurses and midwives in Australia. These findings will inform policy and practice, contributing to the development of sustainable workforce strategies to support and retain health professionals.

Keywords:
COVID-19; nursing and midwifery; job satisfaction, workforce sustainability

P172

Deprivation in people with venous leg ulceration: a secondary analysis of 916 participants from five randomised controlled trials

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Aim/Objective:
To determine levels of deprivation by ethnicity in people with venous leg ulceration (VLU) and determine if deprivation is associated with number of people healed VLU and / or time to healing.

Methods:
Participant addresses, demographic and clinical data will be obtained from the records from each trial. Only the most recent record was retained if people had participated in more than one trial. NZ Deprivation Index and Indices of Multiple Deprivation scores were obtained from geocoding the participant addresses. Descriptive statistics were used for presenting the quintiles of deprivation for Māori, Pasifika, and non-Māori non-Pasifika participants. Logistic regression was used to investigate associations between deprivation and percentage healed, while Cox regression was used to investigate associations between deprivation and time to healing.

Results:
916 people were included in the analysis; 126 Māori, 115 Pasifika, and 672 non-Māori non-Pasifika. The mean age was 65.0 (17.1) years and 422 (46.2%) participants were female. Ninety-one (10.0%) participants had diabetes and 136 (14.9%) were current smokers at the time of the trial. Median ulcer area was 2.9 cm2 (interquartile range 1.1 – 7.5 cm2) and media ulcer duration was 10 weeks. The number of participants healed at trial endpoint was 551 (60.4%) and median days to healing was 84 days (interquartile range 43 – 124). The percentages in the lowest quintile of IMD2018 were 62.7%, 69.1% and 55.1% for Māori, Pasifika and non-Māori non-Pasifika. The percentages in the lowest quintile of IMD2018 were 63.3%, 67.5% and 52.4% for Māori, Pasifika and non-Māori non-Pasifika. There was no significant associations between deprivation and percentage healed or time to healing for Māori, Pasifika, or non-Māori non-Pasifika.

Conclusion:
More Māori and Pasifika participants experienced deprivation than non-Māori non-Pasifika. Level of deprivation did not influence the likelihood of healing either overall or for any specific ethnic grouping.

P173

A Systematic Review and Meta-Analysis Assessing the Impact of Interventions on Parenting Practices in Children's Digital Safety

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Aim

The rise and integration of digital technology in children's lives provide substantial opportunities for educational and social development; however, they also introduce significant health and digital safety concerns. This study aims to assess the effectiveness of digital safety interventions in improving parental practices related to the protection of children's digital activities.

Methods

This review followed the Joanna Briggs Institute's methodology for systematic reviews and adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A thorough literature search was conducted in May 2024 across multiple databases, including MEDLINE, CINAHL Ultimate, PsycINFO, Web of Science, The Allied and Complementary Medicine Database, ProQuest Central, and IEEE Xplore, to identify peer-reviewed articles, published in English, with study focus on parents, interventions targetting children's digital safety.

Results

The review encompassed 11 studies published from 2012 to 2024, with eight included in the meta-analysis. The analysis revealed a significant effect of interventions in randomised controlled studies (Hedges' g = -0.47, 95% CI -0.85 to -0.08) and an even stronger effect in quasi-experimental studies (Hedges' g = -1.23, 95% CI -1.49 to -0.97). High heterogeneity was observed in randomised studies (I^2 = 87.95%), while no heterogeneity was found among quasi-experimental studies (I^2 = 0%). Overall, parents displayed improved knowledge and skills regarding digital safety, leading to a reduction in both children's screen time (p=0.048) and parents' own screen time (p=0.001).

Conclusion

This meta-analysis represents a pioneering effort to evaluate the impact of digital safety interventions on parental practices concerning the protection of children's digital experiences. Despite the limited attention this field has received, the data suggests that parents engaging in these interventions demonstrate enhanced digital safety knowledge and skills, coupled with a positive shift in attitudes towards employing protective strategies for their children's technology use.

P174

Launching a cost effective education model at point of care

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Aims and Background:
It was identified that nurse and midwifery education labour resources within a hospital and health service in Queensland were not meeting the growing training and development needs of the workforce.

Intervention / Project Description:
An alternative education model was proposed to realign existing nursing and midwifery training funding to support clinical coaches to provide point of care (at the bedside) education and training to in-scope units.

The primary role of the clinical coach is to apply teaching, facilitation, assessment and feedback skills within the clinical environment.1 This focus on point of care education, is the opportunity to provide real time education support and feedback to the clinical staff.

Discussion:
The clinical coaches have been recruited permanently at Clinical Nurse 6.1, in each in-scope unit. The full time equivalent (FTE) appointed matches three business planning framework (BPF) provisioned training allocation days for each nursing or midwifery employee within the unit. A memorandum of understanding was developed between the Nursing Directors, Nurse Unit Manager (NUM) and Nursing and Midwifery Education to clearly articulate the requirements of the clinical coach, ensuring they are available to provide education, training and development within the unit and at the bedside, at all times.

The clinical coach positions have a unique position number to enable target monitoring of FTE related to BPF training days. Clinical coaches work collaboratively with the Nurse/Midwifery Educator that their unit is aligned to. Clinical coaches report operationally to the NUM and professionally to the Nurse Educator. The clinical unit holds the budget and financial responsibility for the clinical coach.

Conclusion:
Positive feedback has been received around the introduction of the clinical coach model. In addition, a summary of recommendations has been identified to ensure success of the model.

P175

Transitioning to the adult world: Continuity of care challenges when ageing-out of paediatric disability services in regional Australia.

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Aim/Background:
Transitioning from paediatric to adult health services presents multifaceted challenges for young people with disabilities, living in regional and rural Australia. Exiting paediatric care often results in abrupt cessation of established supports, leaving youths and their families to navigate complex adult healthcare systems with limited guidance. In regional and rural Australian settings, longstanding health inequities are further complicated by limited specialist care, workforce shortages, fragmented service delivery, lengthy waiting times, socio-economic factors and access barriers; all challenges that further complicate this critical life stage.

Method:
This presentation is situated within the lived experience of disability and participatory research. Anecdotal insights were gathered through informal discussions with young adults who lived with a disability. Their experiences were self-reported and unfolded through participation in consumer-led social networking environments. The participants were young adults living with physical disabilities within regional Australian communities.

Results:
Key challenges identified included a lack of understanding of the complexities of an adult health care system, abrupt discontinuation of services at the age of 16 years and, the sudden withdrawal or exclusion of parental advocacy in care coordination. These factors collectively place an undue burden on young people living with physical disability and exacerbate feelings of isolation and vulnerability. This situation is amplified in conjunction with health inequities within regional Australia.

Conclusion:
Amplifying the voices of young adults' experiences in the transition from paediatric to adult healthcare provides critical insights for healthcare professionals, policy makers, and community services. The participants' lived experiences, highlight the vulnerability of young people at this critical transitional time. Recommendations focus on enhancing the interface of paediatric and adult services and creating new transition supports. Transition preparation must be embedded earlier and ideally facilitated by advanced practice nurses and doctors' assistants. New timeframes and advocacy support will empower young adults to become proactive and increasingly confident in managing their healthcare needs, leading to greater autonomy and self-determination.

Keywords:
Transition, Disability, Healthcare, Regional Australia

A

Abdelkader, A	P152	Arabiat, D	P173
Allen, L	P112	Ayango, E	P173
Anil Kumar, D	P101		

B

Barassi, M	P133	Bridgewater , A	P119
Beccaria, L	P113	Brogan, E	P104, P133, P160
Bellman, S	P165	Brouwer, H	P106
Bessell, S	P139	Brown, A	P119
Bloxsome, D	P120	Brown, A	P152
Bonnamy, J	P141	Brown, N	P106
Bowdler, S	P102, P109, P146	Burgin, H	P122
Bower, R	P104	Burrow, M	P161
Brabin, J	P121	Burston, A	P106, P138, P162
Bradfield, Z	P160		

C

Carroll, J	P107	Cornish, J	P104
Carter, A	P126	Cornish , J	P141
Challinor, K	P162	Correia-Moll, E	P141
Chang, E	P108	Cousins, M	P113
Colbert, J	P172	Cowan, A	P110, P145
Connor, J	P163	Coxhead, H	P120
Cooper, K	P108	Crevacore, C	P116
Cornish, J	P133	Cross, W	P166, P168

D

Dabkowski, E	P112, P148	Donaldson, A	P164
Davies , H	P101	Doughty, L	P114
Davis, B	P127	Durant, J	P104
Dix, S	P123	Dwyer, T	P163

d

du Preez, P	P113

E

Eckert, M	P115	Elder , E	P107
Elder, E	P126	Exeter, D	P172

F

Ferguson, C	P160	Foster , A	P141
Flenady, T	P163	Frost, J	P130

G

Gallagher, O	P116	Ginige, J	P151
Gaviola, M	P170	Goldsmith, H	P160
Geale, S	P138	Graf, A	P116
Geia, L	P126	Gray, M	P120
Geraghty, S	P171	Green, J	P117
Gerrie, A	P165	Gregory-wilson, R	P158
Ghasemi, M	P166, P168	Griffin, K	P118