Group 2 of theme sessions

Educational innovation and enhancement

Core paper and theme paper abstracts

Wednesday 3 – Thursday 4 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

Educational innovation and enhancement

**Elizabeth Adamson, Senior Lecturer and Senior Teaching Fellow; Keith Smyth, Senior Lecturer and Senior Teaching Fellow, Edinburgh Napier University, UK**

Elizabeth Adamson is a senior lecturer and senior teaching fellow within the School of Nursing, Midwifery and Social Care at Napier University Edinburgh, Scotland. She has 14 years of experience in education both within clinical practice and higher education. Her current role has a focus on learning teaching and assessment practice and enhancing the student experience. Research interests include global citizenship, learning through simulated practice and compassionate care.

Keith Smyth is a Senior Teaching Fellow and Senior Lecturer in Higher Education at Edinburgh Napier University, where he teaches on the Pg Cert Learning and Teaching in Higher Education and leads the MSc Blended and Online Education. Keith co-ordinates Edinburgh Napier’s Digital Futures Working Group. Keith developed the 3E Framework for technology-enhanced learning, teaching and assessment, which is in use in over 25 educational institutions within and beyond the UK, and has published widely in areas including curriculum design, academic staff development, institutional strategy in learning and teaching, and technology-enhanced learning.
Enhancing the student experience through innovation in assessment and feedback

Elizabeth Adamson, Senior Lecturer and Senior Teaching Fellow; Keith Smyth, Senior Lecturer and Senior Teaching Fellow, Edinburgh Napier University, UK

Introduction
Enhancing the student experience through improving approaches to assessment and feedback is a priority in higher education. However results from the National Student Survey continue to highlight dissatisfaction with assessment and feedback amongst students, despite lecturers increased efforts to respond to this, while nationally within the UK the effectiveness and appropriateness of our assessment practice in higher education is under close scrutiny.

The modularisation of higher education is seen as a particular problem. A recent Higher Education Academy publication (Ball et al., 2012), points towards ‘the significant growth in summative assessment, with its negative backwash effect on student learning and its excessive appetite for resources to deliver the concomitant increase in marking’ (p. 8) as one result of an over-focus on the module as the building block of many curricula. This concern is also reflected in the work of funded initiatives, including the PASS (Programme Assessment Strategies) project which has sought to focus assessment on programme level outcomes and ensure a more coherent design of assessment across different parts of a programme (Hartley and Whitfield, 2011).

Against this backdrop, work is underway within the School of Nursing, Midwifery and Social Care at Edinburgh Napier University to uncover what students are seeking in terms of assessment and feedback, and evaluate the assessment and feedback strategies within our nursing programmes. To enable this, the TESTA (transforming the expedience of students through assessment) methodology, developed at the University of Winchester before being successfully applied in assessment practice audits across the higher education sector, was employed to gauge practice across the programmes within the School of Nursing, Midwifery and Social Care.

Application of TESTA at Edinburgh Napier University
The TESTA methodology uses validated tools to evaluate assessment and feedback practices and student responses to these (Gibbs, 2010), and has been used successfully in several institutions (Jessop et al., 2011). The TESTA process involved collecting data across the programmes and capturing the student voice through questionnaires and focus group discussions. Data was gathered in terms of number and variety of assessments that a student might expect to engage in during a degree programme in nursing or midwifery. The number of summative as opposed to formative assessments was calculated and showed that assessments were predominantly summative.

These findings were fed back to staff in a number of ways. Six sessions were offered where staff could hear about the findings and this provided an opportunity for informal discussion initiated by the results. It was important to feedback to staff in a meaningful way. We chose to use percentages to feedback the qualitative data as well as the means recommended by TESTA. It was also important to feedback in an appreciative way as approached that focus on strengths and positive elements of practice can lead to effective and sustainable change (Cooperrider et al., 2008). Sharing the experiences and findings from TESTA audit undertaken in other Universities was also important.

One of the key benefits of the TESTA process is that it starts a rich and reflective dialogue amongst staff. It also provides an opportunity for staff to share knowledge of practices they have found to work well in other higher education institutions (HEIs). The facilitator took notes of the key points raised and explored during the discussions in order to feedback this into later curriculum development sessions.

Individual programme reports were also developed and the facilitator visited programme team meetings where the reports were distributed face to face and then discussed. The quantitative data demonstrated that students valued feedback, but many were dissatisfied with the quality, quantity and timing of this. The findings demonstrated a relationship between factors such as when students knew what was expected of them in assessment, they were more likely to engage in deep learning, value and use the feedback they had received, and put more effort into their assessments.

Overview of key themes and findings
The key themes found in the focus groups that related to assessment and feedback within the nursing and midwifery Edinburgh Napier University were: inconsistency in assessment and feedback practice, the perceived value of different assessment activities, clarity of goals, challenges of assessment and marking workflow, and the quantity and quality of feedback.

It was interesting that many of these findings connected with other Universities across the UK (Jessop et al., 2014), however our application of TESTA differed as 50% of assessment and feedback within the nursing programmes takes place in clinical practice. We therefore gathered both quantitative and qualitative data that related to this part of the student experience. This showed that 33% of students were satisfied with the feedback they received in clinical placement. The
themes identified within the focus group data that related to clinical practice were: learning opportunities, feedback and
the role of the mentor in terms of learning in placement.

**Enhancing and informing future practice**

Stage two of the TESTA process involved a process of working with programme teams to discuss and debate current
practice in relation to new and established research evidence, and where appropriate introduce new approaches that
embodied current thinking on best practice in assessment and feedback (Ball et al., 2012). We have been particularly
interested in the work of the cross-institutional, HEA-funded PASS (Programme Assessment Strategies) project
(http://www.pass.brad.ac.uk/). The PASS project offers a number of guidelines and exemplars in defining the ethos and
practice of programme focused approaches to assessment that are coherently designed within and across the various
stages of programmes, and which offer relevant and engaging assessment schemes that avoid over-assessment and the
repeated use of standard methods (McDowell, 2012). This resonates with the internal learning, teaching and assessment
agenda at Edinburgh Napier, which is moving towards the programme focused design of curricula, and associated learning,
teaching and assessment practices (Edinburgh Napier University, 2014).

Mindful of this broader context for how we develop our assessment practices, LTA development sessions were set up for
staff to share practice and explore challenges in terms of consistency in guidance and feedback to students, communicating
clear goals and the rationale for type of assessment. Ways of enabling students to understand the nature and purpose of
feedback and how they could be supported to feed forward were also explored. In addition the sessions, and the project
overall, afforded an opportunity for colleagues in nursing and midwifery to explore how they could adopt a greater
programme focus on assessment, to provide a more integrated and meaningful experience for the nursing and midwifery
students (Hartley and Whitfield, 2011).

**Next steps at Edinburgh Napier**

At the time of writing our work in concluding the TESTA pilot within nursing and midwifery is approaching the final stages,
and we are now in a position to demonstrate how:

- a tried and tested audit process can facilitate the evaluation of current assessment practice and provide a catalyst for
  enhancement and innovative practice in nurse education
- critical reflection and dialogue can be a springboard for innovation and change
- active facilitation and support that is alert to sectoral change and institutional direction is essential in the process of
  changing learning, teaching and assessment practice.

Changes in practice require support for staff however, and our work at Edinburgh Napier includes a staff development
strand which encompasses identifying and sharing good assessment and feedback practice already utilised within the wider
University, and evidenced through research that could be introduced within the nursing programmes. The intention then is
not only to evaluate use of TESTA within the nursing and midwifery programmes but also to share lessons learned with the
wider University, and sector, through further applications of TESTA across the institution.

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**Key words**

- student experience
- assessment and feedback
- curriculum innovation
- TESTA.
Theme papers
Integrating student peer support groups into radiography education

Clair Brackstone, Senior Lecturer, Birmingham City University, UK

**Background**

The Department of Radiography within the Faculty of Health at Birmingham City University was chosen to take part in the ‘What Works?’ programme, considering ways to improve student engagement, belonging, retention and success. The ‘What Works?’ programme considers the report of seven previous projects that investigated what works in terms of improving student retention and success (Thomas, 2012). As a result of the recommendations made, the radiography programme team have considered ways to improve the students’ sense of belonging, as well as the support available throughout their undergraduate education.

**Method**

Since September 2013, the Department of Radiography has introduced Student Peer Support Groups into the undergraduate teaching of the diagnostic radiography and radiotherapy programmes. Students were divided into twenty groups; four groups for radiotherapy students, and sixteen for diagnostic radiography students. Students were divided equally across the groups, and each group contained a mixture of students studying at levels 4, 5 and 6. A timetable was produced, enabling students to meet within their groups during academic time, and activities were designed to create opportunities for group learning and discussion.

The aims for the groups are that:

- junior students will gain support and advice from senior students, and all students will gain support from their peers
- senior students will gain mentoring skills and experience in supporting students
- students will share their experiences from clinical placement
- new students will have the opportunity to form early friendships, and support networks
- students will have an increased sense of belonging to the university
- students will feel better supported in their studies.

In-depth evaluation of the Student Peer Support Groups will take place during April/May 2014, in the form of student focus groups. Six focus groups will be held, for students at levels 4, 5 and 6 of the diagnostic radiography and radiotherapy programmes. Students will be separated according to their programme and level of study in order to gain information on any particular issues or concerns.

At the introduction of the Student Peer Support Groups, students were asked to state whether they thought that the concept of the groups would be useful to them.

**Results**

The initial responses of students were promising, and the table below contains students’ responses as to whether they were ‘for’ or ‘against’ the concept of the groups.

<table>
<thead>
<tr>
<th>Level 6 students (no. 70)</th>
<th>Against</th>
<th>Maybe</th>
</tr>
</thead>
<tbody>
<tr>
<td>51.5%</td>
<td>41.5%</td>
<td>7%</td>
</tr>
<tr>
<td>Level 5 students (no. 90)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85.5%</td>
<td>10%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Level 4 – (no.124)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99%</td>
<td>0%</td>
<td>1%</td>
</tr>
</tbody>
</table>

The main concerns raised by students at levels 5 and 6 were that they didn’t want anything to distract from their studies, and whilst they could see a benefit for junior students, they were not sure what they themselves would gain from participating in the Student Peer Support Groups.

**Discussion**

Evaluation of the Student Peer Support Groups is ongoing, and will be completed by the end of the academic year. So far, the comments are largely positive, and many of the initial concerns have been addressed, and discussed with students. Level 6 students were offered mentorship training, and the majority attended.

Improvements have been made as the groups have become established, and some issues have arisen. Timetabling the sessions to integrate with existing teaching timetables has been difficult and challenging, and students at levels 5 and 6 have been resistant to earlier starts to the day. The type of activity for the session is crucial, and whilst some sessions were arranged for level 6 only, students prefer to meet with other year groups.

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**NET2014 Conference, 2–4 September 2014**

**Group 2: Educational innovation and enhancement**
Emerging changes to pre-registration nursing: An examination of Masters programmes in the UK

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Post-graduate entrants to nurse education have long been integrated into the student body, but, until recently, direct entry routes to pre-registration masters courses have been extremely rare. These types of master’s programmes in the UK are now beginning to proliferate, and this paper argues that this change is important. Little is known about this group of nurses or their potential influence on the future of nursing in the UK, although Dawley (2002) examined employment amongst these nurses in the US and found it was different from their graduate peers (despite their state final results being similar).

In a small scale, UK study, Park et al. (2011) reviewed the knowledge and skills of pre-registration masters graduates. Ten preceptors were asked to compare the work in practice of masters nurses with diplomate nurses. Masters nurses were perceived to have more academic and analytical skills in the initial months of practice, with less practical skills. Diplomates were said to communicate better with their patients than masters nurses, whereas masters nurses communicated better with professional colleagues. The study examined each of the fields of nursing, with a small number of newly qualified nurses to compare, so caution must be taken in generalising these findings. There has been no other research investigating student experience or outcomes of these UK pre-registration programmes, although Drennan (2008) showed different UK employment opportunities for nurses (RNs) graduating from post-registration masters programmes.

Pre-registration MSc Nursing began at the University of Hertfordshire (UH) in September 2012 and is one of only 10 institutions offering direct entry programmes in England (UKPASS, 2013). UH students acquire professional competencies and academic criteria in an expected two year timeframe, with entry criteria being a relevant undergraduate degree and no requirements for prior healthcare experience. The Nursing and Midwifery Council (NMC) website provides extremely limited information about minimum timeframes for course completion, study patterns, prior healthcare work requirements, and other entry requirements, and does not differentiate between direct entry courses and those using an undergraduate route as a foundation for further study. This paper will discuss the findings of a scoping project, to determine this information about all pre-registration nursing MSc courses in England. Using internet searching techniques, we found that such courses vary considerably, and the reasons for this will be explored.

Innovative programmes of education may potentially address current public concerns about nursing centring on unsatisfactory care and compassion (Kelly and Gerrish, 2014). Although these concepts are embedded in the essential skills cluster (NMC, 2010) and the CNOs Vision for nursing (DH/NHS Commissioning Board, 2012), a systematic review shows an evidence gap about holistic competence in pre-registration training (Yanhua and Watson, 2011). Additionally, assessing theoretical and practice competencies in masters RNs is found problematic (Gerrish, Ashworth and McManus, 2000). The newly emergent knowledge in academic and skills assessment for these students indicates the need for future research.

Maas Burhans and Alligood (2010) showed students learn from lecturers who exhibit intrinsic qualities of caring and empathy (emphasising nursing aesthetics, not simply technical skill acquisition), and place most value on situated learning in practice. Achieving consistency in placement quality is problematic (Skaalvik, Norman and Henriksen, 2012); evidence from Francis and Keogh Reports (2013) recognises the extent of these problems. The inextricable link to nurse education, has been noted (Council of Deans of Health, 2013; Darbyshire and McKenna, 2013), and where intensive, shortened courses with fewer placements (albeit the same number of hours) to achieve registration are offered, we argue that the issues may be exacerbated unless action to reduce this risk is taken. Further exploratory work in this area is planned.

References

Key words:
- student
- support
- engagement
- retention
- peers.

How this contributes to knowledge development within this theme:
- considers the innovative use of peer support
- evaluates the potential for students to mentor other students
- considers innovative ways in improving student support and engagement.
How this contributes to knowledge development within this theme:

- pre-registration masters are an emerging trend in nurse education, with differing patterns of delivery and emphases
- direct entry pre-registration masters in nursing programmes have varied entry requirements, prerequisites for prior healthcare experience and length of study across the UK
- the development of these masters programmes have significant potential to influence the future of nursing and the issues which arise from our research will be further examined in the light of what is already known about this area.
Academic literacy: Enabling post-graduate nursing students to study for success

Pat Mayers, Associate Professor and Acting Head; Una Kyriacos, Senior Lecturer; Nicki Fouché, Senior Lecturer; Douglas Newman-Valentine, Lecturer; Tania de Villiers, Part-time Lecturer; Sheila Clow, Associate Professor; Minette Coetzee, Associate Professor; Hilary Barlow, Senior Lecturer; Sinegugu Duma, Associate Professor; Mary Shelton, University Librarian; Gill Morgan, University Librarian, University of Cape Town, South Africa

Post-graduate nursing education internationally has increasingly become an integral component of career development and lifelong learning (Barnard, Nash, and O’Brien, 2005; Honey, 2004). The increase in the numbers of students participating in higher education, social and cultural diversity and academic preparedness for higher education is the subject of debate in many countries (Lillis and Scott, 2007).

Post-registration nursing specialisation programmes in South Africa are offered primarily at universities at the post-graduate diploma level. Most registered nurses obtain their pre-registration qualification through a nursing college, thus enter the university as adult learners and first time university students, often ill-prepared for the demands of study. Twenty years post apartheid; much has improved in the basic education system, yet there remain large discrepancies in the quality of primary and secondary education, which further disadvantages the adult learner.

‘Learning in higher education involves adapting to new ways of knowing: new ways of understanding, interpreting and organising knowledge’ (Lea and Street, 1998). For the adult learner, entering or returning into the competitive environment of a university can be daunting. There is so much that is assumed or hidden, yet the student is expected to ‘know’. Anxiety, a feeling of being overwhelmed, not good enough, having to prove worth, can all contribute to perceived potential. Adult learners want useful information and need a climate that enables them to assume responsibility for their learning; they also learn best if they are able to link current information with previous experience. ‘Nurses build on what they know and modify that framework as they encounter new learning and clinical situations’ (Laughlin, 2012).

As a department that offers only post-graduate programmes, we had to recognise that professional nurses, as adult learners, came into the programmes with rich life experiences, both at personal and professional level, but limited experience of higher education. We therefore have aimed to provide the support for students who enter university as ‘freshers’, yet have the life experience that we need to engage with in order to set students up for success. It is easy to assume knowledge, e.g. basic library searches, the mechanics of structuring essays and assignments etc.; yet when students have not had exposure to these skills in their schooling or pre-registration programmes, it is essential to facilitate this learning in a caring sensitive manner.

This paper aims to describe the challenges of the adult learner in nursing education, the academic literacy programme components that have facilitated the acquisition of lifelong learning skills which have enabled adult learner nursing students to successfully manage the demands of a post-graduate university course.

References


Key words:
• post-graduate nursing
• adult learners
• nursing education
• academic literacy.

How this contributes to knowledge development within this theme:
• this paper addresses specific challenges of the adult learner in post-graduate nursing in the South African context
• academic literacy for the adult learner requires a sensitive and caring approach from all staff involved
• a collaborative multidisciplinary approach using the expertise of academics, librarians and ICT staff is essential for a successful programme.
T95

Nursing and Midwifery Board for Ireland survey of professional stakeholder views on NMBI Standards for the approval of higher education institutions and healthcare institutions

John Sweeney, Independent Consultant; Judith Foley, Educations Officer, Nursing and Midwifery Board for Ireland, Ireland

In April 2012, the Nursing and Midwifery Board of Ireland (NMBI) undertook a consultation survey with the professions to review the suitability of its current Requirements and Standards for Nursing and Midwifery Programmes. This online survey of a sample of managerial, clinical and academic nurses and midwives, and of pre-registration students formed part of the Board’s response to the recommendations of the Report of the Review of the Undergraduate Nursing and Midwifery Degree Programmes (Department of Health and Children, 2012b). The recommendations set out in the Review report provide strategic direction for the reconfiguration and a refocusing of initial professional education programmes to prepare nursing and midwifery graduates to practise in line with current and future demands of the health reform agenda.

Among these, NMBI were requested to review the efficacy of current Requirements and Standards for Nursing and Midwifery undergraduate pre-registration programmes. Areas highlighted included the need to move away from a syllabus-driven towards a terminal outcomes-competency model as employed by the Irish Medical Council and Pharmaceutical Society of Ireland for medical and pharmacy undergraduate programmes. Competence is usually defined in diverse jurisdictions by reference to domains of professional practice that a student is required to meet in the form of terminal objectives, performance criteria and indicators or critical elements (Butler, Cassidy, Quinillan et al., 2011) for professional licensure as nurse or midwife (Cant, McKenna and Cooper, 2013). Such a change toward a competency-based model is motivated by a number of drivers including the European Union Council Directives for Nursing (2005/36/EC) (European Commission, 2005) and EU green paper on the modernisation of professional qualifications (European Commission, 2011a). The signatory nations to the Bologna process agreed not only on the importance of higher education in Europe but also on the intention to re-engineer higher education programme design through Tuning (Nursing Subject Area Group (SAG) of the Tuning Project, 2011) towards student-centred, outcome-based and transparent awards (Lokhoff et al., 2010). The worldwide mobility of healthcare professionals necessitates greater international cooperation amongst health regulators not only for mutual recognition of professional qualifications but also for the establishment of common frameworks governing a discipline’s education and entry to the professional register (Tee and Jowett, 2009).

The results from this consultation survey show broad agreement with the necessity for achievability and proportionality of the majority of the existing 3.2.1. Standards for the Approval of Third Level Institutions, Healthcare Institutions and Educational Programmes leading to Registration.

However, there were within the detailed criterion indicators within the five standard statements, a number of concerns expressed by respondents. Within the standard, The Third level Institution and Healthcare Institution(s), adherence to EU Directives, monitoring of student attendance, the course director having to be Registered Nurse Tutor, academic support for students in clinical practice and educational resources to meet students’ teaching and learning needs were identified as issues for review. From the open text responses further criteria were identified as being problematic – programme responsiveness to social and economic change, the remit of local joint working groups regarding failing students, balancing safe levels for supervision of students against ward closures, specialist qualifications among academic staff, role of the CPC in student support, entry criteria to nursing and Fitness to Practice committees for undergraduates.

The results of the survey have informed the review of Requirements and Standards and will be described in greater detail in the proposed theme presentation.

References


Key words:
- review of education standards
- EU directives and tuning alignment
- survey of profession’s views on reform of standards.

How this contributes to knowledge development within this theme:
- ensuring regulatory standards and requirements are fit for purpose
- incorporating professional opinion into regulatory standards
- realignment of nursing programmes to EU directives and tuning.

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T96

How do you recruit staff who are caring and compassionate?

Karen Corder, Clinical Educator and Practice Development Coordinator/Lecturer Practitioner, The Newcastle upon Tyne Hospitals NHS Foundation Trust, UK

Problem Statement
The Mid Staffordshire Inquiry (2010), subsequent Chief Nursing Officer’s six Cs (2012), The Francis Report (2013) and Cavendish Review (2013) all highlight issues with staff who appear to lack the fundamental desire to deliver compassionate care to patients.

Motivation
One of the 290 recommendations of The Francis Report (2013) is that staff being recruited to the NHS are tested to show their values and behaviours. At the Newcastle upon Tyne Hospitals NHS Foundation Trust we were concerned that there were risks associated if staff were not recruited for their caring and compassionate values. As a team we decided that we were going to adopt a different approach to recruitment; an approach that would ensure candidates were tested to allow us to judge their caring and compassionate values. That then posed the question ‘How do you test for caring and compassionate values in an interview?’

Approach
The concept of mini multiple interviews (MMIs) appeared to meet our needs. Further exploration of this approach resulted in the concept of using situational scenarios as part of our interview process. The scenarios were to be based on some of the key issues highlighted in The Francis Report (2013) such as ‘dignity in care’ and ‘whistleblowing’. The scenarios and layout for the day would mimic observed structured clinical examinations (OSCEs) used to assess medical students in clinical practice.

Ahead of publishing The Francis Report (2013) and the Cavendish Review (2013) our Trust had already began to explore how we could improve quality and training in our staff. As both reports refer to, there is a shortage of qualified staff and increased demands on them within the ward environments. This leads to increased amounts of patient care being delivered by healthcare assistants (HCAs) and therefore improving education and training provided to our HCA workforce became a focus area. An innovative ‘Healthcare Academy’ designed to provide all new HCAs with a two week induction that included education and training in fundamental skills was at the stage of being piloted within the Trust. Our Trust has had centralised recruitment for HCAs for a number of years. It therefore followed that the new approach to interview would be developed to coincide with the imminent recruitment to the Healthcare Academy.

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NET2014 Conference, 2–4 September 2014 11 Group 2: Educational innovation and enhancement
Results
It is not possible to assess at this early stage the effectiveness of this method of recruitment. It is still new and clear evidence of its success will become evident over time. Measuring that success is also challenging and we will use recruitment data to compare the number of HCA's employed and retention rates as compared to those in previous years to measure the impact.

Qualitative feedback from sisters, clinical staff involved, and staff recruited in the process who have completed their two week education and training within the Healthcare Academy will be sought.

We need to be confident that the MMI approach to interview does enable us to select in a more consistent manner candidates with values and behaviours consistent with the values of our organisation and the NHS in general.

What we can state now is that the process is receiving very good feedback from staff, and just as importantly, candidates.

Conclusion
Although initially apprehensive of the new recruitment process clinical staff have come to trust it. This trust helps reassure any sisters who have been unable to interview candidates themselves to feel confident that those they select to fill their vacancies are of a very high calibre.

The Newcastle upon Tyne Hospitals NHS Foundation Trust hope that by taking this new innovative approach to recruitment of HCAs we will be employing staff who share the Trust’s values and commitment to provide healthcare at its very best with a personal touch.

There are implications for future practice, such as what we do as a Trust to offer HCAs who are already in our employment an opportunity to develop.

Key Words:
- care
- compassion
- healthcare academy
- education
- recruitment.

How this contributes to knowledge development within this theme:
- increased amounts of patient care are delivered by HCAs in the clinical setting due to the increased demands put onto registered nurses; investing in their education and development is just as important as investing in the development of registered staff
- it is an innovative practice development in terms of getting it right at the recruitment stage. Using new techniques (MMIs) – developed in practice – to uncover values and behaviours of potential staff
- the Healthcare Academy seeks to educate HCAs by increasing their knowledge and development of clinical practice prior to them engaging with patients in the clinical area.

T97
Put that phone away! or get your mobiles out? Flipping the classroom to improve the student experience

Sharon Black, Director of Practice Learning, University of Bedfordshire, Aylesbury; Caroline Reid, Associate Dean, National Teaching Fellow, University of Bedfordshire, Luton, UK

Educating the next generation of nurses is beset with challenges, perhaps the first being the creation of an authentic, exciting and interactive curriculum to keep the students engaged in their learning. The diversity of our nursing student population brings with it a wide range of experiences and values related to learning - experiences and values that are equally reflected in nursing faculty. In today’s ‘kiss and tell’ university league table culture where students ‘go compare’ which university offers them the best student experience, the quality of the learning experience is key to student satisfaction.

At the University of Bedfordshire (UoB) working with students as partners to develop and enhance their learning is fundamental to our mission to provide an excellent student experience. Emergent from this partnership approach has been recognition of the students’ desire to engage in more interactive and personalised learning approaches, perhaps an unsurprising development given that in today’s classroom the 21st century student is so clearly motivated and engaged by technology. This shift towards a digital narrative is now challenging our beliefs about teaching and learning. Where we have
often heard, ‘put your phone away’ the question now raised is whether we should be harnessing the students’ enthusiasm for learning through the medium that most captures their attention?

In their exploration of the benefits of digital media for learning, Newton and Middleton (2009) proposed that by 2014 most students will expect a large percentage of course material to be in digital media formats, and most students will carry a mobile device for learning purposes. Drawing on such evidence, coupled with student feedback, we decided to make a step change and give mobile devices a clearly defined focus in the curriculum. Consideration of a number of further factors that influence the learning of nursing students, including multiple site course delivery, travel to placement, high student numbers, a non-traditional university delivery pattern all wrapped up in meeting professional and regulatory requirements, influenced our decision to pilot the use of these digital devices using a ‘Flipped Classroom’ approach (Berrett, 2012).

This flipped classroom pedagogical model reverses the typical lecture followed by homework model, whereby students gain first exposure to new material outside class, via podcasts or reading exercises and use class time to assimilate and apply the learning through problem solving approaches. Thus students are doing the lower levels of cognitive work (gaining knowledge and comprehension) outside the classroom and focusing on the higher forms of cognitive work (application, analysis, synthesis) in class where they have facilitation and support.

A successful bid to the UoB Vice Chancellor’s StEPs fund (Student Experience Projects) provided funding for the purchase of 85 tablet devices that would enable the development of a ‘Flipped Classroom’ approach for the first year of the adult nursing course. Revisiting, refreshing and re-working the core content for mobile delivery was key to this development, and as Brett and Cousin (2011) emphasise, engaging students as partners in the development essential. Such a mobile and flipped approach presents the students with the opportunity for more flexible learning, to revisit and reinforce their learning and to maximise the quality of their classroom and group learning experience. Where there are aspects that students do not understand pod/vod casts can be re-run, or used for revision. Equally the skills learning that is observed and often left in the classroom can be captured in short vodcasts that the student can take away with them to revisit and practice.

Key words:
- student experience
- mobile learning
- flipping the classroom
- technology enhanced learning.

How this contributes to knowledge development within this theme:
- creating of innovative approaches to foster student engagement
- working in partnership with students to develop the curriculum
- using technology to enhance learning and teaching.

T98

Volunteering for student community engagement

Debbie Hatfield, Senior Lecturer; Beth Thomas-Hancock, Student Volunteering Manager; David Bauckham, Senior Lecturer, University of Brighton, UK

Volunteering is an essential component of curricula at the University of Brighton (UoB). It is seen as part of the community engagement agenda to promote ‘socially purposeful citizenship’ and enhance employability skills. The University’s strategic plan (UoB, 2012) states volunteering, along with professional placements, mentoring, community participation and entrepreneurial and economic engagement should be offered within all undergraduate courses: a case well made in an editorial by Millican and Bourner (2011), and subsequently illustrated by O’Conner et al. (2011) and Hillier (2013). Nursing is no exception and so when a new curriculum was designed to meet the revised Nursing and Midwifery Council Standards for Pre-registration Nursing Education (2010), it included an optional volunteering module.

Student Community Engagement is a 10 credit module scheduled in the second year of the BSc (Hons) Nursing degree programme. It is open to all students irrespective of their field of practice and comprises 30 hours of volunteering in addition to the normal professional practice placements. Students must engage in a health and social care project that is agreed with a workplace supervisor in a not-for-profit organisation. Concurrent classroom teaching enables an inductive process so that students learn about the purpose of their volunteer placement organisation and how this contributes to the health and wellbeing of a community. In particular, building social capital and the role of the not-for-profit sector in supplementing, enhancing or solely providing services in the newly reformed National Health Service in the United Kingdom (Naylor et al., 2013).
Assessment is by means of a written report examining the skills the student has used and developed, and reflecting how this is transferable to nursing. Two action learning sets are facilitated by members of the module team. The first is held at the start of the module when a skills analysis is conducted and the workplace project agreement is discussed. The second is toward the end of the module when the student is consolidating their learning by combining their experiences with theoretical understanding.

Crucial to the success of the Student Community Engagement module is the organisation of placements which is managed by the Active Student Volunteering Service situated in the University’s Careers Service. Local not-for-profit organisations and appropriate, safe, supported and rewarding roles are sourced for students. The organisations are keen to provide learning opportunities in projects generated and managed by local communities and service users. The projects are owned by the organisations and the students contribute by co-production and/or co-design. The 30 hours of student volunteering are verified by workplace supervisors within the not-for-profit organisations.

Students have evaluated the module well. To date 57 students from two cohorts have selected this optional module and a further 28 commence in February 2014. For some, the learning has been transformational and profound and they have continued to volunteer. Three students are writing for publication with a lecturer from the module team. One project generated an interprofessional learning opportunity to work with pharmacy and occupational therapy students. This has also led to a joint writing venture with university, service user and service provider as collaborative partners. The impact of this innovation continues to be realised.

References


Key words:
• community engagement
• volunteering
• service user involvement
• not-for-profit sector
• partnership.

How this contributes to knowledge development within this theme:
• volunteering as a means of enhancing understanding of the role of the not-for-profit sector in health and social care
• community engagement as an innovation to promote partnership working and how this can build social capital and provide insight of service user experience in community settings
• enabling students to realise project skills which are transferable to professional roles within nursing.

T99

Open the VALT

Vanessa Tilbrook, Midwifery Education Facilitator, Women’s and Children’s Health Network, North Adelaide; Jane Warland, Senior Lecturer, University of South Australia, Adelaide, Australia

The term innovation is often used to describe new pedagogical methods and creative educators who represent a deviation from traditional didactics (Koros-Mikis, 2001). Authentic learning informs the design and implementation of student-centred realistic and effective learning environments (Herrington and Herrington, 2006).

This presentation will discuss the development of a Visually Authentic Learning Tool (VALT)™ (pending) for use when teaching second year undergraduate midwifery students.
The VALT was specifically developed to teach understanding of bleeding in pregnancy. The principles of simulation, real time based on real life (Gaba, 2013) were used to reflect the authentic context for the way knowledge could be applied to real life from within the classroom. The VALTs used several different visually authentic clinical presentations for bleeding in pregnancy.

Students were given a visually authentic 3D learning tool (VALT) representing a real life clinical presentation of bleeding in pregnancy. The VALTs made the scenarios presented more than one dimensional, making them accessible to other senses such as visual and tactical whilst promoting collaboration and decision making processes in regards to clinical management of the scenario.

Student feedback indicated recognition of visual authenticity and that the VALTs met different learning styles (James, D’Amore and Thomas, 2011) e.g.: ‘It gave us more information than just the written information.’; ‘It was very lifelike.’; ‘Fabulous! I’m a visual learner’.

In this presentation the VALTs will be shown, the rationale behind the design, implementation, impact on student learning and student feedback will be described. The flexibility and adaptability of this type of learning tool across other healthcare disciplines will be discussed.

References

Key words:
• visually authentic learning
• undergraduate midwifery education.

How this contributes to knowledge development within this theme:
VALTs can facilitate:
• modelling real world practice
• collaborative construction of knowledge
• enhancement of student learning and engagement.

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T100

A collaborative learning and teaching project to facilitate the development of team working skills (NOTECH) and debrief within an interprofessional active virtual learning environment (KAVE)

Melanie Humphreys, Director of Learning and Teaching; Luke Bracegirdle, Director of IT, Keele University; Debbie Rosennorn-Lang, Henley Business School, Reading University, UK

The Keele team, led by Melanie Humphreys, undertook the advancement of the technological innovation of the Keele Active Virtual Environment (KAVE) through commitment and the sharing of a common goal – to develop and enhance interprofessional team working skills to provide safe and ethical patient care (Campbell and Daley, 2013).

KAVE is a physical room where three-dimensional ‘stereoscopic’ visuals display on three walls and the floor, to create a computer generated virtual environment. A student wears active 3D glasses and a lightweight head and hand-tracking device (Bracegirdle and Chapman, 2010). The computer-generated visuals respond to position in the KAVE and allow the student to ‘pick up’ and interact with digital objects such as care plans, prescription charts, observation charts etc. The virtual ward is able to simulate observation and diagnostic skills training to achieve common goals (IPEC, 2011). ECG monitors provide information regarding the status of each virtual patient within the ward. The healthcare system for which our students are being prepared for is increasingly complex; the virtual hospital ward sets the stage for students to work within authentic problems, synthesis data, make team decisions and reflect on their practice through structured debrief (Dreifuerst, 2009).

Despite improvements in the safety of healthcare practice, (lack of) communication continues to have a substantial role in adverse outcomes. Within KAVE risks to patients are eliminated and interpersonal learning becomes paramount; an outstanding feature of the application of this innovation (Jeffries and Rodgers, 2007; Humphreys et al., 2013). Students can
immerse themselves and practice team leadership, management and communication skills in a practical and ethically safe environment (Kirriemuir, 2009; Ziv et al., 2000). This enables students to make mistakes without repercussions or causing clinical harm to patients. Students can analyse and evaluate the scenarios encountered and work on their non-technical skills in the environment during the role-play; all conclude with the participation within a structured debrief.

This work has received great interest both nationally and internationally, and is the only learning and teaching innovation of its kind within the UK. The innovation received ‘runner up’ in the Team category at the Association for Learning in Technology awards 2013.

References

Key words:
• interprofessional learning
• virtual learning
• team working
• NOTECH
• KAVE.

How this contributes to knowledge development within this theme:
• innovative learning and teaching approach
• contributes to the growing body of simulation pedagogy
• promotes patient safety within clinical practice.