Group 1 of theme sessions

Education in clinical practice and practice development 2

Core paper and theme paper abstracts

Tuesday 2 September 2014
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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.
Core paper

Biographical details of core presenters

Education in clinical practice and practice development 2

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Preparation of pre-registration student nurses in the UK and Australia for learning in clinical practice

Kath Sharples, Manager Education Strategy and Research, UnitingCare Ageing NSW ACT, Australia; Ann Ooms, Senior Lecturer in Research Methods, Kingston University and St George’s, University of London; Di Marks-Maran, Consultant in Healthcare Education, Marks-Maran Associates Ltd., UK

Introduction

In the United Kingdom (UK) learning and assessment in practice must include a minimum of 2,300 hours of the pre-registration nursing programme (NMC, 2010). In comparison, the pre-registration programme in Australia requires a minimum of 800 hours of workplace experience, not including simulation activities which provide exposure to a variety of healthcare settings. Both UK and Australian nursing programmes share the perception that the intention of this practice experience is to equip students for the operational role of nursing, whilst ensuring that their skills are underpinned by a sound knowledge base (Cope et al., 2000).

Engagement in social practice is the fundamental process by which we learn and become who we are (Wenger, 1998). It may be argued that if nursing students experience difficulties in belonging in nursing practice, their opportunities to learn through exposure to on-the-job socialisation could also be limited (Melia, 1987). Similarly, motivation and capacity to learn, self-concept, confidence and the extent to which students are willing to question or conform to poor practice and their future career decisions are influenced by the extent to which they experience belongingness (Levett-Jones et al., 2009). Whilst this is not a new phenomenon, research over the last decade continues to suggest that students experience challenges in feeling a sense of belonging as they are no longer regarded as being part, in a professional sense, to the practice environment (Cope et al., 2000). Anxiety related to ‘not fitting in’ often results in students not engaging with learning opportunities in practice and can even result in them hiding away so as not to be viewed unfavourably by staff (Spouse, 2003; Crombie et al., 2013). Consequently, Elcock et al. (2007) argue that the intended advantage of supernumerary status following the move of nurse education into higher education has not been reflected in the student learning experience.

Kingston University, London has adopted an innovative approach to preparing student nurses for their clinical learning experiences. This innovation was influenced by the recognition that not all students are able naturally to join in with learning activities to develop confidence and related experiences with other students who are more involved in the learning environment (Sharples and Moseley, 2011). Through the ‘Preparation for Learning in Practice’ programme students are taught strategies they may utilise to maximise learning in practice and develop self-regulatory skills.

At the 2012 NET conference, the authors presented the findings of the first part of a longitudinal evaluation study of the two week ‘Preparation for Learning in Practice’ programme that was carried out immediately after the completion of the programme but prior to students commencing their first practice placement. Findings of that first evaluation study showed that the programme was well evaluated and reduced students’ anxiety prior to their first placement. However, the evaluation also showed that the programme appeared to have little or no impact on students’ perceived development of their self-regulatory/practice learning skills. This may have been due to the fact that students had not yet had the opportunity to test their independent learning skills during practice experiences. The second part of the longitudinal evaluation study was carried out at the end of their first practice placement experience (6-8 weeks after completing the ‘Preparation for Learning in Practice’ programme).

This paper describes the findings of this follow-up study and compares the findings with the initial evaluation study. There is potential to replicate this study in other countries and settings which can make a significant contribution to our understanding of strategies that promote professional identity, socialisation and self-regulatory learning skills in practice within the UK and other countries, such as Australia.

Literature review

Although there is a wealth of literature about communities of practice and barriers to joining communities of practice, the focus of this literature review is on learning in practice and belonging in clinical practice.

Henderson et al. (2012) reviewed six studies of student nurse experiences of clinical learning environments across different countries (Australia, UK, Hong Kong and Italy). Findings from the review of the six studies yielded a number of themes. Firstly, especially in the Australian studies (n = 3) in this review there were relatively high scores for scale related to accomplishing tasks. Secondly, a sense of affiliation (belonging) with the learning environment was found and feeling included in the team was a strong predictor of satisfaction with the clinical experience. By readily working towards completion of tasks, students are working towards belonging to the clinical environment. Thirdly, engagement with staff on an individual basis in the clinical placement was not found to be as strong as their engagement with completion of tasks. Students do not feel they can influence or suggest changes to practice.

This sense of belonging was also identified by Andrew et al. (2008) who suggest that there are three themes that are central to student nurses’ development, functioning and sustainability. These are: belonging, participation, and
The practice placement setting enables students to practise ‘genuine’ nursing through undertaking activities in a clinical setting (Ohrling and Hilberg, 2000). The importance for student nurses to have this opportunity is well-documented in the Australian and British literature (e.g., Levett-Jones et al., 2008; Holland et al., 2010; Roxburgh 2014). However, less research has been undertaken into how practice learning might lead to intellectual development. In the UK Sharples and Moseley (2011) found that some students find it natural to join in and negotiate their learning needs with nurses in practice environments while others do not. Kuiper (2005) found that issues for students in practice placement included the need to develop clinical reasoning skill, to access key resources, prioritise information, solve problems and make clinical decisions. Additionally, Sung (2006) argued that students need to develop metacognitive knowledge and skills which are crucial for effective thinking and problem solving. An Australian study Langendyck (2006) also suggested that students need opportunities to develop self-regulatory learning skills, thereby encouraging them to self-assess what they did and did not know.

In the UK Sharples and Moseley (2011) found that some students find it natural to join in and negotiate their learning needs with nurses in practice environments while others do not. Inadequate preparation for learning in practice can result in student uncertainty about how to join the community of practice; it has been found that some students hide away so as not to be viewed unfavourably by staff (Spouse, 2003; Crombie et al., 2013).

Based on these findings Levett-Jones et al. (2010) concluded that nurse education to develop critical thinking and clinical reasoning skills in practice must begin at undergraduate level. This is a key component of learning in practice and is part of the process of learning to think like a nurse (Tanner 2006; Levett-Jones et al., 2010). Both these Australian articles are supported by similar findings from the USA (del Bueno, 2005; Higuchi Smith and Donald, 2002).

Another Australian study (Papastavrou et al., 2010) found that in some cases, practice learning experiences do not add to the intellectual development of nurses, such as the cognitive, decision-making and self-regulatory skills described in an American study by Kuiper (2005), in a Singaporean study by Sung (2006) and in an Australian study by Langendyck (2006). Kell and Jones (2007) in a British study also identified that the ideal is for clinicians to work with student nurses during placement experiences to offer students opportunities to advance abstraction skills for professional practice, rather than just transmitting clinical knowledge. Henderson et al. (2012) described quality learning in practice as that which happens in environments that foster the advancement of skill acquisition in conjunction with independent thinking and changing practice through the appropriate use of evidence. Levett-Jones et al. (2010) argue that nurses’ clinical reasoning skills have a positive impact on patient outcomes and clinical reasoning is a learned skill that requires determination, active engagement in deliberate practice plus reflection.

In summary, there is a wealth of literature about what makes a good learning environment; however, there is less about how students are prepared in advance of practice placement experience to maximise their learning in practice and to see beyond skills acquisition to higher level cognitive and self-regulatory skills development.

However, although the literature acknowledges the need to prepare students for learning in practice, there is an absence of evidence-based literature about how best to prepare students for maximising their learning opportunities when they go into practice placements and for feeling able to be a part of the community of practice. There is also a lack of research into how preparing students for practice can help develop self-regulatory/practice learning skills.

The ‘Preparation for Learning in Practice’ programme
This ‘Preparation for Learning in Practice’ programme focused on developing the skills required for learning during practice experiences and included reasoning, how to access key resources, prioritising information, solving problems and making clinical decisions (Kuiper, 2005). Specific themes such as motivation, learning styles, reflection and feedback were also included, encouraging the development of students’ metacognitive knowledge and skills. These are acknowledged as crucial for effective thinking and problem solving (Sung, 2006). By encouraging self-regulatory learning skills students were also encouraged to self-assess what they do and do not know (Langendyck, 2006) and to identify ways to involve themselves effectively in patient care.

The two-week programme was developed and facilitated through collaboration with Kingston University lecturers and practice educators from local National Health Service (NHS) Trusts. Programme development was informed largely by the studies by Kuiper (2005), Sung (2006) and Langendyck (2006), and from the literature regarding students’ need to prepare for practice and to feel part of a community of practice. The programme focused on developing the skills required for learning during practice experiences and had four key themes:
• learning in practice
• preparing for practice
• a community study
• mandatory training (safeguarding children and adults; managing risk; information governance; equality and diversity; conflict resolution)

The two-week programme was comprised of 20 taught sessions delivered by a range of university lecturers and practice partners. Table 1 presents the taught sessions by theme.

### Table 1: Taught sessions

<table>
<thead>
<tr>
<th>Theme</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning in practice</td>
<td>1. Learning styles</td>
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<tr>
<td></td>
<td>2. Using reflection to learn</td>
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<td></td>
<td>3. Motivation and learning</td>
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<td></td>
<td>4. Coping with death</td>
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<td></td>
<td>5. Experiential learning</td>
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<td></td>
<td>6. Identifying learning goals</td>
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<td></td>
<td>7. Expectations of feedback and using feedback to learn</td>
</tr>
<tr>
<td>Preparing for practice</td>
<td>8. Nursing and Midwifery Council (NMC) Standards: role and responsibility of mentors and students in practice</td>
</tr>
<tr>
<td></td>
<td>9. Practice learning opportunities</td>
</tr>
<tr>
<td></td>
<td>10. Self-directed online investigation of first practice learning opportunity</td>
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<tr>
<td></td>
<td>11. Raising concerns</td>
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<tr>
<td></td>
<td>12. Practice assessment process</td>
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<tr>
<td></td>
<td>13. Overview of practice assessment document</td>
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<td></td>
<td>14. Debrief from practice experience</td>
</tr>
<tr>
<td>Community Study</td>
<td>15. Introduction to the community study</td>
</tr>
<tr>
<td></td>
<td>16. Community study student presentations</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>17. Safeguarding adults and children and managing risk</td>
</tr>
<tr>
<td></td>
<td>18. Information governance</td>
</tr>
<tr>
<td></td>
<td>19. Equality and diversity</td>
</tr>
<tr>
<td></td>
<td>20. Conflict resolution</td>
</tr>
</tbody>
</table>

The post-placement evaluation of ‘Preparation for Learning in Practice’

**Aim**

The aim of this part of the study was to evaluate students’ perceptions of the ‘Preparation for Learning in Practice’ programme after completion of the first practice placement and compare findings with the study carried out prior to placements.

**Research questions**

1. What are students’ perceptions of the ‘Preparation for Learning in Practice’ programme 6-8 weeks after the programme and immediately after their first placement?
2. How do these findings compare with those from the evaluation of the ‘Preparation for Learning in Practice’ programme that was undertaken before their first placement?

**Research design and methods**

This was a longitudinal evaluation study that used survey method for data collection. The questionnaire was constructed using the tailor-made design (Dillman, 2000), was available online and students were sent a letter explain the study and giving them the link to the questionnaire on Survey Monkey®. Like the pre-placement questionnaires that were reported on at this conference in 2012, the post-placement questionnaires used a combination of Likert-style questions, in the form of 50 statements to which students could indicated that they agreed, somewhat agrees, somewhat disagreed or disagreed. Details of the statements that appeared in the questionnaire are found in the findings section of this paper.

In addition, 4 open-ended questions were posed inviting students to comment on such things as: anything in the ‘Preparation for Learning in Practice’ programme that they would have liked to have learned but was not covered; anything in the programme that was covered but was not necessary; recommendations for improving the programme; any other comments they wish to make about the programme.

**Sample**

The students were a small cohort commencing the post-graduate diploma (PGDip) pre-registration nursing programme. The students all held a degree in a health-related subject and were now undertaking a pre-registration nursing programme. The
total cohort size was 22. Of these, 10 students completed the online post-placement experience questionnaire (Response rate = 45.5%).

**Data analysis**
The responses to the Likert-style questions were analysed using SPSS v. 19. Descriptive statistics were employed. In addition, three scales were created: usefulness of content (to ascertain what was most and least useful about the programme); relevance to practice (to ascertain which components of the programme were most and least relevant); and impact (to ascertain which aspects of the programme had the most and least impact on students).

Qualitative data from the open-ended questions were analysed using the framework method (Ritchie and Spencer, 1994).

**Ethics**
Ethical approval for this study was granted by the Faculty Research Ethics Committee. Students were given an information letter describing the study and ensuring that their anonymity and confidentiality would be maintained. Students were also informed that completion of the online questionnaire constituted consent and if they did not consent to participating in the study, they need not complete the questionnaire. They were also assured that non-completion would not affect their success in their undergraduate programme.

**Findings**
Students were positive about their first placement learning experience. The main impact on students from the first part of the longitudinal study, as reported at the NET conference in 2012, was about the impact of the ‘Preparation for Learning in Practice’ programme on student anxiety about their first placements. Data about anxiety about their forthcoming first placements had been collected from these students prior to the ‘Preparation for Learning in Practice’ programme. A question about anxiety was included on the questionnaire after the students had completed the ‘Preparation for Learning in Practice’ programme. Table 2 shows the impact of undertaking the programme on student anxiety prior to their first placement.

**Table 2: Anxiety about placement – pre-first placement**

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<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>Pre PLP</th>
<th>Post PLP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not anxious</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat anxious</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Anxious</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Very anxious</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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Table 2 shows that undertaking the preparation programme had a positive effect on decreasing anxiety about their forthcoming placements.

In the post-placement evaluation, a further question was asked about the level of anxiety about placements felt by students following their first placement. Results can be found in Table 3.
Findings showed that anxiety about placements decreased considerably following the ‘Preparation for Learning in Practice’ programme and the first placement experience.

Decreased anxiety was linked by some students to control. As one student commented:

‘It has been very reassuring to be in practice and see you are able to cope...and feel that learning is going on. I have a feeling of being more in control of this learning experience...’

However, the main focus of the post-placement questionnaire was on the extent to which each of the individual sessions that were provided in the ‘Preparation for Learning in Practice’ programme proved to be both useful and relevant to the students’ learning in practice. Table 4 summarises the findings.

Table 3: Student anxiety about practice placement following completion of first placement

Table 4: Students’ perceptions of the usefulness of the content and relevance for their learning in practice: post-first placement
<table>
<thead>
<tr>
<th>Session in the ‘Preparation for Practice Learning’ programme</th>
<th>The content of this session was useful</th>
<th>This session was highly relevant for my learning in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using reflection to learn</td>
<td>Agree: 7  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 6  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Motivation and learning</td>
<td>Agree: 7  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 6  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Coping with death</td>
<td>Agree: 9  Somewhat agree: 1  Somewhat disagree: 2  Disagree:</td>
<td>Agree: 6  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Experiential learning session</td>
<td>Agree: 6  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 5  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Identifying learning goals</td>
<td>Agree: 7  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 7  Somewhat agree: 2  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Practice assessment process</td>
<td>Agree: 8  Somewhat agree: 2  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 8  Somewhat agree: 2  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Overview of the practice assessment document</td>
<td>Agree: 7  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 7  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Expectations of feedback/using feedback</td>
<td>Agree: 6  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 7  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Debrief from practice experience session</td>
<td>Agree: 6  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 6  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Introduction to community study</td>
<td>Agree: 8  Somewhat agree: 2  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 6  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Safeguarding children and adults/managing risk</td>
<td>Agree: 7  Somewhat agree: 2  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 5  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Information governance</td>
<td>Agree: 5  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 4  Somewhat agree: 6  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Equality and diversity</td>
<td>Agree: 5  Somewhat agree: 3  Somewhat disagree: 1  Disagree:</td>
<td>Agree: 4  Somewhat agree: 4  Somewhat disagree: 1  Disagree:</td>
</tr>
<tr>
<td>Session in the ‘Preparation for Practice Learning’ programme</td>
<td>The content of this session was useful</td>
<td>This session was highly relevant for my learning in practice</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>Agree: 9</td>
<td>Agree: 9</td>
</tr>
<tr>
<td></td>
<td>Somewhat agree: 1</td>
<td>Somewhat agree: 1</td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree: 1</td>
<td>Somewhat disagree: 1</td>
</tr>
<tr>
<td></td>
<td>Disagree:</td>
<td>Disagree:</td>
</tr>
<tr>
<td>Community study</td>
<td>Agree: 6</td>
<td>Agree: 5</td>
</tr>
<tr>
<td></td>
<td>Somewhat agree: 4</td>
<td>Somewhat agree: 5</td>
</tr>
<tr>
<td></td>
<td>Somewhat disagree:</td>
<td>Somewhat disagree:</td>
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<tr>
<td></td>
<td>Disagree:</td>
<td>Disagree:</td>
</tr>
</tbody>
</table>

A ‘usefulness of content’ scale and a ‘relevance to learning in practice’ scale were created. The most useful sessions in terms of content were the sessions on: raising concerns; coping with death; and conflict resolution. A session on introduction to their community study was also rated highly for content and usefulness as this study was being carried out by them during this period. The sessions that were found to be most relevant to learning in practice were: raising concerns; conflict resolution and introduction to their practice assessment.

The qualitative data identified that a main theme for the students that emerged from the framework analysis was the relevance of the programme for practice/learning in practice. Four of the 8 statements (50%) were positive reflections about the relevance of the programme to their learning in practice, for example:

‘Most of the content had practical use.’

However three students identified some of the problems matching the content of the programme to their learning in practice experiences:

‘Some parts were not relevant to practice experience but I guess it depends on the hospital ward.’
‘...Some parts I felt were not a true reflection of how practice was.’
‘When you are in practice you do not always have in mind this content or the time to consider it though.’

Five Likert-style questions in the post-placement questionnaire were about the impact of the ‘Preparation for Learning in Practice’ programme on students. Findings showed that all students agreed or somewhat agreed that the programme increased their knowledge about how to learn in practice. Seven students indicated that they agreed or somewhat agreed that the programme made their expectations about learning in practice more realistic although three students somewhat disagreed. All students agreed or somewhat agreed that the programme helped prepare them for learning in practice. All students also agreed or agreed somewhat that the programme increased their self-awareness. In addition, all students agreed/somewhat agreed that the programme has increased their independent learning skills.

An impact scale created from the data showed that the three areas of greatest impact on the students were: the programme prepared them for learning in practice, the programme increased their self-awareness and the programme increased their independent learning skills.

What is also interesting is that in the evaluation of the programme prior to starting on the first clinical placement several students expressed the wish that clinical skills development had been included in the programme. This was despite the fact that, alongside the ‘Preparation for Learning in Practice’ programme students also undertook extensive simulation and clinical skills practice sessions. In the evaluation post-clinical placement a few students continued to express that they would have like the programme to include clinical skills practice. However other suggestions for improving the programme that were offered by students included documentation skills and an explanation of the different roles (and uniforms) of staff working in hospitals. Other students suggested increased time for safeguarding and better preparation for ward staff for the practice placement visit that students made as part of the preparation programme.

**Discussion**

The ‘Preparation for Learning in Practice’ programme was highly successful in both relieving anxiety about the first practice placement and for beginning to develop students’ self-regulatory/independent learning skills. It is possible that anxiety was reduced because of students’ increased knowledge about how to maximise learning in practice and by helping them, through the programme, to have realistic expectation of practice.

In the studies cited in the literature by Henderson *et al.* (2012) feeling included in the team was a strong predictor of satisfaction with the clinical experience. In this evaluation of the ‘Preparation for Learning in Practice’ programme, students were highly satisfied with their clinical placement experience which suggests that perhaps they felt included in the ward team. However, this information was not specifically sought in the questionnaire and this would require additional study.

There is little in the literature that explores either the impact of a preparation programme for learning in practice has on students’ intellectual skills development and self-regulatory skills. There is also little evidence that explore how clinical
placement experiences help to develop intellectual and cognitive skills. This small pilot study has demonstrated that the ‘Preparation for Learning in Practice Programme’ did more that relieve students’ anxiety; it also contributed to their development of independent learning skills and their knowledge about how to learn in practice. However, this study needs to be replicated with a larger group of students and across other countries, such as Australia, where similar issues of a lack research into the relationship between practice placements and cognitive development have been identified (Langendyk 2006; Kell and Jones 2007).

Unlike the first part of the evaluation into the ‘Preparation for Learning in Practice’ programme where the main findings was its impact on anxiety, the post-first placement questionnaire indicated that anxiety levels about learning in practice continued to decrease but, in addition, evidence is beginning to emerge about how students can be prepared through this type of programme to develop self-regulatory and cognitive skills. Further studies are still needed, however, as to why some students continue to perceive that they need to develop their clinical skills as a preparation for proactive placement rather than realising that the aim of practice placements is to develop these clinical skills. It may be that as anxiety about placements falls, development of independent practice learning skills is facilitated, but this is an area for future research.

Conclusion
The ‘Preparation for Learning in Practice’ programme was created collaboratively between nurse educators and practitioners and is an example of how student nurses can be prepared for taking control of their learning in practice. The follow-up pilot study has begun to identify the features of a preparation programme that might enable students to develop their independent learning skills.

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


Theme papers
Reflections on the contribution of practice theory to practice learning

David Pinnock, Lecturer and Director for Clinical leadership for Innovative Practice (CLIP) post grad certificate, University of Nottingham, UK

Social learning has long been acknowledged as a significant part of nurse education. The work of Bandura is widely cited when processes of learning in practice are discussed (Quinn and Hughes, 2007). Similarly the principle of communities of practice is widely referred to and understood. There is however another strand of thinking about how learning in practice takes place; practice theory. Corradi Gherardi and Verselloni (2010) describe practice theory, using communities of practices as a starting point, but suggest the term should be reversed and shifted towards examining the practices of the community.

At first glance this reversal may not seem significant, so it requires further explanation. A community of practice can be defined as a group of individuals who share their interests and problems with a specific topic, and gain a greater degree of knowledge of, and expertise on that topic through their regular interaction (Wenger et al., 2000). Communities of practice depend upon practitioners sharing practical knowledge as either peripheral, active or core members of a community. Practice theory on the other hand tries to explain how practices constitute communities as a fundamental phenomenon of social and professional life. Practice theory is a concept based on the work of numerous social theorists (Nicolini, 2012) and regards practice as an epistemology, a way of explaining why people do what they do. Rouse (2001 and 2007) suggests that practice is normative and accountable. This means that the way of doing something (or not) establishes a norm and is done in a response to other practice; it is accountable to other practices. This perspective, according to Nicolini (2012), has several qualities:

1. Reconciliation of the dualism of considering the world in terms of agency or structure
2. Emphasis on the importance of the body and material things in social activity
3. A bringing of definition to the space or stage of agency
4. A transformation of knowledge, meaning and discourse
5. Attention to the centrality of interest in human activity

Practice theory ask us to consider further the relative importance of the role of the practitioners within any organisation in shaping that organisation, and the role of the organisation in shaping the practitioner.

Critical reflection as described by Rolfe, Jasper and Freshwater (2011), through the lens of practice theory, offers a way of developing new understandings of the importance of learning in practice, and might point towards positive practices to promote the learning and professional development of nurses. This is a perspective that considers a wider range of contexts and influences on practice than social learning perspectives. Critical reflection from this perspective might illuminate better the complex nexus of events that have contributed to recent failings in healthcare such as those at Stafford Hospital (Francis, 2010, 2013) that defy neat causal descriptions of having ‘a few bad apples’ or ‘management failure’. This in turn could place a greater emphasis on understanding the cultural qualities of the organisation as they are perceived by both the patients and practitioners.

References
The role of the lead practitioner for education and research in a children’s hospice: Using the advanced practitioner framework to evaluate the impact of a new role

Mandy J. Brimble, Lead Practitioner for Education and Research, Tŷ Hafan, The Family Hospice for Young Lives, Sully, Vale of Glamorgan, UK

The role of the Lead Practitioner for Education and Research (LPfER) at Tŷ Hafan has been in existence since November 2012 and has been developed, by the post holder, to reflect the four pillars of the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (NLIAH, 2010). This framework and other relevant literature were used to underpin an evaluation of the impact this role.

The role encompasses education, training and professional development for a range of roles and professions within care services. It also includes scholarly activity on a number of levels. For example, acting as a ‘knowledge broker’ (Roxborough et al., 2009, Chew et al., 2013), evaluating the effectiveness of new and existing practices, writing for publication and leading research projects.

The title of Advanced Practitioner may not be automatically linked with a role which focuses on education and research. However, the framework published by the Welsh Government (NLIAH, 2010) states that advanced practice should be viewed as a level of functioning within a range of senior positions and underlines the validity of education and research roles within it. However, the use of the framework in practice-based educational roles is rarely seen and evaluated. The importance of education and research in the hospice setting has recently been identified in a series of Help the Hospices Commission documents (2013 a,b,c). Therefore, this evaluation is extremely relevant to Mechanical Diagnosis and Therapy (MDT) education in practice generally and to hospice work specifically.

The pillars of advanced practice are adjusted to reflect the predominant aspects of the individual role and the diagram below illustrates the intended configuration for the LPfER. In Wales advanced practitioner level roles are not expected to fulfil every aspect of each pillar and it is recognised by NLIAH (2010) that there will always be at least one or two pillars which will dominate. Complete fulfilment of each pillar is a requirement of the Consultant Nurse role (NLIAH, 2010). This is fundamentally different from the Position Statement on Advanced Level Nursing provided by Department of Health (2010), which states that ‘all four themes and their associated elements must be demonstrable’ for the status of Advanced Practitioner to be awarded. The stance taken by the Welsh model, which includes allied health professionals, allows for greater flexibility and acknowledges the level of educational and scholarly expertise required to fully support education in an MDT setting.

![Figure 1: Advanced Practice: The lead practitioner for education and research role (adapted from NLIAH, 2010)](image-url)
Evaluation of the role from the perspective of all care services staff was undertaken via a questionnaire structured around the characteristics of the four pillars. The questionnaire sought to explore general knowledge and awareness of the role, the impact of the role on the individual and how it has affected the work of the hospice overall. To ensure that respondents were able to express a view which was representative of pre and post implementation, only staff who had been working at the hospice prior to November 2012 were included in the evaluation. Responses were anonymous but questionnaires coded according to department and/or role. This gave an indication of the representativeness of the responses and allowed for identification of particular departments or roles which were well served, or otherwise by the role.

This presentation will outline the evidence that underpins the role, the formulation of the evaluation methodology and the results of the evaluation (which are yet to be collated and analysed). The departmental and overall results will be presented in the same format as Figure 1 above, to demonstrate how staff perceptions compare with the intended impact of the role.

References


Key words:
• impact
• evaluation
• advanced practice
• framework
• hospice education.

How this contributes to knowledge development within this theme:
• evidence to underpin the impact of an educational and research role which is structured around the Welsh Advanced Practitioner Framework, which has potential to raise the profile and value of education within other national or international frameworks
• the value of the framework in enabling educational support for a range of roles and professions
• the potential contribution of this type of role to the development of the whole institution.

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T10

Exploring healthcare students’ views and experiences of learning biosciences whilst on placement

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Introduction
This paper presents the findings of a study undertaken to explore students’ experiences of placement learning of biosciences. It reflects upon a need to support student learning of bioscience not only in the classroom but also whilst out on clinical placement. Findings are presented about how students view the importance of bioscience in their profession and the extent to which they feel supported to develop understanding and knowledge of the biosciences that underpin healthcare in clinical practice.
Background
It is vital to employers that healthcare graduates have the skills to work effectively in clinical settings. A working knowledge of physiology and bioscience is considered an essential basis for safe and effective practice in many health professions (Woods et al., 2005; National Institute for Clinical Excellence, 2007; Trumble, 2012). Current literature however suggests that healthcare students can find science to be challenging and may experience difficulty understanding and applying bioscience knowledge in practice (Davies, 2010). Whilst a number of studies have addressed ways in which students can be better supported in their learning of biosciences, these have been focussed largely on nursing students and concentrated mainly on classroom or online learning (McVicar et al., 2013). There is little research-based evidence on healthcare student learning of biosciences whilst on clinical placement and yet this is arguably the best environment to link bioscience theory to practice. In the UK learning and assessment in practice constitutes a significant proportion of pre-registration programme time and we need to ensure that bioscience education is fully integrated and supported within students’ clinical placement.

Aims
The aim of this study was to evaluate healthcare students’ experiences and perceptions of placement learning of biosciences. It is envisaged that the project will ultimately lead to a greater understanding and provide evidence to challenge and develop practice in order to:

• improve the quality and standard of bioscience learning and application in clinical practice
• ensure greater continuity of learning between university and placements
• enhance the student learning experience whilst on placement.

Methodology
A mixed methods approach, consisting of a questionnaire and follow-up focus group interviews, was adopted to explore the views and experiences of final year students from across the health professions. 237 questionnaires were completed by BSc Nursing (adult branch) students (n=43); BSc Nursing (child branch) students (n=37); BSc Nursing (Mental health branch) students (n=32); BSc (Hons) Midwifery students (n=32); DipHE Paramedic Science students (12); BSc (Hons) Diagnostic Radiography students (n=35) and DipHE Operating Department Practice students (n=46). Thematic analysis of the questionnaires is currently being undertaken and focus group interviews are scheduled to obtain more in-depth qualitative feedback.

Findings/discussion
This paper will present the findings from both data collection methods and will explore issues such as:

• how do students view the importance of bioscience in their own profession and to what extent do these views vary across the professions and to professional standard?
• what opportunities do students have to apply bioscience knowledge to practice whilst on placement?
• what support do students receive from mentors and university staff regarding bioscience learning on placement?

References


Key words:
• bioscience knowledge
• placement learning
• multiprofessional
• students’ perspectives.

How this contributes to knowledge development within this theme:
• identifies factors to improve the quality and standard of bioscience learning and application in clinical practice
• helps provide direction on how university staff and practice educators can work in partnership to ensure greater continuity of learning between university and placements
• provides evidence to inform the development of models of learning for applied bioscience in healthcare practice.
Nurse-patient consultations and the implications for nurse education

Julie Green, Lecturer in Nursing, Keele University, UK

Nurse education focuses on developing and enhancing the ability of students to consult with a range of patients and their carers (Castledine, 2006; OECD, 2011). Research asserts positive benefits of the centrality of the patient within this dialogue although some studies highlight poor communication by nurses and a lack of disclosure by patients (Henbest and Stewart, 1989; Griffin et al., 2004; Bugge et al., 2006; de Haes, 2006; McCormack and McCance, 2006).

This innovative research project explored consultations for a specific client group within primary care and revealed that patients were often reluctant to disclose issues that impacted on their day to day lives and where these were revealed, issues were not always effectively addressed (Green et al., 2013). These findings have specific implications for the education and training of nursing students in relation to communication and listening skills and effective patient-centred care.

Study Aims
The study set out to explore the lived experience of patients with chronic venous leg ulceration and to establish whether the themes that they cited as having an impact on their quality of life were effectively addressed during their subsequent wound care consultations.

Methods
Two phases were undertaken. The first comprised qualitative interviews with nine patients to identify how the themes raised impacted on the daily lives of those with chronic venous leg ulceration. The second phase utilised non-participant observation for five of the nine patients to establish whether these themes were disclosed and addressed during subsequent consultations.

Results
The initial interview phase established a range of themes and subthemes that served to diminish the quality of life of participants. Observation of consultations revealed that many of these themes were either not disclosed by patient participants (38%) or, when raised (62%), were often not fully addressed by the nurse during wound care consultations (38%). Observation revealed that only 24% of concerns were partially or fully addressed, with 8% of concerns either not acknowledged or were disregarded by the consulting nurse.

Conclusion
If these data are representative, this has profound implications for person-centred care and shared decision-making models of care, which are predicated on patients articulating their needs. They also have implications for the development of practitioners’ communication and consulting skills (Green et al., 2013).

References


consider this together with the students. and praxis are two sides of the same coin. However, this study revealed that they do not have enough pedagogical tools to learning and even affect the decisions of students to remain in the nursing profession. According to the preceptors, supportive environment for both the students and preceptors is paramount, since positive preceptor experiences enhance the patient. Both parties are responsible for learning and sharing knowledge with each other. In the encounter with the student, the preceptor is receptive to the needs of the student and willing to respond to those needs. Moreover, a supportive environment for both the students and preceptors is paramount, since positive preceptor experiences enhance learning and even affect the decisions of students to remain in the nursing profession. According to the preceptors, theory and praxis are two sides of the same coin. However, this study revealed that they do not have enough pedagogical tools to consider this together with the students.

Findings
The main findings show that a supportive and caring relationship is the basis for student learning and development. However, the caring relationship between the student and the preceptor is not merely a co-operative relationship, since there is also an ethical dimension. The ethical dimension implies welcoming each student into a caring relationship, thus confirming the student’s dignity. As such, the student is allowed to be a student and to develop at her/his own pace. In this light, the relationship is asymmetrical in the sense that the preceptor bears the final responsibility for the nursing care of the patient. Both parties are responsible for learning and sharing knowledge with each other. In the encounter with the student, the preceptor is receptive to the needs of the student and willing to respond to those needs. Moreover, a supportive environment for both the students and preceptors is paramount, since positive preceptor experiences enhance learning and even affect the decisions of students to remain in the nursing profession. According to the preceptors, theory and praxis are two sides of the same coin. However, this study revealed that they do not have enough pedagogical tools to consider this together with the students.
Conclusions
Clinical preceptors and teachers of student nurses need more pedagogical education to be able to support the professional growth of student nurses. As a concluding remark, it is worth stating that preceptorship is a matter of ethics concerning relationship and responsibility, which should be recognised by all stakeholders in order to ensure the availability of professional nurses in the future. In this light, further research is needed regarding the meaning of preceptorship in relation to the training student nurses receive in the process of becoming professional nurses.

References

Key words:
• preceptorship
• clinical education
• learning
• student nurse
• interview
• hermeneutics.

How this contributes to knowledge development within this theme:
• what is significant for good preceptorship
• a supportive and caring relationship is the basis for student learning and development
• preceptorship is a matter of ethics concerning relationship and responsibility.

T13

Coffee, cake and calculations: An alternative approach to facilitating skills development of drug calculations for registered nurses in the Special Care Baby Unit (SCBU)

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The Department of Health (DH) together with international agencies recognise that medication errors constitute high cost within the health service (DH, 2004; Institute of Medicine, 2006). Furthermore there is evidence of neonates and paediatrics being at increased risk of medication error (Kaushal et al., 2001; Miller et al., 2007). Registered nurses are required to demonstrate competence in the task of drug calculation (Nursing and Midwifery Council, 2010) and from personal practice experience it is an aspect of neonatal nursing that causes anxiety.

This paper focuses on one aspect of a small scale action research study conducted over nine months which aimed to identify how the educational needs of nurses working in special care baby units (SCBU) could be addressed.

Action research allows for systematic enquiry of practice enabling data gathering that in turn generates new data. In order to examine the action from various perspectives and to provide a fuller picture of the population being studied four methods of data collection were employed. These being semi-structured tape recorded interviews from nurses during the first week and the sixth month of the study; written accounts from the nurses highlighting how they felt when administering drugs; reflective entries into the researchers diary detailing personal feelings and examination of thirty neonatal prescription charts that were chosen at random.

Themes were drawn from the data and it became evident that central to the process of drug administration was having confidence to accurately calculate drug dosages which in turn empowered the practitioner to challenge discrepancies that presented in prescribing.

As a result of the findings a strategy was implemented to assist in building confidence in an environment that would not add to anxiety or cause embarrassment. On a weekly basis an optional session entitled coffee, cake and calculation was held. This facilitated a safe environment whereby nurses could share their concerns and highlight areas for personal development. As the nurses developed trust and openness amongst each other past experiences were re-lived which had caused anxiety when involved in mathematical problem solving.
Recurrent issues raised included the position of decimal points, fractions and calculations involving nanograms and micrograms. Interestingly Jukes and Gilchrist (2006) and McMullan (2010) echo these findings. Furthermore negative mathematical experiences from school and college days were firmly embedded in individual nurses and affected confidence. ‘Blockages to learning’ can exist as a result of previous negative experiences (Rogers, 2002) and it was becoming apparent from individual comments that this was occurring within the study group.

During the sessions nurses shared information, worked independently, used visual guides and focussed upon calculations. Gradually confidence was built and this led to the nurses being comfortable in practice to highlight discrepancies that presented on the prescription charts. Overwhelmingly from the interviews and nurses’ accounts it became evident there was a need for an accessible, logical and standardised drug protocol folder. A multiprofessional team approach was adopted including nurses, medical staff and a pharmacist, to produce a concise drug information folder. Following stringent quality assurance procedures the folder was accepted for use in SCBU.

This work highlights how confidence is a key factor in the task of drug administration and with the correct support mechanisms in place anxieties can greatly be reduced resulting in increased motivation and developments within practice. The researcher suggests that these principles of support and guidance can be transferred across practice settings, in pre-registration and post-registration nursing and midwifery education.

References

Key words:
• mathematical ability
• confidence
• practice development
• empowerment.

How this work contributes to knowledge development within this theme:
• promotes registered nurses to develop their mathematical skills within specialised practice
• demonstrates a cost-effective manner in which to introduce a safe culture for learning and development
• encourages a multiprofessional team approach to addressing potential high impact consequences and reducing this risk within practice.

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How this work contributes to knowledge development within this theme:
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