Second group of theme sessions
Learning and teaching strategies
Second group of theme sessions

Learning and teaching strategies

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

Connie Ritzman

Connie Ritzman is currently a teacher of psychiatric nursing at Loyola University in Chicago. She has taught courses online and in the classroom for several years. Also, as the Manager and Director of Psychiatric Departments, both inpatient and outpatient, she was always being challenged to provide education that included application of the concepts or skills in a cost effective way.

She has found aspects of the 3D and immersive environments offer much hope in this area.
Video games are becoming more prevalent each year. Thomas Chatfield states that by 2014 video games will make three times more money than the music industry (Chatfield, 2010). One of the concerns about video games is that they are addictive to many of the players. This addiction can lead the person to function ineffectively because they draw the person into playing the game (Han, 2007).

Much research has gone into studying the causes of addiction, and the part dopamine plays in this process (NIDA, 2011). Similarly, neurologists and educators are studying the effects of dopamine on motivation and learning. The question then becomes, can gamers become addicted to school if the content were presented in a game-like fashion. The results have been very encouraging. Many of the aspects of gaming can be used to improve learning in our schools. In fact, the concept is becoming so popular that the New Media Consortium in Horizon 2012 predicted that game-based learning will be prevalent in higher education in 2-3 years (NMC Horizon Report, 2012). They include simulation in this category, a teaching method increasingly popular in nursing programs.

Most of the reports do not encourage classroom content to be developed into a game, instead, they look at the ways games are developed and see what may help students to be more interested in educational content. Is there a way to modify how content is presented that can enhance learning without decreasing quality?

**Focus on the learner**

Video game designers state they spend most of their time discussing and evaluating the experience of the gamer as they are playing the game. Is the person frustrated, involved, receiving pleasure? The games collect enormous amounts of data to evaluate the gamers experience while playing the game.

In the classroom the teacher generally writes the objectives, content and evaluation for the class. Then these are carefully communicated to the student so that there are no surprises about what is expected to get the grade. If we follow the recommendation of video game designers, as instructors we would also spend time being concerned about the experience of the students as they learn the content. Is it boring, frightening, overwhelming or exciting?

**Time/difficulty increments for new content**

Video games frequently send the learner on a quest. The quests generally take about 30-45 minutes to complete. Video game designers do this to help the player achieve completion after having met the challenge; giving them a feeling of accomplishment and success. These feelings increase the dopamine release and therefore increase the pleasure. Similarly the games are levelled so that the difficulty is increased as the player increases their level. When playing World of Warcraft, for example, animals can be ferocious and dangerous to the player at the lower levels, but not even notice the player at higher levels as their ability to manage them increases.

In the classroom the content is often presented by chapter without consideration of the time or difficulty level. As an example of how the process could work, I developed a scenario for learning about caring for a delirious patient using a level system.

- In level one the students were to watch a 20 minute PowerPoint lecture and two 7 minute videos on what delirium is, its causes, and nursing care as well as answer some questions about the content.
- In level two each student was to study an assessment form for the purpose of evaluating delirium in a person. They were then to watch a short video of a nurse using the form on two patients, one scoring as delirious but not the other.
- For level three each student would go to a site in which robots, that can be trained by the instructor, would give specific answers to questions. The student would type in the question and the robot would type back the programmed answer. The student was then to evaluate if the robot would be considered delirious.

(This is done on a free site that requires no technical knowledge on the part of the instructor. It is called Pandorabots.)

**Rapid feedback**

Video games provide immediate feedback to the player. Players immediately know if they have achieved the goals of the quest and they receive rewards at the end of each quest. Some of the rewards include better equipment, important tools and experience points. Experience points are used to move the player to new levels.

Educational research has shown that the sooner a student receives feedback on their work the more effective it is. More websites are finding ways to make feedback easier and faster for the instructor to provide to the student. One of these is through the use of experience points, which the student receives when a project is successfully completed. Instructors are beginning to find ways to use experience points instead of grades to measure achievement. Experience points can be increased as the student moves up a level and so therefore the student is.
rewarded more on the learning they gain toward the end of the course when the information is more complicated and focuses more on application of knowledge. An instructor at Indiana University developed a course in which he used experience points and found that students remained more focused in class as they worked to increase their experience points. These points did then translate into a letter grade (Sheldon, 2011). Boise State University is developing a site that will calculate the experience points as the student accrues the points based on the instructor’s directions (Game Lab, 2012).

**Element of uncertainty**
Video games use uncertainty to increase players’ interest. The player must search for specific items; sometimes it is difficult and sometimes easy to find the item. This element of uncertainty, neurologists say, increases the dopamine surge when an item is found. The player is excited about the item and is encouraged to continue the game.

This aspect of gaming is more difficult to bring into the classroom unless the students are actually playing a game. Some elementary and middle schools use games such as Minecraft and World of Warcraft to provide this experience, weaving the game into the course content. There are sites for nursing where the student can play games to test their knowledge but not to apply their knowledge.

Games provide interesting and new ideas to the educational process. As educators we know that no system can help all students, but a variety can be used to enhance the educational process for the generations of students raised using computers.

**References**


**Key words**
- student-centred approach
- simulation
- practice learning
- independent learning
- application of learning.
Theme papers
T128

Practice nurses’ work-based learning needs in child and youth health

Anna Richardson, Senior Nursing Lecturer; Judy Yarwood, Principal Lecturer, Christchurch Polytechnic Institute of Technology, Christchurch, New Zealand

The tertiary education sector has a critical role in working in the health sector to identify, plan, and provide for future skill needs of health professionals (Ministry of Tertiary Education, 2007). The purpose of this project was to gather information to assist educators to actively connect teaching with workplace learning. In this project, a partnership of teachers and researchers from the tertiary education sector worked with the primary health sector to build a strong foundation for work-based education and learning. The project was overseen by an expert advisory panel comprising educators, practice nurses and one general practitioner. The parameters of the project were confined to the learners’ needs regarding child and youth health as that is a priority, high impact field of learning for practice nurses. The project included three specific aims:

- to identify the priority educational needs of practice nurses related to child and youth health
- to describe the practice based learning experiences of these nurses
- to determine the implications of these findings for transforming curricula and teaching practices in workplace learning.

The research was of mixed methodology design. This approach consisted of three phases that were distinct, but build on each other to provide comprehensive information related to the purpose of the study. Phase 1 used a modified Delphi methodology to identify and prioritise educational needs. Phase 2 consisted of individual interviews to determine the features of successful practice-based learning experiences. The first two phases provided foundational evidence for Phase 3, a focus group which determined the implications of those findings for transforming curricula and teaching practices for work integrated learning.

Identifying learning needs is an important first step in planning workplace learning. The Delphi phase of this project identified 74 learning needs of practice nurses related to child and youth health. Deciding how to prioritise those learning needs was a complex process, based on educational principles. The findings of the Delphi phase of the study demonstrated that the educational needs are given priority dependent on the relevance, level of skill and knowledge of the practice nurse, their interest level, or some combination of the above.

Once content was prioritised the methods of delivering the content was explored. The finding of this first phase of the study reinforced the need for a range of delivery methods that address the range of learning styles. However, the majority of practice nurses showed a clear preference for kinaesthetic methods of delivery.

The interview phase was used to gain richer information about how nurses learned successfully in practice. Themes derived from the information given by the participants provided insights into the ways both novice and more experienced practice nurses learned. These themes highlighted the complexity of learning in practice and the complicated interplay of the individual nurse and systemic factors in professional practice-based learning. Information shared included successful learning experiences that can guide practice based learning, and also insights into those elements that nurses considered constrained learning and revealed the need to further consider ways to support and strengthen practice based learning.

The recommendations from the study were intended to guide and support practice-based learning. The data from phases one and two included information about effective practices that were already in place. Other recommendations included the need to further consider ways to support and strengthen practice based learning. Recommendations were grouped into the following areas: educational strategies, teaching practice; organisational supports; and strategies for effective learning. It is the aim of this presentation to provide an overview of the research project, with an emphasis on the contextual educational needs of practice nurses related to child and youth health.

Reference

Key words:
- child and youth health
- practice nursing
- work-based learning
- collaboration
- mixed methods approach.

How this contributes to knowledge development within this theme:
- identifying learning needs is an important first step in planning workplace learning
- there is a need for a range of delivery methods that address the learning styles of practice nurses
- there is a complexity of learning in practice for each individual practice nurse, including their context of practice.
Preparing finalist nursing students for the transition to registration: lessons to be learned

Jill Phillips, Senior Lecturer; Karen Cooper, Lecturer; Michele Board, Senior Lecturer, Bournemouth University, UK

It is widely acknowledged nationally (Higgins et al., 2010) and internationally (Duchesne, 2009; Walker, 1998) that newly qualified nurses find the process of adapting from student to registered practitioner to be challenging. The start of a professional career promises excitement yet they do not always feel prepared for the reality of their new role (Clark and Holmes, 2007). Prospective employers in the workplace and the Nursing Midwifery Council (2008) require the new registrant to be competent in a range of complex and multidimensional skills, to be confident in caring for clients with increasingly acute healthcare needs and to be able to work effectively within an interprofessional team (Deasey et al., 2010).

Educational preparation for this potentially difficult transition period has historically focused on the post-registration period (Standing, 2007) although the need to include preparation within pre-qualifying undergraduate students is now acknowledged internationally (Candela and Bowles, 2008). Newly qualified practitioners have yet to develop the ability to apply critical thinking skills often at speed to complex situations in practice (Myers et al., 2010) and it could be argued that the need to practice these transferrable skills within the safety of the classroom is therefore welcome.

This paper aims to explore the strengths and challenges of facilitating a new unit of study for adult (n=193) and child health (n=19) field finalist nursing students as they engage in their personal learning journey and begin to take on the final challenges of transition to registered practice. Based upon work by Burton and Ormrod (2011) a number of key themes were identified and included in the initial design of the unit. These included accountability, problem identification and team decision making; measuring fitness for professional practice; leadership and management and personal and professional action planning. Facilitating knowledge development on topics that impact on national and international healthcare delivery in an ever-changing political and social world became a central theme within the unit. Each key theme was assessed as part of a structured portfolio and students were actively encouraged to compile this as the year progressed thereby facilitating their portfolio development skills and also providing them with a personal profile ready for job application purposes.

The unit entitled ‘Preparation for the role of registered nurse’ commenced at the start of the final year of a pre-qualifying undergraduate nursing programme. Students engaged in a series of creative and enterprising tutor and student led learning activities which facilitated knowledge and skill acquisition. Activities included review of peer learning partnerships which are recognised as being an effective way of facilitating student learning in practice and are thought to be particularly helpful to senior students in preparation for future work as a mentor (Christiansen and Bell, 2010). The development of critical thinking skills was facilitated through small group work and discussion around the application of complex clinical decision making frameworks to practice scenarios. Formative peer review offered students the opportunity to exchange opinions and constructively criticise colleagues which in turn facilitated management and leadership skills.

On completion of the unit in April 2012, students will be invited to evaluate their learning with particular reference to development of the knowledge and skills which will enable them to become confident and knowledgeable leaders and decision makers as future registered nurses.

The transition from learner to qualified nurse continues to present a challenge. However, creative and thought provoking learning activities which focus individuals’ development of critical thinking skills in relation to practice within the classroom setting, help to equip students with the necessary skills and knowledge to cope with future responsibilities within a changing healthcare world.

References
Reflections on reflection: an audit of students’ use of structured models within specific assessments

Fiona Timmins, Associate Professor; Freda Neill, Clinical Skills Manager, Trinity College Dublin, Ireland

Reflection is cited as a useful and valuable tool for professional development in nursing (Taylor, 2000; Rolfe, 2005) and is also utilised widely as a teaching and learning methodology for nursing students. The importance of reflection as a means of developing student learning is evidenced by the bulk of literature on this topic (McMullan et al., 2003). Although internationally reflection is an accepted feature in nursing education and practice, students often struggle with this particular concept. The level of benefit that students derive from using reflection in terms of academic achievement or professional development is not clear. At the same time students often express negative attitudes and apathy towards the use of models of reflection (Facebook, 2009; Langen and Prendergast, 2007). Additionally there are also teacher concerns about the adequacy of the teaching of reflection to nursing students and the extent to which students are prepared for the reflective process (Braine, 2009). These concerns are not unfounded, as one recent study found only superficial use of the model by students in their portfolios (Timmins and Dunne, 2009).

Gibbs (1988) model of reflection is widely used for educational purposes (Rolfe et al., 2001; O’Donovan, 2006). This paper considers the effectiveness of structured teaching (one hour lecture and two hour tutorial) on Gibb’s (1998) model of reflection by examining the extent to which students subsequently incorporate reflection into their writing. First year nursing students (BSc Hons) in one university are required to complete a module combining the learning of both communication and clinical skills. The assessment for this module requires the student to devise an essay outlining their self-reflections on their recorded performance (DVD). For this, the nursing student independently performs a simulated clinical skill, recorded and performed in the clinical skills laboratory. They are expected to demonstrate the clinical skill effectively and also use appropriate communication techniques during the interaction. Once they receive the DVD of their performance they are required to self-evaluate their performance using an evidence based approach. They are further required to organise this analysis and subsequent write up of their performance using a structured reflective framework. This 1,000 word essay forms the assessment for this module. Learning outcomes require that students demonstrate skills of reflection and awareness.

This audit aimed to ascertain the extent to which use of a structured model of reflection improved the quality of this reflective assignment and the effect of this on performance. The audit utilised a quantitative approach to examine nursing students’ essays (n=221) (representing 97% of all students in this cohort). An eight item audit tool was used to collect data. Just over half of the students (n=118) attempted to include a framework for reflection within their essay, and most of these used Gibb’s (1988) Model (n=112). Most students who used the model used it in its entirety (72%) and a further 20% used the majority of the required structure. Although use of a structured model of reflection was not an absolute requirement of the assignment, those who used the model structure scored higher on overall marks for the module (p=0.000). The mean score for the assignment was 60%. The minimum score was 40% and the maximum was 85%. Most students (97%) passed this module at first attempt. Of those students who did not achieve a pass mark, or achieved a borderline pass, the majority of these did not use a model as a guide (69% n=11). Most of those students who did not utilise a structured model to support their reflections (89% n=85) scored less than 65%. Sixty eight percent of these students scored less than 60% (n=68).

Key words:
• critical thinking
• leadership
• peer assisted learning.

How this contributes to knowledge development within this theme:
• developing team decision-making skills for practice
• broadening perspectives on national and international healthcare delivery
• facilitating a successful transition to registration.

T130

Reflections on reflection: an audit of students’ use of structured models within specific assessments

Fiona Timmins, Associate Professor; Freda Neill, Clinical Skills Manager, Trinity College Dublin, Ireland

Reflection is cited as a useful and valuable tool for professional development in nursing (Taylor, 2000; Rolfe, 2005) and is also utilised widely as a teaching and learning methodology for nursing students. The importance of reflection as a means of developing student learning is evidenced by the bulk of literature on this topic (McMullan et al., 2003). Although internationally reflection is an accepted feature in nursing education and practice, students often struggle with this particular concept. The level of benefit that students derive from using reflection in terms of academic achievement or professional development is not clear. At the same time students often express negative attitudes and apathy towards the use of models of reflection (Facebook, 2009; Langen and Prendergast, 2007). Additionally there are also teacher concerns about the adequacy of the teaching of reflection to nursing students and the extent to which students are prepared for the reflective process (Braine, 2009). These concerns are not unfounded, as one recent study found only superficial use of the model by students in their portfolios (Timmins and Dunne, 2009).

Gibbs (1988) model of reflection is widely used for educational purposes (Rolfe et al., 2001; O’Donovan, 2006). This paper considers the effectiveness of structured teaching (one hour lecture and two hour tutorial) on Gibb’s (1998) model of reflection by examining the extent to which students subsequently incorporate reflection into their writing. First year nursing students (BSc Hons) in one university are required to complete a module combining the learning of both communication and clinical skills. The assessment for this module requires the student to devise an essay outlining their self-reflections on their recorded performance (DVD). For this, the nursing student independently performs a simulated clinical skill, recorded and performed in the clinical skills laboratory. They are expected to demonstrate the clinical skill effectively and also use appropriate communication techniques during the interaction. Once they receive the DVD of their performance they are required to self-evaluate their performance using an evidence based approach. They are further required to organise this analysis and subsequent write up of their performance using a structured reflective framework. This 1,000 word essay forms the assessment for this module. Learning outcomes require that students demonstrate skills of reflection and awareness.

This audit aimed to ascertain the extent to which use of a structured model of reflection improved the quality of this reflective assignment and the effect of this on performance. The audit utilised a quantitative approach to examine nursing students’ essays (n=221) (representing 97% of all students in this cohort). An eight item audit tool was used to collect data. Just over half of the students (n=118) attempted to include a framework for reflection within their essay, and most of these used Gibb’s (1988) Model (n=112). Most students who used the model used it in its entirety (72%) and a further 20% used the majority of the required structure. Although use of a structured model of reflection was not an absolute requirement of the assignment, those who used the model structure scored higher on overall marks for the module (p=0.000). The mean score for the assignment was 60%. The minimum score was 40% and the maximum was 85%. Most students (97%) passed this module at first attempt. Of those students who did not achieve a pass mark, or achieved a borderline pass, the majority of these did not use a model as a guide (69% n=11). Most of those students who did not utilise a structured model to support their reflections (89% n=85) scored less than 65%. Sixty eight percent of these students scored less than 60% (n=68).
Marks awarded were also associated with levels of learning demonstrated (p=0.000). Students in the higher bands were more likely to demonstrate knowledge, application, comprehension, synthesis and analysis. Furthermore, those who used a model were more likely to demonstrate higher levels of learning (comprehension, synthesis and analysis) (p=0.000). Higher levels of learning were also associated with deeper levels of reflection.

While students are often expected to prepare sometimes multiple reflective assignments they are often ill prepared for this aspect of their course (Braine, 2009). Reflection is often an expectation, without sufficient educational preparation for students (Braine, 2009). This audit reveals that preparing students in advance to utilise a reflective model appears to have a positive influence on the use of reflection for some students, although sizeable numbers of students still avoided comprehensive usage, with subsequent negative effects on performance. While some individual students performed well with creative approaches to reflection (without model use) overall, using a structured model of reflection appears to have a positive influence on students’ achievement of module learning outcomes, thus reflected in their overall grades. Reflection seems to be associated with higher levels of learning, thus students need to be encouraged to fully utilise and incorporate specific models of reflection into their written work when relevant, and receive comprehensive instruction on their usage.

References

Key words:
• reflection
• assessment.

How this contributes to knowledge development within this theme:
• highlighting deficits in current teaching and appreciation of reflection by nursing students
• demonstrating ways that teaching of reflection may become more effective
• discussing effective uses of reflection within teaching and assessing strategies.

T131

A first supervision event for prospective sign off mentors during a mentorship module

Liz Rockingham, Mentorship Module Leader, University of Surrey, UK

Historically the education of nurses and midwives was by ‘on the job’ training where the student was part of the workforce and was taught through working alongside both their qualified and unqualified colleagues, with the input of tutors from the appropriate school. Following a study into how nurse preparation was to be in the 1990s by the Royal College of Nursing (RCN) (1985) the education of nurses moved from the hospitals to the universities. Project 2000 changed the curriculum to a more theoretical one, giving the students knowledge of underpinning theories rather than just practical knowledge. Students were now supernumerary and observers rather than part of the working establishment with the hospital being a clinical placement rather than an employer who taught the student.

White et al. (1993) cited in Elcock et al. (2007) found that within the old style of training student nurses were calculated in the number required to deliver patient care as the emphasis was on the clinical work...
that was required rather than the students’ learning. Student nurses are now supernumerary and spend 50% of their learning experience in practice (NMC, 2008). To aid the student bridge the gap between the education providers and the clinical placement a system of supervision and support by practitioners, mentoring, has been adopted with the expectation that they will be supported, taught and assessed by appropriately qualified and experienced clinical staff (NMC, 2008).

Since September 2007 a ‘sign off’ mentor is expected to make the final assessment in practice and confirm whether a student nurse is suitable to join the register as a qualified professional whereas for midwifery students it is required (NMC, 2008) that they are supported and assessed by a sign off mentor throughout their training. In order to become a ‘sign off’ mentor nurses and midwives who had been qualified for at least a year had to fulfil the requirements to be a mentor and then those to be a ‘sign off’ mentor. One of the criteria to become a sign off mentor is that one has been observed on at least three occasions by an existing sign off mentor completing judgements about competency in practice. This was difficult to achieve when the first edition of the Standards came out in 2006 as there were not sufficient episodes when these judgements were required to be made to give all prospective sign off mentors their three episodes being observed.

In 2010 the NMC produced circular 05/2010 which proposed that there were still to be three sign off events before a person became a sign off mentor but events one and two could now be achieved using a variety of different methods. This has led to the amendment of the Mentorship Module that was being taught where day five has become the first sign off event for all attendees.

References


Royal College of Nursing (1985) The Education of Nurses: A new dispensation. Commission on Nursing Education. Royal College of Nursing of the United Kingdom, Chair: Dr Harry Judge. London: Royal College of Nursing.

Key words:
- mentor
- sign off mentor
- mentorship module.

How this contributes to knowledge development within this theme:
- discusses an innovative and creative way of commencing sign off process
- demonstrates both interprofessional learning and partnership working with practice colleagues
- demonstrates a deeper exploration of the ramifications of mentorship for the learners.

T132

The utilisation of multimedia in an undergraduate nursing curriculum: a peer and student evaluation

Fiona Everett, Nurse Lecturer; Wendy Wright, Nurse Lecturer, University of the West of Scotland, Hamilton, UK

Aims
The essential nursing skills team of the University of the West of Scotland, Hamilton Campus introduced a contemporary holistic integrated learning and teaching approach in September 2010 to engage students with essential nursing skills (phase I) (Everett and Wright, 2011). This paper will detail the evaluation of how this approach was further developed by the production and introduction of media in the form of a video which students accessed prior to their initial clinical skills laboratory in relation to the measurement and recording of vital signs (T, P, R) (phase II). Utilisation of the video as a learning and teaching resource was then repeated within the clinical skills laboratory. This paper will provide a student and peer evaluation of the utilisation of multimedia and preferred format and recommendations for further development.

Background
As nurse educators we recognise the importance of utilising contemporary teaching approaches in order to fully engage students. The Nursing and Midwifery Council (NMC) (2008; 2010) clearly stipulate that nurse education programmes should utilise evidence based practice and ensure that teaching approaches address the learning...
needs of the diverse student population. Teaching and learning approaches should therefore embrace contemporary methods and modes of delivery. The University’s Learning Teaching and Assessment Strategy (2011) encourages the development and utilisation of multimedia in teaching: to meet student needs, to enhance teaching approaches and to meet quality standards. The cognitive apprenticeship model is also endorsed which facilitates the transferring of skills from the simulated to the real world environment (Wooley and Jarvis, 2007; Scottish Funding Council, 2008).

A review of multimedia approaches was carried out and the existing materials did not meet our needs especially with regard to the holistic integrated approach utilised. An ‘in house’ production, which depicts the holistic integrated approach has been developed and produced in video format in the first instance. Following the advice of ICT at University of the West of Scotland video format is considered to be versatile due to ease of transferability to other media formats. The holistic integrated approach allows students to observe a simulated scenario whereby the participating lecturers adopt the roles of nurse and patient respectively. Simulation is introduced at this stage of the curriculum, which mainly involves patient scenarios which initiate and develop essential nursing skills. Simulation is described as the reproduction of the essential features of a real-life situation (Medley and Horne, 2005). It not only allows the student to practice in a simulated environment but also facilitates meaningful preparation for the clinical environment. It also addresses the core themes embedded in the curriculum; communication, infection control, patient safety and moving and handling. These themes also reflect integral elements of healthcare provision across all healthcare settings.

Intervention
The introduction of a holistic ‘real time’ demonstration of the measurement, observation and subsequent feedback and recording of vital signs in the form of a video which students accessed prior to their initial clinical skills laboratory. Utilisation of the video was then repeated within the clinical skills laboratory.

Sample
The student questionnaire was distributed to all University of the West of Scotland Hamilton Campus year 1 September cohort students (n=217), year 2 adult September cohort students (n=106), year 3 adult September cohort students (n=83) and the peer evaluation to a random sample (n=10) of all University of the West of Scotland nurse lecturers with clinical skills teaching experience.

Method
The evaluation entailed watching the video followed by completion of a questionnaire. Two separate questionnaires were utilised in order to ascertain the perspectives of both students and lecturers respectively.

Findings
The year 1, year 2 and year 3 cohorts generated an 82%, 91% and 82% response rate respectively. Ninety four percent of the year 1 cohort, 96% of the year 2 and 85% of the year 3 cohort indicated that they would utilise the video for revision purposes. Ninety one per cent of the year 1 and year 2 cohorts and 82% of the year 3 cohort, would prefer access off campus. The year 1, year 2 and year 3 cohorts indicated that they would use similar videos for a wide variety of clinical skills (89%, 96% and 97% respectively). Interestingly, 82% (year 1 cohort) indicated that they would prefer to download to a laptop computer; 13% would prefer multiple downloads and 15% would download to a mobile phone.

Similarly, 93% (year 2 cohort) indicated that they would prefer to download to a laptop or desktop computer and 18% would download to a mobile phone. Seventy three percent (year 3 cohort) indicated that they would prefer access off campus, preferred download and its usefulness for revision purposes and within clinical skills learning and teaching strategies. This data will be utilised to inform and enhance learning and teaching strategies for future cohorts.

Conclusion
Students value the utilisation of multimedia and have indicated a preference for: access off campus, preferred download and its usefulness for revision purposes and within clinical skills learning and teaching strategies. This data will be utilised to inform and enhance learning and teaching strategies for future cohorts.

References
University of the West of Scotland (2011) Learning Teaching and Assessment Strategy. Paisley: UWS.

**Key words:**
- multimedia
- vital signs
- essential nursing skills
- holistic integrated learning
- teaching approach.

**How this contributes to knowledge development within this theme:**
- the utilisation of multimedia can potentially engage and enhance the student learning experience
- multimedia can be used to introduce and develop essential nursing skills
- nurse educators have an important role to play in developing innovative learning and teaching approaches.
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 Mckie, The Robert Gordon University, UK
Professor Sara Owen, University of Lincoln, UK
Ms Patricia Proudford, 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
Karen Holland, University of Salford, UK
Alex Hopkins, University of Wolverhampton, UK
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 Mattli, University of Nottingham UK
Pat Mayers, University of Cape Town, South Africa
Craig Phillips, University of South Australia, Australia
Gary Rolfe, Swansea University, UK
Elizabeth Rosser, Bournemouth University, UK
Fiona Timmins, Trinity College, Dublin, Ireland
Brian Webster, The Robert Gordon University, UK