Abstracts for posters
Posters

Tuesday 2 – Thursday 4 September 2014

Please note:
References are as supplied by authors
USA and Australian spelling has been retained as appropriate
Papers included are those being presented at the conference at the time of going to press.
An evaluation of the experiences of key stakeholders in adopting a hub and spoke approach to placements

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Aims
This abstract reflects a study which was commissioned by the Birmingham and Black Country strategic health authority to carry out a wide ranging evaluation of the effects of adopting a hub and spoke approach to placements of nursing students.

Background
Approved pre-registration nursing programmes are required to include 2,300 hours of practice placement (NMC, 2010) which enable students to gain exposure to practice in a variety of learning environments. This includes 24 hour care and alternative fields of nursing. One way of achieving this is through a hub and spoke model of practice placement.

A hub and spoke model consists of one placement (hub) which links to other areas (spoke). Whilst several universities organise placement using the hub and spoke model, from the literature it is apparent that the University of Wolverhampton uses a unique approach. Here, hub placements are year-long whilst spoke placements complement the hub through the inclusion of experiences of other settings and fields of nursing. Placement allocation ensures students experience a wide range of care throughout the community, independent sector and a variety of hospital settings and provides the opportunity to work with a wide range of health professionals and carers. The students’ mentor is based in the hub placement and they are supported by an associate mentor in the spoke placement.

To oversee the organisation of student placements, a placement unit has been established at the university. An academic team from this unit works closely with senior clinicians called Practice Placement Managers (PPM) from partner organisations. These individuals have a specific remit in the management of placements. This team of academics and clinicians support students in the practice areas.

Methods
The steering group for the project included representation from all partner organisations and all members of this group assisted in the collection of data.

The study was of a qualitative nature. Three methods of data collection were utilised. All current students and a purposive sample of mentors were asked to complete a survey through survey monkey.

Focus groups were held with students, mentors, PPMs and academic staff from the placement unit. The head of the placement unit and the senior administrator from the placement unit were individually interviewed.

Conclusions
The study demonstrated the breadth of experience available to student nurses through the model of placement organisation. The benefit of effective partnership working was emphasised in the development of placements and support of students in practice. Similarly, the benefit of partnership working was particularly apparent within the development and management of the project itself which ensured that a comprehensive evaluation was carried out that met the needs of all. For example, all partners were involved in the development of questions in the student survey which ensured questions were balanced appropriately between practice and academic issues. All partners could have confidence in, and speak about, the project with authority.

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

Key words:
• practice
• placement
• partnership
• evaluation
• development.

How this contributes to knowledge development:
• involving practice partners in research projects enriches the development of the project and the value of the findings
• effective partnership working enhances the student experience
• development of the placement unit and the practice manager roles ensures a seamless and effective approach to placement.
A journey to the roof of the world: An innovative approach to the development of employability skills in student nurses. Reflections and the lessons learnt

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Following the findings of the Francis report (2013) it has become evident that the nurses of the future will need strong leadership qualities to be able to deliver, safe and effective healthcare.

Although occupational knowledge is important, there is a growing recognition in nursing education of the importance of integrating employability skills and attributes into the curriculum as they contribute to the development of a flexible and skilled individual, able to work in diverse healthcare settings. This is paramount to be able to face the challenges of healthcare delivery now and in the future. To this end, the Faculty of Health in Birmingham City University is supporting the development of innovative opportunities that will enrich the student experience whilst enhancing leadership and employability skills.

One such opportunity that was developed was a three week study programme to Nepal comprising three phases, acculturation in Kathmandu, a high altitude trek to Everest base camp whilst visiting and engaging with remote healthcare facilities and visiting an orphanage and hospitals in Kathmandu.

The opportunity was afforded to explore the demands on healthcare provision in an extreme and impoverished, isolated community within a developing country and reflect on the physical and mental demands of undertaking such a challenging experience and how the learning could be applied to nursing.

A variety of preparatory activities took place over a 12 month period prior to departure and were based on a variety of theoretical frameworks including the 6Cs of nursing and Make Every Contact Count.

The challenges and successes included:

• the recruitment of seven female student nurses studying adult (one of whom was a military secondee) and mental health nursing
• the development of a programme of activities for students and staff incorporating practical skills such as fitness training, first aid, camping and trekking
• the professional and personal development of the student and staff through team building and leadership activities, goal setting, reflection, and seminars on cultural awareness and physiology and health at extreme altitude
• the logistics of organising the programme
• the assessment and management of actual and potential risks associated with visiting a developing country and trekking at altitude
• planning the showcasing of the employability skills gained from the experience
• development of a module that provides academic learning from extra-curricular activity.

All experiences have the potential to contribute to the development and refinement of employability skills but it is hoped that the opportunity afforded by visiting Nepal will have challenged the students to such an extent that their learning is life changing and will have honed their leadership and employability skills and confidence in such a way that they stand out as exceptional candidates when applying for positions in the future.

References


Key words:

• leadership
• employability skills
• curriculum enhancement
• developing country.
How this contributes to knowledge development:
- share the reflections and lessons learned from the development of a study programme to Nepal
- explore how an international experience can afford an alternative approach to the development of student employability skills
- discuss how students can apply their personal and professional learning arising from this experience to the workplace.

P3

Does an e-portfolio enhance graduateness and employability?

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Introduction
Following the launch of the NMC Standards for Pre-Registration Nursing Education (2010), student nurses were no longer required to maintain a portfolio to demonstrate responsibility for their own learning. As the portfolio is a valued tool used to demonstrate lifelong learning we used the opportunity to move away from the traditional paper-based format and give the student access to an ePortfolio using Mahara.

Aim
A positive bid was entered for the Centre for Enhancement of Teaching and Learning’s Student Academic Mentoring Programme (STAMP) and students were shortlisted and interviewed.

The ePortfolio is embedded within the programme year on year, finally concluding in the Transition to Qualified Practitioner module. At this point the student is given the tools which will enable them to showcase the ePortfolio to potential employers. The online format enables instant access to identified learning, personal and professional achievements, goals and reflections.

Method
Training for students and staff was required and alongside an ePortfolio Moodle page we advertised for volunteers (current students) with previous experience of ePortfolio and/or an interest in information technology, the opportunity to engage with and assist other students to enhance and develop their own ePortfolio.

Results/Findings
The Student Academic Mentors (STAMPs) continued to use Moodle to assist and support other students towards enhancing their own ePortfolio. Resource material e.g. ‘how to’ guides and videos are utilised along with the opportunity for the student to attend real time facilitated sessions within a computer suite. The STAMPs continued to offer support whilst they were themselves in clinical practice by setting up an online forum which received posted questions/queries.

Implications
ePortfolio mentoring aims to impact on the student learning experience by maximising the employability of students once they reach the end of their programme. It allows students to focus on their strengths and utilise new technologies to showcase to future employers and to further maintain their portfolio as a professional requirement.

Reference

Key words:
- employability
- ePortfolio
- Mahara
- graduateness
- CETL
- student academic mentors.
P4

Intervention method for success in an accelerated second degree baccalaureate nursing program:
Coming full circle within a matrix of innovation and evaluation

Linda Dune, Director, Baccalaureate Nursing Program, South College, Austin; Cynthia Ashby, Retention Specialist, Houston, USA

The present shortage of registered nurses which the United States is experiencing will become more acute as the demands for higher quality and quantity of patient care increases. More than 40% of typical college graduates are underemployed in the current workplace (Reuters, 2013). The successful accelerated BSN student can obtain a satisfying career in less time and advance rapidly into advanced nursing roles. The challenge to these learners is to attain as much in one year as a traditional nursing student must accomplish in two or more years. Effective test-taking (remediation) can increase the chance for the accelerated student to be successful.

The purpose of this quasi-experimental research study was to determine the success of a remediation program for accelerated baccalaureate students. The study followed the students’ success through the first semester of the nursing program, their progression through the program, graduation, and attainment of state licensure. In the first semester, sixty students were invited to participate in the original study. Twenty-two students volunteered to participate and were randomized into control and experimental groups. All students were given a pre-test and a post-test. The experimental group received exam analysis with remediation using The Ashby Educational Diagnostic Method (AEDM). There was found to be a significant difference between the pre and post-test in the experimental group. In addition, Push advisement was used to encourage all students with first semester course grades of 75-80% or low subject exams to take a clinical decision-making course using AEDM. For the remainder of the program, all the students who failed a test were provided educational support and face-to-face tutorials for difficult content and decision-making with the innovative learning technique component of The Ashby Educational Diagnostic Method. After graduation, overall program success was evaluated and included The Kirkpatrick Evaluation Model (2007). This study established the benefits of remediation on success for accelerated baccalaureate nursing students. The national licensure first time pass rate for this class exceeded 93% (year 3 of new program) compared to 64% for previous year (year 2 of new program). Statistical analysis indicated a .000 level of significance for the AEDM intervention.

Key words:
• accelerated BSN program
• Kirkpatrick evaluation method
• remediation
• Ashby educational diagnostic method.

How this contributes to knowledge development:
• statistical analysis for AEDM reveals 0.000 level of significance
• percentage of licensure success increased from 64% to 93% with AEDM
• one year education for R.N. licensure instead of the traditional two years.

P5

The design and transformational effect of an e-learning module to promote the development of new skills amongst nuclear medicine practitioners

Penny Delf, Senior Lecturer, University of Portsmouth, UK

Digital technology has had a profound effect upon education at all levels, with European (Redecker et al., 2011) and national guidance supporting the concept of life-long, life-wide learning in pursuit of a flexible, dynamic workforce, responsive to emerging trends and evidence-based practice. This is evident within the healthcare sector, where effective, high quality education and training is keenly sought in order to embed and update skills, emphasise shared values and competencies, and to support and strive towards achieving excellence in clinical outcomes (DH, 2013).

Reduced funding, increasing workloads and workforce shortages have prevented employers releasing qualified staff from clinical practice to pursue traditional campus-based courses (Dumbleton, 2011). This has led to falling delegate numbers on specialist professional development programmes, as evident in fields such as diagnostic imaging and therapeutic practice. As a result, higher education providers are unable to maintain sustainable, cost effective courses.

With the ubiquity of the world wide web, technology has the potential to overcome the restrictions of traditional campus-based delivery, providing flexible access to a geographically diverse audience, meeting learning needs without the boundaries of time and place. It is therefore not surprising that online educational delivery has gathered increasing credibility and acceptance amongst educationalists and employers.
In spite of this, many Higher Educational Institutions (HEIs) have adopted a ‘blended learning’ approach, where digital resources are used as an adjunct to support conventional didactic teaching. Few have concentrated upon learning outcomes achieved through a solely e-based delivery, with little research to assess the impact as a sole method of delivery and its effectiveness for imparting new knowledge, or skills within the workplace. This has significant implications for busy healthcare practitioners wishing to access credible educational programmes to maintain, or extend their knowledge base in response to service needs.

This paper presents the findings from research (Delf, 2013) which illustrated the knowledge gains and market potential of a solely e-based learning opportunity aimed at extending and developing image reporting skills of healthcare practitioners working within the nuclear medicine sector.

Using an action research approach and instructional design methodology, emergent technologies were used to develop and design high quality, online resources through a discrete online learning package. Volunteers were recruited from across the United Kingdom to assess and establish the feasibility and efficacy of the module.

**Results**
Qualitative survey information, assessment performance and data from the platform management system, demonstrated the transformational effect of learning. This was particularly noticeable amongst less experienced volunteers, suggesting a positive influence of the eLearning approach. It also demonstrated the transference of learning to the workplace, confirming the credibility the eLearning resources in providing a reliable educational platform.

In addition to learner advantages, eLearning allows academics to monitor engagement, feedback and to respond to, or reflect, adapt and modify course content for successive iterations with near immediate effect.

**Conclusions**
The study demonstrated the efficacy of a sole eLearning resource, as a credible, transformational educational tool, confirming the place for this type of resource within the professional learning arena.

It also demonstrated the need to tailor resources to meet individual professional requirements, and as a result, is now central to an enterprise bid to meet the training needs across a number of health related disciplines.

**Forecast Summary**
eLearning undoubtedly provides versatile and flexible access. It also provides an undeniable opportunity for a viable, realistic medium to develop stimulating, interactive, sustainable resources to engage learners (Delf, 2013; NIST, 2008; Luckin et al., 2012). Based on market demands, focussed sole eLearning resources could provide cost efficient, scalable content, which could be used across a number of related disciplines in different ways at varying levels (NIST, 2008), for practising healthcare professionals.

**References**


**Key words:**
- e-learning
- transference of knowledge
- development of new skills.

**How this contributes to knowledge development:**
- contributes to the continuing debate on the effectiveness of e-learning
- confirms the transformational influence of eLearning as a sole method of delivery
- demonstrates the value of quality design of eLearning resources.
Use of a web-based interactive learning resource in a part-time, blended learning non-medical prescribing programme

Deborah Robertson, Senior Lecturer and Programme Leader Non-Medical Prescribing, University of Chester, UK

The Non-Medical Prescribing (NMP) Programme is a 6 month blended learning course leading to a recordable qualification allowing appropriate healthcare professionals to prescribe medication. Delivery of core subject materials is by a regionally developed web-based resource with consolidation of learning and evaluation of key areas in the classroom-based sessions. The session will outline the development and implementation of this unique collaborative resource. The presentation of data from a study evaluating user perception of the web resource will form the main body of the paper, along with discussion around pedagogical merits of this learning format in the target student group and potential for extending to other areas of healthcare education.

The current environment for delivery of healthcare-based education is changing due to many drivers and commissioning of healthcare education which changed in April 2013 (DH, 2013). Pressures on funding sources for education and release from service to attend courses are often cited as barriers to on-going clinical and professional education. This has resulted in many universities offering a more flexible and blended approach to study, often using technology to enhance learning. Blended learning as a term is used to describe any hybrid of teaching strategies, but generally explains a mix of traditional learning techniques, principally didactic classroom learning, and more modern web-based online techniques, the so called e-learning environment (Rosenberg, 2001). With this in mind, NMP education has followed a blended learning approach in the University of Chester since 2005 when a DVD of learning was produced by the regional universities with the assistance of Strategic Health Authority funding. The intention was to standardise NMP education across the northwest region, promote flexibility in delivery of education and facilitate release from service for students to undertake this programme. The collaboration of the universities proved to be innovative and unique in its intent to provide the resource. The DVD was successful (Gold Award winner IVCA awards 2006) but provided challenges as well as benefits. The main examples of these included:

• poor functionality on Apple Macintosh
• requirement for DVD ROM on computer (often not available in NHS workplaces)
• material quickly became dated on a fixed DVD resource
• cost to update/reproduce DVDs.

To address these challenges the resource was migrated from a fixed DVD platform to a web-based and enabled resource. The University of Chester NMP programme leader was fundamental in facilitating the conversion to online resource in collaboration with other HEIs involved. The web resource went live in academic year 2012/2013 and nominal feedback from students was positive on the use, content and flexibility of the resource. This prompted a formal evaluation of this resource with the University of Chester students. The evaluation was funded by a University of Chester Learning and Teaching Institute grant of £2000 for academic year 2013/14.

The study used a mixed methods approach, with the distribution of a questionnaire containing qualitative and quantitative elements which required the students to complete and return their evaluation to the principle investigator.

Quantitative data gathered around demographic information (age, sex and professional background) was analysed using descriptive statistics to create a profile of respondents. Qualitative date around the ease of use, flexibility of study method and perceptions of the resource was analysed in a thematic manner using a phenomenological approach based on Colaizzi’s framework (Colaizzi, 1978) with the phenomenon being the perceptions of usefulness of the web-based resource. Although traditionally used on transcribed data, this framework was used to assess the free text answers to identify patterns in the qualitative data which may be attributed to a particular demographic group to understand the lived experience.

References


Key words:
• non-medical prescribing
• e-learning
collaboration
• evaluation.

How this contributes to knowledge development:
• a deeper understanding of the pedagogical challenges in delivery of technology enhance learning to a diverse interprofessional group
• critical analysis of factors influencing part-time students accessing of technology enhanced learning
• insight into how students prioritise the use of technology enhance learning within a blended programme.

P7
Stop the cycle of nurse abuse: Bullying, incivility and lateral violence in healthcare
Diane Spoljoric, Associate Professor of Nursing/Department Chair, Purdue University North Central, Westville, USA

Today, nurses are faced with many stressors and challenges in healthcare including bullying, incivility, and lateral or horizontal workplace violence. Workplace violence is not isolated and has been reported world-wide (Johnson and Rae, 2009; Laschinger et al., 2010; Vessey, Demarco, Gaffney and Budin, 2009).

Workplace bullying is defined as an ongoing conflict in which the victim is subjected to two or more negative acts on at least a weekly basis over at least a 6-month period (Leymann, 1996). Workplace bullying is distinguished from other bullying because a power imbalance exists between the bully and the victim, making it difficult for the victim to bring the conflict to a successful resolution (Salin, 2003). Bullying can also include psychological abuse such as gossiping, withholding important patient information and ostracism from the group (Dellasega, 2009).

Incivility is any action that is perceived as condescending, disrespectful, offensive, intimidating, or hostile and interferes with the learning or practice environment (Hutton, 2006). Lateral or horizontal violence refers to sustained and repeated verbal or non-verbal acts of aggression occurring between and among nurses, and toward those less powerful (Einarsen, Hoel, Zapf and Cooper, 2003). Sadly, bullying in healthcare has become the social norm, ‘Nurses eat their young’ has been heard many times in the healthcare setting. Berry (2012) found that 57.9 % of new or novice nurses reported being the target of bullying behaviour in the prior month.

Student nurses and new nurses are at a higher risk for possible intimidation and threat, including verbal, psychological, and sometimes physical. They are in a powerless position depending on the grade, or the job and are unprepared to respond or react (Dyess and Sherman, 2009). If nurses will be confronted with these types of behaviours in the workplace it is imperative that nurse educators begin to educate the nursing student for practice. In addition, nursing faculty are often in a position to be the bully themselves and must be educated to the common behaviours that can be interpreted as incivility. Otherwise educators are part of the cycle. If we do not have a ‘zero tolerance’ attitude this behaviour will not stop. Much like sexual, gender, and racial harassment the time has come to confront this and STOP THE CYCLE.

Knowledge of bullying behaviour and lateral violence will allow student nurses and newly licensed nurses to be prepared. Nursing students need appropriate education and training to learn to recognize bullying behaviours to manage the conflict effectively to improve patient and team outcomes. Role-play in the classroom setting will allow time to reflect on the behaviour and to thoughtfully consider appropriate responses. Education must include how to manage and de-escalate situations. Nurse educators must be role models and demonstrate appropriate behaviours. Curriculum needs to have clear student learning objectives that include the ability to: 1. Recognize incivility, bullying, and lateral violent behaviour; 2. Address the behaviour the bully is exhibiting; and 3. Address the perpetrator regarding the behaviour.

We must change the educational and organizational climates that support bullying. Knowing that covert behaviours such as withholding information, being assigned work below ability, or being ignored occur more frequently than more obvious negative acts such as being shouted at, receiving threats, or facing intimidating behaviours will help sensitize students to the subtleties of bullying behaviours. Most importantly, all nurses need to examine their own behaviours and modify any practices that might be construed as bullying. Finally, educators need to set the tone for establishing a civil workplace in which all members are treated with respect and in which conflicts are dealt with in a healthy and open manner.

References


Key words:
• bullying
• incivility
• lateral violence
• nursing students
• nursing curriculum.

How this contributes to knowledge development:
• define bullying, incivility, lateral violence and horizontal violence
• explain how healthcare educators can develop a culture of zero tolerance regarding these behaviours
• discuss development of nursing curriculum focusing on educating nurses allowing the creation of civility policies.

P8

Evaluation of the implementation of Train the Trainers Toolkit

Eileen Sharp, AHP Practice Education Lead, NHS Forth Valley; Joan McDowell, Senior Lecturer, University of Glasgow, UK

The Scottish Diabetes Action Plan (Scottish Government, 2010) identified the need to increase the quantity and quality of structured patient education for people with diabetes. Structured patient education has a philosophy; aims and learning outcomes; is provided by a trained educator; is quality assured and audited (NICE, 2003). Healthcare professionals must meet the criteria as trained educators (NHS Education for Scotland (NES), 2012a). NES has a Train the Trainers Toolkit (TTT) that can be implemented with staff to achieve this (NES, 2013).

The diabetes multiprofessional team in one Health Board participated in the implementation of the TTT. An evaluation study was undertaken one year after its implementation.

Aim and outcomes
To reflect on the impact of the TTT on the practice of the diabetes team and to ascertain:
• the value of learning together as a team
• the impact of the TTT on practice
• to identify what teaching and learning skills have been transferred into practice as a consequence of participating in the TTT.

Methodology
An online survey was conducted with all members of the team (n=12). Five responses were received (42%).

Analysis
Thematic analysis was undertaken and themes compared with the initial evaluation.

Findings
A key benefit was the session on different ways of learning (n=11). Participants stated it was fun to learn together (n=7). Greater importance is now placed on the ‘introduction’ to any session and the need to focus on the aims and outcomes (n=4). Value was attached to the session on ‘group education’ including using reflection (n=4). Confidence in facilitating education either remained the same as the previous year or else had increased.
One year post implementation, participants could articulate continuing benefits and deeper learning was evident (Tamkin et al., 2002). Participants have increased their confidence in managing group learning and using reflection. As a team, confidence to deliver patient education was enhanced.

Conclusion
This evaluation study demonstrates that the skills and knowledge acquired are still current, being used in practice and that participants continue to benefit from the programme one year later. The TTT ensures there is a process whereby the multiprofessional team delivering diabetes education can meet the requirement as trained educators (NES, 2012).

The TTT is available on the web (NES, 2013) so is accessible globally to any professionals wishing to enhance their abilities to facilitate learning in others – students; patients or carers.

References


Key words:
• interprofessional
• patient education
• trained educators
• diabetes.
• learning about the impromptu and formal learning that occurs between professionals in practice.

Why would you want to ‘Flip’ a classroom

Tim Goodchild, Senior Lecturer, University Campus Suffolk, Ipswich, UK

‘Flipped classrooms’ are very much en vogue and is a pedagogical model in which the lecture and ‘homework’ elements of a course are swapped (Tucker, 2012). There is single method of flipping a classroom, and it seems that the term equates to some form of preparatory material being released prior to a class (often in the form of video/audio), and then a series of activities in the classroom designed to build upon this material. Benefits cited included students learning at their own pace, individualising the student encounter, using the classroom more effectively, and the effective use of technology (Herreid and Schiller, 2013; McDonald and Smith, 2013).

At UCS a new nursing curriculum began in the 2013/14 academic year, and the day was restructured to include a ‘flipped’ session. Students were split into groups for the entire module, and each group would receive preparatory material. Then, a guideline for the ‘flipped’ session was also given to the groups so they knew what the session would entail. As Horejsi (2013) outlines, showing videos alone is not flipping – ‘you must add activities’. This ‘flipped’ session was then built into a new structure for the day at university.

There was ‘no lecturing’ and ‘no PowerPoint’ during these sessions, and typically each group would be set one or a number of activities where they may have to discuss subjects, work through a problem, construct a poster, prepare a presentation, answer questions or such like, all of which was facilitated by a lecturer. Feedback has been very positive although some redesign of the sessions took place after discussion with the group. This poster offers an evaluation of the process of creating a ‘flipped’ classroom, also presenting feedback obtained from staff and students.
References

Key words:
• flipped classroom
• online
• blended learning
• video.

How this contributes to knowledge development:
• insight into setting up a flipped classroom
• possible benefits and drawbacks of flipping the classroom
• evaluation from lecturers and students of flipped classrooms.

P10
Partnership working: A service learning experience and its impact on students and the community
Thayer McGhee, Associate Professor and Interim Dean; Maureen Bravo, Assistant Professor; Lisa Simmons, Senior Instructor, University of South Carolina, Aiken, USA
This poster presentation will illustrate an example of a service learning partnership between a baccalaureate nursing program and a local elementary school district. The goals of the service learning partnership are to educate nursing students for lives of moral and civic responsibility by reaching them on an emotional level as well as on an intellectual level; to help nursing students understand the diversity associated with special needs children; and allow the students to see what a difference they are able to make in the lives of the special needs children by providing a much needed service. Through this partnership, students participated in a thoughtfully organized service project that met the needs of a community and promoted the humanising of healthcare education.

Faculty in an undergraduate nursing program worked with regional staff of Special Olympics to coordinate and perform the required physical examinations for the Special Olympic athletes. Special Olympics is a global movement, the goal of which is to create a better world by fostering the acceptance and inclusion of all people through the power of sports. Nursing students at a baccalaureate nursing program in the SE United States, under the guidance of faculty, performed the physical exams on the Special Olympic child athletes who represented a wide range of age, physical, social, and intellectual levels. This service learning activity had tremendous value for both students and the community. Prior to the beginning of this partnership, Special Olympic athletes had difficulty obtaining the required physical examinations for participation in the Special Olympic Games. To date, approximately 300 athletes have been able to participate in the Special Olympic Games, who otherwise would not have. Additionally, nursing students were able to: gain a broader understanding of the diversity in physical and intellectual abilities of children; utilize the assessment skills they had learned in a very ‘hands on’ manner; and give back to their community.

Data are currently being analyzed to determine the impact of this service learning opportunity on nursing students’ cognitive and affective development. The implications for future education in healthcare are strong. Service learning has great potential to impact students in healthcare professions and to instil a sense of social responsibility toward citizens who are often marginalized in society. The results of the data analysis will be ready before the NET Conference and incorporated in the poster presentation.

References

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Key words:

- service learning
- partnership
- humanising
- cognitive development
- affective development.

How this contributes to knowledge development:

- illustrating an example of a partnership working between nursing education and a service organization that has a global movement of creating a world of inclusion and community
- illustrating an example of humanising healthcare education through service learning
- illustrating an example of research opportunities evaluating partnership working experiences.

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**P11**

Resilience studies with nursing students in Japan

Machiko Tajima, Aichi Kiwami College of Nursing, Japan

Grotberg (2003) described resilience as ‘adaptability of a person in adversity, in order to overcome problems and to be strengthened, or changed through the experience.’ For nursing students, nursing practicums and the national nursing examination are regarded as adversities and resilience is required to overcome these events.

This study focused on resilience studies conducted with nursing students and investigated ways of increasing resilience in nursing education. Furthermore, the number of resilience studies in Japan was compared with those conducted internationally. In February 2013, using ICHUSHI Web Ver.5 and PubMed using the keyword ‘resilience’, a search was conducted for abstracts. The results indicated 169 abstracts in ICHUSHI and 6735 items in PubMed. When ‘nursing student’ was added as a keyword, there were 7 items in ICHUSHI and 40 items in PubMed. Among the 7 items in ICHUSHI three papers referred to ways of increasing resilience as follows:

- emotional control and health management during nursing practice and strengthening human relationships
- raising self-evaluation during practice
- accumulating experience through practice and constructing human relationships.

It was indicated that resilience of nursing students was highly affected by nursing practice. It is suggested that future studies should discuss educational methods for producing multiple effects from the nursing practice. Teachers should help students build good relationships with on-site trainers and patients, and carefully consider grouping in the practice, so that group dynamics would become effective. Furthermore, it would be necessary to examine resilience studies conducted in other countries and in school education, in addition to studies conducted in Japanese nursing education.

References


Key words:

- resilience studies
- nursing students in Japan.

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**P12**

The significance of clinical nurses’ experience as simulated patients (SP) in basic education seminars

Yuka Hirai, Junior Associate Professor; Masako Okayasu-Kimura, Junior Associate Professor; Yoko Yoshikawa, Professor; Ichie Matsumoto, Associate Professor; Mayuko Kajitani, Assistant Professor; Yoshiko Kawase, Assistant Professor, The University of Shimane, Japan

Background

Simulated patients (SP) play a significant role in SP participation seminars. At the university, clinical nurses are requested to participate as SP. The advantages of using nurses as SP include nurses’ experience leading to their understanding of patients’ symptoms and disorders as well as associated difficulties in daily lives, their ability to act as SP with only a short period of
training, and their ability to understand the learning level of students and the problems they face because they have nursing knowledge. On the other hand, the disadvantages are that they cannot take enough time to prepare fully to be in the role, and it is difficult for them to eliminate the influence of their experience as nurses. In order to ensure the continued cooperation of clinical nurses as important educators, it is necessary to clarify the benefits that nurses can obtain from SP participation seminars.

Aim
The aim of this study was to investigate the experiences gained by nurses acting as SP in SP participation seminars, through a questionnaire conducted after the seminar.

Methods
Free response data from anonymous questionnaires were collected from 44 clinical nurses after completing their participation as an SP in seminars conducted between 2009 and 2013. Data obtained were analysed holistically using the Qualitative Synthesis Method (KJ Method).

Results
Six symbols were extracted from the clinical nurses’ experience as SP. The foundational symbols were: ‘understanding about students’ and ‘expectations for students’. From this foundation, ‘new discoveries regarding nursing practice’ and ‘reflection on nursing practice’ were promoted. These were then linked to a sense of ‘satisfaction with being involved in education’ and ‘the significance of taking part in education’. However, the nurses were also ‘concerned about the contribution to education’.

Conclusion
Through their participation as SP in SP participation seminars, nurses became involved in students’ earnest engagement in nursing practice, and reflected on their own nursing practice, which in turn led to new discoveries. As a result, nurses were taken back to their own beginnings as nurses, finding new goals as nurses and experiencing satisfaction and fulfilment. The findings of this study suggest that participating in basic education seminars as SP is a meaningful initiative for clinical nurses and could be a way of contributing to the promotion of mutual understanding between the education sphere and the clinical sphere.

References

Key words:
• simulated patient
• clinical nurse
• participation to education
• experience as patient
• development of nursing competence.

How this contributes to knowledge development:
• promotion of partnerships between education and clinical
• promotion of understanding of students to the clinical
• promotion of understanding of the nurse to education.

P13
The round-robin mock job interview activity for nursing students: Maximum learning in minimum time

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Introduction
Most of the nursing students have reported lack of confidence and competency in having a job interview. In the current pre-registration nursing training, it has not incorporated any lessons on job interview skills, therefore, an innovative mock job interview activity was conducted in the School of General Nursing, Queen Elizabeth Hospital in 2013.

The objectives of the mock interview activity are facilitating students to: (1) enrich clinical knowledge, (2) improve job interviewing skills, (3) increase confidence level in presenting themselves, and (4) decrease anxiety level toward the job interview.
Methodology
In order to create more authentic mock interview scenarios, senior clinical nursing staff, nurse managers and academic staff from nursing school were invited to act as interviewer. The students were divided into a group of six, each mock interview session lasted for two hours, including individual interviewing time, peer evaluation, self-reflection and debriefing by the interviewers. Every student was interviewed once, and then took turn to act as observer who needed to observe interviewees’ strengths and weaknesses in both verbal and non-verbal communication. Finally, students needed to provide constructive feedback and suggestions to each interviewee at the end of the mock interview session. All students had two rounds of mock interview activity with two week interval, so that they would have enough time to improve their interviewing skill and clinical knowledge after the first mock interview.

Questionnaires were used to collect the data on students’ pre and post-mock interview self-rating (1-10) anxiety level, confident level and competency in interviewing skill. Both students and interviewers’ level of satisfactory toward the mock interview exercise and narrative comment were also collected and analysed.

Results
Fifty final-year nursing students joined the mock job interview activity on voluntary basis, the questionnaires response rate from both students and interviewers were 98%. A paired t-test was performed to analyse the effectiveness of mock interview exercise. The students’ mean anxiety level decreased was 2.4 ± 0.701 (p <0.0000); the mean confident level increased was 2.08 ± 0.535 (p <0.0000); and the mean competent level gained in interviewing skill was 2.16 ± 0.518 (p <0.0000). All the students agreed that they could apply the knowledge, skill and attitude gained from the mock interview activities into their coming job selection interview. The narrative comment from both students and interviewers were encouraging and positive. Therefore, all the findings provided evidences that this innovative mock job interview activity was fruitful and meaningful to final-year nursing students, clinical nursing staff, nurse managers and nursing school’s academic staff.

Conclusion
Learning interview skills takes times, in addition to classroom lecture and discussion, students must have the opportunity to practice their skills in a mock job interview exercise. It is worthwhile to conduct mock interview activity even though it is time consuming and labour intensive. By using the round-robin method, students can maximize their learning in minimum time.

Reference

Key words:
• mock job interview
• activity for nursing students.

Using simulation to underpin a humanising care philosophy
Rosalyn Joy, Lecturer Practice Skills; Suzanne Allen, Facilitator; Janet Scammell, Professional Lead for Adult and Young Peoples Nursing, Bournemouth University, UK

Background
A Humanising Care philosophy (Galvin and Todres, 2012) has been used to underpin the new undergraduate nursing curriculum at Bournemouth University. The central tenets reflect the Compassionate Care Model (Cummings and Bennett, 2012) advocated by Jane Cummings, Chief Nurse for England. The aim is to produce nurses that always ‘put the patient first’ and demonstrate high quality, compassionate care. Simulation can allow students to develop skills required to deliver this through opportunities to engage in holistic practice in a safe environment; to learn by doing, exploring and reflecting on practice.

Aim
The aim of this poster is to depict how simulation can be utilised to allow nursing students to develop the skills and attributes required to consistently deliver high standards of care, that can reflect the 6Cs; communication, care, courage, commitment, competence and compassion.

The simulation curriculum throughout the nursing programme was reviewed in light of the Humanistic approach and Compassionate Care Model and specifically mapped against the 6Cs. This process and outcome forms the basis for the poster.

Whilst much of the content of the simulation curriculum remained unaltered, it was found that the use of the 6Cs approach enabled the simulation team to more overtly emphasise and give value to the less measurable but vital aspects of nursing, that is the attributes of nurses to ensure that ‘patients feel human’ whilst experiencing healthcare.

Conclusion

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The use of a simulated environment is able to provide opportunities for students to explore, reflect upon and embed skills that promote practice based on the 6Cs. Compassionate care should be a given; through emphasising this at every stage of the programme it is hoped that future nurses will not only practice this but lead others to do likewise.

References

Key words:
- humanising care
- simulation
- compassionate care model.

P15
Care planning: Whose language is it anyway?
Rebecca Rylance, Senior Lecturer, Liverpool John Moores University; Peter Graham, Quality Improvement Lead, Priory Group, UK
A fundamental component of pre-registration nurse education requires the recording of information in a clear, meaningful and jargon-free way (NMC, 2010a, 2010b, 2011). Despite this, as part of clinical socialisation each professional group appears to have developed its own language (Neary, 2013). Health professionals have their own language that has arguably evolved as a result of clinical expertise and invariably an NHS culture that is jargon laden and loaded with acronyms (Duffy, 2010). It is argued that the utility of ‘professional language’ can seriously compromise therapeutic engagement (Bowers et al., 2009).

Thus, an aim in the HEI setting is to instil amongst students the notion of jargon-free, recovery focused language. This is particularly relevant to care planning within mental health services which should be recovery focused with care structured around the Care Programme Approach (CPA) (2008). CPA advocates person-centred care planning and must involve service users and their families in all aspects of the care planning process (Marston and Weinstein, 2013). The recovery approach proposes a shift from the traditional care planning practice of problem identification (often without service user input), to service users defining their own strengths and aspirations in their own words. Central to this notion is the idea of a shared language (Duffy, 2010).

A qualitative descriptive study examined the perceptions of a cohort of mental health student nurses and their observations and perceptions of practice in relation to care planning.

Focus groups were facilitated and the narratives recorded and transcribed. Core categories were developed following a thematic analysis using Colaizzi’s Analytical Framework (Colaizzi, 1978).

A key finding from the analysis was the core category ‘care planning: custom and practice’ and a subsequent theme cluster revealed that a ‘professional’ language exists that consists of jargon, generic terms and a copy and paste culture within care plans. The students perceived the care plans to be a ‘paper exercise’ as opposed to a meaningful collaborative document.

Furthermore, the students acknowledged that a collaborative care plan should use service user language; however, they commented that by doing so, it would look unprofessional to other agencies.

The findings from our study suggests that a dichotomy exists between the service users own expression of their mental health issues and how that is then translated by the professionals. The use of clinical clichés and what the authors describe as ‘professional snobbery’ seemed commonplace in the practice areas.

References


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Key words:
- student nurse centric
- research focussed
- findings have been fed back to practice areas to influence use of ‘professional’ language.

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**P16**

**Supporting and developing AHPs practice educators: A partnership approach in clinical practice**

Sharon Higgins, Practice Education Facilitator; Stephanie Hodgson, Practice Education Facilitator, Blackpool Teaching Hospitals NHS Foundation Trust, UK

In response to a local deficit in provision and support, the practice education facilitators developed an Interprofessional Educator development day. Originally for the targeted professions of occupation therapy and physiotherapy, this model has now been rolled out to include podiatry. This practice led initiative includes roles and responsibilities, the failing student, APPLE/ACE/PACE accreditation and curriculum specific updates from university partners. This development day enables attendees to meet their continuing professional development requirements and provides evidence for their professional portfolio. This day also provides opportunities to network across organisational and professional boundaries, promotes peer collaboration and support from practice education facilitators and university lecturers. This day is available to staff working in the NHS, social services, private, voluntarily and independent sector.

In providing these days we aim to promote and facilitate an increase in the number of practice educators in occupational therapy, physiotherapy and podiatry. As practice education facilitators we want to ensure the support we provide is equitable, accessible and available to all professional groups. By providing a forum to network and share best practice the organisation has demonstrated quality outcomes in terms of process, communication and collaboration. It has enabled the practice education facilitators to enhance partnership working with Allied Health Professions’ university lecturers.

The educator development day has enabled us as practice education facilitators to promote interprofessional learning in clinical practice and has raised awareness with the educators about the need for this provision and to capture this work. The principles and the activities utilised are designed to strengthen the educator role in the assessment process. Post event feedback has identified the positive impact the educator day has had on their practice and the quality of their learning environment.

**References**


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http://fcsharepoint/divisions/global/prereglearning/Pages/default.aspx

**Key words:**
- interprofessional learning
- networking
- partnership working
- practice education facilitator
- continued professional development.
Integrated clinical education: Opportunities to prepare health professions students to care for an ageing population

E. Anne Reicherter, Associate Professor and Director of Clinical Education; Sandy McCombe Waller, Associate Professor, University of Maryland School of Medicine, USA

Background/Purpose
A large proportion of older adults will require services to address their healthcare needs. Though experiences by health professional students to work with this population are important, the current healthcare climate, complexity of health issues affecting the aged, and full curricula can make these challenging to implement. In an attempt to address this challenge, we developed a novel clinical education offering, the Professional Practice Opportunity (PPO). The intent of PPOs is for students to gain exposure, insight, and experience to develop a set of common practice skills necessary to work with older adults. The purpose of the poster is to present our professional physical therapist program’s use of PPOs.

Method
Needs assessment of the curriculum and relevant program stakeholders was performed. The PPOs were implemented in early curricular coursework. The students submitted a reflective portfolio at the end of the semester. Students accounted for time spent, linked project activities to curricular threads, and discussed application to future healthcare practice.

Results
PPOs for one academic year included 58 students, 2320 hours of PPO time, and 40 mentors; 52 PPOs specifically addressed needs of older adults. The most frequently performed activities were clinical augmentation, education, and research. Feedback from reflective portfolios and course evaluations demonstrated a positive impact on students’ attitudes, value, and enthusiasm for these professional activities. Mentor feedback was extremely positive and is most likely attributed to the fact that PPOs were stakeholder-centered and matched for student interest and skills.

Discussion
Though patient exposure is paramount in early clinical courses, other objectives include professional socialization and exposure of students to a variety of patients and practice settings that allow for skill development to work with individuals of all ages. PPOs were a useful tool to meet these goals, in addition to supporting other program stakeholder interests.

References


Key words:
- clinical education
- geriatrics
- health profession students
- physical therapy.

Access to mental health services: In pursuit of shared values

Ian Stevenson, Senior Nurse, ABM University Health Board, Neath, UK

Background
There are drawbacks in terms of consistency and therefore the quality of mental health services in the current traditional routes into mental health services. Access to mental health services varies between primary and secondary care. Consequently a number of problems can occur. The frequency and cost of inappropriate referrals when assessed is typically repeated by another mental health professional within secondary care services. As a result inconsistencies and variability over transition points making it confusing for service users as well as general practitioners in primary care.
Are services accessible in the way they are designed? Engaging individuals on how they would want mental health services to be, as a vehicle for change, helps people bring their dialogue or their perspective that would otherwise be missing from decisions. Service users are the experts in terms of access. They are the people who negotiate, deal with it and engage services. The Francis Report (2013) highlights the need for patient-centred values.

Current research
My inquiry research project attempts to address these real life problems. It will inquire into the thoughts of service users, carers and other professionals and provide knowledge on how best a mental health service addresses the issue of access. The inquiry project will enable a group of service users and professionals to feel empowered to speak around access and sharing of values, generating knowledge through collaborative communicative processes.

The research aims to instigate a cycle of change in improving access to adult mental health services through a collaborative inquiry group with recommendations to the health board. It will engage service users and professionals in shared values dialogue and through this shared values lens, seek a process of service transformation to influence improved access. The inquiry will generate knowledge through praxis that will contribute and inform an evolving theory of service change. Finally, the validity of the knowledge gained will be measured according to whether the outcomes that arise solve problems and increases service users control over their situation.

Reference

Key words:
• collaborative inquiry
• access to mental health
• values.

How this contributes to knowledge development:
• values-based practice
• service user as co-researcher
• access to mental health.

Fostering hospice staff engagement in learning using a facilitative approach
Laura Myers, Lecturer Practitioner, St Catherine’s Hospice, Crawley, UK

Most hospices are charitably funded. The need to maintain their renowned high standards is balanced against financial constraint, where charitable giving is reduced.

Many hospice staff focus on clinical care, finding it difficult to integrate formal learning into practice due to lack of time, motivation, confidence or competence. Adult learning is enhanced when it is self-directed and relevant to practice. Supporting link nurse and audit projects brought about opportunities to develop knowledge and skills, augmenting formal learning.

Hospice staff identified an interest in a topic, or managers suggested areas of practice to examine. Staff worked with the lecturer practitioner to plan how to undertake projects: the link nurses outlined the goals of the work, with a plan and review cycle, while auditors used a clear structure, supported by a mentor from the clinical audit group. This led staff to recognise the value of informal work-based learning and the time involved. They were encouraged to work with colleagues in other teams, fostering integrated working.

The use of validated audit tools, existing competency assessments or online teaching materials was promoted, reducing time and effort.

Levels of support required varied, from face-to-face or email discussion of planning and evaluation, to multi-layered intervention: such as designing data collection tools, analysing data, writing reports, collating learning resources and planning learning and assessment strategies.

Some staff members flourished using these approaches, particularly those with higher level academic learning, competence and confidence. Areas of interest included continence, nutrition, corneal donation, tissue viability, infection control, tracheostomy care and blood transfusion. Audits of clinical practice and knowledge identified learning needs and established baselines. Link nurses arranged study days and short sessions, collated resources, and developed competency assessment frameworks. Staff leading these projects extended their subject knowledge and developed skills in data collection and
analysis, report writing and effecting change; presenting role models for colleagues who could also access opportunities to extend learning.

Others, particularly those with little recent education, while achieving some success, struggled with the concept of self-direction and needed a great deal of support.

All were encouraged to write reflections on the progress of the work and some produced persuasive evidence for their professional portfolios.

Using a structure for link nurse and audit work, and access to mentors, supported learning in specific topics as well as the development of transferable skills, shifting the emphasis away from formal teaching.

References


Key words:
- facilitation
- link nurse
- audit
- self-direction.

How this contributes to knowledge development:
- self-directed learning can help integrate theory and practice
- structured support is useful to encourage inexperienced learners
- facilitation of learning can be tailored to the individual’s needs and skills.

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P20

Developing assistant nurses’ practice through education in clinical supervision

Sue Griffith, Lecturer and Practice Educator, St Helena Hospice, Colchester, UK

Background
It is widely understood that clinical supervision should have three main functions – normative, formative and restorative (Proctor, 1986), which places education at the heart of supervision. Recent national reports (Cavendish, 2013; DH, 2013) have brought the healthcare assistant role to public attention, and highlighted issues around the education and support they receive. Assistant nurses in this hospice setting have access to group supervision three times a month. To build on the educational element, and allow time for the assistant nurses to apply principles of good practice to clinical situations, the practice educator instigated a programme of once monthly teaching sessions within this framework. Using sessions in this way encourages the nurses to reflect on practice and in conjunction with the practice educator, select topics which are particularly relevant to the clinical area in a timely way. This provides the arena for a small group of assistant nurses – usually between two and six per session – to learn together in a safe environment, using Vygotsky’s principles of social constructivism (Dickman, 2008).

Approach
This poster will outline how using a ‘spiral curriculum’ approach has helped to embed the principles of reflective practice, and lifelong learning, as well as the 6Cs of care (DH, 2012). Subjects covered so far have included ethical dilemmas, use of medications, diabetes at end-of-life, and managing conflict within teams. Revisiting aspects of the topic from a different perspective, such as covering team communication in one session, and following it four months later with managing challenging behaviour, not only allows this learning to be built on and applied to different situations, but also gives a valuable...
way to assess the learning which has taken place, and the impact this has on practice. By working alongside the assistant nurses, evidence of this learning has been witnessed.

**Outcomes**

Evaluation of the sessions revealed that the assistant nurses have learned something new on every occasion, and enjoyed the sessions. An ongoing programme following this format will ensure that the workforce remains fit for a rapidly changing future, and that the assistant nurses feel supported and valued – all core themes from recent national documents (Cavendish, 2013).

**References**


**Key words:**

- practice education
- practice development
- assistant nurses
- clinical supervision.

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**P21**

How to support students who may ‘self-sabotage’ when faced with ‘scary’ subjects

**Fiona Kevan, Senior Clinical Teaching Fellow, University of Manchester, UK**

**Introduction**

Cognitive appraisal as a predictor of academic performance is explored widely in the literature. Self-efficacy, i.e. the expectation of academic success, is positively correlated to actual academic success (McKenzie and Schweitzer, 2001; Le Compte et al., 1983; Lent et al., 1987). Conversely, attributional style in terms of a pessimistic outlook is linked to poorer outcomes for students (McKenzie and Schweitzer, 2001; Peterson and Barrett, 1987). During my 18 years of experience as an educator of student speech and language therapists, it strikes me that the academic community of practice agree certain subjects are perceived as ‘difficult’ by our students. These are: Anatomy and Physiology (A&P); English Grammar; Introduction to Audiology; Statistics and Research Methods and are regarded as among the ‘foundation’ or basic science subjects needed for the 4-year BSc Speech and Language Therapy. Students can struggle to see the relevance of such subjects to their chosen vocation. We usually have some fails, which is striking as our students are high achieving academically (recruitment is highly competitive) so they should be perfectly capable of passing. In 2010-11 new systems enabled us to see actual performance at resit. Five students failed A&P that year: one compensated: one was later excluded; three passed comfortably: indeed one got 74%, one got 69% and one got 53%! This seemed worthy of investigation.

**Method**

Students were interviewed: N = 3; all female; (ages 27, 19, 19) and asked (i) what, in their view, had gone wrong at first sit? (ii) what had been different in their approach to the resit? And (iii) what would be their advice to future students?

**Results**

It appeared that self-sabotage had taken place at first sit (they ‘knew’ they’d fail). At resit they knew they had to think positively as the real prospect of exclusion focused the mind. They advised others to think logically and have faith in their own ability and the course design.
Conclusion and future directions

There appeared to be a shift in terms of self-efficacy in these students between first sit and resit. Psychological health may be a predictor of academic performance. In a student body whose psychological profile is anecdotally high achieving, perfectionist and unaccustomed to struggling academically, we need to explore this further with a view to providing our students with the appropriate levels of support to help ensure a healthier student learning experience.

References


Key words:

- self-efficacy
- self-sabotage
- scary subjects.

P22

Developing a career and education framework to enhance end-of-life care: A strategic approach

Vanessa Taylor, Senior Lecturer, University of Manchester, UK

The End-of-Life Care (EoLC) Outcomes for New Registrants and Registered Professionals has been supported by Health Education Yorkshire and The Humber (HEYH) End-of-Life Care Education Initiatives Steering Group as part of a wider education strategy to improve standards of end-of-life care delivered across Yorkshire and The Humber in response to the End-of-Life Care Strategy (DH, 2008). Completed in December 2013, this presentation will outline the Career and Education Framework and present an overview of its development, piloting and implementation to date.

The Career and Education Framework identifies EoLC Outcomes which aim to enhance the delivery of the palliative care approach, general palliative care and specialist palliative care by focusing on three groups: new registrants, registrants up to two years post-qualifying and registrants providing specialist palliative care. The focus on new registrants ensures that all registrants develop their personal awareness and a minimum level of knowledge and skills in the palliative/end-of-life approach to care at the point of professional registration in response to the Department of Health (DH) (2008) End-of-Life Care Strategy. The EoLC Outcomes identified for achievement at up to two years post-qualifying ensure consolidation and ongoing development of knowledge and skills in palliative and end-of-life care in the workplace. Finally, a career and education framework for registrants providing specialist palliative care, was developed to promote consistency of title, skills, knowledge and preparation across Yorkshire and The Humber locality.

The Career and Education Framework and the EoLC Outcomes are aligned to several national policies and guidance relating to end-of-life care and advanced level practice including the ‘Common Core Competences and Principles for Health and Social Care Workers Working with Adults at the End-of-Life’ (National End-of-Life Care Programme, 2008), Core Competencies in Palliative Care developed by European Association of Palliative Care (Gamondi, 2013a; 2013b) and the Speciality Training Curriculum for Palliative Medicine (Joint Royal Colleges of Physicians Training Board, 2010). In conjunction with the Skills for Health Career Framework (2010), guidance from the United Kingdom Departments of Health (DH, 2010; NHS Wales, 2010; NHS Scotland, 2008) on levels of practice were reviewed to inform the aspects of practice and level of practice expected of registrants.

This presentation:

- defines the EoLC outcomes to be achieved by new registrants who have undertaken professional programmes in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine within the HEYH locality to contribute to the delivery of the palliative care approach
- defines the EoLC to be achieved by all registrants in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine practicing at registered, senior or advanced practitioner or junior doctor (FY1) levels* within the HEYH locality to deliver palliative care approach or general palliative care at two years post-qualifying
• defines the EoLC to be achieved by registrants practicing at registered, senior or advanced practitioner levels in specialist palliative services within the HEYH locality
• assists higher education institutions providing pre-qualifying, post-qualifying and post-graduate programmes to design and map curricula, and ensure that teaching, learning and assessment strategies afford students the opportunities to develop and demonstrate their knowledge and skills in palliative and end-of-life care within higher education and workplace settings
• assists workplace/clinical educators to facilitate pre-qualifying students and registrants to engage in the delivery of palliative and end-of-life care and to develop their knowledge and skills to achieve the identified EoLC outcomes
• facilitates HEYH and other LETBs to review pre-qualifying programmes in Physiotherapy, Occupational Therapy, Nursing, Radiography, Social Work and Medicine relating to the achievement of the EoLC outcomes for new registrants
• facilitates HEYH and other LETBs to review workplace opportunities, post-qualifying and post-graduate programmes to demonstrate achievement of EoLC Outcomes for registrants delivering palliative care approach and general palliative care at two years post-qualifying and for those registered, senior and advanced practitioner level roles delivering specialist palliative care
• provides clinical services within the HEYH locality and nationally with clarity regarding the EoLC Outcomes achieved by new registrants, and to facilitate achievement of EoLC Outcomes for registrants at up to two years post-qualifying and for those delivering specialist palliative care.

References

Key words:
• career and education framework
• end-of-life care
• strategic approach
• partnership working.

How this contributes to knowledge development:
The Career and Education Framework for Enhancing End-of-Life Care demonstrates:
• the value of partnership working between education commissioners, higher education institutions and service providers aiming to enhance service delivery and patient experience in a key service priority
• an innovative, creative and strategic approach to integrating education, professional and service requirements by drawing together national and European guidelines for end-of-life care/education, curricula for health and social care professionals, and guidance for advanced level practice
• an opportunity for evaluation to demonstrate impact of education on patient care/service enhancement.

P23
Pre-registration student nurses’ collaborative e-learning exploring the role of the clinical research nurse
Ian Taylor, Senior Lecturer, University of Brighton, UK
This poster presents an evaluation of blended learning activities developed and implemented in a level five pre-registration nursing module ‘Developing Clinical Research Nurse Careers’. This module aims to develop in students an understanding of the role of the clinical research nurse, career pathways for research nurses, and their relevance for practice.
The digital transformation of its courses is a key aspiration of the University of Brighton, supported by the creative and innovative use of technologies for learning, teaching and research (University of Brighton, 2012). Blended learning generally incorporates the use of online media with traditional face-to-face contact with students, and may offer more satisfactory learning outcomes than either face-to-face approaches or stand-alone online media alone (Laurillard, 2002). The SOLO taxonomy (Biggs, 2003) was applied to the module design to help match students’ activities with the intended learning outcomes through a process called ‘constructive alignment’. This involved balancing and matching the module learning outcomes with students’ blended learning activities and the assessment task. These were closely aligned to promote students’ deeper understandings of traditionally ‘dry’ key concepts, and to apply them to the professional context of the clinical research nurse.

Studentcentral, the university’s virtual learning environment, was used as the primary vehicle and authoritative source for all module materials. This supported the module organisation and management of announcements; online reading materials linked to ‘Aspire’, an electronic library used to streamline access to resources including journals, web pages and books; online PowerPoint and video presentations from open educational resources (OERs); the development of a Wiki; pdf documents; and access to generic services including an online library and bibliographic databases. Face-to-face activities included student, lecturer and expert speaker presentations; building upon and synthesising students’ e-learning.

Use of blended learning approaches was evaluated positively by students who achieved higher than average grades and pass rates in the module summative assessment when compared to modules using traditional learning and teaching approaches alone. Studentcentral analytics and formative face-to-face presentations revealed that many students developed collaborative online working with their peers. Students further developed their ICT skills in online searching; and accessing relevant databases, OERs, and online videos and documents from high quality websites. These skills will be relevant and transferable to their professional practice. However, the e-learning time commitment in preparing staff and students was significant and challenging, requiring expert support from academic colleagues and learning technology advisers through in-house training workshops and modules.

References

P24

Exploring non-traditional students’ experience of transition into higher education over the course of a year

Sophie Willis, Lecturer, City University, London; N. Schaefer, Lecturer; D. Osberg, Senior Lecturer, University of Exeter, UK

Summary
This poster draws upon current doctoral research to provide a critical insight into the nature of non-traditional students’ experience of transitions into higher education (HE) over the course of a year at an HE institution in England. It generates information of relevance to those concerned with enhancing the non-traditional student experience and promoting widening access to HE opportunities across healthcare education.

Background
Understanding the student experience of HE for non-traditional students is a complex issue with many institutional and personal factors combining to potentially inhibit access and success of engagement (Bathmaker and Thomas, 2009). Understanding the experiences of non-traditional students’ participation and transition between level 3 and level 4 studies therefore permits an understanding of how to extend participation by improving the experiences of those on the edge of further participation in HE, whilst promoting healthcare education recruitment. Few studies actually examine peoples life experiences to consider the necessity of transforming individual HE institutions in order to promote the student experience of transition and enhance the success of non-traditional students engagement (Stuart, 2002).

Methodology
This inquiry adopted a process view and was based on an intrinsic case study, which was conducted within an interpretive framework to explore the experience of participants’ transition into HE. Data were gathered via individual interviews with a total of 12 participants during the course of one academic year and involved interviewing participants on a maximum of three occasions. All data were analysed using NVivo, initially following a structural coding framework and subsequently following a second cycle pattern coding framework.
Findings
Although participants’ experiences of HE transition varied, all were substantially influenced by their prior educational experiences, which resulted in both positive and negative experiences of transition throughout the course of the year. A combination of both structural and personal factors have been evidenced to have had a dynamic and evolving relationship during the course of the year and influenced the nature of the participants’ transitions and engagement with HE to varying extents.

Ethics
Ethical approval was obtained prior to the commencement of data collection.

References

Key words:
• student experience,
• non-traditional student.

P25
A reflexive account of academics’ perspectives of embracing internationalisation within healthcare education
Sophie J. Willis, Lecturer; Darren Walls, Lecturer; R.N.M. Khine, Lecturer, City University, London, UK

Summary
This poster will explore the considerations for academic practice arising from a reflexive contemplation of the contemporary requirements for academics to become more culturally competent, in order to embrace the internationalisation agenda within healthcare education.

Background
Presently, the question of ‘how to embrace internationalisation within healthcare education?’ can be argued to be dominated by increasing complexity arising from the diverse nature and cultural experiences that many international students present with. Arguably, successive student cohorts have become ever-more heterogeneous in their nature. For the academics responsible for the delivery of healthcare curricula this can, at times, present a challenging scenario. Yet to ignore the professional development and understanding opportunities that such situations can afford us, would be to undermine the endless possibilities that internationalisation in healthcare education proffers.

Content
A reflective account of the contemporary experiences of three allied health educators will be presented. It will focus upon the benefits that an international student perspective can bring to professional practice and academic development. The key insights, benefits and some challenges will be outlined to evaluate the impact this may proffer towards promoting sustainable educational practices, a positive undergraduate learning experience, and subsequently developing globally competent healthcare graduates.

Relevance
Internationalisation is an important driver in higher education provision worldwide and in particular it continues to retain prominence in nursing and allied healthcare education on a national level (NMC, 2010). Within the UK, there are growing demands for healthcare professionals to address issues of diversity and culture (Law and Muir, 2005). These demands, coupled with escalating pressures for academic institutions to increase the numbers of international students enrolled onto programmes, have resulted in an ever-increasing emphasis being placed upon the importance of academics furthering their cross-cultural knowledge and understanding to ensure successful integration of international students within UK-based curricula delivery. The essence of internationalisation within healthcare education should be to enrich and forge links with each other. For academics, the pre-requisite requirement to increase their own cultural competence and awareness remains high, if the purported advantages of internationalisation informed curricula are ever to realise the value of heightening the cultural acceptance of graduates into a global workforce (Harris, 2008).

References
More than just holding hands: Learning to become a compassionate nurse

Martin Brock, Senior Lecturer; Guy Collins, Senior Lecturer; Emma Bell, Senior Lecturer; Lesley Hancock, Senior Lecturer, University of Derby, Derby, UK

Successive reports into healthcare failures within the United Kingdom have included reference to the level of nursing care (Parliamentary and Health Service Ombudsman, 2011; Francis, 2013; Keogh, 2013). The potential causation of these failures are not isolated to poor nursing rather they are multifaceted, inclusive of: a suitable staffing level, effective leadership, promoting innovation and quality assurance. Nevertheless, commentators have expressed concerns that some nurses lack the ‘fundamental attitudes to care’ (Smith, 2012). The development by the Department of Health (2012) of the six fundamental values – care, compassion, competence, communication, courage and commitment (the 6Cs), provided the strategic direction to embed these enduring values and behaviours across nursing. Conversely, it has been asserted that the development of guidelines related to what compassionate care looks like, to be followed as an example, undermines the ethos of person-centred care (Middleton, 2013).

The Nursing and Midwifery (2010) Standards for Pre-Registration Nurse Education, outlines that the public can be confident that all new nurses will: ‘practise in a compassionate, respectful way, maintaining dignity and wellbeing and communicating effectively’. Despite the professional requirement of developing and instilling these values and skills within new nurses, there has been debate as to whether compassion can indeed be taught to student nurses (Whitehead, 2013).

In grappling with these complex issues within pre-registration nursing education it can be challenging not only for the students’ starting out on their nursing career, but also for the academics developing and facilitating the learning experience to not over simplify these requirements and the methods of developing caring and compassionate nurses in to a list of skills that must be rehearsed and performed.

The poster presentation will detail the range of learning activities that have been implemented across an initial pre-registration nursing module at the University of Derby. These learning activities have led to the promotion of the humanisation of healthcare education, with a focus upon a range of skills, attitudes and attributes related to: reflective thinking; self-awareness and values; personal resilience; person-centred care; and effective communication. The sharing of the current learning activities via a poster presentation may assist other providers of healthcare education programmes to learn from these experiences in order to hopefully inspire and inform elsewhere.

References


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


Key words:
- compassionate care
- pre-registration nursing
- reflection
- self-awareness and values
- personal resilience
- person-centred care
- communication.
How this contributes to knowledge development:
- fundamentals of care and compassion.
- pre-registration nursing programme requirements.
- focussed learning activities.

P27

Supporting student nurses and midwives to raise concerns about practice

Kim Bezzant, Adult Field Lead, BN Programme and Faculty Lead – Safeguarding, University of Southampton, UK

In the Faculty of Health Sciences at the University of Southampton we devote considerable time to supporting students for and in practice, and particularly in preparing them for their first placement. As part of this preparation we introduce students to the fundamentals of safeguarding policy, theory and practice via e-learning, lectures and small group discussion.

As the programme progresses we further explore a wide range of safeguarding drivers and increasingly more complex practice issues. In particular, we are very clear about their responsibilities as aspiring professionals with regard to raising concerns about practice (NMC, 2011).

This requirement to raise concerns about practice, however, creates some anxieties for them. This is initially obvious as they near their first placement, when they are typically worried about being able to effectively raise concerns in situations where they suspect that the articulation of these concerns might not be welcome. They express apprehension about how raising a concern might result in adverse effects on their relationships with mentors and colleagues; and, although not often explicitly articulated, it is clear that they fear that such actions might affect their grade for the placement. As they progress through the programme these anxieties often remain, and senior students have expressed fears that if they raise a concern it may affect their employability in local organisations. It is clear that students are ordinarily acutely aware of what is the right thing to do, but anticipate considerable difficulties (real or imagined) in doing this.

To underline these difficulties we might consider the conduct of some registered practitioners in this respect. In enquiries that explore substantial failings in care, it has been noted that, despite clear and unequivocal guidance in codes of conduct (NMC, 2008; NMC, 2010), registered practitioners do not always raise concerns when they should do (Francis, 2013; DH, 2012). The dilemma facing students is compounded by the phenomena that, as outsiders to the teams with whom they spend time with in practice, they are arguably more likely to be the ones to identify the need to raise a concern that those within the team.

All this leads us to conclude that we are expecting students to work in ways which may lead them to experience significant emotional and personal difficulty, and in which they may not necessarily have observed good role-modelling; particularly if they need to raise a concern about the conduct of a registered practitioner. To ensure that they face this challenge effectively, considerable support is needed, both proactively in teaching and learning, and reactively with personal support through difficult situations. In particular we need to consider how our students can develop skills and qualities like assertiveness and courage which are crucial to effective safeguarding (Commissioning Board Chief Nursing Officer and Department of Health Chief Nursing Advisor, 2012), but which may well require them to take a very large step out of their comfort zones.

This presentation will outline the drivers that are shaping our educational provision in terms of the importance of ensuring that our students can raise concerns about practice; and will explore the activities and support mechanisms that are needed in order that students can develop this crucial skill.

References
Commissioning Board Chief Nursing Officer and DH Chief Nursing Advisor (2012) Compassion in Practice. Nursing, midwifery and care staff: Our vision and strategy. NHS Commissioning Board and DH.


Key words:
- safeguarding
- raising concerns
- student nurses
- student midwives.

How this contributes to knowledge development:
- explore the current policy and drivers that focus on the importance of raising concerns about practice
- explore the practical implications of this for students
- explore how students can be supported to raise concerns arising from their practice placements.

INFORM: Institute for faculty recruitment, retention and mentoring

John M. Clochesy, Professor and Director, Faculty Mentorship Program; Cindy L. Munro, Professor and Associate Dean for Research and Innovation; Constance Visovsky, Associate Professor and Associate Dean for Student Affairs and Community Engagement; Meredith A. Rowe, Professor and Endowed Chair; Dianne Morrison-Beedy, PhD, Professor, Dean, Senior Vice-President USF Health, University of South Florida, Tampa, USA

The number of faculty required to educate nursing students to address current professional nursing shortages is seriously inadequate. Faculty shortages are due to a variety of factors including competition with the private sector for seasoned leaders, the limited numbers of nursing doctoral students in the pipeline, and by the number of nursing faculty near or currently eligible for retirement. To meet current needs as well as prepare for this impending ‘silver tsunami’, nursing education administrators need to utilize creative faculty search initiatives as well as enhance the retention efforts for all nursing faculty at the University of South Florida. Our response to this challenge, was to initiate the INFORM (Institute for Faculty Recruitment, Retention and Mentoring) program. INFORM focuses on recruitment and development of existing and new faculty, creating an environment of support for faculty within academia and support of research and scholarship initiatives for both tenure-track and clinical faculty. By making INFORM a strategic initiative within our advancement priorities we have had significant success in our recruitment efforts and are able to provide new and existing faculty a structure for ongoing development and support. INFORM has several facets: Academic Citizenship, Open-forum Scientific Discourse, Seminars on Educational Practice, and Writing Circles, Writing Groups and Writing Retreats.

Faculty development programs have traditionally focused on acquisition of knowledge and skills in the discrete areas of teaching, scholarship, and service. Faculty who have appropriate pedagogical and scholarship supports still may struggle with understanding academic culture and balancing multiple demands, resulting in dissatisfaction and attrition. The Academic Citizenship series in INFORM was developed to address faculty needs for overarching knowledge and skills related to development as a faculty member.

The open-forum scientific discourse sessions provide the opportunity for junior and senior scientists to present issues and providing scientific critique and solutions. We allowed for both scheduled discussions, for upcoming submission and open floor that allowed for discussion of more immediate needs. At each session we have 4-6 junior and 3-5 senior scientists plus doctoral students. Scheduled scientists provide an overview of work being reviewed and pertinent details about the submission and the type of feedback he/she is seeking. Open discussion ensues with a goal of reaching a consistent set of recommendations.

The majority of nurse educators are recruited to academic faculty positions from either nursing practice or from nurse-scientist training programs. The first prepares nurses in clinical nursing practice, while the later prepares nurses for scientific practice. To be successful as faculty members, nurse educators need expertise in educational practice. Therefore we created two series of seminars to provide academic nurse educators with the foundation for educational practice: (1) the evidence-base for educational practice, and (2) instructional strategies. Both pre-tenure and non-tenure earning faculty of all ranks participated in the seminars. Faculty indicate that the sessions are useful and have requested that we expand the offerings.

Scholarship is a critical component for a successful academic career. Consistent writing is an essential skill that enhances dissemination of knowledge in nursing, while ensuring career advancement. Barriers to developing and maintaining a program of scholarly writing include lack of skill and confidence, fear of failure, time constraints, difficulties in managing reviewer critiques and undeveloped work habits. Writing groups are a successful strategy to mentor and engage faculty in scholarly writing, develop necessary skills and work habits, and build confidence.

Key words:
- faculty development
- mentorship.
How this contributes to knowledge development:

- recruiting and retaining faculty
- faculty development
- faculty mentorship.

P29

Supporting pre-registration nursing students with disabilities: Are we being reasonable?

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Since the amendment to the Disability Discrimination Act in 2003 it has been compulsory for public bodies, including the NHS, to facilitate opportunities for people with disabilities to be included within the workforce. Furthermore, education providers are required to facilitate the educational needs of different learners, and this includes students with additional needs and disabilities (SENDA, 2001). Consequently education providers need to offer equal opportunities for people with disabilities to undertake education programmes, including nursing and midwifery education (Tee et al., 2010). This education provision is underpinned by the implementation of ‘reasonable adjustments’ which is a central part of the Equality Act (2010). In fact the equality legislation (2010) and professional regulation for nursing and midwifery (NMC, 2008; NMC, 2011) stipulate that these anticipatory reasonable adjustments must be made in both academic and clinical environments so that student nurses and midwives can demonstrate their ability to achieve proficiencies and subsequently be assessed as Fit to Practise, without compromising professional standards (Kane and Gooding, 2009).

However to meet the varied individual needs of people with disabilities preparing to register as fit to practise in a potentially vast array of nursing and midwifery roles within different healthcare settings is challenging. According to Stanley et al. (2011) part of the challenge is a potential tension between legal requirements and professional regulation. For example potentially adjustments can be implemented within an academic environment but these adjustments perhaps may not be deemed reasonable in a clinical setting, particularly where patient safety could be at risk (Tee et al., 2010). Moreover, this challenge is compounded by an apparent lack of clarity and somewhat ambiguous guidance about reasonable adjustment especially as the guidance appears to be open to different interpretations (Morris and Turnbull, 2006; Storr et al., 2011).

This poster will detail the findings of a literature review that was undertaken to establish what can be regarded as reasonable adjustments within healthcare education, with a particular focus on pre-registration nurse education.

References

Non-communicable disease: A global challenge for health and development

Pat Hughes, Consultant, Nursing, Health and Development, C3 Collaborating for Health, London, UK

Non-communicable disease (NCD) has been acknowledged as one of the major social, economic and political issues of the 21st century by the United Nations, the World Health Organization and the World Economic Forum (United Nations General Assembly, 2013). Between 2011-2025, the cumulative lost output in developing countries associated with the four major non-communicable diseases is projected to be more than seven trillion United States dollars (United Nations General Assembly, 2013). The positioning of NCDs in the ‘post 2015’ framework for development i.e. the successor to the Millennium Development Goals and proposed Sustainable Development Goals, is still under discussion and may provide a unifying strategic approach to prevention (United Nations, 2013).

Four major chronic NCDs – cardiovascular diseases, type 2 diabetes, cancers and chronic lung disease – cause an enormous burden of disability and suffering as well as premature death. The majority of premature deaths from NCDs (85% or 11.8 million) between the ages from 30 to 70 occur in developing countries (WHO, 2011). However, the increasing burden of NCDs is unsustainable even for the highest income countries. It is estimated that up to 80% of premature deaths could be prevented by tackling the main risk factors i.e. tobacco use, lack of physical activity, unhealthy diet and harmful use of alcohol (WHO, 2005). Nurses are often well placed to address these risk factors with patients, families, communities and policy makers. These so called ‘lifestyle factors’ are inherent in economic development and often particularly affect the socioeconomically disadvantaged: both NCD prevalence and the behaviours that lead to the diseases are often more common in lower socioeconomic groups, including in the UK.

Acknowledging that this is a multi-sectoral, global issue, nurse educators have an opportunity, as well as a responsibility, to ensure that nurses have the knowledge and skills necessary to play their part in prevention (Hughes et al., 2012; ICN, 2010). Responding to this challenge provides a focus for international collaboration among nurse educators to exchange best practices in health promotion, health education and the training and education of nurses and other health personnel. Such co-operation can be shaped with reference to global frameworks such as the WHO Global Action Plan and WHO recommendations for enhancing the nursing and midwifery contribution (WHO, 2012; WHO, 2013). An aspect of particular interest to nurses and nurse educators is the health of the global nursing workforce and the extent to which this affects the nursing contribution to prevention of NCDs.

References


World Health Organization (2012) Enhancing Nursing and Midwifery Capacity to Contribute to the Prevention, Treatment and Management of Non-communicable Diseases.

**Key words:**
- social
- economic and political development
- global
- prevention
- non-communicable disease
- international collaboration.

**How this contributes to knowledge development:**
- analysis of global agenda
- update on global political initiatives
- frameworks for collaboration.

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**P31**

**An exploration of the extent of inclusion of spirituality and spiritual care concepts in core undergraduate nursing textbooks**

**Fiona Timmins, Associate Professor; Thelma Begley, Assistant Professor; Maryanne Murphy, Assistant Professor; Freda Neill, Clinical Skills Manager; Greg Sheaf, Trinity College, Dublin, Ireland**

**Background**

Nurses have been recently described as having an increased interest in and motivation towards supporting patients’ spiritual needs (Timmins, 2013; McSherry and Jamieson, 2011; McBrien, 2010). However currently nurses are described as lacking specific skills in this area (Timmins, 2013; Lundmark, 2006; RCN, 2011), and the extent to which their undergraduate education prepares them for this role is unclear. There is an absence of clear direction about what to teach undergraduate nursing students which may arise from the lack of conceptual clarity around definitions and suggestions that nurses perform spiritual assessment, this study aims to explore the extent to which current core nursing textbooks support and advocate spiritual care delivery by nurses and nursing students.

**Aims**

The study aims to examine whether core nursing textbooks include spirituality or spiritual care content. It also aims to examine whether or not core nursing textbooks define spirituality or spiritual care or the core elements of spirituality. A final aim is to examine the extent to which core nursing textbooks advocate spiritual assessment by nurses.

**Methods**

Five hundred and forty three books were sampled from the Nursing and Midwifery Core Collection list (UK) (Tomlinsons, 2010) representing 94% of the total collection (n=580). A survey, the Spirituality Textbook Analysis Tool was developed and used to collect data.

**Findings**

Findings revealed an overall lack of consistency with regard to the inclusion of spirituality within core undergraduate nursing textbooks. While some books advocate assessment of spiritual needs, few refer specifically to assessment tools. There is little consistency among those that do suggest their use. Overall spirituality, while accepted as a component of holistic care is operationalised as an adjunct to care.

**Discussion**

As spirituality is espoused as an overarching human concept applicable to all, the inclusion of spirituality in nursing curricula internationally needs to be expanded beyond specialised texts dealing with the topic. Students’ reading of core texts needs to be strengthened through consistency of application and inclusion of spirituality and spiritual care where relevant.

**References**


**Key words:**
- nursing
- student
- spirituality
- education.

**How this contributes to knowledge development:**
- highlighting gaps in current core undergraduate nursing textbooks with regard to guidance of spiritual care provision
- drawing attention to contemporary debates on the topic
- highlighting areas for future research and development within the topic of spirituality and spiritual care provision in nursing.

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**P32**

**A community continuing education programme in school: Jump starts change**

Cindy Lee, Lecturer; Lau Siew Tiang, Senior Lecturer, National University Singapore; Wai Chi Sally Chan, Professor; Edward Poon, Director Nursing, Ang Mo Kio Thye Hua Kwan Community Hospital, Singapore

**Purpose**
To explore the learning experience of nursing students who engaged in the Community Continuing Education (CCE), encapsulated in the 3-year Bachelor of Science (Nursing) program piloted by the Alice Lee Centre for Nursing Studies in Singapore.

**Background**
Community health nursing has a low professional profile and has been undervalued when compared to other nursing specialties. An emerging issue of ageing population with declining birth rate, Singapore is challenged to provide broader healthcare access and there is needs for more nurses working in community-based healthcare environments than ever before. The CCE programme is designed to enhance the students’ understanding of community health nursing and promote its valuable contribution to healthcare system. CCE programme organised community clinical placement in which students provide direct patient care to community-referred aged client under supervision.

**Methods**
A total of 20 year 1 students participated in this pilot project. Data collection and analysis were done by a qualitative approach using focus group discussion. The focus group asked about aspect of the programme, learning, practicum experience and perception on community health nursing.

**Results**
The students described the CCE as valuable because it deepens their appreciation of individual patients’ need in their homes and community; and raised their awareness of necessitate support beyond the hospital. The three themes that emerged from the data analysis included professional development (knowledge, professional identity and spirit of inquiry), patient as human (respect, partnership, caring and information sharing) and teacher competence (teacher knowledge, planning learning experience and feedback).

**Conclusion**
The students learn and develop professional knowledge and skills to work with individuals, families and communities across the continuum of healthcare environments. The findings validated the CCE programme and described improved knowledge and attitude of the students. Their experiences have increased their acceptance to this nursing specialty and empowered the students to be a competent nurse and may potentially affect their future career choice. The CCE programme has great potential to complement the community experience and provide opportunities for learning that might otherwise be missed.

**Key words:**
- community health nursing
- student experience
- community education.
How this contributes to knowledge development:
- redefine clinical education in the community with community collaborators to facilitate student engagement and participation in community health nursing
- co-construct learning and needs according to students’ response and community-based setting
- provide an example of a community continuing education programme for undergraduate nursing student, suggesting a conceptual framework for future development of the programme
- enhanced students’ preparedness towards community nursing and holistic patient care.

P33

Verbal feedback + Turnitin + iPad + Turnitin for iPad = student engagement with feedback

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

Aims
This poster illustrates the utilisation of Turnitin, iPad and Turnitin for iPad in the provision of verbal feedback to encourage student engagement and potentially enhance the student experience in relation to feedback.

Background
Following formative clinical skills assessment in Part 1 of the BSc Nursing programme, students were provided with verbal feedback. The verbal feedback was given immediately following the assessment. However, when later asked to recall this feedback students were unable to do so. Exploration of lack of recall revealed the impact of heightened stress associated with the assessment.

Intervention
Recording verbal feedback directly to Turnitin via iPad utilising Turnitin for iPad seemed a reasonable option. However, this required student involvement as students were required to submit a request to Turnitin in order to receive feedback. Verbal feedback was uploaded as soon as the student had exited the skills laboratory via the Turnitin for iPad app or at the end of the day via Turnitin from a PC. Feedback was then available instantly or at least by the end of the day but also available for the students to return to any time deemed convenient by them.

Sample
n=197 students attended a formative assessment in which they required to have verbal feedback provided. Six staff were responsible for assessing the students and providing feedback.

Method
Turnitin provided the names and numbers of students that had submitted requests for verbal feedback. Lecturing staff provided feedback, which summarised the students’ performance utilising a standardised check list.

Findings
Of the 197 students eligible to receive feedback 188 (95%) requested the verbal feedback via Turnitin. From the evaluation of the lecturers involved (n=6) only one lecturer did not wish to provide verbal feedback (time constraint cited as the issue); n=3 utilised a standard PC and uploaded their feedback at the end of the day and n=2 via Turnitin for iPad at the end of each assessment. All lecturers who provided verbal feedback advocated that this method should be integrated into the curriculum.

Conclusion
This evaluation has highlighted the need to continue to engage with technology as an innovative means of engaging students with feedback.

Feedback can be provided instantly following assessment if appropriate technology is utilised. Utilisation of the Turnitin for iPad app allowed instant verbal feedback to be recorded immediately as access to the student record was instant.

Key words:
- clinical skills
- verbal feedback
- Turnitin
- iPad.

How this contributes to knowledge development:
- technology can engage students with feedback
- nurse educators have an important role to play in engaging students with technology
- Turnitin for iPad is a useful and effective application in providing feedback.
A day at the museum: Integrating theory with practice
Fiona Everett, Nurse Lecturer; Wendy Wright, Nurse Lecturer; Caroline Adam, Nurse Lecturer; Winnie McGarry, Nurse Lecturer, University of the West of Scotland, Hamilton, UK

Aims
This poster illustrates the enhancement of the student experience through the provision of an innovative opportunity to integrate theory with practice in relation to raising awareness about dementia within a museum setting.

Background
A core group of lecturers from the University of the West of Scotland, School of Health Nursing and Midwifery collaborated with South Lanarkshire Council (SLC) Education Department to undertake a piece of research on dementia awareness with school children between the ages of 9 and 12 years. The research is entitled ‘Dementia: through the eyes of a child’.

Final year Adult Nursing students were supported by Part 1 Adult Nursing students in the preparation and delivery of dementia awareness sessions and workshops to simulate the dementia experience. All students undertook a modified Virtual Dementia Tour© as part of their clinical skills module and then attended a preparatory pre-briefing session where they were introduced to a teaching plan, PowerPoint presentation and lesson plans for each of the five interactive workshops.

Each intervention lasted two hours and was supported by two lecturers from the core team who linked closely with a local Dementia Advisor in the adaptation of teaching materials from Alzheimer Scotland published information.

Schools were asked to develop the learning gained from the dementia awareness session and workshops into daily classroom activities, which took the form of poetry, story writing and artwork. Working in partnership with SLC Education Department, Glasgow Museums, and Alzheimer Scotland, this was subsequently exhibited at Scotland Street School Museum, Glasgow. The children’s work is entitled ‘Dementia: through the eyes of a child’. This depicted their interpretation of what dementia means to them and provided an opportunity for their work to be shared with the wider community. This exhibition also formed part of the Luminate Healthy Ageing Festival.

Intervention
All students who participated in the research project delivered modified Virtual Dementia Tours© to the general public who attended the exhibition over a six week period.

Sample
The sample group comprised all students who participated in the research project: final year students (5) and part one students (12).

Method
Student reflections were utilised in order to identify the students’ perceptions of the opportunity provided to raise awareness of dementia within a museum setting.

Findings
All students found this to be a rewarding experience, which allowed them to integrate theory with practice. They valued the opportunity to develop their literature searching, research, communication, problem solving, teaching and team working skills and to represent the university within a non-traditional setting.

Conclusion
This evaluation has highlighted the need to continue to provide innovative opportunities and settings in which students can integrate theory with practice.

Key words:
• clinical skills
• partnership working
• simulation
• dementia.

How this contributes to knowledge development:
• student evaluations are an integral aspect of the contemporary curriculum
• access to innovative placement settings can potentially enhance the student learning experience
• nurse educators have an important role to play in evaluating the student experience.
Exploring the challenges and enablers of mature students in nurse education: A review of the literature

Jacqueline White, Lecturer – Adult Nursing, University of the West of Scotland, Paisley, UK

Mature students relish the opportunity to return to learning where they want to realise their true potential and often refer to it as a life changing decision. This traditional literature review considers the challenges and enablers for mature students in nurse education. The term ‘mature’ encapsulates all students aged 21 years and over. In some higher education institution’s mature nursing students can represent two-thirds of a cohort intake, are a valuable source of recruitment and bring with them a wealth of experience.

However, this comes with certain challenges for the student, the higher education institution and the nursing profession. With the majority of mature students being female, trying to juggle the complexity of being a full-time student with the competing demands between home, study and part-time employment (Kenny et al., 2011). With higher education commitment to widening access and participation, the number of mature students accessing nurse education continues to increase. Therefore, higher education institutions need to recognise how the needs of mature students differ from younger ones. Furthermore, the nursing profession needs to plan resources in order to deliver healthcare in the future.

A number of studies describe how mature students perceive returning to full time education as risky. McVitty and Morris (2012) report how mature students’ fear of not succeeding and lack of confidence results in anxiety in coping with the demands of the programme. In addition, students are often surprised at the high academic level of pre-registration nursing programmes and for some, being unprepared has been challenging and has resulted in non-completion (Andrew et al., 2008).

In order to meet the academic demands McKendry and Boyd (2012) discuss how students need to develop independent learning skills as these can have a significant impact on their experience and progress. Kenny et al. (2011) interviewed personal tutors in relation to the support needs of mature students. This emphasised the need for significant time and support during their programme and in particular with developing study skills.

The challenge of managing competing demands is well documented throughout the literature with students balancing the needs of family, academic work and for some, part-time employment. As a varied group of individuals with multiple roles and responsibilities, Chipperfield (2013, p639) refers to mature students as having a ‘higher life load’ trying to maintain all their personal responsibilities as well as keeping up with the demands of their course. Furthermore, mature nursing students with children experience difficulties with childcare arrangements due to the demands of the programme.

Studying to become a nurse has a degree of financial risk for mature students. Although in receipt of a bursary, in order to survive financially mature students will take up part-time employment in conjunction with a full time degree. McVitty and Morris (2012) suggest mature students are more debt averse and are therefore at a greater risk of discontinuing their studies due to financial difficulties. However, Boyd and McKendry (2012) identify, despite financial hardship students persisted through to completion as the end goal of becoming a nurse is perceived to be greater.

Students need to adapt to different learning environments and build relationships with new teams, often finding this challenging and stressful. However, Mature students appear to be better prepared for the challenges of clinical placements as they have greater life experience, have developed their communication skills, and possibly worked in a caring role in the past (Wray et al., 2012).

Findings from this review suggest research is limited in this cohort, and with a growing population there is a need to be proactive and implement strategies to support retention and attainment in both higher education and the nursing profession.

Bibliography


Key words:
- mature nursing students,
- nurse education,
- higher education
- widening participation

A case study analysis to explore the interprofessional and transcultural learning experienced by a multiprofessional group of health and social care students during a two week visit to Kerala, India

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Aim
This paper explores how a group of multiprofessional UK students enhanced their interprofessional learning and developed cultural sensitivity whilst sharing skills, knowledge and research with their Indian counterparts during a two week health and social care visit to Kerala.

Background
Healthcare has become a global concern as people have moved across national and international boundaries making it imperative to understand nursing and healthcare issues within a global context. According to Scholes and Moore (2000), establishing relationships with healthcare professionals from various cultural backgrounds expands opportunities to learn, empower and value other cultures and practices. They argue that when interprofessional and international liaison is encouraged, the quality of healthcare outcomes for patients is enhanced (Scholes and Moore, 2000). The need to train health professionals who can work across disciplines is vital for effective, competent, and culturally sensitive healthcare provision. This health service provision requires both communication and coordination between practitioners (Pecukonis et al., 2008). Bruder (2000) further adds that for students to develop cooperative working relationships across disciplines, they must be educated and socialised within interprofessional environments. Developing true interprofessional cultural competence requires time spent in both classroom and social activities; seeing others not only as professionals but also as people (Pecukonis et al., 2008). However, collaborative practice education in a classroom environment has failed to provide the in-depth learning required to develop an understanding of and respect for, other professional cultures (Barr et al., 2005; Cooper et al., 2001).

Methodology
Utilising a qualitative exploratory case study design, subjective data were collected from students by way of facilitated reflective group work and questionnaires. Thematic analysis was applied to the data, collected from all students to establish the areas where they recognised that their knowledge had been enhanced. Unstructured observation of the students’ interactions during clinical placements and group feedback sessions enabled the facilitators to critically reflect on the factors that may have influenced student learning.

Sample
Thirty-eight students between 20yrs and 45yrs of age participated in the study. There were 16 female and 3 male UK students whereas the Keralan students were all female. All students were selected through interview and personal tutor recommendation.

Conclusions
Characteristics of true interprofessional practice were demonstrated by the UK students through a better understanding and appreciation of the roles and contributions that each discipline brought to the patient care leading to a mutual appreciation and respect between the professions. All UK students agreed that their collaborative practice experience in Kerala, being a lived experience, held more meaning for them than classroom teaching alone. All students were more informed regarding global issues in terms of differing cultures and healthcare practices as their levels of knowledge and understanding of other healthcare professions was increased.

References


Evaluating service provision for pre-registration midwifery education in the university skills laboratory: A case study

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In keeping with the ethos of the Higher Education Funding Council for England (HEFCE), related Key Information Sets and National Student Survey (HEFCE, 2012), the local university’s five year strategic plan 2011-15 (Strategic Plan, 2011) includes at its heart investing in the student experience with a curriculum that is flexible and responsive to changes both within and outside the university, and offering a ‘high quality university experience’ through innovative methods of learning. As part of a varied array of teaching, learning and assessment facilities, the university boasts of skills lab services which increasingly provide a unique opportunity for student midwives to practice clinical skills in a safe environment which ultimately prepares them to be fit for practice at the point of registration (Nursing and Midwifery Council, 2009). However, there has not been a formal evaluation of this service to date.

Purpose
This study set out to evaluate the current service provided for pre-registration midwifery students in the university skills lab in order to establish current standard, provide a benchmark for future development, and contribute to the students’ learning experience.

Methodology
Using a case study approach, a representative convenient sample of users of the service was studied. Participants included seven third-year and three first-year students from the pre-registration midwifery programme based on one of the two university campus sites, and two midwifery lecturers plus two skills lab support staff working across both campuses. All participants were asked about their experience of using the skills labs. Interviews were transcribed verbatim and analysed using a thematic approach and NVivo software. Student focus groups and staff one-to-one interviews were carried out, as well as observation of activity in the skills lab. Relevant document analysis was also undertaken.

Findings
The main themes emerging from analysis of the data include the following: both staff and students felt that there was more theory than practice in the teaching and learning activities in the skills lab; that the management of time and communication around the assessment process in the skills lab could be improved; that the quality and authenticity of equipment and facilities could be improved; that capacity issues, consisting of an interaction between student numbers, time and space management in the lab, had a negative impact on the learning experience; and that better communication amongst users overall could further improve the service.

Implications
Whilst some of the findings support the literature, there appears to be some new information particularly related to student perceptions of the theory - practice ratio of sessions, and capacity issues impacting on learning. The author makes several recommendations for educational institutions providing a skills lab service including the following:

Educational institutions should
- explore innovative teaching strategies such as the blended approach which would allow more time for students to spend on hands-on practice in the lab
- explore strategies to enhance the authenticity of the equipment to improve the students’ learning experience in the lab
- develop better communication systems and appropriate management of timetables, coupled with clear guidelines for staff-student ratios in order to address capacity issues; clear communication around assessment that takes into account individual students’ unique needs must also be ensured.
Limitations
The author recognises that this study was primarily based on the experience of students from one out of two university campuses admitting pre-registration midwifery students. This was due to time constraints related to the timetable for the Master’s study. It would therefore be useful to consider further research that encompasses the experience of students from both campus sites as well as addressing possible issues surrounding parity of experience across sites.

References


Key words:
• learning
• skills lab/laboratory
• student experience
• teaching.

P38
Responding to the UK health research strategy: How research placements are contributing to the professional practice of clinical research nursing

Fiona O’Neill, Head of Workforce Development, NIHR Clinical Research Network; Helen Pidd, Director UKCRF Network and Operational director, NIHR Welcome Trust Clinical Research Facility, Leeds, UK

NHS England’s Research and Development Strategy 2013-18, states research is ‘everybody’s business’ and outlines how research is part of the everyday operation of the NHS. The NHS now has a statutory responsibility to promote research funded by commercial and non-commercial organisations as outlined in the NHS Constitution 2013 and the Social Care Act 2012. Patients recognise the value of a research active NHS and are looking for opportunities to participate (AMRC, 2013).

Since the implementation of Best Research for Best Health in 2006, which established the National Institute for Health Research to deliver a whole system approach to research in the NHS in England, there have been significant increases in activity. Over 99% of NHS Trusts in England are now involved in research. This core paper will consider how nurse education is responding to the development of this changing research culture. We will critically analyse why nursing and nurse education has been slow to respond to changes in policy. There is still a general lack of awareness of the opportunities available to nurses across a research delivery path that includes diverse settings from experimental medicine centres to the increasing volume of research delivered in the community. The paper will be supported by evidence from a study of clinical research placements that are currently available to student nurses. This will include consideration of what makes a good clinical research placement and the responses of students who have had an opportunity to experience one. The paper will conclude with suggestions for a more strategic response to the health research agenda by all those involved in nurse education.

References
Association of Medical Research Charities (AMRC) (2013) Our Vision for Research in the NHS.


Key words:
• clinical research policy and practice.

How this contributes to knowledge development:
• summarises the health research policy landscape in the NHS
• analysis of the contribution of nursing to delivering increases in research activity
• evidence-based guidance on how nurse education can to respond to these policy drivers.
P39

Due respect for the principle of due regard? Opportunity or constraint?

Margaret Conlon, Lecturer; Christine Pollock Senior Lecturer and Subject Group Leader, Edinburgh Napier University, UK

The poster will outline the results of a research project funded by Nurse Education for Scotland (NES, 2011). The research objectives were to identify the current use of the ‘due regard’ principle in Higher Education Institutions in Scotland and to disseminate accuracy in the use and application of the due regard principle.

Due regard was introduced by the Nursing and Midwifery Council in 2006. It is a principle that enables student nurses to be assessed by other registered professionals and/or non-field specific nurses at detailed points in the undergraduate programme and refers to the quality standards applied in the assessment and supervision mechanisms. Since 2006, there have been several attempts to clarify and strengthen the due regard process to enable greater flexibility in the practice learning experience.

Although the principle is perceived as a complex one, its intention is to promote flexibility and innovation in practice learning. The rationale for the existence of such a principle is around the health and social care integration agenda. In response to this agenda, nurse education needs to develop new strategies to support students to learn and understand the holistic experience of the client journey beyond the typically narrow secondary care encounter. As the integration agenda gathers pace, NHS focused only learning experiences, will become increasingly outmoded and out-dated. For this to be successful, incremental changes in practice learning experiences, assessment and supervision will be required.

This poster uses a comic strip style of illustration that follows a narrative journey of the student, the mentor and the link lecturer in embracing the due regard principle. It aims to be visually appealing and to simplify what is often a misunderstood and overly restrictive quality process to assessment and supervision. Further objectives include:

- to explore and demystify the principle of due regard
- to present the principle of due regard as an opportunity rather than a constraint
- to identify opportunities for innovative practice
- to debate the concept of due regard as it is constructed in the evidence-base
- to lead the direction of promoting flexibility in practice learning in nurse education.

References

Nursing and Midwifery Council (2006) Standards to Support Learning and Assessment in Practice. London: NMC.

Acknowledgements:
NHS Education for Scotland (NES) and the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN).

Key words:
- practice learning
- innovation
- integration.

How this contributes to knowledge development:
- despite being heavily regulated, flexibility in practice learning is possible
- the work provides practical and manageable approaches to access non-NHS practice learning environments
- the health and social care integration agenda, drives the necessity of finding learning experiences beyond typical NHS placements.

P40

Preceptorship: Promoting a shared understanding of nursing clinical judgement across a region

Kerri Arcus, Academic Leader, Whitireia New Zealand, Wellington; Anjana Naidu, Professional Development Recognition Pathway Coordinator, Capital and Coast District Health Board, New Zealand

This poster outlines an approach to redesigning preceptor training which provided an opportunity to promote a shared clinical education model for use across a region. Developing a common structure, assessment tools and understanding of nursing clinical judgement was a focus. The project benefited from the resources of clinical and academic partners. The group comprised nurse educators from three District Health Boards and two academic institutions who designed a curriculum to facilitate consistency in preceptor education and practice across settings and sectors.
Preceptors are considered crucial to nursing practice development, having ‘practical wisdom’ (Myrick et al., 2011). In New Zealand the national, government funded Nurse Entry to Practice programme relies on the preceptorship model (Health Workforce New Zealand, 2012). However, to a large extent the effectiveness of the preceptorship model is assumed (Currie and Watts, 2012). Preceptorship is not formally identified as a nurse educator role, nor is its impact well researched (Kelly and McAlister, 2013).

A national framework for preceptor programmes provided guidance for curriculum content (NZNE Preceptor Subgroup, 2010). The Clinical Judgment Model (Tanner, 2006) was integrated into the curriculum and was also adapted as a clinical education tool, providing preceptors with a research base on which to develop their clinical teaching practice. Use of this model enabled preceptors to frame practice experiences and enhanced clinical conversations with preceptees, focusing attention on clinical judgment and the variables that guide nursing decisions. Classroom activities were designed to assist preceptors to use this model, including an exploration of what underpins nursing judgment (Tanner, 2006); how to frame discussions using shared language based on the model; how to pose deep clinical questions; and encouraged structured reflection (Nielsen, Stragnell and Jester, 2007).

Developing as a preceptor is an opportunity for career growth (McCusker, 2013). Evaluations showed preceptors appreciated a researched framework that gave them confidence in their clinical teaching and the framework was easily integrated into practice. Further research is required to explore the effectiveness in the practice setting and whether an awareness of this model impacted preceptors’ own clinical judgements.

**Application**
- The Clinical Judgement Model (Tanner, 2006) is research-based and available in the public domain (on internet) making it accessible for all nurses
- adapting a researched and recognised model as a clinical education tool provides consistency, shared language for professional conversations across settings and sectors
- preceptors appreciated having a tool that they could immediately adopt into their practice.

**References**


**Key words:**
- preceptor
- clinical-academic partnership
- clinical judgement
- clinical education model.
The Moss family: Video vignettes to assist in shared learning

Denise Owens, Senior Lecturer; Alison Cavanagh, Lecturer; Catherine Croughan, Lecturer, University of Salford, UK

The Mental and Physical Health across the Lifespan Module utilises a blended learning and multidisciplinary approach to educating the second year nursing students. The team has created a virtual ‘family’ that consist of mother, father, teenage daughter and grandmother. Each member of the family has their own unique health needs and with the use of professional actors a film was developed. Students engage with the family through pre-written vignettes and video clips, from which lectures, seminars and directed learning are centred on the specific healthcare needs of the family members.

It is a requirement of the NMC that students are exposed to experiences in all fields of practice – adult, mental health, children’s and learning disability. The variety of experiences with different client groups, their families and significant others that students are exposed to in today’s NHS and social care environments will contribute significantly to the achievement of their exposure to the patients/clients in the individual fields of practice. The increasing demand for collaborative approaches to health and social care, which is centred on the client groups, provides a challenge for professional groups (DH, 1998). Interprofessional working has been advocated in Making a Difference, (DH, 1999) and Academic and Practitioner Standards, Nursing, Consultation Document (QAA, 2001).

The Mental and Physical Health and Wellbeing across the Lifespan module will allow student nurses to capitalise upon their existing knowledge. This will enable them to explore complex patient conditions and interventions associated with long term health breakdown and consideration of the link between physical and mental illness (DH, 2006; NMC, 2010; DH, 2010a; DH, 2010b; DH, 2010c). Through the concepts of interprofessional working and caseload management, nursing students will develop an understanding of the principles that underpin safe practice and the delivery of care.

The NMC Standards for Pre-registration Education (2010) require all nursing students to achieve core competencies. These core competencies are incorporated within the module in an innovative and interactive manner. The virtual family highlights the healthcare needs for individuals across the lifespan from childhood to older adult. This allows students to engage with individuals who they may not meet within the normal course of their chosen field of practice. The knowledge and understanding that is gained, is transferable and equips them to deliver care in a more holistic manner.

The Poster presentation will be conducted within the same style that the module is delivered. That is rather than having a one dimensional poster, we would like to submit a ‘video poster’ to showcase the family vignettes and support this with screen shots and written material.

References

Key words:
• innovation
• blended learning
• shared learning.
P42

A model for human rights education in the health professions

Joyce Desia Mokoena, Senior Lecturer, University of Limpopo, Pretoria, South Africa

Introduction
The health professions were implicated in human rights violations during the apartheid era in South Africa. The Truth and Reconciliation Commission held in South Africa in 1997 recommended that human rights be included in the curriculum of the health professions programmes. The purpose of the study was to determine what constitutes human rights education in the health professions programmes, in order to construct a model for human rights education.

Research Methodology
A theory generative study, which was qualitative, exploratory, descriptive and contextual, was undertaken. Interviews were conducted with lecturers in human rights education. Documents in the related health programmes were also reviewed. Tesch’s method of data analysis was used (Creswell, 2010).

Main Findings
Human Rights Education (HRE) is an empowering process for students in the health professions. Subsequently, patients and communities are also empowered. A collaborative, interprofessional approach, using interactive teaching strategies is effective in HRE. Ethics and Human Rights, though different from each other, are interlinked and should both feature in a human rights education programme.

Conclusions
Key concepts derived from the themes were analysed and model description done according to Chinn and Kramer (2008). The poster presents the model.

Key words:
• collaboration
• education
• health professions
• human rights
• interprofessional.

How this contributes to knowledge development:
• human rights education is a curriculum imperative, of interest to nurse educators
• sharing data and critique on models or approaches on human rights education improves quality in education
• add to the body of knowledge on research in healthcare education.

P43

Career aspirations of new baccalaureate nurses in South Africa

Joyce D. Mokoena, Senior Lecturer; Florah M. Tladi, Senior Lecturer, University of Limpopo, Pretoria; Christina M. Matlakala, Senior Lecturer, University of South Africa, South Africa

Introduction
Graduate nurse attrition continues to be a problem for healthcare delivery globally. Despite the continued training and education of student nurses in nursing schools and universities, the shortage of nurses continues to be a threat to quality delivery of nursing services. There is a need to determine the career aspirations of new nurse graduates in order for nursing programmes to support and nurture graduate nurses, which may in turn reduce the number who leave the nursing profession.

Research Methodology
A qualitative research design was used to explore and describe the career aspirations of new Baccalaureate nurse graduates.

Data Collection
Data were collected by self-reports in the form of narrative sketches.

Findings
Study ongoing. Data analysis and interpretation in progress.
Key words:
• attrition
• aspiration
• career
• graduate
• nurse.

How this contributes to knowledge development:
• career development should be an integral part of the education of Baccalaureate student nurses
• curriculum development should continually be informed by research data on nursing as a career and the inherent challenges and threats internationally
• add to the body of knowledge on nursing as a worthwhile career for young men and women.

Selection and recruitment of student nurses and midwives: A composite and gathered field model
Gillian Colgan, Director of Admissions, University of Salford, UK

This paper will identify the key social, political and professional drivers that influence the selection and recruitment of student nurses and midwives to pre-qualification studies. It will describe and discuss the ‘Composite Model for Selection’ that has been designed and adopted to meet these challenges by a university in the North West of England.

The recruitment, selection, admission and retention of student nurses and midwives is increasingly complex and challenging. Admissions teams must ensure that they attract, recruit and retain applicants of the highest calibre, with the requisite skills and abilities to meet the challenges of healthcare provision over the next 30-40 years.

The Nursing and Midwifery Council (NMC) set the standards of education and training for nurses and midwives. Since September 2008 (midwifery) and 2013 (nursing), the minimum academic level for pre-qualification studies leading to registration is a first degree (NMC, 2007; NMC, 2010).

These standards of minimum level of education have firmly established the provision of nursing and midwifery education within the framework of Higher Education in the UK.

Approved Education Institutions, ordinarily universities, must meet the NMC standards for pre-registration nursing (NMC, 2010) and midwifery (NMC, 2009).

Standard 3, ‘Processes for selection, admission, progression and completion must be open and fair’, includes the requirement for evidence of literacy, numeracy and IT skills, and good health and good character at the point of entry. They are also required to provide an opportunity for face-to-face engagement between applicants and selectors, to include representatives from practice learning providers and users and carer groups within the process whilst ensuring that there is fair access to programmes.

The resource implications in meeting this standard are immense, and facilitated within university environments experiencing unprecedented volume, velocity and variety of change, grouped under the driver headings of funding, quality, social mobility and fairness, and technology, (Coffait, 2011).

Health Education England (HEE) is responsible for ensuring that the future health workforce has the right numbers, skills, values and behaviours to help improve the quality of care delivered to patients (HEE, 2013). Their first ever Workforce Plan for England (HEE, 2013a) clearly identifies the commissioning of education and training programmes for all health professionals to begin in September 2014, and accounts for a budget of £5 billion.

The quality, standards and provision of care provided within the NHS are receiving an ongoing high media profile in response to the exposure of some appalling failures in the provision of care and assurances of safety (Francis, 2013; DH, 2012b; Keough, 2013; Berwick, 2013). This has resulted in poor public trust and confidence in healthcare provision, in addition to strategic responses from the government and partner organisations.

There is now a requirement to ensure that all applicants to nursing and midwifery programmes demonstrate the values and behaviours identified within the NHS Constitution (DH, 2013a), the ‘6Cs’ introduced within Compassion in Practice (DH, 2012a) and starting with pilots, every student who seeks NHS funding for nursing degrees should first serve up to a year as a healthcare assistant, to promote frontline caring experience and values, as well as academic strength (DH, 2013b).
HEE has significantly increased the commission of adult nursing students by 1,094 (9%) to 13,228 in September 2014 (HEE, 2013b) and has included values-based recruitment and pre-degree care experience within its current projects (HEE, 2013a).

The school has developed a selection process that incorporates all the above requirements through careful screening of applications, literacy and numeracy tests with consistent academic entry standards, individual and group interviews and incorporation of a ‘Gathered Field Approach’ across all programmes.

References
Department of Health (2012b) Transforming Care: A national response to Winterbourne View Hospital. London.
Keough, B. (2013) Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England: Overview report. NHS.

Key words:
• recruitment and selection
• student nurses and midwives
• values and behaviours of the NHS
• gathered field.

How this contributes to knowledge development:
• identifies clear processes to recruit students with NHS values and beliefs
• identifies how ‘the Gathered Field’ can be utilised to ensure equity and fairness for applicants
• discusses how nurses ad midwives can meet the challenges presented by Academic/HE and NHS/DOH drivers.

P45
Effectiveness and side effect of Morphine injection for post-operative orthopedics pain relief

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Background
Pain control after surgery remains a challenge. Intravenous bolus morphine every four hours is standard used to control moderate-to-severe orthopedics postoperative pain management at Ramathibodi Hospital. Morphine is an analgesic agent that both efficacious and acceptable. However, patients are at highest risk for opioid-induced respiratory depression during the first 24 hours of opioid therapy.

Aim
This study aims to study the effectiveness and side effects of Morphine for pain relief of patients after orthopedic surgery.

Method
Descriptive design was used. Samples were 35 females and 25 males (n=60) between the ages of 18 and 85 years who underwent orthopedics surgery at orthopedic ward, Ramathibodi Hospital, Mahidol University. Patients were interviewed and
medical records were reviewed. Pain was assessed by numeric rating scale before and after surgery every four hours during postoperative days 1-3. Data were analyzed including pain management method, pain level, sedation score, side effects and patient satisfaction.

**Result**
The mean age of the sample was 49.42 (SD=17.72). Postoperative managements were as follow: continuous IV-MO every four hours 85%, PCA 6.7%, Epidural-MO 5% and Spinal-MO 3.3%. The results showed that postop-day 1 the subjects had experiences high level of worst pain, mild level of average pain and least pain. Multimodal analgesics were used such as adding acetaminophen and NSAIDs. Side effects were as follow: nausea/vomiting (15%), headache (3.4%) and urticaria (3.4%). No opioid-induced sedation or respiratory depression was found. The majority (53.3%) rated the satisfactions of their pain management by nurses as excellent and 28.3% as good. However, 5-8.3% of samples did not receive information about side effects of analgesics.

**Conclusion**
Nurses are the key persons who take important role to assess, monitor and effective opioid administration for pain management. The findings of this study are useful for clinical nurses to improve pain management with highest safety and satisfactions for the patients.

**References**


**Key words:**
- postoperative pain management
- side effect of Morphine.

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**P46**

**Interprofessional interactions study**

Ruth Strudwick, Senior Lecturer and Practice Placement Lead; Jane Harvey-Lloyd, Senior Lecturer and Course Leader, Radiography School of Science, Technology and Health; Jane Day, Head of Division, Division of Practice Learning and Midwifery, University Campus Suffolk, UK

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

There is very little written about the actual interactions between professionals in the health and social care practice setting. Students on health and social care courses often find it difficult to identify which other professionals they will interact and work with in the practice setting. This can make it difficult for them to understand the relevance of IPL.

The study was carried out with five students from each of the eight professional groups involved in IPL. Each student kept a one week diary from placement where they recorded the different professionals that they came into proximity with. These two proximity categories were used:
- Proximity 1 - within speaking distance but no interaction
- Proximity 2 - interaction with

The students also recorded some brief details of the interaction, the time and length of the interactions and where they took place.

The results enabled us to evaluate:
- the quality of encounters
- the differences in experiences between professional groups
- the impromptu and formal learning
Community health education: Is it really working?

Aviva Yoselis, Director, Israel Health Consulting, Mitspe Yericho, Israel

Background
Enormous financial and human resources are invested in community-based health education programs each year, with the goal to reduce morbidity from chronic illness, improve compliance with a multitude of early detection screening protocols, or modify problematic health behaviors (e.g. smoking, repeated abortions) (Shediac-Rizkallah and Bone, 1998; Goodson et al., 2010; Spadea et al., 2010). Parallel to these programs, academic research conducts a variety of exploratory studies, qualitative evaluations and even randomized control trials to ascertain baseline data (Nahmias, 2004; Shtarkshall et al., 2009). However, these two tracks can often run parallel to one another with no effective interaction. Community-Based Participatory Research has suggested a framework for ground up necessary interventions to be formulated using the interaction of the community, academia and existing systems (like the healthcare system) (Wallerstein and Duran, 2006).

Problem
Israel is a country with a large percentage of immigrants with significant minority populations (Ethiopians, Arab Israelis, Palestinians and Ultra Orthodox Jews are some of the main groups) who suffer from conditions that lend themselves readily to health education intervention programs (Nahmias, 2004; Shtarkshall et al., 2009). Community-Based Participatory Research can be applied to maximize effect of research funding to effectively deliver programs in the community.

Core Discussion
Over the past 20 years I have conducted numerous health education interventions in a variety of communities. I would like to choose several examples from community programming with ‘peripheral’ populations, at-risk teen girls from religious backgrounds (in Israel), Muslim Arab women receiving breast cancer treatment, health improvement workshops for Ultra Orthodox Jewish women and contraceptive education for members of the Israeli Ethiopian community, to demonstrate how educational theory combined with academic research and community layperson involvement advances health education, yet, also may hinder effective programming, and how an effective programmatic model can overcome these challenges.

Goals of the Presentation:
- to provide the audience with a better understanding of the actual outcomes of women’s health education on the community level
- to explain why increased research and evidence-based practice should also be incorporated with informal community health education
- to understand how to incorporate effective health education tools within specific interventions/programming.

References


**Key words:**
- intervention
- minority populations
- community-based participatory research
- women’s health.

**How this contributes to knowledge development:**
- provide the audience with a better understanding of the actual outcomes of women’s health education on the community level
- explain why increased research and evidence-based practice should also be incorporated with informal community health education
- understand how to incorporate effective health education tools within specific interventions/programming.