First group of theme sessions

Partnership working and interprofessional working

Core paper and theme paper abstracts

Tuesday 3 September
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Partnership working and interprofessional learning

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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 presenters

Partnership working and interprofessional learning

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Jan Draper is Professor and Head of Nursing. She has extensive experience across different higher education provision and her research interests include transitions across the life course, nurse education and, in particular, the impact of nurse education on practice.

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Jill Rounce is a Lecturer in the Faculty of Health and Social Care at The Open University and is based in Yorkshire and the North West. Jill works on the pre-registration nursing programme supporting mental health students, the certificate of higher education in healthcare practice and related modules in health and social care. Jill’s research interests include the nurse mentor experience and preceptorship in practice.
C9

Widening participation in pre-registration education in the United Kingdom: Alumni and employer accounts of a unique part-time supported open-learning route

Jan Draper, Head of Department, Nursing; Ruth Beretta, Staff Tutor, Nursing; Linda Kenward, Lecturer; Lin McDonagh, Assistant Head of Department, Nursing (Practice and Professional Lead); Julie Messenger, Assistant Head of Department, Nursing (Academic Lead); Jill Rounce, Staff Tutor, Nursing, The Open University, Milton Keynes, UK

Introduction
This study explored the impact of The Open University’s pre-registration nursing programme on students’ employability, career progression and its contribution to developing the nursing workforce across the United Kingdom (UK). The pre-registration nursing programme is the only part-time supported open learning programme in the UK leading to registration as a nurse. It was first approved by the Nursing and Midwifery Council (the UK regulatory body for nursing and midwifery) in 2002 and at the time of writing 942 students have successfully completed the four year programme and registered as either adult or mental health nurses. Purposefully designed for healthcare support workers who are sponsored by their employers, the programme promotes widening participation in higher education and enables employers to invest in and develop their healthcare support workforce. Partnership working between the university, employers and education commissioners is crucial to its success.

A number of previous projects have explored particular aspects of the The Open University’s pre-registration nursing programme including the transition from student to staff nurse (Draper et al., 2010), the role of the practice tutor (McDonagh et al., 2010) and the development of emotional resilience (Brigham and Smith, 2008). There has been no investigation however of students who have completed the The Open University pre-registration nursing programme, their rate of career progression or their fitness for purpose and practise at the point of registration.

There is an expanding literature base exploring transition from student to newly qualified nurse. However, this literature contains few studies that specifically investigate the experiences of student nurses who were also employed healthcare support workers. Relatively little is therefore known about the impact of previous experience as a healthcare support worker on the experience of transition, employability skills and career progression.

The project is also timely in relation to UK policy across both the higher education and health sectors. In higher education, there is current emphasis on widening participation (HEFCE, 2010), employability and adopting more flexible approaches to learning, including eLearning (JISC, 2008) and open supported learning. In the health sector, the considerable investment in nurse education, particularly at a time of financial austerity, means that pre-registration nursing programmes are subject to intense scrutiny with regard to their impact (RCN, 2012). Recent high profile cases in England of poor standards of nursing care (Francis, 2013) have fuelled further debate concerning the extent to which nurse education produces nurses who are fit for practise at the point of registration (Clark and Holmes, 2007; Francis, 2013).

Given the The Open University’s unique approach to practice-based professional learning in nursing – reflective of its institutional mission ‘to be open to people, places, methods and ideas’ (The Open University, 2012) – the overarching aim of this project was to identify the perceived impact of the pre-registration nursing programme with reference to employability, career progression and workforce development. Funded internally by the Pro-Vice Chancellor for Teaching and Learning, the objectives of the project were to:

- examine alumni and employer experiences of the programme
- investigate perspectives on how the programme prepares students to be fit for practise at the point of registration
- identify career progression trajectories following completion of the programme
- examine employer views on the contribution of the pre-registration nursing programme to their workforce development plans
- feedback project findings into future developments of the programme to the benefit of all stakeholders involved
- provide scholarship development opportunities for colleagues in order to grow capacity and capability.

Methods
Recruitment and selection
The intention was to identify a sample of approximately 50 interviewees (two thirds ex-students/alumni and one third employers). Criteria for inclusion for alumni were that they were previous nursing students of The Open University pre-registration nursing programme with a minimum of two years’ post-qualification experience. Inclusion criteria for employers were those who had taken responsibility for sponsoring The Open University pre-registration nursing programme students and employing them as newly qualified nurses.

Three geographical areas were identified for the selection of potential participants (South West of England, Yorkshire and the Humber and Northern Ireland). All alumni who had commenced the pre-registration nursing
programme in 2003, 2004 and 2005 received a letter of invitation to participate (n=142), including an information sheet and a statement of informed consent. A poor initial response from alumni prompted distribution of a reminder letter in an attempt to increase recruitment. On receipt of completed consent forms (n=25), participants were contacted to arrange a convenient time for the interview. A number of alumni did not respond to these requests and a total of 17 alumni was finally recruited, across both fields of adult and mental health practice. A similar process was adopted to recruit employers (n=23), with nine responses received and seven employers eventually recruited.

**Data collection**

Individual telephone interviews were undertaken by two of the team (RB and JR) to assure consistency of interview approach. RB, based in the South West of England, undertook interviews of participants located in Yorkshire and Ireland. JR, based in Yorkshire, undertook interviews of participants in the South West. ‘Swapping’ regions in this way eliminated the potential of either interviewer having past knowledge of either alumni or employers in their region.

The interview questions were informed by initial findings from the literature, the tacit knowledge of the project team and consultation with the advisory group. Aspects of inquiry included:

- the programme’s ‘grow your own’ contribution to workforce development
- career progression trajectories following completion of the programme
- the perceived opportunities for career progression following completion of the programme and how these compare with more traditional approaches to nurse education
- employer views on the contribution of the programme to their workforce development plans.

Interviews took place over the telephone, were digitally recorded and then transcribed verbatim prior to undertaking content data analysis. Four overarching themes were identified: *transition, expectations, learning for and in practice and flexibility.*

**Findings**

*Transition*

The transition to newly qualified nurse status featured strongly across all the alumni accounts. Within these accounts a number of different transitions were identified – healthcare support workers to student, student to newly qualified nurse and then beyond the immediate transition to newly qualified nurse.

*Healthcare support workers to student*

The model of the programme means that the student’s place of employment as a healthcare support workers is most often their ‘hub’ practice base as a student. This means that orientation is not needed as the student is familiar with the environment. The student is also already known to their mentor so that learning needs are more readily identified. The knowledge and experience the students brought to their programme, as a result of being healthcare support workers, were highly valued by those in the workplace and were regarded as an excellent foundation for developing greater depths of understanding and skilled practice. However their dual roles as students and healthcare support workers also posed challenges in that sometimes their student status was not always acknowledged. This generated role dissonance in some students as they strived to be a student whilst also maintaining effective working relationships with peers and managers.

*Student to newly qualified nurse*

As a result of the support provided to students through the employer and university partnerships, student achievement was very positively reported by both alumni and employers. The final part of the programme was particularly valued for how it enabled students to ‘hit the ground running’ and employers felt the students very successfully achieved the attributes of a confident and competent registered practitioner.

However, there were also some challenges associated with this transition, including their acceptance as a NQN by colleagues and the jealousy of peers:

‘... it can be hard for people to accept you as a staff nurse, they sometimes treated me as an HCA [health care assistant] and it took me a while to prove that I was a staff nurse now and to be treated that way.’

This sometimes meant that participants felt in a state of limbo, having neither a sense of belonging as a healthcare support workers or as a registered nurse.

*Consolidating qualified practice*

Although preceptorship is known to support the transition to qualified practitioner (see for example, Robinson and Griffiths, 2009), alumni reported that the experience of preceptorship during the first months after qualifying was extremely variable. Despite this, the transition was successfully achieved with one manager reporting:

‘.... and so I’ve seen her go from admin assistant to qualified nurse, it’s so nice to see’

Beyond the immediate transition to newly qualified nurse, most of the alumni were able to describe their career aspirations and the actions they had taken to realise these including completing further study (clinical courses, mentor preparation, degrees) and changing work location to gain different clinical experience.
**Expectations**

Alumni knew at the outset of their studies that the distance learning approach to the programme was different. However, although they all commented on the high quality of their learning experience, many initially expected more face-to-face contact with tutors and other students. They also expressed surprise at the workload which was far greater than initially anticipated. Whilst they identified the greater flexibility of the programme as a key factor in their decision to embark on pre-registration nurse education, it was certainly not regarded by either alumni or employers as a less demanding route to registered practice. Indeed, alumni perceived The Open University PRNP to be harder than traditional programmes as it required a greater degree of self-direction and self-management. In turn, employers highlighted these skills as particular strengths of the programme as they promoted the development of alumni leadership skills.

Alumni also reported that more was expected of them than students with no previous healthcare experience. Furthermore, some alumni reported that their expectations of being accepted as students (and then eventually newly qualified nurses) were on occasions challenged by the perceived hostile reaction of other healthcare support workers who had previously been their peers. For other alumni this was not the case and they reported receiving support as both students and registered nurses. Employers acknowledged there could be challenges associated with role transition but they were clear about the requirements of the programme and felt that students were very well prepared for professional practice.

**Learning for and in practice**

Within this theme, alumni spoke of the importance of having a good mentor, who understood the programme and who could provide them with an appropriate range of learning opportunities. Many of them had since become mentors themselves and were now committed to passing on their knowledge and skills to the next generation of nurses. The unique model of the programme and the dual role that students occupy sometimes meant that alumni felt they were treated differently than other students, with clinical areas expecting more of them. A particular example was one student who, in her healthcare support workers role, was able to perform phlebotomy but was not able to do so as a student or indeed as a newly qualified nurse.

Employers recognised that students were largely familiar with the areas in which they worked which reduced the need for induction and orientation and maximised the opportunities for learning in practice. But some of the alumni reported that working in their ‘home’ environment, particularly if this occurred on the final management module, created challenges amongst their peers as working relationships changed. Most of them were able to work through these changes and establish new relationships with colleagues.

Both alumni and employers spoke of the rigorous nature of The Open University programme and the way in which healthcare support workers are valued and developed across the programme. Of particular mention from employers was the rigorous application of biology to practice. This was of interest as throughout the life of the programme students have consistently evaluated the biology component as difficult. With respect to clinical skill development, the alumni reported that staff often assumed they had a high level of skill development due to their previous healthcare support worker experience. Despite this, some of the alumni reported they would have liked a more systematic approach to practical skills training, rather than assume that the practice environments would be teaching these skills.

**Flexibility**

The flexibility of this model of pre-registration nurse education featured significantly in both alumni and employer accounts.

In keeping with The Open University’s commitment to widening participation, The Open University admission criteria are set at the minimum required by the NMC. This means that healthcare support workers not eligible to enter traditional pre-registration nurse education are offered an alternative route to achieving their goal:

‘Well, it gives people the opportunity to enter the nursing profession who wouldn’t normally have had that opportunity … people who may have gone to secondary modern schools in the 1960s or 70s may not have had access to the school examinations … and so this is an opportunity to prove to themselves that they should have had that opportunity.’ (Employer)

There was significant value placed on this ‘open access’ and both alumni and employers reported how the pastoral, academic and practice support provided during the programme secured academic and professional success, leading to students being fit for employment and who are able to progress in their careers.

Alumni and employers also spoke about the financial flexibility afforded by the programme. Students are sponsored on the programme and remain employed as healthcare support workers for the duration of the four-year programme. Most applicants to the programme are older, with caring responsibilities and can be the sole wage-earner for the family. Continuing in employment whilst studying therefore provided both financial security whilst on the programme and job security on completion.

‘It meant that I had a fulltime income coming in as well, which for a lot of people that makes a big difference. … I would have struggled to do it over four years with just a bursary.’ (Alumni)

Employer responses also identified the influence of the financial model on employees considering The Open University programme as a viable option and that students could ‘earn as they learned’. One employer
commented that with the changes in funding of higher education, The Open University route could become increasingly attractive to the younger generation:

‘…we are getting younger people who may have gone through school examinations but who have not gone to university … it gives them the opportunity to go to university and not accrue debt and to learn whilst working and I think this is a wonderful opportunity for younger people.’ (Employer)

In addition to the financial flexibility, the open learning pedagogy meant that within the parameters of the programme and protected supernumerary learning in practice, students were free to study at a time, place and pace that suited their life style, home and work commitments.

Conclusion
The data suggest that both employers and previous students of the pre-registration nursing programme were of the view that the programme equipped them well to meet the competencies and expectations of being a qualified practitioner. The flexibility of the programme provided the opportunity for individuals to become a qualified nurse when other more conventional approaches would not have done so. This was highly valued by both alumni and employers. Also of note was the level of confidence that the newly qualified practitioners brought to their role.

With respect to career progression, some of the alumni had already achieved promotion and many articulated the plans they had to achieve further career aspirations. In the current political climate in the UK where nurse education is under scrutiny and with government proposals for students to have 12 months prior clinical experience as a healthcare support worker (DH, 2013), the findings from this small scale study suggest that a widening participation model of pre-registration nurse education for employed healthcare support workers more than adequately prepares them for the realities of professional practice.

References


Key words:
• partnership
• employability,
• fitness to practise
• workforce development
• career development.
Theme papers
Can activity theory help us better understand the nature of interprofessional work in complex health care settings?

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Introduction
The concept of ‘teams’ has become a popular form for restructuring and analysing the organisation and management of work. The healthcare environment has not been immune to this conceptualisation particularly around the notion of enabling functional interprofessional teams working collaboratively (WHO, 2010). However, ‘commonsense’ understandings of teams and teamworking may not reflect the reality of interprofessional working expected and encountered in the healthcare system.

Methods
We have used two of Engestrom’s ideas, those of activity theory and ‘knotworking’, to consider the data gathered in our study of senior doctors and nurses working in two different clinical settings in a large urban hospital in New Zealand. This longitudinal study builds on an earlier phase in which we interviewed and carried out a questionnaire survey of newly graduated nurses and doctors, the results of which are reported elsewhere (Barrow, McKimm and Gasquoine, 2010). We focussed on asking senior clinicians to consider the nature of work in healthcare teams. Thirty semi-structured, indepth interviews were carried out with charge nurses, advanced practitioners and consultants in a neonatal intensive care unit and an oncology unit.

Results
Whilst still acknowledging the notion of the ‘home’ or ‘core’ team as uniprofessional (i.e. nurses saw the nursing team as their core team), the senior clinicians in our study demonstrated a clearer understanding of the complexity of teamworking in practice than their junior counterparts. ‘Textbook’ definitions were used to describe teamwork and fellow professionals as members of their own uniprofessional team, but they also articulated a clear interprofessional focus when asked to describe the nature of their work. The descriptions of these interprofessional working activities typified knotworking, they described how each team member brings certain attributes to the situation and uses them to contribute to the delivery of effective healthcare.

Discussion
In addition to describing how the concept of knotworking helps explain the complexities of interprofessional practice, this presentation will use an activity theory lens to consider our data and describe the provision of care by these nurses and doctors. Activity theory provides a framework within which it is possible to examine complex relationships between subject and object and the historical and social context in which these relationships take place. It is increasingly clear that the provision of care requires moving beyond the work of independent uniprofessional teams into the world of interprofessional knots that encourage interaction and collaboration beyond professional boundaries. Professional practice is portrayed as if it is acultural, a given – robust and static and in the case of medicine organised in a formalised hierarchy while nursing’s hierarchy is based on experience and longevity of practice. In reality professional practice is dynamic, changing and influenced by the actors working within complex organisational settings. We explore the extent to which the work of senior clinicians is intentionally collaborative and if there is an appreciation of each other’s roles, experiences and ways of working.

References


Key words:
• team work
• knotworking
• inter-professional learning
• professional practice
• activity theory.

How this work contributes to knowledge development within this theme:
• securing nursing experience
• untangling medicines hierarchy
• analysing views of practice.
Collaboration for curricula change: A mentor/learner innovation

Elizabeth Cooper, Faculty Co-ordinator for Practice Learning and Skills, University of Chester; A Dutton, PEF, Cheshire and Wirral Partnerships Trust, Chester, UK

In this paper, an innovative, partnership approach to support mentors and learners in addressing the core requirements for enhanced holistic client care and meeting the educational outcomes required by an updated pre-registration nursing curriculum is presented (DH, 2010; NMC, 2010; Willis Commission, 2012).

Pre-registration nursing curricula, in particular the practice learning experiences must reflect the client-centred caring approaches required for holistic care, to prepare learners for registration. Partnerships between education institutions and healthcare providers are integral to provide appropriate alignment within curricula, with mentors being the key people to manage these learning experiences. (DH, 2010; NMC, 2010; Willis Commission, 2012).

In nursing, the mentor/learner relationship however is also the opportunity for mutual learning, as facilitative working provides opportunity for reflection, critical thinking and integration of evidence/research with practice (NMC, 2008). This mutual learning provides a basic principle underpinning the innovation described.

During preparations for the implementation of the updated pre-registration nursing curricula (NMC, 2010), mentors, within a mental health care organisation highlighted their own learning requirements. This provided an opportunity to develop a collaborative innovation at PEF and academic lecturer level, with the aim to address mentors’ requirements. Through this level of partnership working, a mentor/learner workshop focusing on physical health assessment skills was planned (Jokelainen et al., 2013; Gidman et al., 2011; NMC, 2008; DH, 2012).

The workshop provides a time slot for mentors and their learners to attend the University of Chester’s skills facility to address the aspect of physical health care skills. Enabling time for such an activity was seen as a potential constraint, therefore The Trust management team were made aware of the session as their support for attendance at the workshop was required as well as agreement by the Faculty’s Academic Dean to provide the resource for this pilot initiative. It was important that this was not to be seen as a ‘university’ led initiative, for mentors to lead the facilitation providing a continuity to the practice learning relationship. Mentors and their learners, in partnership only could attend, and this was clearly advertised in the distributed flyers, in order for practice led emphasis to remain. This enabled the workshop to focus on learner needs with one to one mentor support whilst providing the opportunity for mutual learning. Availability of a PEF and academic, to support the workshop demonstrated partnership working, enhancing the visibility of these partnerships for mentors and learners (Jokelainen et al., 2013; Gidman et al., 2011; NMC, 2008). Evaluation of the workshop currently being undertaken to gauge the impact of this session for mentors.

References


Key words:
- skills
- mutual learning
- innovation
- academic
- practice.
T60

Nurse students' and psychomotor therapist students' professional role awareness following a period of interprofessional education

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Background
In 2010 WHO stated that 'effective interprofessional education enables effective collaborative practice' (WHO, 2010, p.6). Collaborative practice is seen as a significant way to strengthen health systems and improve health outcome (WHO, 2010). Accordingly students in health professions should develop an understanding of the significance of interprofessional collaboration.

The main outcome of a recent literature review (Dufrene, 2012) including licensed as well as prelicensed healthprofessionals' interprofessional educational experiences was a greater understanding of other professions' roles as well as the significance of good teamwork. The outcome was independent of didactic intervention: for instance simulation or clinical teaching. The review showed that most studies dealt with licensed health professionals' experiences. Fewer studies included students. The studies that included students' experiences focused on students' evaluation of interprofessional education (ibid, p.215).

In Denmark in 2008 along with the establishing of educational campuses, interprofessional education focusing on health promotion was implemented in the curriculum of various health educations. In 2011 we therefore initiated a project focusing on 3’rd semester nurse and psychomotor students’ learning outcome when collaborating in observing and instructing specific target groups on health promotion over a two week period. 12 students, - 6 nurse and 6 psychomotor therapist students, - were coupled in two's, one from each profession. During the two week clinical period, aside from observing the target group, students were assigned to make a poster, a brochure or initiating a teaching session on health promotion.

Aim of the study:
• to identify differences in students' perception of health promotion
• to identify differences in students' perception of their professional functions in health promotion
• to initiate didactic innovations in interprofessional collaboration in health promotion.

Method
Data was generated from three semi-structured focus group interviews based on cases relating to target groups. nine students out of 12 participated in the interviews. The interviews were subjected to qualitative content analysis.

Results:
1) Majority of students described their professional functions in health promotion in a common sense way. Neither nurse nor psychomotor therapist students explicated their professional knowledge regarding nurses and psychomotor therapists’ functions in health promotion.
2) Differences in students' perception of professional functions were expressed in terms of autonomy and attitude towards target groups. Psychomotor therapist students saw their professional role as autonomous, the role of an expert treating a person. Nurse students described their professional role as referring the person to the expert's advice. The expert was synonymous with the physician. Nurse students expressed a goal and action oriented view whereas psychomotor therapist students focused on dialogue when describing their attitude. During the cause of the interviews students from both professions talked themselves into consensus regarding health promotion.

Conclusions
Enhancing students' professional awareness in health promotion is a future challenge in nursing education. Experimental studies followed by evaluation studies may throw light on new ways to further interprofessional collaboration in health promotion among students in the health professions.

Several questions arise from the study:
• Should students be more established in their professional identity prior to enter into interprofessional education?
• How should learning outcome be defined?
• How can interprofessional education enhance health students’ professional role awareness?
References


Key words:
• interprofessional education
• nursing education
• psychomotor therapist education.

How this contributes to knowledge development within this theme:
• neither nurse and psychomotor therapist students express professional role awareness when in dialogue with students from the other profession
• nurse and psychomotor therapist students express different professional values when in dialogue with students from the other profession
• the study indicate that interprofessional education should take place when students’ professional identity is more firmly established.

T61
Action research project about interprofessional learning module assignment feedback
Dr Ruth Strudwick, Senior Lecturer and Practice Placement Lead Radiography; Dr Jane Day, Head of Division, University Campus Suffolk, Ipswich, UK

At University Campus Suffolk our pre-registration interprofessional learning consists of three modules; one in each year. The students involved in interprofessional learning at University Campus Suffolk are; adult, mental health and child nurses, midwives, operating department practitioners, social workers, diagnostic and therapeutic radiographers.

The first year module interprofessional learning – the professional person looks at the transition that students make to become professionals. For this module the students submit a 2,000 word essay entitled ‘An evaluation of a specific area of communication that I consider I need to develop as part of my professional role within an Interprofessional team’. Due to the number of students completing the module, this essay is marked by 30 different members of staff and there is therefore some variation in the feedback that students receive.

We were keen to find a way to reduce any discrepancies and work with both staff and students to ensure that the essay and subsequent feedback were useful for all involved.

As the programme leader and head of division we developed some action research with the interprofessional team of lecturers and the students to evaluate the assessment criteria and feedback for the essay so that it was useful for students from all professional backgrounds. This action research involved the markers and students with an initial questionnaire and a focus group workshop session to discuss the issues. At the end of the project the assessment criteria were reworded and the student feedback sheet re-structured to be of use to both students and staff.

During this presentation, we will outline the action research project, talk about how it was carried out and the findings of the project. We would also like to explore how this work can be used for other interprofessional learning modules and how this project promoted interprofessional learning and working.

How this contributes to knowledge development within this theme:
• interprofessional assessment – promoting useful assessment
• interprofessional action research with staff and students – how this can be used for future academic research
• ensuring that feedback on assessed work is useful to all involved.
Reshaping the workforce? An analysis of education and career progression routes of the support and technical workforce in healthcare

Julie Wintrup, Principal Teaching Fellow; Alison Fuller, Director of Research in Education; Jill Turbin, Consultant, University of Southampton; David Guile, Professor of Education; Lorna Unwin, Professor of Vocational Education, University of London, UK

In UK health systems, as elsewhere, the work carried out by support and technical staff is increasing, becoming simultaneously more diverse and more specialised. Anticipated by Wanless, in 2002, as essential to a free-at-the-point-of-delivery National Health Service, a systematic process of delegation is gathering momentum as economic pressures bite; from doctor to nurse (or other graduate-level professional) and in turn to health care support worker or technician. The definition of such work as supervised, routine and protocol-driven (DH, 2004a) belies the range and complexity described in the two wide-ranging research projects reported here.

Research conducted 2010-2012
Commissioned by a Higher Education Funding Council for England funded lifelong learning network, the first used mixed methods to examine the education and progression opportunities open to those embarking on advanced apprenticeships in one strategic health authority region. The second multi-sited project, commissioned by the Gatsby Foundation, used case study methodology to research the technical, intermediate-level work of eight occupational areas (dental, dietetics, radiography, pharmacy, laboratory science, prosthetics and orthotics, maternity care and paramedics) (Unwin et al., 2013). Both drew widely on a range of publicly available data sources, and in-depth interviews: with those in National Health Service support and technical roles; their line and senior managers; education commissioners; higher, further education and training providers; trade unions; representatives from professional and regulatory bodies; and from sector skills councils.

Findings
The National Health Service reflects earlier research in other sectors (for example Fuller et al., 2010; Foundation Degree Forward/University Vocational Awards Council, 2008; Carter/ University Vocational Awards Council, 2009), which shows that whilst there are examples of good practice, the progression of work-based learners has been hampered by a lack of understanding and acceptance on the part of higher education. A paucity of information, advice and guidance compounds the problem. The lack of currency for many vocational qualifications has also created a barrier to progression (Wolf, 2011; Fuller and Unwin, 2012) particularly in all-graduate health professions.

The ‘invisibility’ of technical and support roles, contradicts their central position in care processes and their significance in terms of size (over a quarter of the total National Health Service workforce, DH, 2004b).

Compulsory regulation emerged as a highly contested, practically fraught issue, unearthing the increasingly disrupted and breached boundaries between those in professional and support or technical roles.

Implications for reshaping the workforce
The reputation of health and social care has been tarnished by recent system failures. Contradictory narratives happily co-exist, blaming either the ‘over-educated’ nurse or the ‘uneducated’ support worker. Yet this body of research found not only high levels of expertise amongst the support and technical workforce, but also equally high levels of trust and regard from their professional colleagues and leaders. We contend that a short-term emphasis on efficiency, the professionalisation agenda of health professions and current higher education policies risk deepening and widening an existing gap; between vocational, work based learners and their graduate colleagues. At the same time, innovative work practices call for advanced education - flexible, bespoke and progressive in nature - for all those equipped and prepared to make use of it.

References


Valuing mentors in clinical practice by implementing a Mental Health Placement of the Year Award: Hearing the students’ voices

Melsina Makaza, Senior Lecturer in Mental Health Nursing, Faculty of Health and Social Sciences, University of Bedfordshire; Claire Ireson, Learning Environment Lead, Oxford Health Foundation NHS Trust, UK

Clinical placements constitute 50% of mental health nursing education in the United Kingdom, yet the formal evaluation of this learning and the acknowledgement of mentor input is not always consistent. According to Tremayne (2007) clinical placement staff may not always know if they are providing an effective placement experience for the students. Anecdotal evidence shows that, in most cases, pre-registration student nurses highly value their mental health practice placement learning experience. Placements give students an opportunity to develop their professional identity as they link theory to practice under the mentorship of experienced mental health practitioners.

The task of mentoring pre-registration student nurses in the United Kingdom (UK) is a key responsibility of practice based mentors. According to the Nursing and Midwifery Council (NMC) a mentor is a registered nurse who has undertaken an NMC approved mentorship course that equips them to engage in practice teaching, learning and assessment (NMC, 2008). In the current economic climate, which has been characterised by constant restructuring of services, it has become increasingly difficult for nurse mentors to balance the demands of busy clinical practice areas with meeting the needs of student nurses on a practice placement. With National Health Service (NHS) budget cuts and staffing shortages (Courtney-Pratt et al., 2011), there is also the risk that mentors may have a sense of apprehension about mentoring students (Murray and Williamson, 2008). With the NMC constantly advocating for the provision of high quality placement experiences for students, there is a need for academics and practice learning leaders to encourage students to give feedback about their placement experiences in a way that values mentors (NMC, 2008).

This paper will report on the partnership work that took place between a higher education institution and a mental health NHS trust in the development and implementation of a ‘Mental Health Placement of the Year Award’. The award, which was developed in 2009 after consultation with a group of 3rd Year student nurses, is a way that students can recognise and appreciate the hard work undertaken by practice mentors and their colleagues (Myall, 2008). It enables the student nurses to broadcast the placements that provided them with excellent mentorship. Nominations for the award are based on the students’ lived experiences of clinical placements over a 12 month period.

By submitting nominations for the award, the student nurses have an opportunity to officially value their mentors and the wider placement team by thanking them for the support and guidance offered during that year. The award
also publicly rewards the placement team which consistently demonstrates high quality mentorship standards (NMC, 2008). In turn, student nurses also appreciate what makes an outstanding learning environment and many seek to duplicate this once they have become registered nurses themselves (Trenoweth, 2012).

The presentation will explain how the ‘Mental Health Placement of the Year Award’ has been implemented since its inception in 2009. It will describe the effects that the development of this award has had on individual mentors, their teams, the higher education institution, nursing lecturers and student nurses from other fields of practice. It will also discuss the impact that the ‘Mental Health Placement of the Year Award’ has had on the quality of clinical placement learning environments.

This paper will highlight how the ‘Mental Health Placement of the Year Award’ was an innovative way of helping students to express their thanks and gratitude to mentors at a time when morale can be quite low.

References


Key words:
• valuing mentors
• clinical placements
• partnership
• mental health student nurses
• quality.

How this work contributes to knowledge development within this theme:
• providing a current and relevant example of partnership working between NHS partners and higher education institutions in promoting the student evaluation of their overall clinical placement experience over a 12 month period
• providing a positive example of how pre-registration student nurses can value their mentors and the wider placement team who consistently provide an excellent practice learning experience
• discussing the positive impacts that such partnership working between NHS partners and higher education institutions can have on the development of quality placements for pre-registration student nurses.

The role of the zoned academic and tripartite arrangements for the assessment of practice learning: Student, mentor and academic evaluation – one year on

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Traditionally, the clinical link tutor was the most common way of formalising universities and practice links (Barrett, 2007). Nurse teachers have faced increasing criticism for their lack of clinical contact and credibility (Calpin-Davies, 2001; Rattray, 2004), despite the Nursing and Midwifery Council (2008) highlighting the role of nurse teachers in supporting learning and assessment in practice. As part of the revalidation of the pre-registration nursing programme at the University of Worcester stakeholder feedback, particularly students and mentors, overwhelmingly highlighted the need for increased visibility of nurse lecturers in the practice learning environment. Therefore, in September 2011 zoned academics were introduced. Zoned academics are university
lecturers who are also registered nurses, are involved in tripartite arrangements; which Doughty et al. (2007) suggests is a robust approach to the assessment of practice learning. The initiative has received the support of the directors of nursing and Trust leads for education.

The role utilises the framework developed at Teesside University, where a relationship is established between the student, the practice mentor and the academic mentor. This is formalised through tripartite meetings in the practice setting (Foley, 2007). At the University of Worcester; tripartite arrangements involve the development of a practice-based relationship between the student, their mentor and the zoned academic linked to the setting. This is formalised through a tripartite meeting at the formative intermediate interview for all students in their practice learning environment. Each zoned academic is part of a geographical team and while they primarily link with placements related to their own field of practice, they operate as part of a team for consistency, equity and parity.

At the intermediate interview the zoned academic provides student-centred educational support, by exploring with students their learning experiences and opportunities and strengthening the integration of theory with practice. They focus on the student's theoretical knowledge base and application, based on the evidence provided by the student in their Pebble Pad webfolio.

It is not the role of the zoned academic to decide if the student is competent but to support the mentor in their assessment decision. They work closely with mentors to encourage and extend able students, while also identifying early students who are struggling. Where appropriate the zoned academic works with the mentor and practice facilitators to develop an action plan in partnership with the student to support their learning.

This paper reports on the evaluation of tripartite arrangements for practice learning and the role of the zoned academic; one year one and encompasses the views of 12 zoned academics, 91 students and 74 mentors who completed a quantitative questionnaire.

100% of zoned academics, 87.8% of students and 84.5% of mentors confirmed that it was great for academics to visit practice areas when students are in placement. While this evidences the immense support that this initiative has across all stakeholders, the evaluation also highlights the need for greater consistency and embedding of the zoned academic role is required.

The following themes emerged from the evaluation: tripartite arrangements for learning in practice, arranging intermediate interviews, supporting students learning, partnership working and collaborative practice. Furthermore, the evaluation highlighted areas of satisfaction and dissatisfaction and lead to a number of recommendations.

References


Key words:
- zone academic
- tripartite arrangements
- collaboration
- partnership
- student support.

How this work contributes to knowledge development within this theme:
- it provides an evaluation of a newly introduced initiative that aims to support practice based learning, involving a tripartite partnership approach
- the evaluation incorporates mentors, students and lecturers views regarding the role of zoned academics and tripartite arrangements
- the student voice is an essential part of this initiative and a student who is a member of the first cohort to experience this new initiative will be part of the presenting team.
Critical care: Bridging practice and education through simulation

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This is an oral presentation with video highlights and presents qualitative and quantitative data to support the pilot study undertaken.

The purpose of this paper was to bring together some within nursing education, firstly simulated practice, secondly, inter agency collaboration and thirdly interprofesional learning. It was felt that the justification of such a way of learning stems from the Nursing and Midwifery Council (NMC) (2007) guidelines allowing 300 hours of simulated practice but also ensuring patient safety by utilising a simulated environment.

Students identified their anxieties when starting their critical care placements and having utilised simulation it was felt this method of teaching would be beneficial in their transition to critical care.

The areas themselves differ in many ways, but the fundamentals of an ABCDE approach are recognised in the NHS and endorsed by the National Institute for Health and Care Excellence (NICE) (2008) are the same. As a result we developed a programme which reflected the differences but also highlighted the essential skills and similarities of them all.

We utilised the knowledge and skills of experienced practitioners in intensive care units, accident and emergency and theatres to facilitate a day which would be interactive and stimulating.

The event followed a patient and their journey from prehospital, to critical care environments, the student was able to utilise assessment of the patient using the ABCDE algorithm. They were expected to participate in interventions with equipment they would encounter in practice.

We incorporated incidences including cardiac arrest, vomiting on intubation; these were designed to show the student that adverse events do occur and to assist them in development of critical thinking skills.

The students were also expected to take situation, background, assessment and recommendation reports to ensure that they were handing over the patient to the next area of care (NHS, 2008)

This simulated day evaluated well on the day and the students said they enjoyed it, however some of the feedback stated they still felt uneasy. We felt that the positive differences would not be understood until the student had started their critical care placement and indeed the retrospective feedback from students bore out the fact that students noted how better prepared they were once they encountered the aspects of their simulated day in the real environment, furthermore we cannot state categorically that the students felt that their new skills decreased their anxiety we can report that they felt better prepared once they experienced the real environment with real patients and real clinicians. It has been further reported and albeit anecdotal, that clinicians noted a difference in these students having experienced the simulated learning environment.

We note that these outcomes are the basis for further studies and development of simulated practice in the future.

References

Institute for Innovation and Improvement (2008) Situation Background Assessment Recommendation (SBAR)


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