Group 1 of theme sessions
Tuesday 8 September 2015

Research in healthcare education

Core paper and theme paper abstracts
Group 1 of the theme sessions
Tuesday 8 September 2015

Research in healthcare education (RHE)

Core paper and theme paper abstracts

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

Sarah Burden, Senior Lecturer in Nursing, Leeds Beckett University, UK; Anne Elizabeth Topping, Assistant Executive Director, Nurse Education, Hamad Medical Corporation, Qatar; Catherine O’Halloran, Associate Dean – External Relations, University of Huddersfield, UK

Sarah Burden is an experienced Senior Lecturer in Nursing and a University Teacher Fellow at Leeds Beckett University. In addition she provides strategic leadership for practice learning and assessment for pre-registration nursing programmes; involved in developing a single practice assessment document for nursing programmes as well as a range of practice learning quality assurance initiatives including a web-based Interprofessional mentor update tool.

Research activity is focused on addressing ‘real world’ problems with the purpose of developing reflective, professional and effective nursing practice which impacts positively on the patient care experience. Research interests include practice learning and assessment, decision making, medicines management and end of life care.

Annie Topping moved to the State of Qatar to work at Hamad Medical Corporation in 2013 after a long career in clinical nursing, nurse education and healthcare research in the UK. She currently holds the post of Assistant Executive Director – Education and leads a team of educators providing continuing professional development to a workforce in excess of 8,500 nurses and midwives, which is expected to increase to 11,000 over the next two years. She is a Visiting Professor at the University of Huddersfield and an Adjunct Professor at the University of Calgary – Qatar. She is also an Associate Editor BMC Medical Education and a member of the Editorial Board of Journal of Research in Nursing.

Catherine O’Halloran joined the University of Huddersfield in 2005 as Head of the Department of Clinical and Health Sciences, moving on to Associate Dean for External Relations in 2015. She came to the post with 24 years’ experience in health professionals’ education having worked at the University of Southampton as Curriculum Development Lead for the Department of Health funded inter-professional learning initiative ‘The New Generation Project’; the University of Newcastle as Education Advisor to the Postgraduate Deans for Medicine and Dentistry; and New College Durham as a senior lecturer in podiatry. Her professional background is podiatry and she holds a Master’s in Rehabilitation Studies from the University of Southampton and a PhD in Education from the University of Newcastle.
Fit for registration: A mixed methods study integrating data and theory to illuminate mentor decision making in the assessment of student competence in care settings

Sarah Burden, Senior Lecturer in Nursing, University Teacher Fellow, Leeds Beckett University; Anne Elizabeth Topping, Assistant Executive Director – Nurse Education, Hamad Medical Corporation, Doha, Qatar and Visiting Professor of Nursing, University of Huddersfield, UK; Catherine O’Halloran, Associate Dean External Relations, University of Huddersfield, UK

Background
Practice learning and assessment is pivotal to the delivery of a competent workforce at the point of professional registration (Eraut, 1994; Gallagher et al., 2012; Robinson et al., 2012; Windsor et al., 2012). In United Kingdom undergraduate nursing programmes the role of the mentor, a registered nurse responsible for supporting and assessing the development of student competence, is key to achieving this goal (NMC, 2008; Shakespeare and Webb, 2008). To date, few empirical studies have examined how these competence based practice assessment decisions are made despite concerns having been raised that mentors fail, or may be reticent, to judge student performance as unsatisfactory (Watson and Harris, 1999; Duffy, 2006; Black, 2011; Jervis and Tilki, 2011; Mead et al., 2011; Hunt et al., 2012). This phenomenon, euphemistically described as ‘failure to fail’, is also noted where faculty are involved (Luhanga et al., 2008), and is not limited to nursing (Finch, 2009).

This paper describes a two phase, mixed methods study to investigate the assessment of student competence using judgement and decision making theoretical frameworks. The key concepts associated with competence based assessment and decision making are first described and the study method detailed. The paper explores the contribution of judgement and decision making theory to developing an understanding of the assessment of student competence through an emerging model of mentor decision making. The findings will be used to stimulate debate regarding mentor decision making in assessment of fitness for registration which is timely given the ongoing reviews of nursing education (HEE, 2014; NMC, 2014).

Competence-based assessment
For nursing and a myriad of practice based professions, significant and increasing emphasis is placed on student achievement within competency frameworks (Watson et al., 2002; NMC, 2010; Gallagher et al., 2012; Windsor et al., 2012; Pijl-Zieber et al., 2014). Such competence and the accompanying assessments are an important professional issue, not least as they act as a form of self-regulatory credentialing to structure the demonstration and maintenance of competence (Eraut, 1994; Cowan et al., 2005; Cowin et al., 2008). This is despite the absence of a consensus on a definition of ‘competence’ (Bradshaw, 2000; Redfern et al., 2002; Watson et al., 2002; Levett-Jones et al., 2011; Lejonqvist et al., 2012; Pijl-Zieber et al., 2014).

One area of greater agreement in most definitions of competence places emphasis on a nurse’s ability to apply knowledge, skills attitudes and values to safe and effective patient care (Yanhu and Watson, 2011; Pijl-Zieber et al., 2014). There is also some agreement that competence is the ability to act in the real world whatever the conditions, through the successful integration of theory and practice (Milligan, 1998; Redfern et al., 2002), and a quality or state of being (Pijl-Zieber et al., 2014) that supports independent, safe and effective practice (NMC, 2008; Cassidy, 2009). Competency on the other hand is more concerned with the actual performance and behaviour of an individual. This in nursing is reflected in standards describing the aspects of practice to be achieved during a programme by a student in order to be eligible for the award (Milligan, 1998; NMC, 2010). The validation of the assessment, ‘signing off’ competencies, by a practitioner has become a widely accepted part of any practice assessment in a nursing programme, though much debate surrounds the benefits gained from, and appropriateness of reducing clinical practice to a checklist of competency standards (Gallagher et al., 2012; Windsor et al., 2012).

Decision making
Decision making in clinical practice involves processes of judgement formation and cognitive reasoning to determine the final decision (Thompson, 1999; Banning, 2008; Standing, 2008; Simmons, 2010). Judgements arise from an assessment, evaluation or belief about a situation based on the available information, which then inform the decision; a choice between alternatives leading to a course of action (Thompson and Dowding, 2002; Newell et al., 2007; Hardman, 2009). Information, whether gathered consciously through cue acquisition and utilisation or responded to subconsciously through an intuitive, heuristic grasp of a situation, is a key element in any decision task undertaken (Standing, 2008).

Reasoning strategies underpinning judgement and decision making may be formal in nature, such as decision analysis or information processing, informal in nature, adopting a heuristic or intuitive approach, or a combination of strategies, a so-called dual-processing approach (Thompson, 1999; Standing, 2008; Simmons, 2010; Kahneman, 2011; Stanovich, 2011). The decision making strategies employed may be influenced by the experience of the practitioner involved, features of the situation a so-called situation awareness, and the complexity of the decision required (Hammond, 1996; Standing, 2008;
The aim of this study was to identify individual mentor practices and the cognitive processes used by mentors to form judgements and reach an overall decision on a student’s achievement at the end of an assessed practice experience.

Principal research question (PRQ):
What factors underpin mentor judgements of student nurse competence in practice and how do mentors reach a decision to pass or fail a student in practice?

Supplementary research questions (SRQ):
1. What evidence do mentors gather and use to inform their judgements about a student nurse’s practice?
2. What effect do assessment strategies, including documentation, have on mentor judgements and decisions about a student’s practice?
3. How do mentors make judgements and reach a decision to pass or fail a student in practice?

Method
A sequential embedded mixed methods design (Creswell and Plano Clark, 2011) was employed for the study.

In phase one:
Student practice assessment documents (PADs) were collected from a cohort of students (n=41) completing a three-year undergraduate nursing programme; and the assessment decisions extracted (n =330) to examine mentors’ use and conduct of assessment processes. These data provided the sampling frame used to identify a purposive sample of final placement mentors for interview.

In phase two:
Practice documentation was used as artefacts in stimulated recall interviews (Lyle, 2003; Dempsey, 2010; Burden, 2014) with final placement mentors (n=17). Mentor comments in student PADs and data from the interviews were each analysed thematically using a six phase process (Braun and Clarke, 2006).

At integration:
Results of the independent quantitative and qualitative analysis strategies from phases 1 and 2 were connected and merged. Informed by a parallel mixed data analysis technique (Teddlie and Tashakkori, 2009), the two strands of data analysis (descriptive statistics from phase 1 and thematic analysis from phase 2) were brought together for further analysis.

Ethical approval (NP/0088 and NU12/10136) was obtained from all institutions involved.

Results
Quantitative data from phase 1 provided details of the context of the study and mentor practices as well as an audit of mentor practice against programme standards. In phase 2, thematic analysis of mentor comments in the student PADs provided information predominantly about what is judged regarding student competency, whilst thematic analysis of the final placement mentor interviews focussed more on the how and why aspects of mentor decision making. Integrative analysis, structured around the three supplementary research questions (SRQ) of the study resulted in a descriptive and explanatory understanding, represented in a model of mentor decision making.

SRQ1
What evidence do mentors gather and use to inform their judgements about a student nurse’s practice?

Thematic analysis revealed that mentors gather evidence about a student and their practice across a range of areas (figure 1), which can be organised around three distinct dimensions of practice. Key to any judgement of a student is an evaluation of their ability to function as a reliable member of the team.
SRQ 2
What effect do assessment strategies, including documentation, have on mentor judgements and decisions about a student's practice?

Findings from the quantitative survey presented in figures 2 and 3 illustrate that assessment strategies, programme proficiencies and documentation are shown to have a limited effect on mentor judgements and decisions. This is supported in the subsequent thematic analyses.
What appeared to be more salient to mentors were the impressions they formed about a student and their practice, beginning early in a placement. These impressions guided mentors in the management of the assessment process, with worrying early impressions increasing the likelihood of management or compliance in line with programme guidance. Impressions therefore form the basis of ongoing judgements that build toward the summative decision made.

SRQ3
How do mentors make judgements and reach a decision to pass or fail a student in practice?

Mentors form judgements as a result of observations of a student and their practice. Mentor judgements are social judgements about students as a result of an evaluation of information noticed and gathered around a framework of criteria, a mental map that incorporates the expectations of the mentor. Expectations reflect mentor beliefs about the current and future potential of the student and are flexible enough to accommodate a variety of practice settings and stage of student’s programme. Expectations capture holistically discrete criteria and the relationships existing between them to build up a picture of overall competence to support the final decision that a student is ‘safe enough to pass’ and at the end of the programme is ‘fit for registration’. As illustrated in figure 4, this can best be understood and conceptualised with reference to Brunswik’s lens model (1952).

![Figure 4. Schematic diagram conceptualising mentor judgements based on Brunswik’s lens model (1952)](image)

Discussion
Findings from across all three data sets in this study revealed the limited impact that prescribed and official assessment tools, proficiencies and strategies had on mentor management of, and decision making in, student assessment. Instead decisions were impressionistic in nature, reflecting social judgements made regarding a student, rather than professional body standards. This brings into question the validity of the current competency based assessment system in use in UK undergraduate nursing education, and may perhaps challenge the basis of competency based assessment in all practice-based professions.

Despite the limited impact of professional standards, decisions taken by mentors in the study were mainly reasonable, with a degree of shared agreement in terms of cues used to inform judgements and importance of selected key criteria to support the summative decision taken. In particular a degree of confidence can be placed in those decisions made about the standard of student practice in relation to high academic achieving students. Findings from the study suggested that the way academically able students presented themselves enabled mentors to consistently judge their practice capability. Such a conclusion is supported in the wider decision making literature, suggesting that outside the arena of statistical judgements, human judgements are generally accurate or good enough, though subject to variation (Hammond, 1996; Standing, 2008; Kahneman, 2011). Though the decisions may lack precision or at times consistency, in having a mental map to support the goal of determining whether a student should pass a placement, mentors are demonstrating a degree of reasoning which is context specific and supports action, in this case to pass or fail a student (Hammond, 1996; Over, 2007; Standing, 2008; Hardman, 2009).

This conclusion however, may not be supported where, for some decisions and some students, documented evidence was sparse in nature; perhaps indicative of a failure to put ‘pen to paper’ as noted by Duffy (2006), or the expectations of...
mentors influenced by the stage of programme or placement area. Certainly an examination of the number of text segments extracted from student documents in the study suggested that mentors overall made fewer comments regarding students who at some stage receive a fail decision in practice. In addition mentor expectations were less forensic with students in Year 1 of the programme, or those undertaking placements in some specialties e.g. critical care. This may have resulted in mentors either failing to challenge a ‘weak’ student sufficiently, or according a degree of leniency to the summative decision reached. The consequence of greater expectations and scrutiny of a student in the final placement of the programme may then increase the likelihood of a student failing practice at this late stage.

Two further issues merit discussion with respect to current competence based assessment systems. Firstly by using only threshold standards of ‘achieved’ and ‘not achieved’ for any consideration of competence, what constituted the actual threshold determining a mentor’s decision against the identified criteria was difficult to establish. In the study this was shown to be a particular issue for students whose academic achievements were in the mid-low range, where inconsistency in practice decisions and limited mentor feedback was most noted. Grading may allow mentors to better discriminate the threshold standard, though evidence elsewhere suggests that this remains difficult when faced with a failing student (Heaslip and Scammell, 2012). Secondly, by requiring mentors to ‘sign off’ specified proficiencies, considered a reductionist conception of clinical practice (Gallagher et al., 2012; Windsor et al., 2012), mentors have to fit assessment tools to practice and the summative decision taken, rather than the assessment tools capturing the conceptualisation of practice held by mentors.

Notions of holistic competence captured in figure 4 offer the possibility to develop a new decision making model for practice assessment. A model that may better facilitate, rather than hamper, mentor decision making as well as one that is grounded in actual mentor decision making practices, underpinned by judgement and decision making theory. Such a model incorporates an assessment of individual criteria as well as an evaluation of the whole, both of which have been shown to contribute to the decision that the student is ‘safe enough to pass’. In addition processes in any newly developed assessment model would then reflect current mentor judgement and decision making, based as it is on pre-existing mentor expectations and initial and accumulating impressions. Comparisons between nursing clinical assessment with assessment in the performing arts suggests that there is scope for the development of new and creative approaches to assessing student practice (Roberts, 2011). Approaches which may also promote and capture student learning, a core component of professional practice (Levett-Jones et al., 2011; Ulfvarson and Oxelmark, 2012). Future work on a model of student assessment based on the model of mentor decision making presented in this study has a part to play in such developments.

References


Watson, H.E., Harris, B. (1999) *Supporting Students in Practice Placements in Scotland.* Glasgow: Department of Nursing and Community Health Glasgow Caledonian University.


Theme papers
The Nurse Match instrument for enhancing values-based recruitment (VBR) and selection of nursing students (Nurse Match copyright)

Deborah Mazhindu, Reader in Clinical Practice Innovation, Buckinghamshire New University and Imperial Healthcare NHS Trust; Lauren Griffiths, Head of School Advanced and Continuing Practice; Carol Pook, Head of Pre-qualifying Nursing, Buckinghamshire New University; Allen Erskine, CEO, Identity Exploration Ltd; Roger Ellis, Visiting Professor, Buckinghamshire New University, UK

Introduction
As from 1 April 2015, all NHS employing organisations are encouraged to, and all UK higher education institutions (HEIs) are expected to, adhere to the National Core Requirements of Health Education England values based recruitment and ensure that local values can be mapped to those of the NHS Constitution. Health Education England (HEE) support these ideals and values (Francis, 2013). We present background and contextual data for the development of the ‘Nurse Match’ Instrument, an innovation for enhancing values based recruitment (VBR) (Mazhindu, 2014) for future selection and recruitment of nurses. One of the challenges facing professional nursing is in selecting the right recruits, with the right values and identities commensurate with contemporary professional nursing. Modern global healthcare requires nurses to demonstrate skills of effective decision making, be intelligent emotionally, innovative and deliver sustained, safe, compassionate, patient-centred care. High profile cases of poor care have challenged thinking around systems of care delivery, emphasising a review of the working culture of services. Nurses require uncompromising emotional integrity and enduring physical and mental resilience (Day et al., 2011), to insulate against often appalling working conditions and emotional labour (Mazhindu, 2003) and to withstand criticisms and blame, when healthcare systems go wrong. Nurses require attitudinal attributes, which indicate: willingness to think critically and be reflective, whilst interacting effectively with others and demonstrate support for corporate structures, whilst maintaining an individual identity attuned to the requirements of professional nursing. Discussions of nursing’s professional identity and professional values are taking place worldwide in clinical, public and political arenas. Professional nursing is often accused of lacking professional identity and disregard for nursing values, but it’s often difficult to define exactly what constitutes nursing’s professional identity and values. A novel instrument, Nurse Match, was constructed and piloted to measure and explore the values of pre-qualifying nurses and the professional identities of post qualifying nurses, to clarify and closely align the values and identity attributes of pre-registration applicants with the professional identities and professional values of senior practicing nurses.

Nurse Match instrument is now being further developed online, through Ipseus - software for identity exploration (http://www.identityexploration.com/ipseus_-_Software_for_Identity_Exploration.asp) following the completion of the initial phase for use in future nurse selection. The Nurse Match tool is based on an established approach to identity measurement: identity structure analysis (ISA), and its associated psychometric tool; Ipseus, and have been employed in many applied areas, together with the ‘Match System’ for comparing the profile of a nurse applicant, with the desired profile of experienced and successful nurse practitioners. An ISA/IPseus instrument such as Nurse Match consists of a number of constructs and entities, which are bipolar dimensions of thought. The bipolar constructs are applied using a nine point scale for each judgment. The responses are inserted through an online program, and then analysed by the Ipseus software to produce an identity profile using a number of ISA parameters, which include evaluation and identification of entities and the use of constructs.

Aims:
1. To review systematically literature for tools, scales and methods of measuring key features of nursing’s professional identity and professional values.
2. Identify key features of nursing’s professional identity and professional values from practising clinical nurses with over five years’ professional experience and compare with student nurses, years 2-3.
3. Refine the newly developed Nurse Match instrument.

Methodology, methods and tools
Following successful ethical approval from BNU and participating NHS Trusts, data were collected between July 2013 and October 2014, using a co-participatory action research approach (Whyte, 1991), which was successful in eliciting professional identities and professional values from a purposive, voluntary, convenience sample drawn from north west London. A wide variety of multicultural views from staff and service users were matched with pre-qualifying nurses on existing nurse education programs. In total three focus groups of practicing nurses and service users (n=20), postgraduate diploma nurses in mental health and third year adult mental health branch students (n=20), adult and child pre-registration nurses years two and three, (n=20) were facilitated in focus groups using sticky note technique (Peterson and Barron, 2007) to elicit key quality indicators (KQIs) concerning professional identity and nursing values.
Data analysis
Thematic analysis assisted by NVivo 10 (QSR International, 2014) distilled KQIs and compared them to evidence from the preliminary literature review. KQIs were incorporated into the Nurse Match tool, which measures several key features of nursing's professional identity and allows the comparison of values and attributes of new entrants to nursing to be compared with the values and attributes of professional identities of experienced and successful nurse practitioners. Nurse Match was developed in response to the demand for assurance that only those candidates with the right value-base are selected for nursing and that nurse education achieves its objective in developing these core values in students.

Findings
The research was conducted in an effort to discover professional nursing’s values and attributes, being mindful of the contextual working worlds of nursing. There is a potential tendency to react and over respond to external drivers, such as the HEE (2014) recommendations for all HEIs to use VBR, however important and vital, without recourse to evidence. Our own response, partly in the form of this research, is an attempt to secure the evidence and avoid a purely reflex response. This is not to ignore the very real need to ensure that practitioners of nursing (novices and beyond) have the ‘right stuff’ and will have the capability to deliver care with the professional values and what others have termed the ‘ethical comportment’ so central to good practice. We present for discussion the second and final phase of Nurse Match, to measure and explore the values of pre-qualifying nurses and the professional identities of post qualifying nurses, to clarify and closely align the values and identity attributes of pre-registration applicants with the professional identities and professional values of senior practicing nurses. Following final refinement with professional nurses in the UK, the Nurse Match instrument offers online testing possibilities for future selection and recruitment of nurses in local, national and international settings.

References


http://www.identityexploration.com

http://www.ipseus.com


Key words:
• values based recruitment
• professional nursing values and identity
• participatory action research.

How this contributes to knowledge development within this theme:
• innovation in the development of the Nurse Match instrument for values based recruitment and selection
• critical systematic review of professional nursing values and identities
• co-participatory action research methodology.

Right staff in the right place with the right skills: Documentary analysis as an evaluation tool

Shirley Jones, Senior Lecturer Course Leader MSc Framework; Hilary Bungay, Senior Lecturer Course Leader MSc Advanced Practice, Anglia Ruskin University, UK

This paper uses data from a recent service evaluation to illustrate how documentary analysis may be used as a research methodology in healthcare education. Documents are used as a form of social interaction and follow certain conventions depending on the purpose for which they are produced (Atkinson and Coffey, 2011). They may be personal accounts such as diaries or blogs, or official public documents published by organisations. Analysis of an organisation’s documents can be used to capture elements of the organisations culture (Prior, 2011). Documentary analysis can be conducted using quantitative or qualitative methodologies. Content analysis, whereby the number of instances of a specific word or phrase are counted and reported may be used, alternatively, an ethnographic content analysis may be undertaken which looks at narrative structure, and/or the use of language within the documents. However, it is usually considered to fit within a hermeneutic or interpretivist qualitative paradigm (Silverman, 1993). A discussion of the different analytical methods which may be used in documentary analysis will be presented. This will explore the ontological perspectives of the methodologies, and discuss the use of narrative or semiotic analyses.

The example of a recent evaluation (Bungay et al., 2014) which investigated the impact of Assistant Practitioners in six different care settings will be used to illustrate how documentary analysis may be undertaken and the potential pitfalls which may be experienced. As part of the evaluation a documentary analysis of 19 job descriptions for different grades of staff working in healthcare settings was performed. The purpose of the review was to explore progression through the grades and identify the skills and competencies required by Assistant Practitioners in comparison to those staff employed as support workers. The Skills for Health Career Framework (2014) was used to map the characteristics and attributes, including the knowledge and skills required by different grades of staff to perform tasks within each setting. The framework provided clear criteria to enable mapping of the functions, role and responsibilities, and the level of knowledge expected of each grade. The documentary analysis provided a structured comparison of the job descriptions of the different grades within and across settings. Using this method it was possible to identify consistency and variations and progression through the levels, the evaluation will help support the development of new curriculum for new and emerging roles in practice.

Possible applications in other areas of healthcare education:
documentary analysis could be used in healthcare education curriculum development to provide insight into the training needs of staff working at similar grades in different healthcare settings
• to provide a structure for work-based learning modules to ensure they are congruent with the requirements of job descriptions and roles
• as a form of educational assessment, students could review organisational documents to determine fit with national policy and practice.

References

Key words:
• documentary analysis
• documentary review
• framework analysis
• research
• healthcare education.

How this contributes to knowledge development within this theme:
• the paper will demonstrate how documentary analysis could be used in healthcare education curriculum development to provide insight into the training needs of staff working at similar grades in different health care settings
• it will demonstrate how a structure can be developed for work-based learning modules to ensure they are congruent with the requirements of job descriptions and roles
• it will introduce documentary analysis as an alternative methodology for students undertaking dissertations for educational assessment, students could review organisational documents to determine fit with national policy and practice.

An investigation into the nature and purpose of critical care outreach nurses sharing critical care skills with ward nurses

Jessica Hargreaves, Senior Lecturer, University of Brighton, UK

Purpose and objectives
The purpose of this qualitative research was to answer the following research questions: ‘What is the aim of critical care outreach nurses sharing critical care skills with ward nurses?’; ‘What are the skills and knowledge critical care outreach nurses are sharing with ward nurses? In order to achieve the aim the following research objectives were established: to analyse the defined aims given by critical care outreach nurses in sharing their critical care skills with ward nurses; to classify and evaluate the content of the skills and knowledge critical care outreach nurses are sharing with ward nurses; and to make recommendations to support the educational role of the critical care outreach nurse and the learning needs of ward nurses.

Background
Critical care outreach nurses are members of the Critical Care Outreach Service (CCOS), which comprises clinical staff with specialist critical care knowledge and skills. The aim of the service is for these specialist staff to support the care provided to acutely ill patients on the wards, i.e., to patients who are outside critical care units. Specifically, the service has a threefold remit to avert admissions to critical care, to enable discharges from critical care and to share critical care skills with non-critical care staff. CCOSs developed as a recommendation from a 2001 governmental report into the provision of adult critical care services within UK hospitals – Comprehensive Critical Care (DH, 2001). In the literature there has been varying evidence to support the fulfilment of the service’s remit. The greatest unequivocal benefit for the CCOS has been yielded within qualitative research particularly related to the experience of ward nurses receiving support and advice from critical care outreach nurses (Chaboyer et al., 2005; Baker-McClearn and Carmel, 2008; Athifa et al., 2011). However, despite the CCOS having a remit to share critical care skills there has been no exploration of the educational premise of what it means to
‘share critical care skills’ or an evaluation of the content being shared. The related literature tends to report rather than review or evaluate the activity of the CCOSs, and as a result there are descriptions of critical care outreach nurses sharing knowledge and skills that are not even critical care skills. An example of non-critical care skills being taught by critical care outreach nurses include: nasopharyngeal suctioning, monitoring and interpreting the patient’s physical measurements and calculation of a patient’s fluid balance.

Methods
A multiple case study methodology was used with a purposive sample of five CCOS lead nurses. The lead nurses participated in individual semi-structured interviews facilitated by the researcher. Each case was analysed individually and then the multiple case studies were analysed for similarities and differences. The qualitative findings were analysed using a framework analysis in order to produce a variety of themes through a systematic approach (Smith and Firth, 2011).

Findings
The primary aim of sharing critical care skills as reported in each case was to support the care of the acutely ill patient. Secondary aims including encouraging reflective practice amongst ward nurses, facilitating the ongoing teaching by ward nurses to their colleagues and developing a proactive approach to sharing critical care skills. The case study descriptions of the content being shared revealed that non-critical care skills were being shared and that there was no consensus about what constitutes critical care skills.

Conclusion/implications for practice
The major implication from the findings is the concern about patient safety as related to the ward nurses level of knowledge and skills. This has further implications for pre-registration nursing education, post-registration levels of competency and ongoing nursing research.

References


Key words:
• qualitative case study
• critical care outreach
• knowledge and skills sharing
• ward nurses.

How this contributes to knowledge development within this theme:
• the findings identified that the aim of critical care outreach nurses in sharing critical care skills was primarily to support the care of the acutely ill patient
• the findings identified that critical care outreach nurses are sharing non-critical care knowledge and skills
• the major implication from the findings is the concern about patient safety as related to the ward nurses level of knowledge and skills in the care of acutely ill patients.

Performing a dual post: Identifying the benefits and challenges
Natasha Hackett, Lecturer Adult Nursing; Jane Harvey-Lloyd, Senior Lecturer, University Campus Suffolk, UK

This dissertation reported on the findings of research conducted into the dual post in nursing. The rationale for conducting the study stemmed in recent changes within nursing education, namely the Nursing and Midwifery Council (NMC) Standards to support pre-registration nursing education (2010). These standards recommend that nurse education needs improved integration between theory and practice. On searching the literature it became apparent that there were attempts to reduce this theory/practice gap with the introduction of the Lecturer Practitioner role in the early 1990s (Carson and Carnwell, 2007; Hancock et al., 2007; Hartigan et al., 2009). The literature identified regarding this role and similar others,
pre-dates 2008. The literature highlighted that there are multiple methods of maintaining clinical competency, currency and credibility (Carson and Carnwell, 2007; Hartigan et al., 2009; McSharry et al., 2010). One such method, the dual post, was the focus of this study. The topic was chosen for its personal interest to the researcher combined within an identified gap in the literature.

To conduct the research, a systematic literature review into nursing education as a way of establishing knowledge to refine the research was performed. Within the literature review four themes were identified: firstly, nursing education; secondly, theory/practice gap; thirdly, competency, currency and credibility; and lastly, current models within nursing education. A case study methodology within a qualitative paradigm was deemed the most appropriate way to answer the identified research question. Case study is the study of a phenomenon within its context, considering it in-depth and from many angles (May, 2011; Swanborn, 2010; Thomas, 2011). It is appropriate when considering a broad research question, and will be intrinsic in nature, considering specific incidences (Bryman, 2012; Stake, 1995; Simons, 2009). This was appraised, and justified to the reader within this context.

The question this dissertation proposed to answer was:

‘Performing a dual post: identifying the benefits and challenges. What are the benefits and challenges of dual posts in nursing?’

The findings were generated by individual interviews with participants from differing perspectives. The data was then analysed and themes identified to answer the question. Direct quotations provided the primary method of presenting the data, to enable vicarious generalisations by the reader. Four themes emerged from the data: firstly, duality; secondly, theory/practice; thirdly, currency; and lastly, students.

These themes were then concluded to answer the objectives of the research. The benefits of the dual post as noted by the participants indicate that it is considered valuable to the lecturer’s role. The challenges identified by participants were predominately concerned with maintaining a multi-faceted role, which upon exploration was not only when concerning the dual post and lecturing role, but elements within the lecturing role. Limitations of the research were also discussed, and recommendations were made: identifying a need for a support structure for dual post holders, and also for further research to be conducted in this area.

References

Key words:
• theory practice
• dual post
• nursing
• lecturing
• case study.
Spiritual care competence for contemporary nursing practice: A quantitative exploration of the guidance provided by fundamental nursing textbooks

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

Background
Spirituality is receiving unprecedented attention in the nursing literature (McSherry and Jamieson, 2011). Both the volume and scope of literature on the topic is expanding, and it is clear that this topic is of interest to nurses (Rothman, 2009). Recently the UK has made recommendations for the nurses’ role in this area (RCN, 2011). There is consensus that the spiritual care required by clients receiving healthcare ought to be an integrated effort across the healthcare team (Pesut and Sawatzky, 2006). Although undergraduate nurses receive some education on the topic, this is ad hoc and inconsistent across universities. There are also many factors in the clinical environment that impede spiritual care delivery by nurses including time constraints, limited understanding, lack of recognition of its importance and lack of education (Ronaldson et al., 2012; Vance, 2001). Textbooks are clearly a key resource in education, however, the extent to which they form a comprehensive guide for nursing students and nurses is unclear. There has been some previous research on the content related to spirituality in nursing texts (McEwen, 2004; Cusveller, 1998; Pesut, 2008), however, these were all small localised samples that lacked a rigorous approach. To date there has been no comprehensive assessment of the spiritual content of nursing textbooks.

Aim
This study reports on hitherto unperformed analysis of core nursing textbooks to ascertain spirituality related content. 548 books were examined and this provides a range of useful information about inclusions and omissions in this field.

Methods
The sampling framework was identified by identifying suitable textbooks for inclusion from nursing collection lists, and academic publishing houses in the UK and Ireland. A team of university staff (n=5), including a librarian, collected quantitative and qualitative data using a specifically designed instrument which captures information about inclusion of spirituality, definitions, use of assessment and overall approach within the textbooks.

Findings
Findings revealed that spirituality is not strongly portrayed as a component of holistic care and is an adjunct to care. Specific direction for the provision of spiritual care is lacking. Information provided is on religion and specifically on death and ritualistic practices around death. There is a lack of information provided on spiritual assessment.

Discussion
Fundamental textbooks used by nurses and nursing students ought to inform and guide integrated spiritual care and reflect a more holistic approach to nursing care. The religious and/or spiritual needs of an increasingly diverse community need to be taken seriously within scholarly texts so that this commitment to individual clients’ needs can be mirrored in practice. It is of concern that so little attention is drawn to a fundamental and key area of people’s lives in textbooks, while at the same time the question of religious orientation is asked of most clients on entry to the healthcare system. Textbooks should be a clear resource in this area but currently lack direction for students in spiritual care. The lack of attention and tokenistic approach to spirituality and religion within current core textbooks may serve to potentiate the lip service that is often made to clients’ spiritual and religious needs. If the informing frameworks (i.e., the books) address such complex issues in such a superficial and mechanistic way without any meaningful contribution to competence development, how can nursing students and nurses hope to be adequately informed? Consequently what will evolve is a perpetuation of the assumptive approach to cultural/spiritual/religious needs that is evident in healthcare (McSherry, 2004).

Conclusion
Contemporary discourses indicate a compelling need to revisit core values in healthcare and place the person at the heart of care. As educators of future nurses our scholarly work needs to reflect a comprehensive approach to nursing care of the whole person, including spiritual needs. Nursing textbooks should play a part in this.

References


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

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

---

**Undergraduate nurse clinical education: Visioning the future**

**Jan Forber, PhD Candidate; Michelle DiGiacomo, Senior Research Fellow, University of Technology, Sydney, Australia; Patricia Davidson, Dean, John Hopkins University, Baltimore, USA and University of Technology Sydney; Bernie Carter, Professor of Children’s Nursing, University of Central Lancashire, Preston, UK and Clinical Professor, University of Tasmania, Australia; Debra Jackson, Professor of Nursing, Faculty of Health and Life Sciences, Oxford Brookes University and Professor, Nursing Research, Oxford University Hospitals NHS Trust, Oxford, UK**

**Background**

Practice based, clinical learning experiences are an essential part of undergraduate nurse education. However, a growing array of challenges, including healthcare policy, staff shortages and population changes, threaten the sustainability of current clinical education models and are of local and international concern (Daly et al., 2008). At this pivotal time, there is consensus that revitalised thinking into the unique role these learning experiences play in nurse preparation is required (Donnelly and Wiechula, 2012) along with research into effective and innovative solutions (Clinton and Jackson, 2009; Glasgow et al., 2010).

**Aim**

The aim of this presentation is to critically debate the use of Appreciative Inquiry (AI) as an emerging research methodology within undergraduate nurse clinical education.

**Discussion**

Increasingly, AI is being adopted as a research methodology in health and social science. The four step cycle of AI comprises the following phases:

- discovery – asks what works well and why it works well
- dream – asks what might be
- design – asks what should be
- destiny – what will be - supporting new ways of working.

AI focuses on the positive, what is good and what works, which is particularly pertinent in studying the challenge-laden world of clinical education provision, where negative foci can predominate. As a strengths-based approach, the philosophy and process of AI guides the researcher to seek out the ‘best’ in systems rather than focusing on problems (Trajkovski et al., 2013). Further AI invites the researcher and research participants to explore ‘what could be’, thus proactively encouraging
stakeholders within clinical education provision to envisage diverse and creative solutions (Carter, 2006) for clinical education.

In addition, globally, there are varied approaches taken to the delivery of undergraduate clinical learning experiences, such as program structure and mode of student supervision. Therefore, research across local or international boundaries is challenging. AI can offer a platform to bridge some of these differences, focusing on key elements and core common strengths, regardless of the overarching approach to clinical education and therefore be a means to generate new debate in this area.

However, AI as a research method is not without challenge. The researcher must be cognisant of the challenges and limitations in the utilisation of AI, including lack of clear instruction on its implementation and criticism that it selectively looks for the positive, disregarding problems.

Conclusion
AI offers an opportunity to look at the contemporary challenges in undergraduate nurse clinical education through a different lens, a strengths-based lens, to identify the key essence of these learning experiences whilst engaging with the ‘what could be’ to facilitate creativity and innovation.

References

Key words:
• Appreciative Inquiry
• research method
• clinical education
• undergraduate
• innovation.

How this contributes to knowledge development within this theme:
• facilitate methodological discussion and debate
• explore the use of Appreciative Inquiry as a research approach within undergraduate nurse clinical education
• examine the challenges in research into undergraduate nurse clinical education where numerous approaches and variables exist, both at a local and international level.

Teacher stories of mentoring: What helps and hinders new educators learn to evaluate students
Melissa Mastorovich, Senior Clinician, STAT Nursing Consultants, Inc, Trafford; Susan Poorman, Professor and Doctoral Program Coordinator, Indiana University of Pennsylvania, USA

Knowledge and expertise in evaluating nursing students is a necessary skill for educators. However, many nurse educators report difficulty with evaluating students in both the classroom and clinical setting (Deegan et al., 2012; Duffy, 2003; Gordon and Fay, 2010; Isaacson and Stacy, 2009; Rankin et al., 2010). In a recent study (Poorman and Mastorovich, 2014), nurse educators discussed the difficulty of assigning a failing grade to a student. One teacher talked about wanting to leave her faculty position due to the difficulty of evaluating students. Others spoke of fearing physical harm from students and parents. A major goal for the profession of nursing is quickly becoming the recruitment and retention of nursing faculty. If new teachers are not supported or mentored by seasoned faculty will the profession be able to sustain itself?
This research study used a Heideggerian hermeneutical approach to illuminate the experiences of nurse educators when evaluating nursing students. What teachers saw as helpful as well as hindering will be discussed. Although nurse educators are required to routinely evaluate students, there is a paucity of research related to teachers’ experiences of evaluation. Thirty nurse educators from 19 undergraduate programs shared stories of their experiences evaluating students. Interpretive analysis revealed several themes. This presentation will focus on the theme: Engendering Community (Diekelmann and Diekelmann, 2009). Engendering community showed up as faculty helping other faculty with evaluation or mentoring.

In the stories teachers talked about how helpful having a mentor was in learning to evaluate students successfully. Other faculty told stories of not having a mentor when they started their teaching careers and how difficult it was to feel all alone. For these teachers there was no sense of community among the faculty. Implications for nurse educators as well as other healthcare faculty will be addressed.

References

How this contributes to knowledge development within this theme:
• evaluating students is a very difficult but essential component of the nurse educator’s role
• new teachers believed that having a mentor helped them learn to evaluate students
• new teachers believed that not having a mentor hindered their ability to evaluate students.
Conference committee
Dr Elisabeth Clark, The Open University, UK
Dr Kay Currie, Glasgow Caledonian University, UK
Professor Philip Keeley, University of Huddersfield, UK
Professor Gary Rolfe, Swansea University, UK
Professor Fiona Timmins, Trinity College Dublin, Republic of Ireland

Scientific panel
Dr Karen Egenes, Loyola University Chicago, USA
Mr Benny Goodman, University of Plymouth, UK
Dr Anitta Juntunen, Kajaani University of Applied Sciences, Finland
Professor Amanda Kenny, La Trobe University, Australia
Dr Una Kyriacos, University of Cape Town, South Africa
Dr Patricia Mayers, University of Cape Town, South Africa
Professor Elizabeth Rosser, Bournemouth University, UK
Professor Ruth Taylor, Anglia Ruskin University, UK
Professor Steve Tee, University of Southampton, UK
Professor Brian Webster, Edinburgh Napier University, UK

Conference convenors
Dr Elisabeth Clark, The Open University, UK
Dr Kay Currie, Glasgow Caledonian University, UK
Professor Jan Draper, The Open University, UK
Dr Karen Egenes, Loyola University Chicago, USA
Mrs Abbie Fordham Barnes, Keele University, UK
Mr Benny Goodman, University of Plymouth, UK
Dr Kathryn Hinsliff-Smith, University of Nottingham, UK
Mrs Karen Holland, Independent Nurse Consultant, UK
Dr Alex Hopkins, University of Wolverhampton, UK
Professor Philip Keeley, The University of Huddersfield, UK
Professor Amanda Kenny, La Trobe University, UK
Dr Una Kyriacos, University of Cape Town, South Africa
Dr Tom Laws, University of South Australia, Australia
Mrs Gayatri Nambiar-Greenwood, Manchester Metropolitan University, UK
Dr Craig Phillips, University of South Australia, Australia
Professor Gary Rolfe, Swansea University, UK
Professor Elizabeth Rosser, Bournemouth University, UK
Professor Ruth Taylor, Anglia Ruskin University, UK
Professor Steve Tee, King’s College London, UK
Professor Fiona Timmins, Trinity College Dublin, Ireland
Dr Tessa Watts, Swansea University, UK
Professor Brian Webster, Edinburgh Napier University, UK

NET2015
26th International Networking for Healthcare Education Conference
Tuesday 8–Thursday 10 September 2015
Churchill College, University of Cambridge CB3 0DS, UK

Conference organisers
Jill Rogers Associates
6 The Maltings
Millfield, Cottenham
Cambridge CB24 8RE
United Kingdom
Tel: + 44 (0)1954 252020
Fax: + 44 (0)1954 252027
jra@jillrogersassociates.co.uk
www.jillrogersassociates.co.uk

#NET15Conf