Poster session
18.15-19.30
Tuesday 8 September 2015

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.
Using peer attachment program to decrease anxiety and promote self-confidence and knowledge of nursing students practicing in psychiatric and mental health nursing

Kanok-on Chaowiang, PhD, RN; Yaovadee Suwannaka, PhD, RN, Boromarajonani College of Nursing, Saraburi, Thailand

Background/Purpose
Practicing in psychiatric and mental health nursing, nursing students reported high negative emotion including anxiety. Low self-confidence was revealed before practicing, as well. High anxiety and low self-confidence decreased nursing students’ learning quality. Therefore, promoting self-confidence and decreasing anxiety was the way to increase knowledge. Peer attachment was one of the methods to decrease anxiety and foster self-confidence. This study aimed 1) to explore and compare anxiety, self-confidence, and knowledge before and after using the program in an experimental group, and 2) to compare anxiety, self-confidence, and knowledge between students in the program and those in a standard teaching method.

Method
This study was quasi experimental, pre-post test control group. The sample was 30 third year students in an experimental group, and other 30 third year students in a control group. IRB was approved. The experimental group was in the peer attachment program consisting of 5 steps including 1) establishing a peer group and role of peer group, 2) developing communication, 3) promoting trust, 4) decreasing alienation, and 5) terminating of the session and continuing their peer group. Data collected were anxiety score, self confidence score, and knowledge. Data were analyzed by using t-test and pared t-test.

Results
It was found that mean score of anxiety in the experimental group after using the program was lower than mean score before using the program at the level of .05. Mean score of self-confidence, knowledge in the experimental group after using the program was higher than mean score before using the program at the level of .05. After the experiment, mean score of anxiety in an experimental group was lower than mean score of anxiety in a control group at the level of .05. Mean score of self-confidence and knowledge in an experimental group was higher than mean score of self-confidence and knowledge in a control group at the level of .05.

Discussion
Peer attachment is one of clinical learning methods helping nursing students gain more self confidence and knowledge. Peer learning group was accepted as an appropriate learning technique for nursing students.

How this contributes to knowledge development
These findings have implications for prevention and intervention for anxiety among Thai nursing students. Promoting attachment to peer program among nursing students practicing in other clinical settings may be the first step to gain knowledge and quality of Thai nursing students.

References


Key words:
- peer attachment program
- anxiety, self confidence, and knowledge
- nursing students
- psychiatric and mental health nursing practicing.

An exploration of the value of the role of the mentor and mentoring in midwifery
Margaret Moran, Midwifery Lecturer, Edinburgh Napier University, Edinburgh; David Banks, Lecturer, Queen Margaret University, Edinburgh, UK

Abstract
This poster is based on an MSc research project, which aimed to examine the value sign-off mentor’s (SOM’s) in midwifery, have in their role.
Sign-off mentors in clinical areas are essential for assessing the progress of students throughout their midwifery programme and are responsible for 50% of the degree awarded (Nursing and Midwifery Council (NMC) 2008a), sign-off mentors also contribute to the decision to place applicants on the professional register with the Nursing and Midwifery Council.

The perception, however, is that the sign-off mentors do not value their role. This is evidenced through poor attendance at mentor updates, unless part of a mandatory study day. From anecdotal feedback, sign-off mentors appear to be reluctant to volunteer to work with students despite the role being a component of their contract of employment, part of the Knowledge and Skills Framework (KSF) and an area that determines their personal development and pay structure. There is a range of evidence that suggests the mentorship role is valued by nursing and midwifery students, the relationship between mentors and mentees is invaluable.

Using a phenomenological approach, the results were drawn from in-depth semi-structured interviews. The project included a literature review, methodology, results and discussion. Ethical approval was obtained through the university and written permission obtained in order to contact NHS staff through local processes.

Overall mentors enjoy their role and agree that they are essential to the delivery of the pre-registration midwifery programmes and for the supervision and assessment of student midwives. What mentors are not sure of is whether student midwives themselves value their sign-off mentor’s or their role or whether senior management is aware of the sign-off role and its value. Furthermore, the issues of time to complete student assessment paper work and support student in clinical practice and whether there are enough SOMs within clinical practice is repeated theme from previous studies.

Further research is required to try to develop systems that ensure that sign-off midwives have feedback from students about their experiences and the possible facilitation/barriers to mentorship.

The study does not conclude that the issues raised are distinctive to midwifery, potentially all of the points raised could also relate to the branches of nursing.

Reference
Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice. London: NMC.

Key words:
- midwifery
- mentorship
- role
- value
- practice.

Bullet points that indicate how your work contributes to knowledge development:
- this poster is based on an MSc research project, which aimed to examine the value sign-off mentor’s (SOM’s) in midwifery, have in their role
- sign-off mentors in clinical areas are essential for assessing the progress of students throughout their midwifery programme and are responsible for 50% of the degree awarded (NMC, 2008)
- There is a range of evidence that suggests the mentorship role is valued by nursing and midwifery students, the relationship between mentors and mentees is invaluable, but there is very little evidence about whether mentors feel the role is valued if they value it themselves.

Delivering an in-house advanced renal course to meet the needs of the local renal unit

Mark Rigby, Renal Educator Lead, Nottingham University Hospital NHS Trust, UK

Background
The local renal unit identified a need to deliver an advanced renal course in order to ensure that the registered nurses are competent in renal practice and have an advanced level of renal knowledge. The Renal module/degree was delivered by the local university. These courses were theoretically based but not linked with any practical assessments. Education and training pathways should reflect what clinicians expect. (DH, 2008; Darzi, 2008) The assessment of practice can’t be avoided by academics, as the nature of assessment is changing from a focus on knowledge and understanding towards the abilities to do useful things with what they have learned (Howard and Eaton, 2003).

Course Design
Results of a questionnaire and meetings over 2 years with senior renal nurses identified the content of the new renal course.
Course Content
The course is 26 weeks in length; all course members rotate around all the renal areas. There is a weekly study day for 15 weeks of the course, consisting of sessions taught by the renal faculty and renal medical device study days.

Course Member Assessments
The Renal Educator Lead, working with the placement mentors acts as an assessor on each placement. All course members complete the Clinical Competency Document. This is assessed in practice or by relating theory to practice and producing a workbook to show the course member’s learning. Each course member presents a poster at the end of the course identifying how to improve patient care related to what they have learnt either through theory or through their placements.

Course Evaluations
Delivering the in-house advanced renal course has shown to improve renal nurses’ knowledge and improve relationships between renal areas with an understanding of how each area delivers care. The more registered nurses that complete the course will bring great benefits to renal patients through improved knowledge and competency of renal nurses.

References


Key words:
- advanced renal course
- competent knowledge.

Healthcare support worker development
Jacqueline Brown, Practice Development Facilitator; Julia McMurray, Practice Development Facilitator, NHS Lanarkshire, Hamilton, UK

This poster presentation will outline the results of a scoping exercise and present evaluation data from two conferences undertaken with healthcare support workers (HCSWs) in one health board in Scotland.

Background
Francis (2013) indicated that a change in the culture of the NHS is required and that leaders need to support and value their frontline staff to ensure they are delivering safe patient-centred care. Kessler et al. (2010) remind us that HCSWs are more likely to deliver direct or indirect care than nurses and that as a group they have a distinctive contribution to make to patient care. As well as providing vital care to patients they are increasingly providing support for student nurses (Hasson et al., 2013). Therefore understanding the education and support needs of this group of staff, and providing appropriate development opportunities, is essential.

Approach
In NHS Lanarkshire the vision for ‘Leading Better Care’, Scotland’s nursing and midwifery leadership development strategy, was implemented locally by engaging all members of the nursing and midwifery teams, including HCSWs.

A collaborative partnership with a local Higher Education Institution (McGuire and Ray, 2014), supported two pieces of work. The first was a scoping exercise to discover what qualifications HCSWs in the workplace had, what training they had undertaken recently and what training they felt would help them improve the care they deliver to their patients. It was important to include an accurate cross section of HCSWs; therefore questionnaires were distributed to HCSWs who worked in acute, primary care, midwifery, and cottage and associated hospitals. The second initiative was to host a conference for HCSWs within NHS Lanarkshire focusing on their role in the organisation. The poster will outline the results of the scoping exercise, the immediate post conference evaluation results and the subsequent impact evaluation data which took place 6 weeks after the conferences.

Outcome
The results of the scoping questionnaire raised issues around educational provision which was used to update and revise the local NHS Lanarkshire NMAHP Support Workers Development Strategy. An important impact measure was the effect that the conference had on the HCSWs’ practice and how they felt they had improved the care they delivered to their patients. The feedback from both the scoping exercise and the conference has been used to influence future development opportunities for HCSWs (Brown and McMurray, 2014) As Cavendish (DH, 2013)
Prepared diagnostic radiography students for the experience of seeing death and dying patients in the clinical practice environment: Workshop findings and the potential role of mindfulness

Julie de Witt, Senior Lecturer, University of Derby, UK

Abstract
This is a difficult topic area; death and dying has become something of a taboo subject in modern times. Most are very fortunate in not personally experiencing anyone dear to us dying until we ourselves are older (Lillyman et al., 2011). However the elderly population is increasing and around half a million people die each year in the UK; around 55% of those will be in hospital (DH, 2013). Most patients who die in hospital will be on a ward, but logic suggests that some may die in the x-ray department or while being imaged (mobile imaging examinations etc). Students report difficulties in coping with this type of event (student feedback) and one of the recommendations we decided upon was to build students’ resilience with respect to challenging encounters.

The aims of the workshop were therefore to:
- explore students’ expectations of this topic prior to their first clinical placement
- develop students’ self-awareness of distress (as linked to burn-out and empathy decline)
- equip students with some strategies to help them manage emotions that may arise.

The methods underpinning the workshop were adapted from ideas in Lillyman et al. (2011), Neumann et al. (2011), Fortney (2013), and McCabe Ruff and Mackenzie (2009). The rationale for the workshop was explained and boundaries/scope of the workshop agreed by the class. Initial discussion focused on exploring the importance of their own emotional needs, including discussion of ‘what is it ‘normal’ to feel?’. The importance of de-briefing and seeking support were also emphasized and students equipped with some tools to use as required. The potential role of mindfulness-based exercises were discussed (McCabe Ruff and Mackenzie, 2009) and opportunity to practice a 5 minute body scan exercise was offered.

Results of workshop:
- **Theme 1**: What do you think you might you see/experience whilst on clinical placement?
- **Theme 2**: Feelings, at the time and/or afterwards
- **Theme 3**: Ways to deal with your feelings/emotions.
The students engaged very well with the various discussions and seemed to appreciate the opportunity to consider their own well-being. More formal evaluation will take place after their first clinical placement and we plan to use the storyboarding technique outlined by Lillyman et al. (2011). Considering student well-being as part of the curriculum is especially pertinent as student distress has also been linked to so called ‘empathy decline’ issue (Neumann et al., 2011). This, coupled with the fact that we have traditionally in health education we have not placed much emphasis on equipping students and practitioners with wellbeing ‘tools’ (Fortney, 2013) meant that we felt we needed to address this issue within the undergraduate exploring student’s expectations of what they might see and what they might feel.

References


Key words:
• student resilience
• empathy decline
• death and dying
• mindfulness.

Leading the way: A case study of a student midwife-led postnatal clinic
Dana Colbourne, Postgraduate Researcher and Registered Midwife; Sue Way, Associate Professor; Maggie Hutchings, Associate Professor, Bournemouth University; Debra Bick, Professor of Evidence-based Midwifery, Kings College London, UK

Background
In the current economic climate, the NHS in England is charged with making significant resource savings. All NHS clinical services are affected and cuts to maternity services, particularly to women post birth could be contributing negatively on the clinical learning experience within the undergraduate midwifery curriculum.

Postnatal care within the community has dramatically changed with the number of home contacts a woman receives being reduced, contacts being delivered by maternity support workers, and limited change to the content of care in accordance with NICE recommendations. As a result of these changes, student midwives may be unable to meet their required clinical standards and competencies within their postnatal training.

To address this need, the Student Midwife Integrated Learning Environment project (SMiLE) is a facilitated, student midwife led postnatal clinic for students of Bournemouth University to offer routine postnatal care to women and families within the community setting of Portsmouth Hospitals NHS Trust.

The Aim
The aim of this study is to investigate and understand the environment of a student led clinic and how it supports student midwives in gaining clinical skills and competencies in postnatal care.

Approach and Methods
The project will adopt a critical single case study approach for investigating the student midwives experience within this particular context, as well as the interactional dynamics of midwives, women, service provider and educationalists. The case study will employ a variety of qualitative methods for data collection, such as interviews, electronic diaries, participant observation and focus groups. This will generate rich data of opinions, perceptions and feelings on belonging and participating within a student led clinic.
Analysis
Thematic analysis will be employed for analysis of all data collection in conjunction with the software Nvivo. This will allow for coding of themes from the various raw data sets, seeking key moments within the data and encoding it prior to interpretation.

Findings
Findings will contribute to new knowledge into the learning opportunities within midwifery student led clinics. Findings will inform and advance change within the midwifery curriculum, as well as supporting the commitments of Hospital Trusts to their development and teaching of student midwives.

Sponsors
This project is collaboration between Bournemouth University and Portsmouth Hospitals NHS Trust as PhD Studentship.

Key words:
• student
• midwife
• postnatal
• led
• clinic.

Mentors and students’ perspectives on feedback in practice assessment: A literature review
Christine Pollock, Senior Lecturer, Edinburgh Napier University; Ann Marie Rice, Deputy Head of Nursing and Health Care, University of Glasgow; Alisa McMillan, Programme Leader, Queen Margaret University, Edinburgh, UK

Background
Providing feedback to students is an integral part of the learning process according to many (Brown et al., 2012), though it remains a challenge to deliver (Clynes and Raftery, 2008; Cornell, 2014). Anecdotally the comments provided by mentors about student nurses’ performance in clinical learning environments vary widely, from specific and detailed, to generic and vague. The purpose of this literature review was to investigate students’ and mentors’ perspectives of feedback in the clinical learning environment.

Aim
This project aimed to review the evidence related to the complex challenges in providing meaningful feedback to students in practice. The literature review explored the current published research and scholarship in this area.

Objectives
To identify search terms and undertake a literature search for relevant publications of nursing, medicine and allied health professional data on feedback within practice assessment. Meaningful feedback to students in practice learning will be examined within the current published research and scholarship in this area.

To set inclusion criteria to include all relevant publications and to present a comprehensive review of the literature that will inform the assessment and feedback process in practice assessment in relation to the achievement of professional competencies.

Process
The databases searched were CINAHL; Social Care On-line; Web of Knowledge; Medline; Assia; Google scholar. The search terms used were Student performance appraisal; education, clinical; learning environment, clinical; clinical competence; feedback or feed forward; mentor/mentorship; clinical supervision; student supervision. Inclusion criteria were all academic papers; government literature and professional guidance literature that focus on processes of feedback in practice assessment in relation to the achievement of professional competencies. Given the specific nature of the NMC nursing standards, and their recent introduction, only papers from 2010 onwards were included initially. Papers were excluded if they did not hold direct relevance to assessment and supervision in relation to professional competencies and/or did not relate to assessment and supervision in practice learning environments.

A total of 208 papers were identified. Following further refining 63 papers were reviewed.

Findings
Key themes emerging from the literature are: student’s seeking feedback, students’ receptiveness to feedback, mentors’ preparedness to provide feedback and to accept ‘questioning’ by students, and barriers to providing feedback.
Conclusion
Feedback to students in the clinical learning environment remains difficult for both mentors and students. Students need to be enabled to seek feedback and encouraged to see this as an important part of the learning process. Mentors need more support to enable them to provide feedback.

References


Key words:
• practice assessment
• competencies
• feedback.

Bullet points that indicate how your work contributes to knowledge development:
• published literature was explored for mentors' and students' perspectives of feedback in clinical learning
• feedback to students in the clinical learning environment remains difficult for both mentors and students
• students need to be enabled to seek feedback and mentors need supported to enable them to provide feedback.

1P8

Chief nurse’s empower student nurses to have a voice

Angela King, Practice Education Facilitator; Ailsa Elliott, Practice Education Facilitator, NHS Lanarkshire Scotland, UK

It is crucial that the strength of the nursing voice is not diminished, it is equally important that we include pre-registration nurses as they represent our future work force. Feedback is recognised as an extremely powerful tool in ensuring safe, effective and person-centred care. Yet in recent NHS public inquiries, various reports and recommendations have suggested that a more proactive approach could be adopted with regards to gaining feedback (Berwick, 2013; Francis, 2013; Healthcare Improvement Scotland, 2013; MacLean, 2014; Scottish Government, 2014; Willis, 2012).

Historically feedback has been collated using electronic tools which are completed post clinical experience. With this in mind Chief Nurses across NHS Lanarkshire decided to pursue an innovative approach in order to hear the student nurse perspective on their learning experience.

Chief Nurse Forums were implemented across three acute hospitals. Attendance was on a voluntary basis and all stages of pre registration students were invited. The primary purpose of this piece of work was to empower student nurses to have a voice and recognise their feedback was valuable. The forums offered an exciting and rare opportunity for students to meet face to face with Chief Nurses, giving views and opinions on their experiences within an acute hospital setting. Furthermore, this allowed the Chief Nurse to gain a better understanding of their lived experiences.

Our involvement as Practice Education Facilitators included the organisation and facilitation of these sessions. The number of students who attended each session proved to be overwhelming given that it was voluntary. Below are some of the topics used by the Chief Nurse to stimulate discussion:

1. Why did you choose to enter nursing as a profession?
2. What’s your experience like as a student nurse within this hospital?
3. What’s been positive and negative about your learning experiences?
4. Is there anything you feel we could do better to facilitate your learning?
5. How do you think clinical experiences could be improved?
6. How do you think nursing will evolve in the future and what do you think your role would be in this?

These sessions proved to be a hit among the student population. They were well received by students with comments such as ‘The informal atmosphere made the thought of giving my opinion less daunting’, ‘I now feel confident to raise any concern I may experience’, ‘It felt good to be listened to by a Chief Nurse’ and ‘It was great to hear about other students experiences in different wards’.

Equally these sessions proved to be a hit for Chief Nurses and Practice Education Facilitators involved, as feedback, opinions and comments raised were fascinating. The impact of these face to face Chief Nurse forums
has been invaluable in allowing student nurses to engage with senior management. This has been a significant learning curve for all parties involved whilst influencing and enhancing the practice learning environment immensely.

References


Key words
• student nurses
• chief nurse
• student feedback
• student experience
• student engagement.

Bullet points that indicate how your work contributes to knowledge development:
• provides a constructive opportunity for reflection on practice learning environments facilitating and supporting learner critical thinking
• motivates and encourages students to have a voice and value their feedback
• ensuring quality within practice learning environments to develop safe, effective, compassionate and person centred care.

Using flipped classroom to meet the challenges of multicultural nursing educational programmes

Christine Sommers, Executive Dean, Universitas Pelita Harapan, Tangerang, Indonesia

In order to meet the needs of global healthcare, multicultural nursing programmes are developing. As collaborations develop, nurse educators will need to have an awareness of how cultural diversity may influence learning and critical thinking (Chan, 2013).

As multicultural nursing educational programmes develop between countries and within classrooms, it will be important that contextualization of content and teaching methods are done using culturally appropriate methods (Conway, Little and McMillan, 2002; Mangena and Chabeli, 2005; Martyn et al., 2013). Programmes involving global partners will need to be flexible and culturally sensitive to develop together appropriate learner outcomes (Allen, 2014).

The flipped classroom teaching method may be useful in promoting flexibility, overcoming language barriers, attending to cultural issues, and promoting sharing between institutions. The flipped classroom has the student using technology to access and view lecture content before class. Classroom time is spent in student-centred activities, such as group work, case studies, concept maps, etc. Different institutions and educators could develop the content and videos and share with other institutions and educators (Prober and Khan, 2013).

Studies conducted in healthcare education have shown that test scores may improve, but students satisfaction is not always improved (Critz and Knight, 2013; Ferreri and O’Connor, 2013; McLaughlin et al., 2013; Missildine et al., 2013; Pierce and Fox, 2012; Tune, Sturek and Basile, 2013). Implementation of the flipped classroom can be done with technology that most educators already have (computer, software, webcam, internet access). However, additional time will be needed to effectively develop the curriculum, create the videos, and plan the student-centred activities (McLaughlin et al., 2013) and time will be required to adequately train and prepare faculty for using the flipped classroom teaching method (Kurup and Hersey, 2013).

Research is needed regarding the use of the flipped classroom teaching method in multicultural nursing programmes and classrooms to evaluate if it may assist in meeting culturally appropriate learner outcomes and
promoting critical thinking skills in students from a variety of cultures. The experience of how a nurse educator used the flipped classroom in her multicultural classroom will be shared. Other educators will be invited to share their experiences as well.

References


Key words:
• flipped classroom
• nursing education
• culture.

Evaluation of a model of dissertation supervision for 3rd year BSc undergraduate nursing students: A pilot study

Donna Scholefield, Senior Lecturer Adult Nursing; Georgina C. Cox, Senior Lecturer Adult Nursing; Kirstie Dye Senior, Lecturer Adult Nursing; Liang Liu Senior, Research Fellow Nursing Middlesex University, UK

Background
A consequence of the NMC (2011) phasing out the Diploma in Higher Education programme is that more nurses in the final year of their degree are undertaking a dissertation project. Many universities currently use the model of 1:1 supervision which is manageable with small numbers of nursing students. However, those universities that have larger numbers of nursing students and limited resources will face challenges in supporting the supervision of future dissertation students.

Objective
The purpose of this UK pilot study is to evaluate a mixed (group and individual) model of dissertation supervision in order to improve the supervision of a large number of undergraduate nursing students.

Sample and Methods
A convenience sample of n=37 supervisors and n=110 3rd year students was selected from one large university between August and September 2013. An evaluation survey using mixed data collection methods was applied to both Supervisors and students and consisted of postal questionnaires and focus groups. Survey Monkey and SPSS was used to gather and analyse the quantitative data whilst Seidal’s model and NVivo analysis were applied to the qualitative data.

Results
A 51% (n=56) response rate was obtained from the students and 65% (n=24) for the supervisors. The data suggests that the majority (72%) of both students and supervisors were satisfied with the new model. The role of the supervisor also emerged as pivotal to the success of the process. Indeed despite the tensions that sometimes existed in the relationship the students identified the supervisor as being the most valued out of all the supportive learning resources. It also identified that some of the students had a mixed response to the group workshops-some engaged well whilst others found them unhelpful. Nevertheless some supervisors favoured the mixed approach and wanted more group workshops to be used in the future. When the assessment result of the previous cohort was
compared with the study one proportionately more students received higher grades (1sts) and there were less fails. However, statistically no significant (p=0.49) difference was found. The key themes that emerged from the qualitative data were engaging with and reacting to the process, motivation to supervise and valuing the process. The supervision process for both supervisee and supervisors is a struggle but both parties gain from going through the process.

Conclusions
Using a mixed model of supervision for final year dissertation students, together with a range of other learning resources, can be an efficient and effective approach in supporting students through the dissertation process. It is hoped that the findings from this pilot study can be used to improve the research design that will be utilised in the main study.

References


Key words
- group supervision
- expectations
- supervisor
- achievement.

Bullet points that indicate how your work contributes to knowledge development:
- group supervision is an effective strategy for learning
- there are benefits and challenges to both individual and group supervision of undergraduate dissertations
- the student data suggests that all participants found their own way to engage and progress with their dissertation.
What have bankers ever done for us? A case study: Using Barclays Life Skills programme with a ‘shy’ student nurse

David Foreman, Senior Lecturer; Katie Hurst, 2nd year Student Nurse (Adult), University of Derby, UK

Background
Mentors often find the objective assessment of students the most challenging part of their role (Gopee, 2011; Kinnell and Hughes, 2010; Bailey-McHale and Hart, 2013). Indeed, it forms the basis of Duffy’s 2003 study exploring nurses’ ‘failure to fail’ nursing students which ultimately lead to the development of the Standards to Support Learning and Assessment in Practice (SLAIP) (Nursing and Midwifery Council, 2008).

Supporting students in practice can be made more difficult if the student in question has difficulties with communication, or finds the clinical environment challenging or even scary. At the age of 18 being ‘thrown in’ to complex clinical areas may cause students to underperform due to anxiety, or underdeveloped ‘soft skills’ i.e. listening, problem-solving, speaking, resilience, organisation… the list goes on!

Problem
As a personal tutor one student appeared to be ‘unassessable’ due to her ‘extreme shyness’ or ‘not being motivated’ as her mentors commented. After having several meeting she passed stage one, but then demonstrated similar traits at the beginning of stage two. She seemed like a competent student in university, but her mentors struggled to decide if she was going to be ‘OK’ or if she was not going to be ‘fit’ to join the register.

Solution?
As conversations about this student were happening, Barclays were running an advertising campaign for their ‘Life Skills’ programme.

‘LifeSkills, created with Barclays, is a free, curriculum-linked programme, developed with teachers to help improve the skills and employability of young people in the UK’ Barclays (2014).

Having looked at the (free) resources, some of the programme aimed at 16-19 year-olds’ seemed appropriate to use with my student. On a one-to-one basis with my student, we worked through the first two modules (out of four) exploring ‘soft-skills’ and then how to apply them in a work setting.

As the material is very generic some adaptations were made to suit a professional, clinical environment to ensure that the focus of being able to ‘perform’ in a real world practice setting was not lost.

Outcome
Over the course of the Life Skills programme, I observed a real change in the way that she presented herself, and was able to communicate with confidence and competence as would be expected of a nursing student. She was able to identify her strengths which gave her confidence after the criticism that she had received from mentors in the practice setting, but also she identified weaknesses in a way that allowed her to formulate strategies to practise and overcome some of them.

References


Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice. London: NMC.

Key words:
• assessment
• soft-skills
• personality
• confidence.

Bullet points that indicate how your work contributes to knowledge development:
• this is a useful tool to help ‘shy’ students
• this is an example of a free RLO that may really benefit some students
• it provides lecturers with a framework for discussing soft-skills in context.
Advancing palliative care practice in Qatar via an innovative education program

Daniel Kelly, Senior Educator; Anne Elizabeth Topping, Assistant Executive Director – Nurse Education, Hamad Medical Corporation, Doha, Qatar

This poster displays the key events that have occurred in the development and implementation of a program of palliative care education for registered nurses working in a large healthcare corporation in Qatar.

The multi-national and multi-cultural nature of the nursing workforce delivering palliative care in Qatar presents distinct challenges. Not least, developing a program of education that was fit for purpose in terms of accounting for the learning needs and styles of registered nurses internationally recruited (eg from India, Philippines, Jordan and Egypt) with varied experiences of nursing education as well as palliative care practice.

From their survey of the knowledge and attitudes to palliative care of multinational nurses in Saudi Arabia, Abudari et al. (2014) findings underscore the importance of developing palliative care education and practice. They also encouraged other countries in the region where palliative care services are elementary, yet developing, to design palliative care education at both undergraduate and postgraduate levels.

Qatar prioritized oncology and palliative care services since the inception of the ‘Cancer Transformation Strategy’ (Brown et al., 2012). Alongside developments in practice there was a recognized need to introduce robust palliative care educational programs and practice opportunities for nurses.

In response to these challenges, in 2012 a three part palliative care program of education for nurses was developed and implemented by the in-house nursing department of the largest healthcare provider. It was marketed as the ‘palliative care passport’ in the hope that in addition to meeting educational needs in Qatar, that the knowledge and skills gained by nurses would be cascaded when they left the country therefore helping to spread the palliative care approach to care.

The program design was informed from numerous sources including practice needs assessments, strategic plans, nurse evaluations, educational evaluations and by direct observations by the senior educator. The program is built around the recommendations of the European Association of Palliative Care (EAPC) guidelines (2004) and includes topics that include principles of palliative care, symptom management, advanced communication skills, issues relating to loss, grief and bereavement in addition to other key palliative care concerns as outlined by EAPC.

The program comprises eight days in total with nurses undertaking a ‘gateway’ exercise between parts which involves a short presentation on a research paper or a real life palliative care practice problem.

To date, more than sixty nurses from palliative care, oncology and homecare are at various points on the program.

References

A qualitative study investigating training requirements of nurses working with people with dementia in nursing homes

Analisa Smythe, Dementia Project Lead, Birmingham and Solihull Mental Health Foundation Trust; Catharine Jenkins, Senior Lecturer, Birmingham City University; Magdalena Galant-Miecznikowska, Research Assistant; Peter Bentham, Consultant Psychiatrist, Birmingham and Solihull Mental Health Foundation Trust; Jan Oyebode, Professor of Dementia Care, Bradford Dementia Group, UK

Abstract
Improved care for people with dementia can be delivered through an informed and effective dementia workforce. Recent reports have also indicated that cultures of care need to be addressed through training and improved workforce support and supervision and that improving the quality of care for people with dementia can be achieved by the development of leadership in nursing and clarifying professional values.

The study aimed to explore the training needs of nurses working with people with dementia in nursing homes and to indicate effective approaches for future training.

Four focus groups were conducted with 11 qualified nurses (1 male, 10 female) working in nursing homes. The focus groups lasted approximately 1 hour and consisted of open-ended questions, in a semi-structured format. A topic guide focussed on the competencies and skills necessary for working in nursing homes with people with dementia, nurses’ roles within the care homes and their experiences of past training. In addition, gaps in knowledge were also explored to highlight training needs. The focus groups were audio-recorded, transcribed verbatim and anonymised.

Data was analysed using thematic analysis. Five themes emerged through the analysis of the transcripts. Participants reported their work responsibilities revolved mainly around directing others, day to day care, paper work and supporting family carers. Nurses identified the importance of person-centred ways of being, communication and clinical skills when working in nursing home setting. They expressed their frustrations including managing staff levels, responding to challenging behaviour and lack of time. The barriers to learning, experience of previous training and gaps in knowledge identified could inform the design of future training programmes.

In order for training to be effective though it should both incorporate interactive, practical sessions, relevant content related to the needs of people with dementia and aspects focused on effective leadership. Training should allow opportunity for consideration of how barriers to high quality care may be overcome.

References


Centre for Workforce Intelligence (2013) *Future Nursing Workforce Projections – Starting the discussion.* London.


Key words: nurses
• training
• dementia
• nursing homes.

Revealing the hidden depths of learning

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This theme paper will explore the authors’ recent experience of using the viva voce method to uncover the depth of quality of advanced nursing practice students’ course clinical portfolios. As the emphasis in education is moving from teaching to learning, so in assessment from that of ‘being done to the student’, to fostering a true demonstration of what students can actually do (Sandford, 2013: 215).

Portfolios have been used for a number of years in the United Kingdom extensively to demonstrate the achievement of practice competence. Unfortunately, at the lower end of the scale, they can be put together with limited imagination, as collections of disconnected pieces of evidence, serving more as a bureaucratic exercise, a means to an end rather than a window to explore students’ practice. However, at the other end of the scale they can be really excellent examples of high quality, thoughtful and compassionate practice, providing quality evidence, well signposted and imaginatively constructed (Jasper, 1998: 246). The latter provides the reviewer not just with good evidence but the confidence that here is a truly professional and caring practitioner, a role model and leader of nursing practice. Nowhere is this outcome more necessary or appropriate than in advanced nursing practice

Having used portfolios in the assessment of advanced nursing practice students’ competence for the last eight years, the course designers felt sure there was a way of making portfolios work more effectively to make visible the students’ achievement of both advanced practice skills, but more importantly revealing the critical thinking, decision making and judgments student made to inform their practice. Consequently a new approach was taken of introducing a viva to the review process. It was felt that this would allow the students to self-select the best examples of evidence taken from their portfolios, guided by prior briefing of the subject areas students could reasonably expect to be covered. The question areas were designed to explore all areas of the first year of the masters’ curriculum.
The results, arising from a small group of fifteen students were remarkable. It was clear the students ‘knew’ their portfolios. The portfolio was no longer something being ‘done to them’, but which they were using to showcase their skills, abilities and achievements (Sandford, 2013). Indeed, they spoke of the journey they had undertaken throughout the course and how the course pathway had enabled enhanced their critical thinking and hence decision making abilities. Clearly this impacted their practice, their perception of the role and how they could influence the practice environment in order to most impact quality of care, commensurate with the principles of advancing practice (Rolfe, 2015). What was particularly pleasing was how they saw their roles were wider than purely clinical and embraced leadership, collaboration and innovation.

On the basis of our findings we commend this method and urge colleagues to consider this approach in their assessment strategy.

References


Key words:
• portfolios
• viva voce
• assessment
• reflection
• decision making.

Bullet points that indicate how your work contributes to knowledge development:
• revealing depth and quality of learning applied to practice
• making explicit the nursing role in advanced practice
• making competence explicit.

Online International Learning: Ripples across the Pond – An evaluation of an international online collaborative e-learning project between Coventry University and Loyola University, Chicago

Constance Ritzman, Assistant Professor, Loyola University Chicago, USA; Richard Luck, Senior Lecturer; Ray Bell, Senior Lecturer; Jamie Stallard, Learning Technologist, Coventry University, UK

With nurses working in an increasingly diverse workforce and with diverse patient groups there is a requirement for health professionals including nurses to develop skills that enable them to communicate effectively and inquiringly about bio psychosocial health matters across all cultures.

Sairanen et al. (2012) indicates that in such a changing professional society and as cultural diversity flourishes, the importance placed on culturally competent skills development for professionals is increasingly important. Such cultural development can start at all levels of lifelong learning, including nurse education.

Both Coventry University and Loyola University identify that students benefit from an internationalized experience in relation to modules or curricula as a whole. These exchanges and experiences generally involve travel to another country. However, a small percentage of students are able to afford either the time or cost of international travel. Thus the implementation of methods of education that help students to gain cultural experiences with students from another country using IT technology is an emerging method that can be very effective. For healthcare professional’s internationalization is not about educative and personal experiences alone, and must include professional skills development to maximize service user experiences.

In an effort to provide an opportunity for students to develop skills in conjunction with students from another country, Coventry University and Loyola University Chicago collaborated on the use of a blog to provide a format for interaction. Coventry University developed ‘Ripples across the Pond’ to allow Mental Health Students in the UK and students completing a MH module in the US to discuss and examine approaches to assessment and care delivery of service users in the respective countries.

Students had the opportunity to share their thoughts and experiences through problem based scenarios. The aim of the project was to expose students to differing global cultures and to enhance their skills in cultural exchanges with a view to using these skills within nursing practice to interact with diverse healthcare recipients.
This session will describe the project that was developed and evaluate the experience from the student perspective and examine some of the successes and pitfalls in developing this type of international cultural experience for students.

References

Key words:
• internationalism
• innovation
• cultural learning
• virtual learning.

Bullet points that indicate how your work contributes to knowledge development:
• internationalism through virtual exchange
• increase cultural exchange between nursing students in different countries
• evaluate the effectiveness of the experience.

An evaluation of the living and dying well with dementia educational mobile app
Evelyn Collins, Project Leader Technology Enhanced Learning, University of Chester, UK

Dementia is a life limiting illness that affects around 35 million people worldwide (DH, 2014) and 800,000 people in the UK alone, this figure is set to double by 2040 (DH, 2013b) and there is growing recognition that quality of care that people with Dementia receive needs to improve. (DH, 2009; DH, 2013a; DH, 2013b; DH, 2014; Alzheimer’s Society, 2012a; Alzheimer’s Society, 2012b; Alzheimer’s Society, 2013)

The vision of ‘Living well with dementia; A national dementia strategy’ (DH, 2009) is that patients and carers receive quality care. Priorities include promoting personal control and choice as well as increasing understanding about the disease and its impact on life (Alzheimer’s Society, 2012b); promoting early diagnosis and effective interventions in a range of settings DH (2010) and involving people with dementia and their carers in planning for end of life care (DH, 2009; Alzheimer’s Society, 2013).

This requires a skilled workforce who can recognise the early signs of dementia, provide appropriate care and communicate effectively, with the individual, their family and other professionals (Skills for Care and Skills for Health, 2011). Health and social care assistants assume a dominant position in care giving for this patient group and approximately 670,000 family and friends also provide care for a relative with dementia (Alzheimer’s Society, 2012b). However many paid and unpaid carers undertake this challenging and demanding role with minimal educational preparation and have little or no access to further training.

The ‘Living and dying well with Dementia’ Mobile App seeks to bridge this educational gap by providing a free, accessible educational resource which promotes an understanding of dementia and its impact on those affected by the condition, whilst focusing on some of the key issues in end of life care.

The App was devised by drawing on the expertise of a wide range of healthcare professionals and educationalists and benefited greatly from the collaboration of The Alzheimer’s society, The Gold Standards Framework and the End of Life Partnership (EOLP).

A unique pedagogical feature of the App draws on education’s long tradition of storytelling, as users follow the journey of ‘Jill’ as she ages, develops dementia and eventually dies. The content is split into bite size chunks with supporting text offering information and guidance around the decisions that are made together with podcasts and interactive exercises which are used to embed the learning.

Here we will present the findings of an empirical investigation (in progress) which evaluates the impact of this technology for formal and informal carers. The research study adopts a mixed methods design combining quantitative questionnaire data with rich narrative data gathered via focus group interviews.
References

Key words:
• mobile technology
• dementia
• end of life care.

Bullet points that indicate how your work contributes to knowledge development:
• investigates the potential of mobile technology as a pedagogy for healthcare education
• offers findings from an evaluative study of the use of an App to educate carers
• illustrate how health and social carers perceive education regarding end of life care for people with dementia.

Presenting an app supporting nursing students’ academic writing process
Kim Jacobsen, Senior Lecturer; Isabell Friis Madsen, Senior Lecturer; Sisse Norre, Senior Lecturer; Anne Seebach, Senior Lecturer; Sine Herholdt Lomholdt, Senior Lecturer; Birte Glinsvad, Senior Lecturer, VIA University College, Faculty of Health Sciences, Department of Nursing, Randers, Denmark

Background
Nursing students are expected to present many papers in the course of the nursing education as a way to develop logical and systematic thinking regarding various topics in patient care. The students are subsequently introduced to books and e-learning material as guidance in the process of writing a paper (Rienecker and Pipa, 2012). Both books and e-learning material usually take the form of general guidance aimed at all students regardless of education and subject. Furthermore, these types of material are often rich in words with few illustrations when describing the process of writing a paper.

In nursing education, we have experienced that especially first year students are having difficulties grasping the central ideas of writing a paper that shows adequate argumentation and understanding of the issues in question. That lead to the idea of developing an ‘App’ (responsive website) that would meet today’s nursing students’ needs and competences. All students have a smartphone today and are familiar with the use of it. An ‘App’ is always at hand. The nursing student can use it anywhere and anytime. An ‘App’ is also a way to visualize a process in a way that the written word cannot.

Aim
The aim of the project was to develop an e-learning material in the form of an ‘App’ specifically aimed at nursing students regardless of their educational year.

Method
The project is an intervention study in three steps: development, testing and evaluation (Campbell et al., 2007). The project was begun in 2012 and due to various hindrances the first edition of the ‘App’ has not been ready for use until 2015.
Results
The ‘App’ is divided into eight headings beginning with a general guidance and ending with FAQ. Each heading gives a short explanation of the subject in question and is supplied with one or two nursing specific examples and a commentary to the example. In select headings, the student is able to link to a VideoScribe video sequence that illustrates the issue.

Outside the general guidance and FAQ, the headings are as follows: Background, Method, Analysis and discussion, Conclusions and perspectives, Practical information and Links.

The students are able to link from one heading to another. The layout is kept in screen friendly colours. The ‘App’ is usable on all smartphones/tablets regardless of system. The students are also able to access the ‘App’ from a computer (responsive website).

The ‘App’ is ready for initial testing in January 2015. The testing shall take place in the spring of 2015 with second year students. We expect to have the first testing results by the end of spring term 2015 and shall continue to qualify the ‘App’ within the years to come.

Conclusions and further perspectives
The ‘App’ has been presented and discussed with our colleagues on several occasions and their feedback has been incorporated. The ‘App’ is expected:

- to initiate nursing students’ competencies in writing a paper that meets the academic requirements
- to provide nursing students with an e-learning tool that can be used throughout all educational years
- to provide nursing students with a nursing specific e-learning tool.

References


Key words:
- app
- e-learning
- academic writing
- argumentation.

Bullet points that indicate how your work contributes to knowledge development:

- initiate nursing students’ competencies in writing a paper that meets the academic requirements
- provide nursing students with an e-learning tool that can be used throughout all educational years
- provide nursing students with a nursing specific e-learning tool.

3P3

Improving student nurses’ engagement in independent pre-session activities
Victoria Allen, Lecturer in Adult Nursing, University of West London, UK

Background
Engagement in independent study is a challenge in nursing education with many students lacking awareness this is needed and most reporting to prefer a teacher-led approach to education (O’Shea, 2003). However, it is essential to facilitate students’ independent study as this supports graduate attributes, has improved knowledge retention rates and is associated with greater cognitive development (DiPiro, 2009). This study looked at how student nurses’ engagement in independent study activities could be improved.

Design
Two consecutive cohorts of second year (level 5) nursing students were evaluated. The first cohort considered the current engagement of pre-reading activities set by the tutor and student suggestions for improvement by completing an anonymous questionnaire. The second considered engagement in activities after making amendments to the pre-reading activities and tutor evaluation of learning based on student feedback and motivation theories. These interventions included: Installing pride in completing activities through weekly formative evaluation of learning, building on knowledge gained in pre-session activities in class and, ensuring students are aware why this task is worth learning. In the second cohort participants completed a short questionnaire and discussed ‘what factors influenced your engagement in pre-reading activities’ in a facilitated focus group. In both groups, all students were aware that their completion of this had no impact on their grade for the module and were required to opt in and consent to participate.
Results
The results demonstrate that more students engaged with pre-reading activities with the implementation of the multi-faceted intervention with a 33% increase in students participating in the activities provided ‘always’ or ‘usually’. However, students struggled to find time to study and saw it as additional work unless they could see a direct benefit to their assignment. Therefore, there may be a tendency for nursing students to preferentially learn material they are assessed on which has already been recognised to happen in medical students (Raupach et al., 2013).

Conclusions
To make further improvements with student engagement it may be essential to ensure that formative assessments are in the same style as their assignments and consider assessments that contain an exam or OSCE component to ensure students learn the whole context of the topic.

References

Key words:
- blended learning
- motivation
- flipped classroom
- pre-reading.

Bullet points that indicate how your work contributes to knowledge development:
- regular formative assessments are required to evaluate students’ own learning
- students may preferentially focus on material for their assessment
- independent study activities need to be linked to students’ future role as nurses.

A systematic evaluation of SCRIPT e-learning: From theory to practice
Hannah Brooks, Research Associate; Sarah Thomas, SCRIPT Editorial and Content Manager, University of Birmingham; James Hodson, Statistician, University Hospitals Birmingham NHS Foundation Trust; Nicholas Blackwell, Director, OCB Media; Elizabeth Hughes, Postgraduate Medical Dean, Health Education West Midlands; John Marriott, Professor of Clinical Pharmacy; Jamie Coleman, Senior Clinical Lecturer in Clinical Pharmacology and Medical Education, University of Birmingham, UK

Background
The GMC EQUIP study (1) found that Foundation trainee doctors made the majority of prescribing errors, and that they often felt underprepared to prescribe following their undergraduate medical education. Subsequently, it was recommended that enhanced training in prescribing and therapeutics should be available to postgraduate doctors. In response to this, Health Education West Midlands (HEWM) commissioned the development of SCRIPT eLearning (www.safeprescriber.org), an innovative web-based eLearning programme designed to improve prescribing skills in Foundation trainees, and subsequently reduce medication-related errors.

SCRIPT is mandated for trainees in the West Midlands. Of 41 available modules, 16 pre-specified modules must be completed by Foundation Year 1 (FY1) doctors, and 15 modules of choice must be completed by Foundation Year 2 (FY2) doctors. A pre-test is completed at the beginning of each module, and an identical post-test is completed at the end. The learning management system allows the development team to extract detailed information about learning and system use at an individual and cohort level.

The development and refinement of SCRIPT is ongoing; content is updated in line with current guidelines and academic literature on a weekly basis. As with any eLearning tool, systematic evaluation is fundamental to discover its strengths and areas for improvement. Kirkpatrick’s (2) model of training evaluation and subsequent models such as Alvarez (3) can be used to guide the evaluation process.

Objectives
We are conducting an evaluation of SCRIPT to ensure that it is successful in achieving its intended objectives and to provide recommendations for aspects of system design, or its integration into the Foundation training programme, that require improvement or change.
Methods
This multi-method evaluation is comprised of six main projects:
1. Evaluating attitudes to SCRIPT eLearning through focus groups with trainees and interviews with clinical tutors conducted at three hospital sites across the West Midlands.
2. Evaluating change in trainees’ knowledge through their use of SCRIPT, by comparing pre- and post-test scores.
3. Evaluating change in trainees’ prescribing behaviours in clinical practice through focus groups and interviews conducted at three hospital sites across the West Midlands.
4. Evaluating organisational results, by comparing the rate of medication errors in a region using SCRIPT compared to a similar region not using SCRIPT.
5. Conducting a return on investment (ROI) analysis to examine the cost-benefits of implementing SCRIPT.
6. Investigating the effect of individual, temporal, and environmental (e.g. system functionality) factors on learning behaviours, and prescribing knowledge and behaviours.

Results
So far, we have analysed trainee learning behaviours and found that a number of temporal factors appear to influence the frequency of module completion and time taken to complete modules. For example, the majority of modules were completed in late February and early June, directly prior to the trainees’ biannual progression reviews. We have also identified factors that indicate suboptimal use of the system and strategies have been used to overcome these.

Additionally, we are in the process of evaluating trainees’ change in knowledge, in relation to their medical training background and their perceptions of preparedness to prescribe following their undergraduate education. Furthermore, our focus groups are allowing us to identify themes regarding attitudes towards SCRIPT and perceived changes to prescribing behaviours within and between our Foundation trainee cohorts.

Conclusion
Systematic evaluation of SCRIPT eLearning is essential to ensure that it is achieving its intended objectives and to provide recommendations for future development. Completed and ongoing projects lead us to suggest that Foundation trainees do not always use the programme as intended but that it may be possible to implement changes to the system and its integration into the Foundation training programme which will overcome these challenges.

References

Key words:
• eLearning
• evaluation
• foundation trainee
• prescribing
• education.

Bullet points that indicate how your work contributes to knowledge development:
• this work provides information about the practical application of theoretical frameworks in the evaluation of eLearning programmes
• this work confronts the challenges that may be faced when implementing eLearning programmes, and how these can be overcome
• this work explores how this evaluation has been used to stimulate change in the development of this eLearning programme and its integration into a curriculum, which may help to direct the evaluation and development of other eLearning programmes.
Taking a different approach to venepuncture training

Malcolm Smith, Clinical Skills Lead, Mid-Cheshire Hospitals NHS Foundation Trust, Crewe, UK

Background
Following a planned review of venepuncture training for non-medical staff at Mid-Cheshire Hospitals NHS Foundation Trust (MCHFT) several problems were identified:

1. The course was 4 hours long and following a move to 12 hour shifts in the Trust, managers found it difficult to release staff to attend.
2. There was a poor completion rate for the course. Only 56% of the 131 staff trained between April 2013 - March 2014 went on to achieve competence.
3. Of the 44% who were not registered as competent it could not be established how many were practicing the skill but simply had not returned the relevant paperwork to prove their competency. This had implications for providing evidence that staff had met the NPSA (2006) directive regarding venous blood sampling.

What was done
In-order to reduce the time needed to attend the course a blended learning approach was adopted. This approach reduced the time needed to attend training to 2 hours. The author had limited time and resources to create an eLearning module. Therefore Web 2.0 technologies were used as an easy way to generate eLearning content (Tam and Eastwood, 2012). A module, which covered the Skills for Health (2012) learning objectives for venepuncture, was developed using PowerPoint and uploaded to YouTube. An evidence based workbook was also produced to be completed alongside the eLearning module to facilitate reflection and deeper learning. As assessment drives learning a pre-course test was inserted at the start of the taught session as a way to encourage staff to complete these resources and ensure the learning objectives had been met.

To address the poor completion rate staff had to attend an observed structured clinical exam (OSCE) after their supervised practice period on a simulated patient (SP) (Collins, 2006). This gave staff a clear deadline and ensured all staff who were assessed were accounted for. It also gave Instructors the opportunity to review progress and put actions in place if staff did not feel competent following supervised practice. Using Benner (1984) Novice to expert continuum the supervised practice requirement was altered to ensure staff had enough practice to become competent before it was assessed.

Results
The new course started in August 2014 as a pilot. As of January 2015 five courses have run and 33 staff have completed and passed the blended training course enabling them to progress to supervised practice. As 12 weeks are needed to complete this element only 7 are currently eligible for sign-off. Of those 6 have completed and 1 has been deferred due to lack of supervised practice.

Conclusion
Although it won’t be known until March 2015 if all 33 staff have attained competence early indications are positive. The 100% pass rate for the pre-course theory test shows the use of YouTube and workbook has been effective. The reduction in time needed to attend training has not only met managers demands but freed up instructor time. The OSCE session has closed the training loop by ensuring staff are assessed and their competency recorded and served to highlight those who need further support.

References


Key words:
- blended learning
- web 2.0
- venepuncture
- clinical skills
- teaching strategy.
Problem-based learning: Learning outcomes and students’ experiences in healthcare education – a literature review

Mika Alastalo, RN, BNSc, MNSc-student, PhD-candidate; Leena Salminen, PhD, Docent, Senior Lecturer, University of Turku, Finland

Background
Problem-based learning (PBL) is a teaching method that emphasizes students’ active and collaborative learning process (Dolmans and Schmidt, 2010). Problem-based learning is a relatively widely used method in healthcare education and it has been studied a lot. However, reviews concerning learning outcomes and students’ experiences about problem-based learning have not been published in recent years.

Purpose
The purpose of this review was to describe the outcomes of problem-based learning in the healthcare education and to describe students’ experiences about problem-based learning.

Methods
The literature was retrieved from CINAHL and PubMed databases. The search was limited to peer reviewed articles published between years 2003 and 2014, in English with abstracts available. The search generated 218 references from which 32 articles were chosen to review according to the appointed inclusion and exclusion criteria. The chosen articles were analyzed using inductive content analysis.

Findings
In comparison with the traditional education, the learning outcomes of problem-based learning were better when learning- and working skills (Tiwari et al., 2006; Lin et al., 2010), collaborative learning (Yuan et al., 2010) and problem-solving skills (Khan et al., 2011) were concerned. The learning outcomes in the knowledge-based competence were mainly positive (Lira and Lopes, 2011), albeit there were some conflicting results (Beers, 2005). The results concerning development of critical thinking skills in problem-based learning remained somewhat contradictory (Yu et al., 2013; Choi et al., 2014).

Students had both positive and negative experiences. The negative experiences were mainly related to the concern over gaining clinical skills (Rowan et al., 2008) and difficulties in the learning process (Yuan et al., 2010). Students’ experiences turned to more positive while they proceeded with their studies and their learning skills and occupational skills developed (Chikotas, 2009).

Conclusion
Problem-based learning develops skills that are essential in clinical practice. When introducing problem-based learning as a learning method, it is important to pay attention on students’ learning skills, especially self-directive learning. From the very beginning, problem-based learning should be linked to the clinical practice.

The level of evidence concerning PBL in healthcare education is somewhat low. Therefore, PBL in healthcare education should be studied longitudinally using large samples and objective measurement tools in controlled designs.

References:


**Key words:**
- problem-based learning
- teaching
- learning
- nursing education.

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**Wounds re-visited**

Adèle Atkinson, Associate Professor, Learning and Teaching; Michelle McBride, Senior Lecturer, Kingston University and St George’s University of London, UK

Nurse educators need to develop more flexible approaches to learning in order to meet the needs of future healthcare workers (HEE, 2014). Using a ‘flipped classroom’ is one such strategy. Essentially a flipped classroom means that students get the content outside the formal classroom, through webinars, video clips, reading, other online learning methods etc and then discuss these through seminars in the classroom in order to apply and understand the content (Brame, 2013).

The authors run a ‘wound healing and tissue repair module’ for post-registration health care professionals, which had been converted into a blended learning module several years ago (Atkinson, 2003). This module has now been restructured and allows students to access the content outside the sessions and discuss in face-to-face seminar sessions.

The sessions are structured over weekly topics and to facilitate learning students were asked to brainstorm what they thought they needed to know about the topic each week, but before they had looked at the content. This then gave the students areas to focus their own learning.

The NHS demands professionals that are able to problem solve and this ability can be facilitated through problem-based learning (PBL) (Amos and White, 1998). Students also had to choose a fictitious ‘online’ patient to help them apply the theory to practice in face-to-face seminar sessions. These seminar sessions were run using problem-based learning to aid the application of theory to practice. A PBL approach is consistent with the constructivist theory of learning where the process of arriving at an answer is emphasised as opposed to the answer itself and the focus is on solving real problems (Savery, 2006).

As there is some evidence that minimal guidance hinders student learning (Kirschner, Sweller and Clark, 2006), the authors also facilitated the PBL seminars. The facilitation strategies used ranged from Socratic questioning techniques, to at times, information giving.

Students come from a wide range of areas and professions, eg nurses, paramedics and podiatrists and evaluations are positive regarding this approach to learning. They also value the interprofessional discussions within the PBL seminars.

**References**


**Key words:**
- learning and teaching
- facilitation methods
- e-learning/blended learning
- motivating students.

**Bullet points that indicate how your work contributes to knowledge development:**
- exploring new developing teaching methods
- engaging students to explore their own learning needs
- developing students ability to link theory to practice.

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**Investigating the ethical issues experienced by mental health nurses in the administration of antipsychotic depot and long acting intramuscular injections**

**Paul Smith, Lecturer, University of Dundee, UK**

Morally stressful situations are connected to the big ethical issues found in mental health nursing. The emotionally inherent nature of mental health nursing is now well recognized (Warne and McAndrew, 2008) and care delivered has been described as restricting, paternalistic, hostile, regimented and coercive (Eizenberg et al., 2009; Soininen et al., 2013). This poster will present a study that explores the ethical issues experienced by 8 mental health nurses in 2 hospitals in Fife, Scotland who administered antipsychotic depot and long acting intramuscular injections, in both inpatient and community settings. Using a phenomenological design guided by Max van Manen’s (1997) human science approach, the study describes and interprets the ethical issues involved in performing this everyday procedure. The poster will present the 4 themes that emerged from the study:

1. lack of alternatives
2. safety
3. feeling uncomfortable
4. difficulty maintaining the therapeutic relationship.

The poster will highlight some of the participant narratives. Key findings will be presented which raises much needed awareness of the need for mental health nurses and nurse educators to consider moral resilience and the ethical issues experienced whilst performing the skilled procedure. Disseminating these findings offers up the opportunity for other mental health nurses to become aware of situations that caused moral distress for the participants. In doing so, the findings have the potential to nurture the development of moral resilience, by understanding some of the experiences and complexities, whilst illuminating how participants justified their actions. The findings indicate a need for nurse education providers and work organizations to provide opportunities for mental health nurses to address mental health nurses ‘lived experiences’. Educational courses are needed to equip mental health nurses with the technical and critical thinking skills to administer safe and effective antipsychotic depot and long acting intramuscular injection.

An e-learning resource and an interactive workshop will be described which aims to help mental health nurses deliver evidence based and morally appropriate care in accordance with their knowledge. Findings from the impact of the learning resources will be presented.

**References**


Using the readiness for interprofessional learning scale, to elicit students' opinions on interprofessional education

Robert Muirhead, Lecturer in Child Nursing; Fiona Clark, Lecturer in Social Work; Gary Roberts, Lecturer in Community Learning and Development; Carrie McLennan, Lecturer in Education, University of Dundee, UK

Background
The readiness for interprofessional learning scale (RIPLS) is a tool designed to assess students’ attitudes towards interprofessional education (IPE; McFadyen et al., 2005). The RIPLS has 19 Likert-type scale questions and uses four subscales: teamwork and collaboration, negative professional identity, positive professional identity and roles and responsibilities. It also sections for free text responses (McFadyen et al., 2005). In response to the Likert scale questions, studies have identified that health care professionals are positive towards IPE (Aguilar et al., 2014, Gunaldo et al., 2014). Students may demonstrate readiness for IPE but are they aware of what they need to learn; especially first year students who have not developed a professional identity. IPE in the undergraduate setting has the potential to develop clinicians who are able to operate in a more collaborative, patient focussed and holistic manner (World Health Organisation, 2010). Universities are required to develop undergraduate students with the skills to function in a workplace that will be interprofessional and collaborative; it is beneficial for students who are going to work together to learn together (Thistlewai te, 2012). This aim of this study was to identify if the RIPLS, when administered to first year students raised their awareness of the goals of IPE.;

Method
Child protection is an area of practice that is recognised as requiring close interprofessional working practice (Scottish Government 2012). An IPE lesson on child protection was developed and presented to a mixed class of first year students; community and development learning (CDL), social work (SW), primary teaching (PT) and paediatric nursing (PN). The RIPLS was distributed to the students prior to the lesson. Students completed the anonymous questionnaire, data collected included: undergraduate programme, age, gender and previous IPE. All individuals were free to decline to participate in the inquiry at any point in the study. The free text responses were themed to identify the students’ opinions of IPE.

Results
Ninety eight students participated in the evaluation, there was a 100% response rate. These included PN 41.8% (n=41), SW 22.4% (n=22), CDL 15.3% (n=15) PT 20.4% (n=20). Four main themes were identified, participation in previous IPE, positive experience of IPE, negative experience of IPE and teamwork. Table 1 identifies these responses. Although little can be drawn from the limited data gathered, the free text comments do identify some of the goals of IPL: teamwork and collaboration.

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<th>PT</th>
<th>SW</th>
<th>CDL</th>
<th>PN</th>
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<tr>
<td>Previous IPE</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>21</td>
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<tr>
<td>Positive IPE</td>
<td>1</td>
<td>1</td>
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<td>Negative IPE</td>
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<td>2</td>
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<tr>
<td>Teamwork</td>
<td>4</td>
<td>1</td>
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Students’ positive free text comments,
‘Helps to understand all sides of care’
‘recognising the importance of interprofessional relationship’
‘importance of working together as a team’
Students’ negative comments,
‘A lot of people in other professions do not respect ***** beliefs.’
‘Watching an emergency and seeing teamwork in action little or no impact.’

Students’ responses to the Likert scale questions identified commonality amongst all groups; they were ready for IPE. Free text comments suggest that some students identified the wider context of IPE.

Discussion
Freeman et al. (2000) identified that it is important to enable students to learn together, develop communication skills, and understand each other’s values and roles. The RIPLS is recognised as a valid and reliable tool when measuring readiness for IPL, but to elicit first year students’ understanding of IPE it was not completely successful. First year students demonstrated a readiness for IPE but this does not identify their limited knowledge of one another’s values or roles. Students need to be aware of the wider implicit and explicit learning to be gained with IPE, not just willing. Providing students with knowledge about the anticipated gains of IPE may prevent some of the
negative comments. It may be necessary to provide first year students with information on IPE which utilises their readiness and broadens their learning.

References


Key words:
- interprofessional learning and working
- teaching
- students
- opinions
- child protection
- readiness.

Bullet points that indicate how your work contributes to knowledge development:
- this study identifies that students from community and development learning, social work, primary teaching and paediatric nursing do not demonstrate a depth of knowledge about IPE
- the readiness for interprofessional learning scale is a reliable tool to be used when assessing students’ readiness to participate in IPE but not their understanding of the concept
- this study suggests that first year students should be taught more about interprofessional education.

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**Composing the symphony of interprofessional care: A reflection on innovations in interprofessional education**

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Following the succession of high profile serious case and service reviews (for example Lord Laming, 2003 and Francis, 2013), interprofessional working continues to be an identified area of development within health and social services. In response to this, the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) have issued guidelines and recommendations for interprofessional education to become embedded across the professional courses (NMC, 2010; HCPC, 2014).

The University of Huddersfield continued their proactive approach to inter-professional education (IPE) by revalidating all health professional courses in 2012, creating new and innovative modules across the professions. This poster will focus on the experience of facilitating a Year 2 module, ‘Interprofessional working in context’.

The module includes students and staff from all fields of nursing, midwifery, occupational therapy, podiatry and physiotherapy, and explores the key features and challenges of interprofessional working within the context of contemporary health and social care services (Day, 2013; Thistlethwaite, 2012). Due to practice placement commitments of the different professions, this module is predominantly delivered through weekly online directed study supported by an online communication tool and a one day conference event mid-way through the academic year. The multiprofessional group assessment encourages students to meet and collaborate with their peers, whilst also considering the priorities and commitments of the different courses. Colleagues from clinical areas are invited...
to provide the key note lectures to support student participation in creative workshops to consolidate the learning experience.

This approach facilitates ‘real life’ experience of team-working within an interprofessional and interagency context. The module philosophy actively encourages the students to work within a team whilst maintaining the integrity of their own profession and the professional codes which regulate them.

This poster will be a visual representation of how effective multiprofessional teams are able to work and learn together to successfully deliver effective person centred care. This will include a metaphorical visual reflection of staff and student experiences on the module.

References


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


Key words:
• interprofessional education
• blended learning
• collaborative practice.

Bullet points that indicate how your work contributes to knowledge development:
• sharing experiences of interprofessional education across a wide range of professions
• innovative teaching delivery
• facilitating interprofessional team working.

Putting values at the heart of nursing student selection: A response to contemporary policy
Fiona Dobson, Staff Tutor – Nursing; Beryl Pearson, Staff Tutor – Nursing; Elaine A. Walker, Staff Tutor – Nursing, The Open University, UK

The Open University (OU) is commissioned to deliver a pre-registration nurse education programme (PRNP) in England, Scotland and Northern Ireland. Students who study the PRNP with the OU are employed in healthcare environments and are typically health care support workers supported by their employers.

Over recent years, there has been a view that nursing is deficient in compassion and has lost sight of the values and principles that should underpin caregiving practices (Rankin, 2013; Straughair, 2012a; Straughair, 2012b). In terms of addressing these concerns there has been an increased focus on the selection processes and content of undergraduate nursing programmes, as initial training programmes provide the foundations for future care giving practices (Rankin, 2013).

Government sponsored reports and policy documents such as those from the Willis Commission (2012); the Francis Inquiry (2013) and the Department of Health (2013) and documents prepared by devolved administrations of the United Kingdom (Scottish Government, 2013; HSCNI, 2011) are shaping and influencing the way in which nursing students are both recruited and selected for pre-registration nursing programmes. Additionally the Nursing and Midwifery Council (2010) revised its standards for nurse education and re-emphasised the importance of engaging service users and carers in the selection of nursing students.

In recent reports of care it has been suggested that nursing still needs to develop the values base of its selection and education processes. This has given rise to the development of a values based recruitment ‘movement’ driven by Health Education England (HEE). The use of a values based recruitment programme to NHS funded training programmes, which includes nursing, is currently supported by NHS Employers and Health Educations England (NHS Employers, 2014).

Although the Nursing and Midwifery Council (2010) indicated that it is best practice for service users to be included in the selection process, it has been acknowledged that the involvement of service users in the selection of student
nurses is variable and as yet seems to be a relatively unexplored aspect of selection, with opportunity for new practices and innovative approaches (NHS Education Scotland, 2010).

Relevant findings from recently published policy documents, reports and good practice guidelines are shaping The OU’s approach to PRNP recruitment and selection through what has been an iterative and ongoing process, beginning in 2010, and this continues to be a dynamic activity.

The OU PRNP developed an enhanced selection process, in partnership with service users that ensures their meaningful involvement and at the same time encompasses the principles of values based recruitment and assures fairness in selection. The process is replicable across the regions and nations of the United Kingdom in which the programme is offered and is economically sustainable.

The enhanced selection process was piloted for the recruitment of students to the 2012 intake and has undergone further refinement in response to stakeholder feedback, emerging policy drivers and guidance on best practice. Applicants are required to write a short paper on a values based topic identified by service users. This is reviewed, commented on and graded by service users within each locality. Service users also derive an interview question from each applicant’s paper, which is posed to the applicant at their structured interview. Informal feedback on the process indicates service users value their increased influence on the selection of students and their participation in the process. Academic colleagues and practice partners regard this enhancement as highly effective: this feedback mirrors the findings of Rhodes and Nyawata (2011).

Our innovative approach to the selection of pre-registration nursing students enables us to respond to contemporary policy drivers, whilst maintaining the authentic and valued contributions of our service users.

References


Key words:
- nursing
- student
- selection
- service-user
- values.

Bullet points that indicate how your work contributes to knowledge development:
- selecting nursing students in a changing and emerging healthcare landscape
- meaningful and cost effective collaboration with service users in the selection of nursing students
- The Open University responding to contemporary policy through a values based approach to recruitment and selection.

The wonders of interprofessional education in nurse education

Alison Pooler, Lecturer in Adult Nursing, School of Nursing and Midwifery; Andrew Morris, Teaching Fellow, School of Medicine; Jonathan Berry, Lecturer, School of Pharmacy; Val Ball, Lecturer, School of Health and Rehabilitation, Keele University, UK

The school of nursing and midwifery sits within the faculty of health, within this runs an interprofessional education (IPE) programme. The IPE philosophy is that students will work together to develop their collaborative skills, an understanding of the roles of future colleagues and a broader perspective of the patient experience in order to support interprofessional patient care.

The IPE programme has been designed to enable IPE throughout the undergraduate curriculum. It includes a wide range of health and social care students including nursing and midwifery, medicine, physiotherapy, pharmacy, and biomedical science.

IPE 1 (year 1) assigns students the task of evaluating patient cases taken from the Francis Report in an interprofessional group setting. It embeds 6C’s into their evaluation and also encourages them to consider the roles of all health professionals involved in care and how they should interact. It includes a variety of learning experiences and a conference standard group poster presentation is the outcome.

IPE 2 (year 2) focuses on patient safety and aims to increase students understanding of the importance of good communication and teamwork in the safe and effective delivery of care. Each multidisciplinary group of students consider a scenario in which there has been a care delivery problem that has compromised patient safety and resulted in a significant event. Students learn to carry out an investigation using root cause analysis. The outcome is a group report and portfolio development.

IPE 3 is introduced to the students at the start of their third year of study and continues till the end of their course. Learning objectives are achieved whilst the students are on clinical placements, whilst working with a clinical mentor.

The benefits of IPE in pre-registration nursing education has been proven to be beneficial in the preparation of multidisciplinary team working once qualified and an increased understanding of the different roles to facilitate their own clinical role (Bar and Low, 2012; Ramswamy, 2010). The Nursing and Midwifery Council state that pre-registration programmes must ensure that students have opportunities to learn with and from other health and social care professions (NMC, 2010. p.75). Our IPE programme continues to flourish and has a central position in our pre-registration nursing curriculum.

References


Key words:
- interprofessional education
- collaboration
- nurse education
- patient care.
Nursing education research as an interest of Finnish doctoral dissertations

Jonna Vierula, MNSc Student; Minna Stolt, Senior Researcher; Leena Salminen, Docent, University of Turku; Jouni Tuomi, Principal Lecturer, Tampere University of Applied Sciences; Sanna Koskinen, Doctoral Candidate, Finnish Doctoral Education Network in Nursing Science, University of Turku; Helena Leino-Kilpi, Professor and Chair, University of Turku and Turku University Hospital, Turku, Finland

Introduction
Finnish nursing education research has established its place in the discipline of nursing and caring sciences. Since the beginning of academic education, the amount of nursing education research started to increase, especially in the 1990’s (Salminen et al., 2006). However, extensive and systematic analysis of the focus of nursing education research has been lacking. Hence, the aim of this study was to describe focus of the nursing education research in Finnish doctoral dissertations in the field of nursing and caring sciences during the years of academic education between the years 1979–2014. It is said, that by reviewing nursing doctoral dissertations it could be possible to identify changing trends in the nursing profession as an academic discipline (Zeng et al., 2012).

Methods
A literature review design was utilized. Doctoral dissertations were collected from the open publication lists of each university that offers education in nursing and caring sciences in Finland. Altogether 51 Finnish doctoral dissertations focusing on nursing education research included in the final analysis. The chosen dissertations were published in 1990–2014. The data were analysed by categorizing and with content analysis.

Results
The chosen dissertations published in the field of nursing education research covered approximately one eighth of all the dissertations of Finnish nursing and caring sciences. Surveys and interviews were the most widely used data collection methods. Students were the predominant study informant group while nurse staff including nurse mentors were next yet nurse educators only the third. The Finnish nursing education research was focused on four main areas that were structural factors in nursing education, nurse teacherhood, teaching activities in nursing education and learning and learning outcomes in nursing education. Learning in nursing education was the most central focus of the Finnish nursing education research as 84.3 % of the chosen dissertations focused on it. However, nurse teacherhood and structural factors in nursing education were studied least.

Conclusions
All in all, the Finnish nursing education research have been considerably student-centred and has focused only on a minor level on structural factors in nursing education and nurse teacherhood. In addition, research focusing on the education of other nursing based professions including practical nurses have been scarce. There are several future challenges when developing the nursing education research, especially as the nursing education research should focus on phenomena and topics that are central to the nursing education and its development.

References

Key words:
• nursing education research
• doctoral dissertation.
Collaborative learning in practice: A coaching model for pre-registration student nurses within a mental health setting

Mark Randall, Clinical Educator, Norfolk and Suffolk NHS Foundation Trust, Norwich, UK

Aim
To present the benefits and challenges of implementing a coaching framework within a mental health setting for pre-registration nursing students.

Background
The public Inquiry of the Mid Staffordshire NHS Foundation Trust (Francis, 2013) raised questions about the quality of care being provided by some nurses and their levels of competence. Additionally, a review of preregistration nurse education identified a number of areas that needed strengthening to reinforce the value of nursing as a profession. A key theme was ‘learning to nurse’ (Willis, 2012), and the importance of situating practice learning as central to the development of a competent and compassionate nursing workforce.

Although the model has been adapted from VU Medical Centre, Amsterdam, it had only been applied to adult and child nursing. Norfolk and Suffolk NHS Foundation Trust (NSFT) is therefore the first mental health trust to implement ‘Collaborative Learning in Practice’ (CLiP), in a multi-site pilot project being led by the University of East Anglia (UEA) in partnership with Health Education East of England. CLiP is based on the concept of coaching pre-registration student nurses as a mechanism for developing their competence, confidence, and performance.

Students assume nursing responsibility for a maximum of 3 service users each. They are supported by a ‘day coach’. The day coach is a registered nurse and for the duration of that shift they are supernumerary, their role being to provide coaching to the students.

Findings
Placement capacity has been tripled to 6 students per ward from a usual average of 2 students per ward. Early evaluations have reported benefits from daily goal setting leading to clearer expectations of students. Indications are that CLiP provides greater scope for assessment of the student’s nursing attributes in action. Students report greater ownership over learning and gains in confidence and competency. The primary challenges to implementation were organisational with difficulties in protecting the role of ‘day coach’ amid limited resources.

References


Key words:
• coaching
• competence
• mental health
• pre-registration
• nursing.

An international perspective on the social, political and economic factors influencing the expectations of practice and the competencies required of the entry-level nursing care provider

Jean Barry, Consultant, Nursing and Health Policy, International Council of Nurses, Geneva, Switzerland

In 2008 the International Council of Nurses (ICN) developed the Nursing Care Continuum Framework and Competencies which is being updated in 2015. The Continuum describes the integrated knowledge, skills, judgment and attributes necessary for nursing care delivery across the continuum of care. It addresses the entry-level competencies required of the support worker, enrolled nurse, registered nurse, specialist nurse and advanced practice nurse. By first creating and now updating the Continuum, ICN is contributing to providing better
tools for more coherent decision-making about the nature of the nursing workforce. It provides an international perspective on the entry-level competencies expected of the various levels of providers included in the Continuum for educators, regulators, employers, national nurses associations and policy makers to consider when developing competency lists for their particular context. It also can inform skill mix decisions and the dialogue on determining the right providers to meet care needs.

As part of the 2015 update, ICN carried out a review of the literature and a review of competency documents from multiple countries. It was also informed by an environmental scanning process with our over 130 National Nurses Association members and with our network of regulators. This process revealed many emerging social, economic, political societal and technological factors that impact how we need to prepare future nurses. In this presentation, information will be provided on the outcomes of this review process in terms of the current and future expectations of practice as well as the resulting implications for the updated competencies required of new practitioners that will be included in the updated Nursing Care Continuum Framework and Competencies.

Key words:
- competencies
- continuum of care.

Bullet points that indicate how your work contributes to knowledge development:
- describes the social, economic and policy drivers in the current context that are influencing the expectations of practice of the different levels of providers of nursing
- discusses the impact of these changes on the competencies required of different levels of nursing care providers from the support worker to the advanced practice nurse
- addresses the educational requirements necessary for the levels of providers to attain these competencies and meet the current and future context of care.

Collaboration between nursing education and working place: A key for developing specialist nursing competence

Gro Hovland, Lecturer; Dagrun Kyrkjebø, Lecturer; Maj-Britt Råholm, Professor, Sogn og Fjordane University College, Faculty of Health Care Studies, Førde, Norway

Background
This article builds on specialist nursing students' perceptions of competence requirements, with particular emphasis on acute care. The study forms part of a larger study, NursComp, regarding competence development among nurses in municipal health care services in Sogn og Fjordane, Norway.

Nursing competence is underlined in several acts and care plans both in the Nordic countries. The Norwegian Coordination Reform (White Paper nr 47 (2008-2009)) presumes that the municipalities will play the largest part in meeting the growth in demand for health care services in the future. Sufficient access to health service personnel and an increase in the share of personnel with qualifications from university colleges will be important in the coming years (White Paper nr 13 (2011-2012); (White Paper nr 1 (2007-2008)).

Health care providers are increasingly inclined to question the quality and efficacy of the care. They are required to keep pace with rapid changes in health care and to provide high-quality patient care in a cost-effective manner, which requires academic and clinical competence. Merely lengths of experience, education or theoretical knowledge do not suffice for competence development: motivation and commitment to professional nursing role are also needed.

Purpose
The purpose of this study is to describe the nurse students' experiences of challenges in municipal health and how education can contribute to competence development.

Method
This study is based on a qualitative approach and latent and manifest content analysis has been used for analyzing the data (Graneheim and Lundman, 2004). Two focus group interviews were conducted; before and in the end of the nurse specialist course. Altogether 10 specialist nursing students were included in the interviews.

Results
Three themes were identified, including both positive and negative aspects of the student nurses' experiences. The themes were: organizational conditions affect the quality of nursing care, the missing arena for competence development and education supporting learning and knowledge development.
Discussion
The specialist nursing students experienced a paradoxical situation with feeling of lack of appreciation and support, lonely learning, but also collegial support. The rapid technological developments in emergency medical work outside the hospital, along with demands of professional knowledge in rapid assessment and diagnosis, is indicating an increased need for expertise in acute care. There should be enough space and time for competence development. The nurses have expectations placed on them and an invisible leadership and missing support may lead to uncertainty.

References

Key words:
• education
• competence development
• acute care
• nursing
• qualitative.

An evaluation of writing retreats for pre-registration nursing students
Fiona Everett, Nurse Lecturer; Wendy Wright, Programme Lead, University of the West of Scotland, Hamilton, UK

Aims
This poster illustrates the enhancement of the student experience through attendance at writing retreats by pre-registration nursing students at the University of the West of Scotland, Hamilton Campus.

Background
Personal experience of attending residential writing retreats highlighted that validated, supported, disciplined writing time free from interruptions is beneficial in the progression of writing. Pre-attendance preparation and scheduled writing slots combined with the process of sharing ideas and experiences in a supportive environment are all integral to the achievement of identified writing goals (Bolton and Rowland, 2014).

Intervention
All pre-registration nursing students were invited to attend a writing retreat(s). A summary of the purpose, format and the importance of preparation, in relation to reference materials, prior to attendance, was provided at an information session and reinforced through the university’s virtual learning environment (VLE). Students had the opportunity to attend a maximum of 2 one day writing retreats.

Sample
The sample group comprised of pre-registration nursing students attending UWS, Hamilton Campus (n= 13 opted to attend, n=2 attended on both days).

Method
A questionnaire ascertained students’ perspectives of the value of writing retreats.

Findings
Attendance was evidenced from each year of the programme: year 1 students (n=6), year 2 students (n=6), (with two students attending both days) and one third year student (n=1). However, initial responses indicated that thirty-two (n=32) and forty-one (n=41) students wished to attend on days one and two respectively. Subsequent changes in timetables and duty rosters prevented students from attending.

All students indicated attendance at the information session and reinforcement of information via the VLE prior to the writing retreat was helpful. They also all agreed that attending a writing retreat provided an opportunity to solely
focus on writing, in a supported environment, which helped facilitate writing. Writing outputs, which ranged from 501-1000 words concentrated on module assignment drafts or presentations relevant to the students’ module of study.

However, students highlighted that the success of the retreats relied on the presence and support of the nurse lecturers who maintained structure and discipline and who were perceived as role models by the students. One student also commented that it was beneficial not to have internet access, during the retreat, as this may have been a potential distraction to writing progress. Ultimately, all students would recommend attendance at a writing retreat to their peers.

**Conclusion**
This evaluation has highlighted the need for further provision and integration of writing retreats into the support opportunities available to students within pre-registration nursing programmes. Nurse educators are considered as role models in developing a disciplined approach to writing.

**References**


**Key words:**
- writing skills
- student support.

**Bullet points that indicate how your work contributes to knowledge development:**
- student evaluations are an integral aspect of the contemporary curriculum
- access to additional support can potentially enhance the student learning experience and contribute to the development of academic writing potential
- nurse educators have an important role to play in evaluating the student experience.

**Inquiring appreciatively to understand the student experience**

Tamsin MacBride, Lecturer; Kirsteen Lang, Teaching Fellow, University of the West of Scotland, UK

Appreciative inquiry is a methodological approach which focusses on identifying existing strengths as opposed to weaknesses in order to enhance practice (Cooperrider, Whitney and Stavros, 2008). Appreciative inquiry was first described by Cooperrider and Srivastva in 1980 and is now used increasingly within health and social care research (e.g. Dewar and McKay, 2010). Literature discussing the application and implications of appreciative inquiry in higher education is also becoming more evident (Cockell and McArthur, 2012).

With some experience of using appreciative inquiry as a methodological approach in healthcare research (University of the West of Scotland (UWS), Burdett Trust for Nursing and Queen’s Nursing Institute for Scotland (QNIS), 2015a); we wanted to explore the potential for using this research methodology within higher education. With preliminary discussions taking place exploring the possibilities of commencing an appreciative inquiry into the student experience, the authors became interested in how the underpinning principles of this research methodology could develop their practice as Lecturers on a pre-registration nursing programme and learn about and enhance the student experience. Hornstrop and Johannsen (2009) discuss the process of working appreciatively, moving from the idea of Appreciative Inquiry as a noun, to the verb of inquiring appreciatively. The underlying principle of this is seeing the inquiry as a relational process with the resulting outcome of the inquiry being co-created. This process involves asking curious questions to uncover and understand what is working well, with the purpose of making new discoveries together with people (Dewar, 2011).

Dewar and Sharpe (2013) explain central to an appreciative approach and supporting co-facilitation is the process of appreciative dialogue. Dewar and Sharpe (2013) propose a framework that helps us have appreciative dialogue is the 7 ‘Cs’ of Caring Conversations. This framework developed by Dewar (2011) is described by Dewar and Nolan (2013) as a model of compassionate relationship centred care. Dewar and Sharpe (2013) argue that Caring Conversations are applicable not only in the context of nurse to patient relationships but are beneficial in a variety of contexts and settings such as between staff, clinical supervisions and what is in the context of this paper, the lecturer – student relationship.

While there are no defined set of methods used in appreciative inquiry the literature describes a number of creative practices that can help open up dialogue and facilitate an appreciative approach (Dewar, 2012). Examples of these include photo elicitation (Hansen-Ketchum and Myrick, 2008; Dewar, 2012) emotional touchpoints (Dewar et al.,

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**Conclusion**
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**Key words:**
- writing skills
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**Bullet points that indicate how your work contributes to knowledge development:**
- student evaluations are an integral aspect of the contemporary curriculum
- access to additional support can potentially enhance the student learning experience and contribute to the development of academic writing potential
- nurse educators have an important role to play in evaluating the student experience.
2010) and asking appreciative questions by means of a positive inquiry tool (UWS, Burdett Trust for Nursing and QNIS, 2015b).

It is suggested by inquiring appreciatively we can learn about the student experience in a positive way rather than traditional problem focussed approaches. This has the potential to enable us to work together to co-create and enhance the student experience. This presentation will discuss examples of how approaches that support us to inquire appreciatively have been used within the context of pre-registration nursing education. It will also explore how this facilitates us to learn about and understand the student experience as well as wider implications for this approach within the pre-registration curriculum.

References:


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University of the West of Scotland, Burdett Trust for Nursing and Queens Nursing Institute for Scotland (2015a) Enhancing dignity and compassion through caring conversations. Final report for Queen’s Nursing Institute for Scotland. Available from:

University of the West of Scotland, Burdett Trust for Nursing and Queens Nursing Institute for Scotland (2015b) Enhancing Dignity and Compassion through Caring Conversations, Available from:

Key words:
• student experience
• appreciative inquiry
• co-facilitation
• caring conversations
• pre-registration nursing.

Bullet points that indicate how your work contributes to knowledge development:
• appreciative inquiry is a relatively new research methodology in higher education
• inquiring appreciatively is a relational process that can help us uncover and understand positive practices in relation to the student experience
• a variety of creative practices can be used to support an appreciative approach to learn about, understand and enhance the student experience.
An exploration of reasonable adjustments to support pre-registration nursing students with disabilities: The story so far

AnneMarie Craig, Nursing Lecturer, Glasgow Caledonian University and PhD Student, The University of Manchester; Ann Wakefield, Professor of Nursing Education and Academic Lead for Quality Assurance and Enhancement; Steven Pryjmachuk, Professor of Mental Health Nursing Education, The University of Manchester, UK

This presentation will outline the findings from the first phase of a mixed methods study to explore the concept of reasonable adjustments to support pre-registration nursing students with disabilities.

The Nursing and Midwifery Council (NMC, 2010) state that in order to practise safely and effectively without direct supervision as a nurse or midwife, good health is required. Furthermore NMC (2010) clarify that good health does not mean the absence of disability, and in fact actively promote widening participation as a key objective for approved nursing and midwifery education programmes. Therefore an individual with a disability, who can demonstrate competence and proficiency in practice with or without the implementation of reasonable adjustments, can be considered to be of good health and consequently fit to practise without professional standards being compromised (Kane and Gooding, 2009; Tee et al., 2010). However, anecdotal evidence has suggested that there are inconsistencies in the availability and suitability of support measures afforded to student nurses with disabilities. This indication prompted a review of the literature concerning reasonable adjustments within pre-registration nurse education which revealed several themes surrounding the concept of ‘reasonable adjustment’, and in essence substantiated the original anecdotal evidence.

Despite widespread recognition of the legal obligation (Equality Act, 2010) and the requirements within professional regulation for nursing and midwifery (NMC, 2008; 2010) to provide reasonable adjustments to support individuals with disabilities, the literature highlights apparent inconsistencies with the interpretation of guidance surrounding the concepts of ‘good health’ and ‘reasonable adjustments’ (Sin and Fong, 2008; Griffiths et al., 2010), and the availability of support measures for nursing students with disabilities (Storr et al., 2011). Moreover, Dickson (2005) asserts that the attitudes of academic and clinical staff can influence what is deemed as a reasonable adjustment to support a student nurse with a disability. In fact according to Sin and Fong (2008) the decisions regarding fitness to practise are also impacted upon by different perspectives. Consequently tensions can result, especially where student nurses with disabilities can be offered reasonable adjustments in some settings which may not be regarded as reasonable in other settings (Sanderson-Mann and McCandless, 2006). In addition, at times tension can result from trying to meet the legal obligations to support individuals with disabilities and the requirement to adhere to professional regulation (Stanley et al., 2011). However there is no doubt that patient safety is of paramount importance and therefore adjustments available in academic settings cannot be supported in clinical environments (Beskine, 2009; Griffiths et al., 2010; Simons, 2010; Tee et al., 2010). Thus, depending on the approach to student support, students may feel disadvantaged if their expectations regarding support measures and reasonable adjustments have not been adequately explored.

From the literature review it is clear that there are disparities in the interpretation and implementation of the limited amount of guidance available concerning reasonable adjustments. There is agreement that student nurses with disabilities should be offered opportunity, with or without support, to demonstrate their competence and fitness to practise. However to ensure that the support offered to pre-registration nursing students with disabilities is ‘reasonable’, it is essential that a clearer understanding of ‘reasonable adjustments’ is ascertained to underpin national guidance that will reinforce consistent, fair and realistic support measures that meet individual student’s needs. Therefore this mixed methods study was embarked upon to explore the meaning of reasonable adjustment within the context of pre-registration nurse education in Scotland.

References


Student nurses’ recognition of early signs of abnormal vital signs recordings: Perspectives from a developing country

Martha M. Leonard, MSc. RN, Western Cape College of Nursing, Cape Town; Una Kyriacos, PhD, MSc, Senior Lecturer, University of Cape Town, South Africa

Background
There is increasing urgency for nurses to recognize early signs of deterioration in patients and to take appropriate action to prevent serious adverse effects.

Objectives
To assess participants’ ability to identify abnormal recordings for respiratory and heart rate, oxygen saturation level, systolic blood pressure, level of consciousness, urinary output and normal temperature.

Design
A descriptive observational survey.

Setting
A nursing college in Cape Town, South Africa.

Participants
A sample of 77/212 (36.3%) fourth year students.

Methods
A self-administered adapted questionnaire was employed to collect demographic data and participants’ selections of recorded physiological values for the purpose of deciding when to call for more skilled help.

Results
The median age for 62/77 (80.5%) of the respondents was 25 years; 3/76 (3.9%) had a previous certificate in nursing. Most respondents were female (66/76, 85.7%). Afrikaans was the first language preference of 33 (42.9%) respondents, followed by isiXhosa (31/77, 40.3%) and English (10/77, 13.0%). Most respondents (48/77, 62.3%) recognized a normal temperature reading (35-38.4°C). However, overall there would have been delays in calling for...
more skilled assistance in 288/416 (69.2%) instances of critical illness for a high-score MEWS of 3 and in 226/639 (35.4%) instances at a medium-score MEWS of 2 for physiological parameters. In 96/652 (17.1%) instances, respondents would have called for assistance for a low-score MEWS of 1.

Conclusions

Non-recognition of deterioration in patients’ clinical status and delayed intervention by nurses has implications for the development of serious adverse events. The MEWS is recommended as a track-and-trigger system for nursing curricula in South Africa and for implementation in practice.

Bibliography


Key words:

- early warning scoring (EWS) system
- vital signs monitoring
- patient safety
- clinical decision-making.

Supporting student nurses into employment

Helen Gardner, Lecturer in Children’s Nursing; Jenny Mullins-White, Careers Consultant, University of Birmingham, UK

In the wake of the Francis report following the appalling failures at the Mid Staffordshire NHS Trust, the NHS and Health Education England (HEE) have developed a values-based recruitment (VBR) Framework (NHS/HEE, 2014) to help ensure values-based employment. By April 2015 all students going into NHS funded programmes in Universities will be recruited for their values as well as their skills and qualifications and the University of Birmingham is already doing this. Employers are now following suit, including our local partner NHS Trusts.

The NHS Constitution forms the basis of the VBR framework, with the underpinning values identified as working together for patients; respect and dignity; commitment to quality of care; compassion; improving lives and everyone counts (NHS England/HEE, 2014). Whilst we believe our nursing students at University of Birmingham adhere to these values we wish to prepare them for changes that are occurring in recruitment strategies in the NHS and other health care organisations that reflect the commitment to safe compassionate care delivered by the multidisciplinary...
team and to ensure that situations such as Mid Staffordshire can never happen again (Latham, 2014). In a partnership between the nursing programme, the University’s Careers Service and local partners the following programme was developed with the following aims to:

• prepare student nurses for accessing recruitment and selection processes in the NHS and other health care organisations
• give students the skills to excel in individual interviews and selection/assessment days
• prepare students for numerical and verbal-based testing
• prepare students for values-based testing
• embed skills for their future professional lives.

Final year students completed a survey in September 2014 to assess their knowledge and confidence in a number of areas relating to recruitment, selection and interviews. The results of the survey have been used to inform the content of the programme planned for delivery in January/February 2015. The survey will be repeated at the beginning of the Leadership in Nursing module (May 2015) to establish comparative data and inform future development of the programme.

References


Key words:
• student preparation
• values based recruitment.

Developing skills for the future: Student participation and engagement within values based selection process for prospective nursing students at the University of Derby
Helen Croft, Student Mental Health Nurse; Emilie Hindle, Student Adult Nurse; Ben Stanesby, Student Adult Nurse, University of Derby, UK

Interprofessional participation in the values based selection process
Student nurses of all disciplines should be aware of the responsibilities and roles of all people who provide social and healthcare (NMC, 2011, p.13). In practice environments this is achieved by working inter professionally with all staff involved in the delivery of care.

In an academic setting, at the University of Derby, students have been able to both work and learn inter-professionally through engagement and participation in all aspects the values based selection process for nursing. Mental Health and adult nursing students have participated all aspects of the selection process. This has included welcoming students, marking numeracy, literacy and values based test papers, marking group participation and asking questions related to the 6C’s (DH, 2012) during individual interviews.

Through engagement in this process mental health and adult nursing students have achieved inter-professional learning and working not only with their peers but also senior lecturers, professionals from the local NHS trust and expert service users.

Through participation in the values based selection process, student nurses have also been able to participate in an activity where they can demonstrate their professional conduct in line with the NMC Code (2008) by ensuring they treated prospective students fairly without discrimination, worked within the limits of their competence and through consulting and sharing information with colleagues.

The values based selection process has also provided the opportunity for students to develop their understanding and application of professional values expected for all staff in healthcare environments by realising the links between the NHS Constitution (DH, 2014), the 6C’s (DH, 2012) and the University of Derby’s own values. This has been achieved through working in a context of values based practice with prospective students but also in developing an understanding of professional values in the context of the wider healthcare workforce.

Developing skills: Continuing professional development
Participation within the values based selection process has allowed students to take responsibility for their own learning, (NMC, 2011, p13) whilst also providing an opportunity to take part in an activity which develops both performance and competence (NMC, 2008).

For pre-registration students participation and engagement in this process has allowed for continuing professional development through reflection (NMC, 2008). Reflection has encouraged focus on development of competences and has highlighted deficits in knowledge, within a values based framework.
Participation in this process has provided an opportunity to develop communication, interpersonal and decision making skills. These developing skills will not only serve students well as pre-registration nursing students but also within a leadership and management roles as future practitioners.

References


Key words:
- student participation
- engagement
- interprofessional learning
- development.

Developing enhanced skills vital to working in the pressures of contemporary healthcare environments as a nurse

Jean Astley-Cooper, Principal Lecturer/Strategic Practice Lead; Louise Price, Senior Lecturer/Simulation Coordinator, Coventry University, UK

Abstract
The demand for safe quality care within an ever changing health care system has led to the development of a set of enhanced skills recognised as vital to underpin the overall capability of a nurse to work in contemporary health care environments. Not only will this set of skills support nurses in practice at times of pressure they will ensure that the nurse remains confident, competent, caring and compassionate. In essence the set of simulated learning sessions which makes up this educational experience addresses head on some of the skills found as lacking in reports such as Willis (2012), Francis (2013), DH (2012).

In collaboration with key stakeholders a programme of enhanced soft skills was developed as part of the pre-registration nursing curriculum. Simulation was the chosen teaching and learning strategy as it enabled the students to practice in realistic safe environments and hone their skills without danger of hurting the service users (Ziv et al., 2003). This teaching method is increasingly being used in healthcare education (Galloway 2009). Soft skills such as assertiveness, communication, conflict resolution, collaboration, emotional resilience, courage, reflection, team working, empowerment and advocacy are addressed in a series of ‘real life’ learning scenarios acted out by a group of professional actors within which the students interact to play out these scenes. A series of skills and scenarios have been planned for each year of the nursing pre-registration curriculum. Opportunities exist for students to fully engage with the learning scenarios, observe their peers do the same, actively reflect upon the scenario in structured debrief sessions. As this is seen as an essential element of practice development the simulation activities are part of the formal placement time in the curriculum.

This programme was implemented in June 2014 and to date a total of approximately 300 students have participated. The programme has been highly successful to date as evidenced by the students’ evaluations. The evaluations demonstrate that students find this an exciting, innovative and informative learning experience and report that it has increased their knowledge, ability and confidence to implement these skills. As a result of the students’ enthusiasm for the programme interest has been generated among nurses who have approached the university to express an interest in taking part. To date seven nurses from the local placement provider organisations have now become facilitators and are taking part in the delivery of the programme.

It is thought that by providing such a programme to compliment practice experience this will help to contribute to the development of the knowledge, skills, values and confidence required to deliver competent caring and compassionate practice as well as the courage and resilience to report substandard or poor care.
An exploratory study of student nurses’ lived experience in intercultural encounters in clinical practice

Joy Chun Hua Shao, Senior Lecturer in Adult Nursing and Programme Leader in MSc Nursing Healthcare Leadership, Northumbria University, UK

1991, 2001 and 2011 UK Censuses indicate that there is a dramatic increase in the figures of people from black, Asian and minority ethnic (BAME) groups (Office of National Statistics (ONS), 2011). Many of these people require health care that is different to indigenous people due to their diverse cultural needs and religious beliefs. However, several studies in the UK revealed that these ethnic minority groups are disadvantaged compared to the majority population when accessing National Health Services (NHS) (Gerrish, 2000; Duffy, 2001; Papadopoulos, 2006). Eckhardt and colleagues (2006) also reported that health care professionals, including qualified nurses, are often not responding effectively to the diversified cultural needs to their clients who are from cultural background different to themselves. Leisham (2004) study revealed that there are significant amounts of staff are afraid to interact with their patient or avoid working with that patient due to lack knowledge of diversified cultural needs. All these no doubt affect their quality of care and patient satisfaction.

Following Equality Act (2010) sets legal duties to promote equality and Health and Social Care Act (2012) address health inequalities, it is believed that nurse educators and leaders take a key role to fostering a required cross-cultural competence for our next generation of nurses. The author carried out a project to explore intercultural competences nursing students required in practical context.

In order to address this, following research questions were raised:
- What are student nurses perceptions of competence in intercultural communication?
- Do student nurses encounter any challenges when communicating with other cultures? To what extend do they respond to such a challenging situation in practice? What strategies do they employ to handle these situations?
- How can nursing students be encouraged and supported to proactively seek out opportunities to make contact with patients of other cultures?

A qualitative phenomenological research approach was used to investigate student nurses’ lived experiences in intercultural encounters. The participants were recruited from one university in North East of England from the end of the first year and final year Pre-registration Adult nursing programmes, who have undertaken their clinical practice in healthcare settings serving BME communities. Interviews was conducted in English, which lasted 60-90 minutes at the participants’ university. The interview was digital recorded transcribed verbatim for interpretative phenomenology analysis.

The research project has uncovered student nurses’ perception, barriers and strategies utilised in responding to service users whose culture backgrounds are different to themselves, therefore, the findings was useful to identify
nursing students’ intercultural competency, which will help nursing leaders, clinical educators, mentors and lecturers to understand students’ learning when providing care to BME communities.

References


Bullet points that indicate how your work contributes to knowledge development:
• what challenges do student nurses face in intercultural encounters and how do they manage these challenges
• how do student nurses engage in their intercultural communication through their engagement, communication and interaction
• what can nurse educators and clinical educators do to better prepare future nursing workforce.

Using a coaching model with student nurses on an acute surgical ward

Adam Feary, Clinical Educator; Merwyn Agcaoili, Ward Manager (Denver Ward), The Queen Elizabeth Hospital, King’s Lynn NHS Foundation Trust, King’s Lynn, UK

Aim
The poster will demonstrate the transition from traditional student nurse mentoring to a new coaching style of mentoring on an acute surgical ward (Denver Ward).

Background
Recent reports (Willis, 2012; Shaw and Bough, 2014) highlight the need to rethink traditional mentoring and how best to support and improve student learning in practice. Denver’s project is part of the Collaborative Learning in Practice (CLiP) pilot with the University of East Anglia and other hospitals in the East of England.

Method
The main features of CLiP on Denver Ward are:
• A whole ward learning environment created by introducing all clinical staff to coaching principles.
• A Clinical Educator to support student nurses and coaches.
• Increased student numbers (from 6 to 12-15 allocated at any one time)
• Up to 3 students on a shift working with a daily coach (registered nurse) in caring for 9 patients.
• Students allocated specific patients to care for according to their learning needs, competency and patient complexity. All 9 patients allocated between the students; the registered nurse’s sole responsibility is to coach the students.
• Students provide all care including essential personal care, supervised medication rounds, ward rounds and handover; delegating as appropriate to unregistered staff.
• A daily student learning log which identifies daily and longer term learning needs. They reflect on these throughout the shift. The daily coach provides written feedback at the end of the shift.
• Students present a patient case study to an invited audience including Matrons, Director of Nursing.

Results
• Positive feedback from students e.g. increased confidence and skills such as time management and prioritising.
• Positive feedback from staff e.g. enjoyment of coaching role, greater awareness of own skills and knowledge.
Learning
To work well the following were necessary:

- Clinical Educator independent of the ward and not a mentor.
- Sufficient students allocated to the ward with advanced notice of study days allowing for accurate planning of off duty.
- Less flexibility for students swapping shifts to maintain correct student skill mix and numbers.
- Sufficient numbers of students on a shift so coach does not provide direct patient care.

References

Student involvement and engagement in the re-development of an undergraduate healthcare degree programme
Elaine Lockton, Clinical Lecturer in Speech and Language Therapy; Rachel Starkey, Senior Clinical Lecturer in Speech and Language Therapy; Fiona Kevan, Senior Clinical Lecturer in Speech and Language Therapy, The University of Manchester, UK

The value of actively engaging with and responding to student opinion and ‘voice’ is increasingly recognised as an important part of all higher education teaching and learning. This poster outlines a project which aimed to use online consultation as an innovative method of involving students in the development of a new 3-year BSc Speech and Language Therapy programme and therefore embedding student opinion, experience and values into the new programme development decision making process.

Twelve third and fourth year students on the existing 4-year BSc Speech and Language Therapy programme made themselves available to join a live, synchronous online discussion using the Blackboard Blog tool. The discussion was online to allow students increased flexibility in respect of location and therefore participation. Discussion was also synchronous to enable meaningful discussion to occur as the students read other students comments, allowing students to further develop their skills in reflection and constructive criticism and to learn from their peers (Kerr and Walton, 2014).

The session was completed anonymously and discussion took the form of open questions posted by a facilitator to focus thoughts on current learning experience and personalised learning. Questions covered principles of student choice, scale and support, interactivity and self-expression. As well as posting key themed questions, the facilitator’s role was to engage with students and provide appropriate trigger comments and questions. The facilitator also ensured that the students’ comments were appropriate and professional, clarified the posts and moved discussion forward when required.

Outcomes of the consultation and implications for methods of embedding student evaluation and engagement within healthcare education will be presented.

Reference

Key words:
- student experience
- student engagement
- student consultation
- personalised learning
- student values.
Review of an orientation day as the introduction to a community practice learning experience

Pam Kelly, Practice Education Facilitator; Eileen Routledge, Practice Education Facilitator; Lesley Alexander, Practice Education Facilitator; Neil Hendry, Practice Education Facilitator, NHS Grampian, Stonehaven, UK

The aim of this poster is to demonstrate the effectiveness of a practice education facilitator (PEF) led orientation day for student nurses commencing community practice learning experience. Information has been distilled from the collated evaluation forms completed by student nurses over a 2 year period; reflections from mentors and PEF experiences.

Aberdeenshire community health partnership (CHP) has a rural and urban population of 247,600; covers an area of 2,437 square miles with 32 community nursing bases. The region currently has 154 mentors and capacity for 75 student practice placements.

The community setting forms a significant proportion of practice experience and is recognised as a valuable learning environment, which will continue to be developed (Willis, 2012).

Optimising learning opportunities can be achieved through better understanding and preparation for the variety, complexity and challenges of community nursing; hence a formal introduction to community placement was developed to enhance the practice experience. Managing expectations, understanding the context and opportunities available in the community are fundamental to successful placements (Baglin and Rugg, 2010).

This initiative was initially introduced in 2005, in response to Quality Standards for Practice Placements (NHS Education for Scotland, revised 2008). It has continued to develop, with all community nursing students in Aberdeenshire attending an orientation day to promote inclusion, effectiveness and provide equity. The day offers a preface, exploration and preparation for the practice learning experience which is acknowledged as a key component (Robinson et al., 2012). It has evolved in response to student feedback after each session, the current format is a blend of presentation, clinical scenarios, discussions, small group work and information giving.

The feedback from the student evaluations thus far endorses the day and it will continue to be an integral part of the student experience in community practice learning placement. However, it is anticipated we continue to appraise the value of the session and respond accordingly to ensure quality.

It is recognised that the scope to meet learning outcomes within the wider community team is not always understood fully by students. This is an opportunity to develop a deeper appreciation of what all the community placements have to offer, provide support and information prior to commencing, thus optimising learning (Murphy et al., 2012).

References


Key words:
• community
• orientation
• placement experience.
Student nurses’ experience of clinical simulation and how prepared they were for their first clinical placement

Celia Quinlivan, Adult Nurse Lecturer, University of the West of the Scotland, Ayr, UK

Within pre-registration nursing in the UK clinical simulation teaching has now been sanctioned to replace up to 300 of the 2300 practice hours (Nursing and Midwifery Council (NMC), 2007a). It is used extensively as a teaching and learning strategy across the three years of an undergraduate programme where the study took place. In year 1 one, students are introduced early to clinical simulation and experience their first clinical placement ten weeks from commencement.

The clinical placement experience has been identified as one of the factors for students leaving nursing programmes (Hamshire et al., 2012). Melling (2011) explored student nurses’ experience of their first clinical placement and concluded that the separation of theory from practice, particularly during the first clinical placement, remains a weakness of nurse education.

Likewise, the study by Donaldson et al. (2010) sought to investigate why student nurses failed to complete the first year of the nursing programme. They identified clinical placement experiences as one of many factors. Interestingly, Leducq et al. (2012) highlighted that attrition rates are higher in year one with a noticeable peak at the end of the first placement.

This presentation will discuss a small explorative study using a qualitative approach that sought to explore student nurses’ experience of clinical simulation and how prepared they were for their first clinical placement. The study was carried out at two campuses of a Scottish university. Research participants were student nurses having just completed their first clinical placement. The data was obtained through semi-structured interviews and thematic analysis was carried out.

Three key themes emerged from the data and these were; More Time, Let’s Play and Pretend, and The Real Thing. The findings showed that although students enjoyed clinical simulation, they would have liked some prior introduction to the teaching strategy, and overwhelmingly more time to practice. A ‘step by step’ teaching approach was preferred by the students in the clinical skills laboratories (CSLs) with more opportunity to practice. Although they reported the CSLs as authentic, they found working and communicating with the manikins unrealistic and ‘child like’. One unexpected finding was that students found simulation provided an opportunity to socialise and get to know one another. However, student’s reported difficulty in relating skills that they had learned in clinical skills laboratories to clinical practice, in particular the predominant use of automated machinery for blood pressure measurement. One student described the clinical placement as completely different to what they had been taught, so much quicker and task oriented.

This study contributes to knowledge development in relation to enhancing the student experience and engagement by:

• Increasing the understanding of student nurses’ initial experiences of clinical simulation.
• Gaining insight into the students’ preferred teaching and learning strategies.
• Gaining an understanding of the students’ experience of their first clinical placement in relation to clinical skills practice.

The study identified that a local standardised approach to teaching using clinical simulation should be initiated in partnership with clinical colleagues. Thus supporting students in their learning and providing a partnership approach to teaching and learning.

References


Enhancing the student learning experience with the development of interactive case-based clinical reasoning resources

Elaine Lockton, Clinical Lecturer in Speech and Language Therapy; Catherine Adams, Senior Clinical Lecturer in Speech and Language Therapy; Rachel Starkey, Senior Clinical Lecturer in Speech and Language Therapy, The University of Manchester, UK

University of Manchester BSc Speech and Language Therapy student evaluations have consistently revealed that students greatly value the opportunity to actively engage in enquiry-based learning using real-life clinical examples and to practise clinical reasoning and diagnosis in a highly supported context. The use of case studies or simulated cases are understood to be a particularly powerful tool in students’ learning as they can provide ‘rich, relevant contexts’ in which students can learn how best how to apply their knowledge (Maudsley and Strivens, 2000). Further, simulated or standardised cases had been found to meet with student approval and to be an accurate means of representing clinical scenarios (Hill et al., 2010).

A person-centred approach to case management, which was already familiar to students and draws on multiple sources of evidence and socially contextualized influences, was used to develop interactive online video case-based clinical reasoning resources. Clinical reasoning or ‘thinking and decision making processes associated with clinical practice’ (Higgs, 2008) was selected as a skill viewed by employers and service users as critical in the health professions and contributing significantly to professional autonomy. The aim was to facilitate learning about the integration of multiple sources of knowledge, language assessment data (e.g. links to video clips of language assessments), evidence of effectiveness of health care services (e.g. links to recommended systematic reviews and primary research evidence), the views of the multidisciplinary team (e.g. links to video clips of other professionals involved with that case) and service user preference and opinion (e.g. links to video interviews of parents of child service users) to arrive at a logical clinical decision about holistic management. Further, video of highly experienced clinicians aimed to provide a ‘Personal Model’ of skilled practice to observe and learn from (Grasha, 1996).

This poster outlines the development of this online interactive video case-based clinical reasoning resource, its implementation with fourth year BSc Speech and Language Therapy students and evaluation. Outcomes of the work and implications for healthcare education and embedding person centred clinical reasoning resources within its practices, will be discussed.

References


Key words:
• clinical reasoning
• e-learning
• educational innovation
• person-centred approach
• case simulation.
Does the use of multi-media feedback for formative assessments enhance student engagement and performance?

Heather Rugg, Senior Lecturer Mental Health Nursing; Karen Hayward, Senior Lecturer Child Health Nursing; Rowena Harland, Lecturer Adult Nursing, University Campus Suffolk, UK

Research into student progress has often focused on student retention. The National Audit Office (NAO) regards retention as a reflection of the quality of course effectiveness and management (NAO, 2001), noting that it varies between institutions (NAO, 2007). The commissioners of university student places also use attrition and completion-on-time rates as a barometer of course quality (NHS Midlands and East, 2012), and, therefore, higher education institutions are keen to reduce the number of leavers to a minimum. At the same time, student satisfaction and outcomes have become increasingly important, as university league tables now highlight course satisfaction rates, degree classification attainments and employment outcomes. Although there is a lot of research into the factors associated with student attrition, it is time to move beyond the narrow focus on attrition; what is needed now is a broader focus on the wider student experience, exploring student progress from a broader psychological and social perspective.

Student progress is a multifaceted phenomenon. Research has shown that there are many factors associated with attrition (Pitt et al., 2012; Pryjmachuk et al., 2009), including pre-course factors (Kevern et al., 1999). However, others have discussed the importance of institutional integration (Kotecha, 2002), belongingness (Levett-Jones et al., 2009) and the development of professional identity (Lounsbury et al., 2005) and their impact on student attainment and learning. To understand student progress we need to move on from the explorations as to why students leave and begin to explore why students continue and are successful in their studies. Reason (2009) suggests that persistence is poorly researched and understood, concluding that each student experiences multiple forces and it is the interplay of these forces that is important. In seeking to understand these forces, a model has been designed that explores progression from a combination of perspectives.

The Model of Student Progression is based on research into student attrition, the psychosocial theory of Chickering and Reisser (1993) and Tinto's model of institutional departure (1993). The model provided a framework with which to explore the progression of a cohort of first-year nursing students at a Russell Group university. Research into student attrition identified some of the key factors that are known to influence attrition, including demographic and pre-course factors. Chickering and Reisser's identity development theory provided a psychosocial perspective from which to view student progress, and Tinto's theory enable the model to reflect the importance of institutional, professional and social integration in the model. In developing the model, the aim was to explore student progress from a broad perspective and to use it as a basis from which to research the factors during the first year of their degree course.

The initial experience of using the Model of Student Progression to direct research data collection methods, interview questions and questionnaire schedules would support its use as a useful starting point from which to explore the complex and multifaceted experiences of a small cohort of undergraduate nursing students.

References


**Key words:**
- student progression
- attrition
- development
- integration.

**Bullet points that indicate how your work contributes to knowledge development:**
- student progress is an increasing concern for educational providers, course quality reviewers and the commissioners of nursing student places, as student progress is related to their course experience and levels of engagement
- the newly designed model of student progression provides a framework with which to explore the course progress of student nurses and the factors that influence their day-to-day experiences and levels of engagement
- based on research into student attrition and the theories of Chickering and Reisser (1993) and Tinto (1993), the model explores student identity development and their levels of social, professional and institutional integration.

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**What is the impact on educators? A case study of a European nurse education network**

**Nita Muir, Principal Lecturer, University of Brighton, UK**

This poster will present the preliminary findings from an iterative case study which is exploring a collaborative European Nurse Education Network and its impact on those that participate. Interesting aspects of this network are the diversity of participants who are all from nurse education institutions (30 member institutions from 15 European countries) and the sustainable nature of the network which was established in 1994, with participants meeting consistently on an annual basis. The purpose of the network is predominately a pedagogic one which focuses on student exchange within a structured framework.

The research arose predominately from the authors educational experience of working internationally as a nurse academic and considering the notions such as ‘why some international educational partnerships were more successful than others’, and ‘what is the impact of this for those involved.’ These notions were compounded by the situation, that whilst educational networks and partnerships are prevalent across institutions globally, it is an area of practice that is generally poorly explored within the context of the impact of educational networks and related partnerships.

The poster will further develop this rationale, and offer an overview of the iterative and inductive case study methodology which was developed to meet the specific nature of this network. The case study has three phases which are interlinked:

1. A focus group that was analysed to identify the participants perception of the network
2. Documentary analysis of annual reports used to describe the practice of the network
3. Interviews of participants to further explore individual impact

The author is currently at the mid-point stage of data collection and anticipates having completed this and undertaken a preliminary thematic analysis of all these phases by the time of the conference. Initial findings are suggesting that Wenger et al. theory of community of practice (2002) maybe influential in developing ‘connectedness’ which sustains such endeavours. Other findings to be presented are anticipated to be of the ‘practice’ of the network and the impact of engagement on the participants.

**Reference**


**Key words:**
- case study
- European nurse education.
The Scottish way: A shared journey for the preparation of mentors

Kathleen Duffy, NHS Education for Scotland, Nursing and Midwifery Practice Educator, NHS Lanarkshire; Belinda Emmens, Practice Education Coordinator North Region, NHS Education for Scotland, UK

The role of the mentor is acknowledged as crucial in the practice learning experiences of pre-registration students and midwives (Wilkes, 2006; Willis, 2012). Willis (2012) highlights that the Nursing and Midwifery Council have led the way internationally by formalising the role of the mentor in the United Kingdom and providing guidance in relation to preparation, ongoing development and maintenance of the role (NMC, 2008).

Following the initial introduction of the ‘Standards to support learning and assessment in practice’ (NMC, 2006) which outlined the specific requirements for the preparation of nurses undertaking the mentor role in the UK, NHS Education for Scotland facilitated the development of a core curriculum framework for mentor preparation in Scotland (NES, 2007), thus ensuring that Scottish mentors were prepared in a consistent and transferable way across the six education providers and their partner NHS Boards. This poster presentation will outline the evolution of the 2nd edition of the ‘National Approach to Mentor Preparation for Nurses and Midwives: Core Curriculum Framework’ (NES, 2013).

In the intervening years, since the first publication, there have been regulatory, legislative and policy drivers, alongside an emerging evidence base, that required to be taken into consideration when preparing nursing and midwifery mentors. A review of the core curriculum framework took place September 2012-March 2013 to ensure a contemporary programme of preparation for mentors across Scotland. Central to this development was partnership working with service, education and professional bodies.

The poster highlights; the key points from the baseline scoping exercise undertaken as part of the review; the main drivers underpinning the need for a review; the stakeholder engagement strategy; findings from a rapid appraisal of the literature undertaken to inform the review and the outcome of the review.

The revised edition has seen the incorporation of guidance for the:

• selection of mentors
• supervising mentor role
• continuing professional development of mentors

Delegates involved in the delivery of mentor preparation programmes, and ongoing mentorship support, should find the implications of the review transferable to their practice.

References


Key words

• mentor preparation
• curriculum framework
• NMC standards
• NHS Education for Scotland
• practice learning.

Bullet points that indicate how your work contributes to knowledge development:

• informs regarding evidence base for mentor preparation programmes
• provides guidance for the selection and continuing professional development of mentors
• outlines the supervising mentors role in supporting student mentors.
An exploration of the extent to which communication skills teaching adequately prepares nursing students for practice

Fiona Timmins, Associate Professor; Jacqueline Whelan, Assistant Professor, Academic Associate in Logotherapy; Sinéad Buckley, Clinical Tutor, Chief Technical Officer, Trinity College Dublin; Yvonne Muldowney, Clinical Nurse Tutor, Trinity College, Dublin; Sandra McCarthy, Education Co-ordinator, Tallaght Hospital, Dublin, Ireland

Background
While the content of the contemporary undergraduate nursing courses usually aim to comply with national regulatory guidelines and reflect current academic research and thought, it is not clear the extent to which their communication skills teaching prepares nursing students for practice. For example gaps in UK curricula in relation to compassion are being vigorously addressed.

Aim
This paper reports on an integrative literature review that explores key communication skills required by nurses in practice, potential barriers to the implementation of these communication skills, and best practice in teaching approaches.

Methods
A section of the Module Team (n=5) explored the relevant literature in the field.

Findings
Communication skills are taught by large lecture (n=14) and small group tutorials (n=5) to first year students across four disciplines (general nursing, intellectual disability, children’s nursing and mental health nursing), prior to their first clinical exposure. Overall students were satisfied with previous presentations of this module. The literature review revealed that while this interdisciplinary approach is common approach, there are variances in approaches and priorities related to communication across disciplines. Communication skills are commonly delivered early in the undergraduate program and prior to any clinical experience. This method has been questioned. It has also been suggested that communication modules would be of more benefit to students following their practice experience with a component of communication skills also delivered in their final year in order to facilitate transition of communication skills into practice.

Discussion
The team sought to reflect upon key communication skills required by nurses in practice, and whether or not current teaching was sensitive to the development of these. The review indicates that increased emphasis needs to be placed on respect, dignity, compassion and person centred care and that an overarching conceptual guiding framework that incorporates these concepts would be useful. Evidence suggests that while communication skills are commonly taught (Zavertnik et al., 2010), this does not necessarily translate into practice (Włoszczak-Szubzda and Jarosz, 2013), which may be partly due to contextual factors, timing of delivery of communication skills in addition to difficulties translating theory into practice. Solutions to address this issue need to be sought including expanding the learning of communication skills across modules over the undergraduate programme rather than being treated and delivered as a single entity and consideration of innovative teaching methods (Bhana, 2014). Patak et al. (2009) also calls for the continuum of communication education in postgraduate nursing education and highlights the importance of effective communication education as part of continuous professional development provided by employers in the health service.

Conclusion
It is important that communication skills for nurses remain high on the agenda and are prioritised in terms of active educational research to assure commitment by educators of the inherent value placed on these topics. Overall an evidence base needs to be developed in this area that would provide educators with more confidence in programme delivery (Grant et al., 2002).

References


Key words:
• communication skills
• teaching
• nursing students.

Bullet points that indicate how your work contributes to knowledge development:
• highlighting the need to explore contemporary approaches to teaching communication to nursing students
• drawing attention to contemporary debates on the topic
• highlighting areas for future research and development within the topic.

Evaluation of partnership working in the recruitment of candidates for undergraduate nursing using a values based approach

Jill John, Senior Lecturer in Children’s Nursing; Jonathan Hinkin, Senior Lecturer in Adult Nursing, Swansea University, UK

The current social and political climate increasingly identifies the concept of interprofessional or partnership working in health and social care and is understood to include all stakeholders, whether patients, service users, carers, members of the public or professionals (Thomas et al., 2014).

Since 2006 the UK government have indicated the need for a person specification for nursing and midwifery candidates. The Department of Health (2006) recommended that the selection of candidates used an evidence–based person specification that reflected factors linked to the likelihood of completion of the course. This to some degree has proved problematic due in part to some of the difficulties in establishing a consensus about the qualities that make good nurses. However more recently the recommendation that values based recruitment is included in the national standard contract for pre-registration programmes (DH, 2012; NMC, 2011). This has led to changes in the way the selection process is conducted in most establishments and the one to one interview now seems to be a thing of the past with most Universities moving forward to include many different innovative ways of conducting the process.

In March 2011 the Nursing and Midwifery Council highlighted the importance of involving service users, carers and current students in some parts of the delivery of nursing programmes including recruitment of candidates to the programme.

There is increasingly real value placed on the perspectives and knowledge of people who use health services and carers as they are experts by experience. Unquestionably the value that is placed on this kind of expertise and therefore their involvement in the recruitment of nursing students is imperative. Extensive literature now suggests that the expertise and experience of both service users and their families using health and social care services should be at the core of training health and social care professionals (Simmons et al., 2012). And where better than to start from the initial stage of the recruitment of candidates?

This poster identifies the process of changing the undergraduate selection process for nursing programmes to a value based approach including the personal evaluations of all those involved in this process in the authors establishment which includes service users, carer’s practitioners and current students as well as lecturing staff.

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Key words:
• partnership
• service users
• value based nursing
• nurse education
• evaluation.
Bullet points that indicate how your work contributes to knowledge development:
• importance of involving service users and carers in nursing
• partnership working essential in recruiting candidates for nursing programmes
• evaluation of the change in recruiting candidates onto nursing programmes.

Values-based recruitment: How we did it – what we will do next time!

Emma Bell, Senior Lecturer in Nursing and Healthcare Practice; Chris M. Alvey, Lecturer in Diagnostic Imaging; David Foreman, Senior Lecturer in Nursing and Healthcare Practice, University of Derby, UK

Background
In the wake of the Francis report (2013), there is a greater emphasis on the values that NHS staff hold, in order that these staff are able to deliver the best possible care to patients. Health Education England (HEE) have provided a mandate to higher education institutions (HEIs), providers of NHS commissioned programmes to have implemented a demonstrable values based system of recruitment by March 2015 to apply to the recruitment of students into the September 2016 cohorts.

In October 2014, HEE published a toolkit for the development of values-based recruitment (VBR) processes. We mapped our processes to the values of the NHS constitution and our own institution.

Work done
Our Institution offers commissioned programmes across a variety of professional disciplines, including adult and mental health nursing and radiography.

Each professional group selected one or two values directly from the NHS constitution, around which to construct a situational judgement test (SJT) question, in order to explore candidates’ ‘values’. The SJT questions that were developed were then reviewed by programme admissions tutors, current students and service users.

Candidates for mental health, adult and radiography programmes sit a group screening test in which numeracy, literacy and the SJT are delivered. Candidates who have fallen short of the minimum requirement are informed that they will not be progressing to the next stage of the interview process.

Radiography use the SJT scores in the decision process when selecting interview candidates, adult and mental health nursing use it in conjunction with the individual interviews and group activity to determine and overall ‘score’ for the whole process.

Analysis
Data from each of the SJT questions suggests there is a correlation between these measures and values exhibited by candidates in the group observation and individual interviews.

Conclusion
Our work has explored each of the SJT questions that we developed to try to ‘test’ candidates for the values of the NHS constitution. Our data suggests that some of our questions are more or less discriminatory than others but all suggest that those candidates to whom we would make an offer score higher than those that we wouldn’t.

In conjunction with the pre-screening tests, it is hoped that the net result will be the development of a workforce that have values that are in accordance with the NHS constitution, since it easy to teach skills, virtually impossible to teach values.

References

Partnership working: Widening access to pre-registration education for health care support workers in care home settings

Lesley Alexander, Practice Education Facilitator; Pam Kelly, Practice Education Facilitator, NHS Grampian, Inverurie, UK

Recruitment and retention of nursing staff to the Care Home sector continues to be problematic. This poster presentation will provide the reader with information regarding an innovative project.

Aberdeenshire Community Health Partnerships have engaged with a Scottish Government Health Department (SGHD) funded pilot, supporting care home healthcare support workers (HCSW) to undertake a pre-registration nursing course with the Open University. The SGHD have agreed to pay the students’ fees and provide backfill to facilitate the release of students for their supernumerary practice hours.

Recruitment and retention of registered staff within care home environments, where residents needs are often complex has been an ongoing issue for which there appears no easy solution (Hodgkinson et al., 2011; Venturato and Drew, 2010). It is proposed that developing existing HCSWs who had chosen to work within the long term care system may be a possible solution. Dwyer’s (2011) systematic review indicated that ‘nurses that work in the aged care environment show strong motivation to work in care and provide the best outcomes in nursing the elderly’ (p388). It is anticipated that once the HCSW complete the nursing programme that they will continue to work within care home environments, providing high quality, person-centred, evidence-based care which is safe, effective, efficient, equitable and timely, in line with the Scottish Government’s Quality Healthcare Strategy (2010).

The Open University pre-registration programme offers the opportunity to develop existing HCSWs, meet future workforce service needs and widen participation in education. It is delivered via a blended learning approach, with multi-media learning resources and an online learning environment in conjunction with clinical placements.

Aberdeenshire council and NHS Grampian already have care homes which are run in partnership. This will become the norm in April 2015 due to the Scottish Government policy of Health and Social Care integration. It is expected students will be based within these care homes between clinical placements, allowing them to consolidate their theory with learning in practice.

The challenges ahead are significant though not insurmountable. These include the selection of motivated individuals; supporting role change; ensuring adequate mentors on a live register and a practice learning environment fully prepared for the new experience of supporting and assessing student nurses in practice. Nevertheless, this is an opportunity for cross sector collaboration affording a potential solution to a ubiquitous problem, in addition to contributing to the preparation of future nurses in a variety of health care settings.

References


Student transition into practice: Helping students to secure the inner confidence to deal with challenging and potentially stressful situations and become more resilient

Sheila Ollerhead, Associate Head Adult Nursing; Linda Lennon, EHU Counselling and Supervisory Services; Liz Diamond, EHU Counselling and Supervisory Services, Edge Hill University, Ormskirk, UK

As human beings we don’t leave our emotional brain at home when you arrive at work. Emotions have a tremendous impact in the work place. (Steven, 2009)

The point of registration is an exciting time for newly qualified nurses at it marks the achievement that graduates have the knowledge and competencies required to enter the professions of nursing and the transition from university into the workforce. It’s a time which will test responsibility and accountability. Many students eagerly anticipate this new chapter in their life but others feel trepidation or concern about what this new work place might offer. Following strategic meetings held between Senior Managers at the Faculty of Health and Social Care and the Deputy Director of Nursing at a North West NHS Trust topics discussed at these meetings included the recruitment and retention of newly and recently registered nurses and what it was that influenced their decision to leave shortly after qualifying.

Workforce shortfalls and consequent availability of practice staff to mentor students during their practice learning experiences are posing problems in NHS employer organisations to retain newly qualified nurses. In order to recruit, retain and nurture personal and professional growth of newly graduate nurses, NHS employers must be aware that having high levels of emotional intelligence and resilience are important especially within nursing professions that call for compassion, caring and leadership. As students are regularly exposed to this environment as part of their learning experience, it is essential that they are prepared appropriately to reduce any negative impact on learning.

A common theme across HE policy is the need to ensure that graduates are prepared for and able to contribute to, the economy and society. The development of graduates with relevant attributes, skills and knowledge has placed graduate employability at the centre of the HE agenda. However, developing learning and teaching that promotes effective learning and enhances employability is challenging. In order to support this vision and provide a supportive environment for students the Faculty of Health and Social Care is engaged in a collaborative project with EHU Counselling and Supervisory Services and NHS employer organisations to support student transition into practice.

Resilience training has been introduced into the Bsc (Hons) Nursing Programme for students commencing in year one (September 2014) to enable students to secure the inner confidence to build coping strategies to deal with challenging and potentially stressful situations. It is the intention to further develop the theme and initiate the concept of emotional intelligence within years two and three of the programme. This should not only support students as they progress but also prepare for their transition into the workforce and become more resilient.

Designing education programmes is challenging, even more so perhaps for professional programmes, however the teaching and learning strategies proposed would support pedagogy for employability and could prove valuable when designing graduate curricula in health and social care as it would reflect the needs of the students and would be flexible and responsive.

References


Key words: • partnership working • coping mechanisms • resilience training • emotional intelligence • mindfulness.
Evaluation of evening simulation sessions

Ruth Strudwick, Senior Lecturer and Practice Placement Lead; Jane Harvey-Lloyd, Senior Lecturer and Course Leader; Will Cox, Lecturer, University Campus Suffolk, Ipswich, UK

At our university the student radiographers spend eight weeks at the university before they go out on their first practice placement. During these eight weeks they are introduced to the role of the radiographer and aspects of the clinical environment in class using lectures, group work, discussions, and case studies. The students also have two evening sessions at the local NHS Trust where they are given the opportunity to move and use the X-ray equipment and practice positioning one another for X-ray examinations. These sessions are a simulation of X-ray examinations and students are able to practice their clinical skills in a safe, low pressure environment, facilitated by academic and clinical experts.

There is currently very little written about preparing first year radiography students for their practice placements in the health literature. However, it is known that students can feel under pressure from qualified staff when they enter practice. Dare et al. (2008) found that the transition from trainee to house officer for medical students was challenging due to the expectations of the other staff. Kelly and Ahern (2008) also found that nursing staff made things difficult for students. The purpose of the simulation sessions was to increase the students’ confidence and knowledge in a safe environment where they have little pressure to perform. The students are able to make mistakes and learn from them with no safety issues. We hoped that this would enable them to feel more confident when they were working with patients on placement and give them an insight into how difficult it can often be for patients to hold the correct radiographic position whilst being imaged.

This study was a small scale cross sectional study with one year group of BSc(Hons) Diagnostic Radiography students at University Campus Suffolk. Following the evening simulation sessions all of the students were asked to evaluate them during a university teaching session. The students were split into groups and asked to consider the following trigger questions:

1. What did you enjoy about the sessions?
2. What did you find to be a challenge/negative aspect?
3. What was it like to take on the role of the radiographer?
4. What was it like being a patient?

The results enabled us to:
• evaluate the evening simulation sessions in terms of the learning that occurred
• identify what the students enjoyed
• ascertain suggestions for future simulation sessions.

The poster will outline the study, discuss how it was carried out and present the findings. How the results can be used for future sessions will also be explored

References


Key words:
• simulation
• practice learning
• innovation.

Bullet points that indicate how your work contributes to knowledge development:
• evaluating simulation sessions in diagnostic radiography
• finding out how students learn in a simulated setting.
Service users and carers' involvement in health and social care students' education: What outcomes to expect?

Opeyemi Odejimi, PhD student/HEA; Mike Baker, Doctoral Candidate; Linda Lang, Dean of Faculty of Health, Education and Wellbeing; Laura Serrant, Head of Research Team (CHSCI), University of Wolverhampton; Edward Rosen, Director of Patient Experience, Engagement and Community Participation, AT Medics, UK

Background
Service Users and carers Involvement is fast gaining widespread acceptance in health and social care education. Previously service users assisted in students learning by being valuable teaching resource and occasionally engage in evaluation of students (Attree et al., 2008). Recently, the role of service users in health and social care education has extended and includes: planning educational initiatives, recruitment of learners, designing educational activities, implementing various activities as well as governance and quality management processes of health programmes (General Medical Council, 2009; Chambers and Hickey, 2012). In spite of the widespread acceptance of service users in health and social care education, studies evaluating the impact are limited.

Objective
The aim of this study is to critically explore the outcomes of service users and carers’ involvement on health and social care students’ education from the perspectives of three main stakeholders (students, academic staff and service users). This will be useful in evaluating the impact in students’ education.

Methods
A mixed-method design is the proposed methodology for this study. A concurrent approach will be used in obtaining data from participants. Qualitative data will be used to explore the outcomes of service users’ involvement from the perspectives of students, academic staff and service users. Quantitative data will be used to describe participants’ current experience and background to identify characteristics and factors that appears to contribute to the uptake and impact of active service and carers’ involvement.

Expected outcome
Thematic analysis of qualitative data and descriptive analysis of quantitative data will be used to identify current practices and any factors that appear to influence or modify the impact of service users’ involvement. In particular this study will investigate the outcomes of active service users’ involvement on students’ knowledge, skills, attitudes and practice.

Conclusion
It is anticipated that the result of this study will contribute to reducing current gap in knowledge concerning the nature of the impact of service users’ involvement on health and social care students’ education and inform higher education providers, education commissioners as well as Professional Statutory and Regulatory Bodies (PRSBs) regarding how to optimise and target intervention in prequalifying professional education.

References


Key words:
- service users and carers involvement
- health and social care students
- impact.
Interprofessional interactions study

Ruth Strudwick, Senior Lecturer and Practice Placement Lead; Jane Harvey-Lloyd, Senior Lecturer and Course Leader, University Campus Suffolk, Ipswich, UK

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

There is very little written about the actual interactions that occur between professionals in the health and social care practice setting. As a result, students on health and social care courses often find it difficult to identify which other professionals they will interact with and work with in practice settings (Wicker, 2011). This makes it difficult for students to understand the relevance of IPL and link theory to practice.

The study was carried out with students from different professional groups involved in IPL. Each student kept a one week diary from placement where they recorded the different professionals that they came into proximity with. The use of diaries to record activities is thought to provide an interesting insight into practice (Polit and Beck, 2006). Diaries can provide access to people’s interpretations of their world (Alaszewski, 2006). These 2 proximity categories were used:

- Proximity 1 – within speaking distance but no interaction
- Proximity 2 – interaction with

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

The results enabled us to evaluate:
- the quality of encounters
- the differences in experiences between professional groups
- the impromptu and formal learning
- the different professionals that work together in different workplaces.

The poster will outline the study, discuss how it was carried out and present the findings. It will also explore how this work can be used in our IPL modules and how this project promoted interprofessional learning and working.

References


Key words:
- interprofessional education
- interprofessional learning
- interprofessional practice.

Bullet points that indicate how your work contributes to knowledge development:
- mapping of the different professionals that work together in different workplaces
- useful for staff and students on the IPL modules to provide evidence of interprofessional interactions and the different professionals that students will encounter in practice
- learning about the impromptu and formal learning that occurs between professionals in practice.
Radiotherapy students’ perceptions of skills training simulation using a bariatric suit

Ricardo Khine, Lecturer in Radiotherapy and Oncology; Clare Raymond-Barker, Lecturer in Radiotherapy and Oncology; David Flinton, Lecturer in Radiotherapy and Oncology; Pan Cherry, Lecturer in Radiotherapy and Oncology; Richard Thorne, Lecturer in Radiotherapy and Oncology, City University, London, UK

Summary
The poster will explore radiotherapy students’ perceptions of using a bariatric suit during skills training simulation in order to understand the complexities of delivering radiotherapy treatment to bariatric patients.

Background
The question is ‘Can simulation training improve/enhance student knowledge and skills in dealing with bariatric patients?’ In radiotherapy, accurate patient positioning, immobilisation and the delivery of precisely targeted radiation treatment are key stages in the radiotherapy process and bariatric patients present a unique challenge in achieving these stages.

Content
The students’ perceptions of dealing with a bariatric patient will be considered. With emphasis on the following considerations:
- Patient positioning – in terms of ease and difficulties of set up;
- Awareness and learning to deal with different patient groups;
- Importance of accuracy and precision in patient set up.

Relevance
Obesity is a term used to describe somebody who is very overweight, with a lot of body fat. It is a common problem, estimated to affect around one in every four adults in the UK (NHS, 2014).


Cancer is considered to be mainly a disease of the older person, therefore as life expectancy increases, those diagnosed with cancer will also increase.

Cancer Research UK (2014) has shown that many types of cancer are more common in people who are overweight or obese, including:
- breast cancer, in women after the menopause
- bowel cancer
- womb cancer
- oesophageal cancer.

It is therefore likely that the number of obese patients requiring radiotherapy will increase in the next few years.

The process of external beam radiotherapy for obese patients is a major challenge, both for the patient and the radiographer. There are practical limitations of radiation therapy equipment such as table weight limits and computed tomography (CT) scan aperture limits. Daily setup is difficult due to increased skin mobility making it less reliable. Commonly used immobilisation devices do not address lateral shifting of the lower abdomen. In addition, this also impacts on the safe manual handling on both staff and this group of patients.

Proper patient positioning is critical to gain maximum benefit of accurate radiotherapy treatments. It is of utmost importance that academics ensure students have the appropriate knowledge and skills to undertake these tasks.

References
Cancer Research UK (2014)
Office of National Statistics (2011)
NHS (2014)

Key words:
- simulation training
- bariatric patients
- enhance student learning
- skills training
- teaching strategies.
Using simulation pedagogy in nursing to enhance learning through assessment

Liz Berragan Associate Professor in Nursing and Midwifery Simulation; Heather Short, Senior Lecturer; Eirlys Grindrod, Senior Lecturer, University of the West of England, UK

Engagement with professional practice learning introduced through simulation, which includes peer and formative assessment and builds towards summative assessment in clinical practice, is central to the undergraduate nursing curriculum at UWE and at many higher education institutions across the world. This approach enriches the student experience and, as health care and the patient population continue to change and evolve, enables students to develop an adaptive and critical understanding of nursing (Berragan, 2014). These features are not just additional ways of learning nursing and developing fundamental nursing skills; they are ways of knowing nursing (Berragan, 1998). There is real potential for assessment through simulation to help students to understand the key features of nursing and learn to deliver skilled, integrated and compassionate care to their patients.

This poster presentation focuses upon the opportunities provided through simulation to enhance learning through assessment. Simulation supports opportunities for authentic assessment of the fundamental skills of nursing (Wiggins, 1989; Walters, 2014). The notion that assessment tasks should acknowledge and engage with the ways in which knowledge and skills are used in authentic settings is important (Boud, 2007). Assessment has a major influence upon learning, directing attention to areas of significance, acting as an incentive for learning and having a powerful effect upon students’ approaches to their learning (Boud and Falchikov, 2007). Assessment also guides students, emphasizing what they can and cannot succeed in doing (Boud, 2007). It is this aspect of simulation that we wish to highlight. Our current research explores undergraduate nursing students’ simulation experiences, and their descriptions of simulation during feedback, debriefing and formative assessment. It also highlights the benefits of peer assessment within the simulation learning environment as nursing students work together to demonstrate, describe and reflect upon their learning.

References


Innovative learning from simulated patient complaints

Guy Collins, Senior Lecturer; Jo Brown, Senior Lecturer, University of Derby, UK

Repeated inquiries have highlighted issues with patient safety, communication and the exploration of complaints, emphasising the interplay between each in securing the optimum patients’ journey through health and social care provision (Francis 2013, Keogh 2013). The Care Quality Commission (2014) highlighted that every concern or complaint is an opportunity to improve. A complaint may signal a problem, with the potential to help save lives, and well-handled concerns can help to improve the quality of patient care. Despite these potential benefits there is a wide variation in how complaints are handled or the fostering of an open culture where all complaints are welcomed and learnt from.

The University of Derby in delivering pre-registration nursing education utilises simulation to explore patient complaints in order to facilitate recognition of the value they offer, providing transferability to enhance nursing practice and improve patient safety.

The simulated experience consists of examining the reasons for complaints; impacts upon service users; lessons for nurses and other health professionals; means of address and preventing repetition of similar incidents;
enhancements for practice and lessons for organisations. As part of this process the inclusion and effects of Human Factors are explored from the inception of the simulation experience.

Students’ simulate three phases: root cause analysis; the development of a response letter; and a proposal for practice enhancement. These are all subsequently explored via a simulated Boardroom experience. This consists of a panel of allocated ‘experts’ to which the students’ present their findings and recommendations to enhance potential future patient experience and safety. Robust exploration of students’ thought processes and actions are incorporated within this experience via questioning, observation and reflections of the panel.

Resulting from this simulation, students develop key transferrable skills: critical thinking; team working; leadership; knowledge of systems and processes; communication skills; customer care; quality assurance, governance and promoting patient safety that are mapped against the competencies outlined in the Nursing and Midwifery Council (2010) Standards for Pre-registration Nursing Education. This experience and feedback is recorded within each students practice document. This is used for subsequent review by their practice mentor, and can be used as part of their practice assessment at the applicable progression point.

Learning from service user complaints is high on the agendas of commissioners and healthcare providers. This simulated experience has the potential to be transferred in to not only nursing practice but also any other healthcare professional pre-registration education and continued professional development.

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

Key words:
• simulation
• complaints
• patient safety
• enhancing practice.

Bullet points that indicate how your work contributes to knowledge development:
• innovative approaches to teaching and learning through the application of simulated complaints
• enhancement of patient safety and the quality of care
• development of transferable competence for nursing practice.

8P7
The effectiveness of a multifaceted strategy to embed service user participation within the curriculum
Sophie Willis, Lecturer in Diagnostic Radiography; Richard Thorne, Lecturer in Radiotherapy and Oncology; Ricardo Khine, Lecturer in Radiotherapy and Oncology, City University London, UK

Summary
This poster will illustrate the effectiveness of a multifaceted strategy to embed service user participation within the curriculum.

Aim
To undertake quantitative and qualitative evaluation of the effectiveness of a multifaceted approach to embedding service user participation within curriculum development and the student experience.

Relevance
Pre-registration education programmes can effectively address the needs of the NHS by ensuring that programme delivery is informed by the experiences of the service user (DH 2005; 2010; 2013). Presently, their participation within education provision remains a key performance indicator, required by both commissioning and regulatory bodies (HCPC 2014); though challenges persist in recruitment due to the often transient nature of their engagement with healthcare provision.

Intervention
The strategy involved the establishment of a service user steering group, face-to-face teaching and participation with recruitment processes, was developed over one academic year. Participation involved engagement from both
individuals and charities, resulting in a multifaceted strategy aiming to inform curriculum development and enhance the student experience.

**Outcomes**

*Students:* 100% of students agreed/strongly agreed that the taught sessions helped them to appreciate the need to mutual respect and trust for patients, act in the best interest of service users (upholding their rights, dignity and autonomy) and to reflect on the impact of their verbal/non-verbal communication. Most significantly all students felt that the opportunities to engage direct with service users had positively contributed to their professional development.

**Curriculum development:** Experiences and qualitative evaluation to date suggest that involving service users in the design, planning, delivery and evaluation of four pre-registration radiography programmes; has positively helped to ensure that the curriculum is both relevant and accountable to service users and afford students the opportunities to benefit from their unique experience and expertise.

**Conclusion**

Service user participation is a dynamic process that has the potential to realise benefits at strategic and local levels. Specifically, it can ensure curricula promote compassion, dignity and respect in line with NHS constitution values (DH, 2013). Furthermore ensuring that the student learning experience is reflexive of the patient journey and their needs, resulting in the development of future healthcare professionals who embody the values central to the needs of contemporary service users.

**References**


Health and Care Professions Council (2014) 2015-16 Standard of Education and Training (3.17 Service users and carers must be involved in the programme).

**Key words:**
- service user participation
- student learning experience
- strategies
- service user engagement.
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