Second group of theme sessions
Educational context
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Educational context

Core and theme papers

Wednesday 5 and Thursday 6 September

Please note:
References are as supplied by authors
Papers included are those being presented at the conference at the time of going to press.
Core paper

Biographical details of core presenter

Lesley Baillie

Dr Lesley Baillie is a registered nurse and nurse educator and is Reader in Healthcare at University of Bedfordshire. Lesley has a particular interest in dignity in care and she has published widely in this field as well as in many areas of nurse education including nursing skills development. From 2007-2009, Lesley was a consultant to the Royal College of Nursing’s Dignity at the heart of everything we do campaign for which she developed a practice support pack on dignity which was implemented across the UK.

Lesley’s research interests relate to dignity and quality care, with a particular focus on improving care for older people. She has recently been part of a team evaluating a project Human rights of older people in care, for the Scottish Human Rights Commission and she is currently working on a project to improve transitions for older people from acute hospital wards. From an educational perspective, Lesley is committed to improving preparation for student nurses to provide care for older people and those with dementia with dignity and compassion.
Effective healthcare education must be developed and delivered within the context of global and national health perspectives. For some years, there has been increasing awareness of the growing numbers of people with dementia within communities across the world and whose health needs have a major impact on care provision. Traynor et al. (2011) identify that as dementia is strongly associated with increasing age and so as the world population ages, it is essential to ensure that the healthcare workforce is effectively prepared to meet the needs of people with dementia and their carers. This paper will first present the international and national background to dementia, including the United Kingdom’s (UK) strategic response, prior to focusing on the implications for healthcare education. We will then explain our university’s approach to preparing nursing students to care for people with dementia, as a core strand of their work.

Internationally, there are growing numbers of people with dementia and these figures are predicted to rise, as the number of people living longer increases. The numbers worldwide are expected to increase from the current estimate of 35.6 million, to 65.7 million in 2030 and to 115.4 million in 2050 (Alzheimer’s Disease International, 2009). In the UK, there are an estimated 800,000 people with dementia and the current financial cost of dementia to the National Health Service (NHS), local authorities and families, is £23 billion a year and will increase to £27 billion by 2018 (Alzheimer’s Society, 2012). In the UK, dementia is the third leading underlying cause of death in women, and seventh in men (Office for National Statistics, 2011). In addition it is likely that a third of all people who live over 65 years will end their lives with some form of dementia, even if another illness is their main cause of death (Brayne et al., 2006).

Dementia is therefore a major challenge for governments in terms of promoting the health of their populations, and for health and social care provision. The human cost of dementia is high with personal, social and emotional impacts on people with dementia, their families and friends. In recognition of the need for a strategic approach to dementia, in 2009, England’s Department of Health (DH) launched Living Well with Dementia – A National Dementia Strategy, followed by Quality outcomes for people with dementia: building on the work of the National Dementia Strategy in 2010. In Spotlight on dementia, the Health Foundation (2011) reviewed the UK’s key policy documents on dementia which provide an overall vision of the nature of high-quality dementia care and the elements for a best-practice framework. These comprise: information; early diagnosis; coordinated care; treatment of symptoms and challenging behaviour; carer support; hospital care; and end-of-life care. In March 2012, the UK’s prime minister launched a Challenge on dementia, a programme to build on the national strategy and aimed at delivering major improvements in dementia care and research by 2015. Thus, a strategic commitment to dementia from the UK government seems well-established.

The Health Foundation (2011) notes that as dementia is primarily a condition that affects older people, many people with dementia have other conditions common to old age that precipitate hospital admission. Their concurrent dementia affects their treatment, care and recovery and people with dementia who are admitted to hospital risk developing delirium arising from infection, post-anæsthetic effects and side effects of some medications (Health Foundation, 2011). In the UK, one in four of all adult hospital beds are occupied by people with dementia, the main reasons for admission being: falls (14%), fractures (12%), urinary tract infections (9%), chest infections (7%) or transient ischaemic attacks (7%) (Alzheimer’s Society, 2009). Sampson et al. (2009) identified that 42% of older people undergoing emergency medical admission had dementia and the proportion increased with age. Sampson et al. (2009) also revealed that over half of these patients had not previously received a dementia diagnosis, highlighting the need for healthcare professionals to be able to recognise indicators of dementia.

UK key policy documents and guidelines highlight the need for improved care for people with dementia when they are admitted to general hospitals for treatment of other conditions as, despite people with dementia being ‘core business’ in NHS hospitals, numerous studies and reports have revealed that the quality of their care is unacceptable, leading to poor experiences and outcomes for patients (Alzheimer’s Society, 2009; Royal College of Psychiatrists, 2011; Sampson et al., 2009; Bridges et al., 2010; Cowdell, 2010). A recurring theme is that hospital staff lack knowledge and skills related to caring for people with dementia (Law, 2008; Sampson et al., 2009; Cowdell, 2010; Royal College of Psychiatrists, 2011; Calnan et al., 2012) with the suggestion that improved education would enable staff to better meet the needs of people with dementia when in hospital. A recent audit by the Royal College of Psychiatrists (2011) found that only 32% of staff said they had sufficient education and development in dementia care, including awareness training and skills based training. Most staff from all job roles agreed that further training would be beneficial and would improve the level of care received by people with dementia. Calnan et al. (2012) identified a skills gap related to caring for older people generally but particularly for those who are confused or have dementia, and this applied to both nursing and medical staff. A number of reports have therefore recommended that acute hospital staff are educated to be able to recognise dementia and...
care for people with dementia when they are admitted to hospital for other conditions (British Psychological Society and The Royal College of Psychiatrists, 2007; Health Foundation, 2011; Royal College of Psychiatrists, 2011). However, Calnan et al. (2012) also highlighted attitudes as an issue as caring for older people generally was rarely considered to be an ‘exciting career option’ and they found that there was a general devaluing of the core caring skills important for care of people with dementia.

There is an urgent need to recognise that care of people with dementia is a core part of the work of healthcare professionals and address the related educational needs of existing NHS staff. NHS organisations have started to deliver programmes of education about dementia, often in partnership with universities. However, to better prepare the future healthcare workforce to care for people with dementia, universities must ensure that dementia is well addressed in pre-registration education programmes. In UK pre-registration nurse education programmes, students study a specialist field of practice (adult, child, mental health or learning disability) as well as developing generic competencies (Nursing and Midwifery Council, 2010). Caring for people with dementia is a major part of the role of adult nurses and mental health nurses across the range of healthcare settings in which they work and the NMC (2010) includes knowledge and skills for dementia care within the competencies. However, it is the responsibility of each university to translate these competencies into the course curriculum and delivery.

Nursing students frequently care for older people with dementia during hospital-based experiences as well as in community and the quality of their learning experiences is important. However, as this paper highlights, there are evidently deficits in the quality of care that people with dementia experience in hospital settings and in the knowledge and skills of the staff who are supervising students in practice. Whilst this situation should improve as recommendations for dementia care education are implemented, this remains an alarming situation as in the UK, 50% of pre-registration nursing courses’ curriculum hours is based in practice and as educators, we are responsible, jointly with our practice education partners, in ensuring positive learning environments for students. Very few research studies have focused on student nurses’ experiences of caring for people with dementia. In an Australian study of students’ experiences of caring for people with dementia in care homes, Robinson and Cubit (2007) found that there was a tension between the needs of nursing students who had little or no prior experience and limited knowledge of dementia, and the level of support they received from nurse mentors. The study’s findings identified that nursing students were often afraid of the behaviour of people with dementia and they recommended that students should be better prepared and supported to care for people with dementia as otherwise their learning experiences may be negative. This has important implications as students will care for people with dementia in most of their practice learning experiences with adults as students and then as registered nurses.

Our approach

To gather local perspectives, we conducted a survey of adult nursing students’ experiences of caring for older people with dementia in hospitals, their perspectives of how care could be improved, and their educational needs. A mixed method survey design was used with questionnaires completed anonymously by 328 adult nursing students (71% response rate), who had had at least one clinical placement; data were analysed statistically using SPSS v19. Four focus groups were conducted to explore student nurses’ experiences in more depth and these qualitative data were analysed thematically. An overall 90% (n=291) of students had cared for older people with dementia during the course, ranging from 78% of first year students to 98% of third year students, and they had cared for patients with dementia across varied placements. Only 35% (n=113) of students were generally confident about caring for older people with dementia, with others being unsure at times or worried about how they would cope. The survey results indicated that most students found caring for older people with dementia to be rewarding but challenging, demanding, hard work and complex. The students strived to understand patients as individuals, were not afraid of challenging others’ practice, and were creative in their own practice. Junior students, in particular, reported a lack of skills, knowledge and confidence but they found that hospital staff often lacked knowledge and skills too and therefore could not support or guide students appropriately. It was clear that as students were caring for people with dementia from their first practice placements onwards, with often limited support and guidance from practice staff, they needed more preparation for caring for people with dementia at an earlier stage, to help develop confidence and positive attitudes.

In 2011 we started to develop a new approach to preparing adult and mental health nursing students to care for people with dementia as a core strand of their work. We reviewed our curriculum content on dementia, in the light of national reports, our local survey results, as summarised earlier, and worked with local healthcare staff and Alzheimer’s Society representatives, to develop a new educational approach for student preparation. In 2011, Skills for Health and Skills for Care (2011) published Common core principles for supporting people with dementia: a guide to training the social care and health workforce. We mapped these principles across our new 2012 curriculum into both generic and specialist units of study, using a blended learning approach to address the necessary knowledge, skills and attitudes required to care for people with dementia. As well as university-based teaching, we developed a workbook to support learning about dementia across the three year course, which will be formatively and summatively assessed, thus raising the profile of dementia in the course. The workbook includes a resource section on dementia in the arts and sports, and throughout it provides activities linked to a range of online resources and with reflective activities to promote learning from practice experiences. The workbook is being adapted for operating department practice students too and students studying children’s nursing are also orientated to dementia as a health issue for society using an adapted resource which enables these students to explore dementia as part of family-centred care. The students’ learning is supported further by a comprehensive online resource which is also accessed by practice placement staff undergoing our rolling
programme of interprofessional study days on dementia for staff from our partner NHS organisations and other healthcare providers.

In summary, pre-registration healthcare education providers have a responsibility to ensure that education responds proactively to global and national health issues and prepares students for health challenges within society. It is clear however that in the UK, the NHS has been slow to respond to the growing numbers of people with dementia and the related educational needs of healthcare staff. The quality of practice-based learning is central to the preparation of students to develop their fitness to practise. With consistent reports of poor quality care and staff who lack knowledge and skills for dementia care, universities should work collaboratively with NHS partners to drive up quality of learning about dementia for both students and existing healthcare staff. We hope that our approach will instil confidence and a positive attitude in nursing students about caring for people with dementia from the start of the pre-registration course, which will better prepare them for registered practice and to be positive role-models in the care of people with dementia across the healthcare sector. As one student in the focus groups said:

‘We could get ahead of ourselves because we know that dementia is going to become more of an issue. So if we can get the student nurses through with a good awareness of dementia then in 20 years time we’ve got more nurses who are able to deal with it.’

References
Calnan, M.W., Tadd, W., Calnan, S. et al. (2012) ‘I often worry about the older person being in that system’: exploring the key influences on the provision of dignified care for older people in acute hospitals Ageing and Society, 1-21.
Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC.

Key words
• dementia
• health policy
• strategy
• pre-registration nurse education.
Theme papers
The politics of getting our messaging processes right

Anne Brinkman, Professional Nursing Advisor, New Zealand Nurses Organisation, Wellington, New Zealand

Nursing leadership has been shaped by events and visionaries. The far-sighted, though heavily disciplined and quasi-religious outlook of our early leaders is still having an impact today. Hester Maclean, who founded the New Zealand Trained Nurses' Association (NZTNA) in 1909, would have typified the best and worst of that leadership and those times (O'Connor, 2010). It's almost as though those military/religious origins lurk behind our seeming inability to make the leap to confidently devising and marketing our messages.

The significance of our ‘nursing voice’ often being lost or not heard in the education and health sectors is worth exploring. Aranda (2008) as cited in Sweet (2008) states that ‘We have to stop doing workforce design based on the needs of professionals. It has to be based on the needs of patients and communities. The nurse has to evolve in ways that are relevant to society. If we hang on to what we think is just good for the professions, we will become irrelevant.’ If we really do want to be heard then we need to think hard about how to refine our processes in marketing and lobbying for nursing through strategic, targeted messaging.

Right now is a good time to reassess what nursing is and what its potential could be; what nursing can do in its wide range of settings; how nurses do, or don’t, communicate with one another in their approach to patient and population health needs; and what nursing requires in order to be its professional self. It is timely and necessary to think about how we go about securing the necessary resources to improve patient and population health outcomes within the currently constraining financial contexts.

Development of political awareness and intelligence in nursing needs to be educationally fashionable and sustainable. Just how politically aware nurses actually are is impossible to know, given their multi-dimensional lives. However, if there’s a direct relationship between our awareness and our influence then it would seem that we are lagging well behind other more influential voices.

What we do is vitally important and our potential is huge, yet we still have a hard time conveying messages to effect reasonable funding levels in nursing education alone. Nurses need to learn to foot it politically and be able access potent, effective vehicles that touch the imagination and help people to think afresh about the legendary ‘difference we can make’ to health services. This all needs to be fuelled and maintained through informed, aware and strategic nursing education resources.

We especially need to ensure that nursing is actively supported in influencing health and healthcare policy with the results being tangibly felt in the classroom and in clinical settings/placements, consistently improving patient and population health outcomes (Fyffe, 2009). How much longer can we wait before our hesitancy to really grasp the nettle of political analysis and activity threatens more patients while impacting on our own survival as a profession?

References


Key words:
• political awareness
• political intelligence
• messaging.

How this contributes to knowledge development within this theme:
• historical influences impacting on current context
• our development as a profession hinges on our abilities to influence others
• political awareness and political intelligence are key to potent, effective messaging.
T99

Improving nursing utilisation of evidence to inform clinical practice: a New Zealand case study

John Clayton, Manager, Emerging Technologies Centre, Waikato Institute of Technology, New Zealand; Michael Bland, Clinical Nurse Director, Professional Development Unit, Waikato District Health Board, New Zealand

Background
In New Zealand it is acknowledged access to and utilisation of evidence to inform practice varies widely across the nursing sector. To address this wide variation, the Waikato District Health Board (WDHB), on behalf of the Midland District Health Boards (MDHB), submitted a proposal to an Expressions of Interest issued by the New Zealand Ministry of Health in 2010. The proposal, Improving Nursing Utilisation of Evidence to Inform Clinical Practice, was focused on strengthening the connection between evidence and nursing practice by utilising internationally-recognised, electronic-based approaches. The proposal was based on two interrelated tasks, firstly, the selection of an appropriate electronic manual and secondly, evaluation of the perceptions of a selected group of registered nurses and midwives to the manual's suitability for deployment across the MDHB.

Method
A thorough investigation of evidence manuals available indicated the Lippincott’s Nursing Procedures and Skills Manual (Lippincott Manual) could meet the proposal’s requirements and was subjected to a detailed review. This review comprised a gap analysis, (comparing current Waikato District Health Board procedures with procedures in the electronic manual), and a review of evidence (critically examining the clinical evidence used to support the procedures). The gap analysis indicated over 80% of Lippincott procedures correlated to the Waikato District Health Board policy portfolio. The review of evidence indicated the Lippincott Manual utilised a wide range of contemporary evidence base materials to justify the procedures described.

An initial pilot group was identified that included 135 registered nurses and midwives from across the five Midland DHBs. The pilot group was asked to critically review a minimum of three of the procedures within the manual. The selection of the procedures was designated by the project leader and the review included at least one ‘non-specialist’ procedure. Within the e-environment the project leadership group developed two evaluation instruments to seek participant perceptions of both ease of access to the electronic resources and their evaluation and critique of the actual procedures reviewed.

Results
The analysis of data from the ease of access instrument indicated a significant majority of respondents:
- were confident and competent using computers and searching, retrieving, storing and manipulating information from the Internet
- were competent and confident in using web-based technologies to access point of care procedures
- were able to clearly read all materials and the media used was appropriate to the information presented,
- could access the appropriate software applications to complete activities assigned
- had robust and reliable connections.

The analysis of the data from the procedure evaluation instrument indicated:
- a significant number of respondents recognised the value of a centralised procedure manual and the supporting resources in improving their practice
- respondents found it particularly valuable to be able to quickly and efficiently access appropriate procedures.
- Critical to the success was access ‘close’ to where care was being undertaken
- although the procedures reviewed were clinically relevant and current, the language style (Americanism) within the product was viewed negatively by some evaluators
- the context in which the procedures were written to service an American model of nursing and midwifery care did not always match practice undertaken in New Zealand.

Conclusions
In general, the evaluation showed an overwhelmingly-positive response to accessing online procedures; and the opinion that the procedures had a good technical fit with New Zealand nursing practice.

References


Key words:
- clinical practice
- utilisation of evidence
- clinical manuals.

How this contributes to knowledge development within this theme:
- demonstrates that centralised point-of-care manuals can provide an effective platform for the provision of clinical support to practising nurses and midwives
- offers new ways of increasing nurses’ and midwives’ engagement within institutional policy and procedures
- provides an insight into nurses’ and midwives’ perceptions of information and communication technologies.

T100

Appreciative inquiry: determining the best of ‘what is’ to move us to ‘what might be’

Mel Humphreys, Director of Postgraduate Studies, Curriculum Lead, Keele University, UK

This themed paper explores the issues that arise when appreciative inquiry (AI) is used as a research framework rather than an organizational development tool. Appreciative inquiry is located philosophically and theoretically, issues regarding the critique and challenges as a research method, as experienced within the doctoral study are explored, within the context of exploring what makes facilitation within simulation effective. It develops from the idea that research is an individual and private activity toward an idea of the research as being a collective activity, where people share and develop ideas together.

Background
The use of simulations as a teaching and learning tool within healthcare has increasing importance; simulations are currently being utilised as a key teaching method for practicing and assessing developing skills, knowledge, attitudes and meaningful decision-making. There is a clear rise in its significance as an important adjunct within nurse education to establish, develop and maintain clinical expertise (DH, 2006 and 2008; NMC, 2007; Bond et al., 2007; Roberts and Green, 2011). To date, the major emphasis in the literature has been on assessment, scenario working, and single case reports of innovative teaching strategies (Wellard, et al., 2007; Hope et al., 2011).

It has been reported by Roberts and Green (2011) that following initial preparation it appears that nurse educators can be daunted by the sophistication and potential for learning through simulation. The nurse educator, as the facilitator, is responsible for helping the students to make sense of the learning which has taken place during the scenario through a process known as debriefing. The notion of debriefing appears to be unique to teaching and learning which utilises high-fidelity simulation; however, it appears that little is known about the underpinning pedagogy of the facilitative process – which includes the debriefing.

In an attempt to embrace the positive aspects of what nurse educators bring to their simulation teaching appreciative inquiry (AI) was considered to offer a sound methodological approach (Cooperrider et al., 2005; Seel, 2008). Appreciative inquiry is a form of action research that attempts to create new theories/ideas/images that aid in the development of change (Cooperrider and Srivastva, 1987). This study was interested in exploring what makes the facilitation within simulation effective,

Appreciative inquiry offers a novel and exciting way to undertake research within nursing. It brings together the processes of research and intervention (e.g. consultation), embracing knowledge that may have traditionally been considered as wholly different (Reed, 2007). It negates the need to take a neutral stance towards research, which, ironically, requires nurse researchers to work strenuously to detach themselves from a subject area about which they are most passionate. Appreciative inquiry is a form of ‘social construction in action’. Appreciative inquiry proposes that if we ask questions about problems, we create a reality of problems. On the other hand, if we ask questions about what works or what gives life to a community, group, or person, we participate in the construction of a reality of potential. Appreciative inquiry illustrates that we have choices to make concerning what questions to ask, who to ask, and how to engage others.

References


Key words:
• collaboration
• change
• methodology
• research
• nursing.

How this contributes to knowledge development within this theme:
• novel approach to research within nurse education using appreciative inquiry
• explores the issues and challenges to adopting a non-traditional research method
• cognisant of contemporary political and professional demands within the nursing research arena.

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**T101**

**Using a corpus linguistic to signpost discourses and factors affecting health visiting education: 2000-2010**

Patricia Owen, Scholarship and Research Strategy Coordinator, University of Derby, UK

**Introduction**

Professional education offered within higher education institutions provides many challenges (Trowler, 2003). There have been suggestions of challenges and tensions in health visiting and health visiting education in the past history of the profession (Cowley, 1995; Brookes and Rafferty, 2010). To explore these challenges and tensions further this study used as a time frame the years 2000-2010 when a New Labour government was in power and when a succession of health and professional policies were published which had an impact on health visiting education. A corpus was built of 30 policies published within this time period which were relational to health visiting or health visiting education. Software was used to analyse the policies. The paper also discusses the building, use and limitations of a corpus for analysis.

**Aim of study**

The aim of this study was signpost to potential discourses and factors affecting health visiting and health visiting education which were apparent in policy texts between the years 2000-2010.

**Method**

A sample of 30 policies related to health visiting or health visiting education was analysed. Verification of the sample was undertaken. A diachronic corpus (Baker, 2006) was built and analysed using WMATRIX software (Rayson, 2009). Analysis of the trajectory of the polices, word frequencies of lexical and lemma words of specified key words in context (KWIC); of comparison to the British National Corpus (BNC) and concordances was undertaken. Ethical approval for the study was obtained from supporting universities.

**Results**

The analysis of the corpus enabled identification of potential discourses and factors affecting health visitor’s role and education during this time frame. In summary these included a reduced visibility of health visiting as a profession; inconsistent narratives in terms of health visitor’s role and education needs and a dominance of neutral or negative representations of health visiting within the texts analysed.

**Discussion**

This paper will present an outline and discussion of building the corpus and discuss its use in identifying discourses within text. Within this study the results suggest that tensions were apparent in policy in relation to health visiting and health visiting education over that time period. The implications for this in terms of past and present health visiting education will be explored.
Conclusion
This study pointed to three main discourses which may have affected health visiting education in the last decade. This study is the first part of a PhD project determining discourses and factors which have affected health visiting education between 2000 and 2010. Future stages of the study consist of analysis of interviews of those involved in policy development or implementation to consider if the suggested discourses are supported. In addition more in depth critical discourse analysis of some texts will be undertaken. Further research should consider the development and implementation of more recent policy.

References


Key words:
• health visiting education and role
• policy
• corpus
• discourses.

How this contributes to knowledge development within this theme:
• this study begins to point towards factors and discourses affecting health visiting education between 2000 and 2010
• this study describes and discusses a research method which can aid analysis of large policy documents.

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**T102**

**A strategic approach to supporting nursing and midwifery student recruitment, selection and retention in Scottish universities**

Mike Sabin, Associate Director, NHS Education for Scotland; Ruth Taylor, Associate Head of School, The Robert Gordon University; Colin Tilley, Lead for AIM Project, NHS Education for Scotland, UK

Of the four UK countries, Scotland has previously been cited in both the professional and popular press (Waters, 2010; Johnston, 2011) as having the highest attrition rate from its pre-registration nursing and midwifery education programmes. Further, whilst higher education institutions and NHS partners had been working hard to reduce the levels of attrition, it is clear that the reasons behind attrition rates in nursing and midwifery are many and complex (DH, 2006) and it was recognised that improved retention was only likely to be achieved by an integrated programme of initiatives.

The recent NMC standards for pre-registration nursing education (NMC, 2010) provide an opportunity to support enhancements to programme design, structure and practice learning opportunities which support the skills and qualities of nurses graduating from the programmes and provide a learning environment and infrastructure which attracts, selects and supports those students in a challenging context. The significant economic downturn of the past four years, and the resulting squeeze on public spending has provided further impetus for the programme to deliver greater effectiveness.

Therefore, in response to concerns regarding the fiscal and social cost of attrition and the sustainability of existing recruitment patterns, the Scottish Government provided £5 million of funding to be reinvested in work to improve support for nursing and midwifery students throughout their training experience. At the root of this approach was a positive focus on robust selection, successful student retention and transition into employment.

A recruitment and retention delivery group, jointly chaired by representatives from NHS Scotland and the Scottish higher education institutions was established to take forward a range of initiatives which reflect both the complexity of the subject and the collective commitment of all agencies to support good practice in this area (NES, 2011). Five short-life working groups were established to take forward the key elements of the initiative:
• recruitment and selection
• retention
• practice learning
• careers and image
• data enhancement.
Since the commencement of the initiative data has demonstrated a year-on-year reduction in discontinuations and enhancement in completion rates and, taken together, the work supported by the delivery group is argued to provide a uniquely integrated national approach to supporting enhancement in nursing and midwifery student recruitment, selection and retention. The collaborative and structured approach to the evaluation of available literature, targeted pilot work, robust use of data and evaluation and the dissemination of good practice provides a possible exemplar for other national or regional programmes.

This paper will provide an overview of that work, present indicators of improvement in retention and identify opportunities for further national and international initiatives.

References


Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. London: NMC.


Key words:
• policy
• economics
• retention
• sustainability
• enhancement.

How this contributes to knowledge development within this theme:
• outline a uniquely integrated and nationally coordinated programme of work
• provide an evidence base for further activities
• set out opportunities for wider national and international collaboration.

T103

What is a good nursing student selection made of?
Kirsi Talman, PhD Student and Senior Lecturer; Elina Eriksson, Adjunct Professor, Helsinki Metropolia University of Applied Sciences, Finland

Within the past decades, a worldwide phenomenon of rising attrition rates in nursing education and low retention rates in nursing profession have initiated a lot of discussion about the effectiveness of recruitment and selection processes in nursing education (Land, 1994). In addition, the current changes in the healthcare field such as multicultural environment and aging population (McCallum et al., 2006) place even higher demands on nursing education. In addition, selection processes are time-consuming and a real financial burden for many institutions (Ahvenainen et al., 2000). Furthermore, selection methods need to be fair and reliable. However, limited research exists on selection methods to nursing programmes.

An integrated literature review will be undertaken to establish what kind of selection methods have been used in nursing education, and what factors have been indicated to contribute towards successful student selection.

According to the preliminary results of the literature review, the selection processes in nursing schools aim to select students that are motivated, suitable for the profession and successful in theoretical studies as well as in clinical practice. How can these qualities be assessed in the pre-entry phase? In the literature, pre-entry qualifications, demographic details and interviewing have been reported as the most commonly used selection processes (Sadler, 2003). However, for example, entry interviews have been criticised for lacking objectivity (Ehrenfeld and Tabak, 2000). The preliminary results also reveal that the most commonly reported factors related to professional education are: age, previous academic performance, motivation and grade point average (Kevern et al., 1999).
To conclude, past research demonstrates mixed results about the effectiveness of different selection processes. In this paper, issues associated with successful nursing student selection will be considered and information upon which to plan future selection methods will be presented.

• scarcity of research on nursing student selection
• selection methods used in nursing education
• factors contributing towards successful student selection.

References


Key words:
• nursing education
• student selection
• nursing student.
Conference committee

Dr Elisabeth Clark, The Open University, UK
Professor Lorraine Ellis, University of Derby, UK
Professor Philip Keeley, University of Manchester, UK
Professor Gary Rolfe, Swansea University, UK
Professor Fiona Timmins, Trinity College Dublin, Republic of Ireland

Scientific panel

Professor Collette Clifford, University of Birmingham, UK
Mrs Jacky Conduit, University of Birmingham, UK
Dr Kay Currie, Glasgow Caledonian University, UK
Dr Anitta Juntunen, Kajaani University of Applied Sciences, Finland
Dr Amanda Kenny, La Trobe University, Australia
Dr Andrew Mickle, The Robert Gordon University, UK
Professor Sara Owen, University of Lincoln, UK
Ms Patricia Proudfoot, Amity Group Pty Ltd, Australia
Professor Elizabeth Rosser, Bournemouth University, UK

Conference convenors

Internationally known convenors have been invited to facilitate the theme groups:

Julia Ball, University of South Carolina Aiken, USA
Abbie Barnes, Keele University, UK
Elisabeth Clark, The Open University, UK
Kay Currie, Glasgow Caledonian University, UK
Karen Egenes, Loyola University, Chicago, USA
Lorraine Ellis, University of Derby, UK
Benny Goodman, University of Plymouth, UK
Carol Haigh, Manchester Metropolitan University, UK
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Anitta Juntunen, Kajaani University of Applied Sciences, Finland
Philip Keeley, The University of Manchester, UK
Mandy Kenny, La Trobe University, Australia
Una Kyriacos, University of Cape Town, South Africa
Tom Laws, University of South Australia, Australia
Sian Maslin-Prothero, Edith Cowan University, Australia
Elizabeth Mason-Whitehead, University of Chester, UK
Milika Matti, University of Nottingham UK
Pat Mayers, University of Cape Town, South Africa
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