Thursday 10 September 2015

Symposia
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Please note:
References are as supplied by authors
USA and Australian spelling has been retained as appropriate
Papers included are those being presented at the conference at the time of going to press.
To develop and pilot a European simulation-based learning educator preparation programme: A collaborative project (NESTLED) supported by the EU lifelong learning programme

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This Symposium is a follow-up on the symposium held by the NESTLED group at NET14. This symposium elaborates on the following themes:

1. What is NESTLED? An overview and background to the NESTLED Project and the International Collaboration of the Project Team. How has the collaboration developed? Barriers and enablers in an international collaboration.
2. The Story So Far. Methodology of the NESTLED Project and the individual stages of the EU supported project which commenced in September 2013.
3. Results and evaluation of the piloted NESTLED module and preliminary results and evaluation of delivery of the NESTLED module.

Outline of the symposium

In recent years, European healthcare systems have encountered an increase in the demand for efficiency and the development of treatment options that ensure quality and safety. To meet such demands simulation-based education has become an increasingly prevalent feature amongst educators of healthcare who recognise its potential as a learning strategy. Over the last decade there has been an exponential growth in the interest in simulated learning and it has been incorporated as a teaching and learning strategy into many undergraduate nursing programmes. This is unsurprising given the growing perception that simulation-based learning is the solution to many of the challenges associated with producing practitioners who are able to function competently, providing patient safety in complex healthcare settings. With this increasing implementation of simulation-based education, investment in developing technology, equipment and estate has escalated in many organisations. Simulation-based learning has become diverse and often technologically advanced, requiring educators to be prepared to effectively deliver these unique learning experiences for students. Many educators have not been afforded the time or exposed to appropriate guidance to acquire the knowledge needed to deliver successful simulated learning. In most European countries there is a pragmatic approach to embedding simulation-based learning into programme delivery, leading to individual and often inconsistent modes of pedagogical understanding and application.

Capital expenditure on developing educational environments and equipment has not necessarily been matched with investment in the capability of educators to maximise the potential of simulation-based learning. A skilled educator is a prerequisite for effective simulation-based education and this project has identified a number of necessary educator competencies such as developing simulation specific scenarios, debriefing techniques, creating a safe and positive learning environment, guiding critical reasoning, mastery of technology, equipment operation and comportment, to name only some.

In September 2013 a consortium of dedicated educators holding expertise in simulation-based education from Denmark, Finland, Estonia and the UK were successful in obtaining EU Funding from the Lifelong Learning Programme to complete a two year project with the following objectives:

- to develop educator competency to facilitate the use of simulation-based learning in nurse education and test the transferability and development across providers from a number of EU countries
- to pilot a European simulation-based learning educator preparation programme
- to deliver the simulation-based learning educator programme to partner countries and evaluate and adapt to local and national contexts
- to build a network of educators developing and transferring a European Model for Educators as a basis for good practice in the field of simulation-based education.

The project is called NESTLED (Nurse Educator Simulated Learning) and this symposium will deliver three individual papers that describe the background, development and preliminary results/evaluation of the project. The symposium should be of interest to any individual or organisation that is interested or involved in simulation-based nurse education.
Paper 1: What is NESTLED? An overview and background to the NESTLED Project and the International Collaboration of the Project Team.

Faculty from the University of Huddersfield, UK; Metropolia University of Applied Sciences, Finland; and VIA University College Denmark, have been collaborating in the development of improving the quality of the simulation-based education experienced by student nurses in complex learning environments for a number of years. In 2011 a chance opportunity occurred when the initiators of the collaboration first met at a conference providing opportunity to share ideas and aspirations. A once aspirational programme of work related to nurse educator competency in simulation-based learning has now become a reality through the NESTLED project. The aim of the project is to improve the ability of nursing educators to use simulation-based learning in nursing degree programmes and to test the extent to which such systems can be transferred to education providers in other EU countries. This will produce a European Model for educator training as a basis for the transfer of good practice in this field. The project now includes Tallinn Health Care College Estonia and Laerdal Medical, Norway as associated partners and expert consultancy from Johns Hopkins University USA and Wollongong University, Australia. This paper will offer an overview and background to the project leading to the present day. The paper will also share experiences of participating in an international collaboration as a strategy to address shared concerns.

Paper 2: The Story So Far. Methodology of the NESTLED Project and the individual stages of the EU supported project which commenced in September 2013.

The aim of NESTLED project is to produce an evidence-based education model for teachers of nurse education who use simulated learning in their teaching. The project will improve the quality of simulation-based education experienced by students in simulation laboratories in a number of European countries. Ultimately these improvements will ensure that nursing graduates are better prepared to perform their professional roles and this tested model could then be used to quality assure nursing degree programmes and the skills and knowledge base of the teachers and facilitators who engage in simulation-based education strategies. Following EU funding by the Lifelong Learning Programme, the project commenced with a ‘kick-off’ meeting in September 2013. This paper will detail the six different work packages and how all the partners are working collaboratively within each work package with each partner organisation taking a lead on individual packages.

A module developed for educating the educators using simulation-based learning at University of Huddersfield, was used as an initial template which was then comprehensively adapted and developed following a systematic review and synthesis of the literature available at that time. This was then further enhanced through analysis of recognised and available training of teachers using simulation education in the UK, Finland and Denmark to produce a framework for a prototype of training educators who use simulation-based learning. The prototype was then piloted by training teachers first in Denmark and then in Estonia and Finland. Following evaluation of these pilot studies the prototype was further refined in order to develop a European NESTLED education model for teachers to be disseminated and developed further. This paper will share the project structure and methodology to give an overview of the projects journey from start to near completion.

Paper 3: Results and evaluation of the European simulation-based learning educator preparation project.

Paper 3 will give an overview of the evaluation process of the data and current analysis of results from the project at the time of the paper delivery and how the NESTLED consortium will transfer and develop a European model for educators as a basis for good practice in the field of simulation-based education in nursing. The presentation will demonstrate how the tested model could then be used to quality assure not only nursing degree programmes, but also the skills of the teachers and facilitators of simulation-based teaching in the field of nursing, both nationally and internationally. Ethical approval for the evaluation was obtained in line with the institutional requirements of each partner. The development of instruments, detailed study protocol, training for data collection and analysis was led by the UK partners and will be detailed within this presentation.

The paper will also discuss a systematic process of evaluation based on Kirkpatrick’s model (2006). This model captures participants’ reactions, learning, changes in behaviour and real world results generated through engagement in the programme.

This project has been an exciting and productive international collaboration and as it comes to a conclusion, the project team aim to ensure the widest dissemination to develop good practice and inform healthcare providers, commissioners and students of the project outcomes and recommendations. Paper 3 will share not only evaluation and analysis of the research project (thus far) but also share aspirations from the project team on NESTLED’s potential contribution to expanding a network of evidence-based trained educators in national and international contexts.

Reference
Partnership working: The role of twinning in strengthening professional education

Mandy Forrester, Global Midwifery Consultant; Joy Kemp, Global Professional Advisor; Louise Silverton, Director for Midwifery, The Royal College of Midwives; Janine Cadd, Student Midwife; Melissa Maclennan, Student Midwife, The University of Salford, UK

Partnership working between resource-rich and the resource-poor contexts is being promoted to address global health challenges and to strengthen health systems (APPG, 2013; Crisp, 2007; DH/DFID/NHS, 2014). Twinning is one such type of partnership; applied more traditionally to towns, cities and schools, the value of twinning is increasingly being explored between professional associations, institutions and health educators. The World Health Organization (2001) describes twinning as a formal and substantive collaboration between two organisations. The benefits of twinning include capacity building, exchange of best practices, increasing effectiveness and quality, relationship building, networking and creating solidarity (ICM, 2014). Twinning can promote the sharing of ideas, skills and learning from each other through the exchange of information and can provide opportunities for peer support and mentoring, leading to strengthening of professional education, regulation and practice (Cadee, 2013).

The International Confederation of Midwives promotes twinning of its member associations (ICM, 2014). Professional association twinning can be at an organisational or individual level or both (KNOV, 2011; RCM, 2015). Reciprocity is an important aspect of twinning: a mutually beneficial relationship in which both partners give and take (ICM, 2014). It is more about this relationship than the resources partners may or may not have. It is important that the work partners choose to do is of a collaborative nature where a common ground is created for sharing ideas and experiences.

The Royal College of Midwives has increasing expertise in twinning through its Global Midwifery Twinning Project in Cambodia, Nepal and Uganda and its involvement in the Women4Health Project in Northern Nigeria. Both programmes are funded by UK Aid. Through these projects, since 2012, nearly one hundred UK health professionals and educators have been twinned with global counterparts. This symposium will explore the role of twinning in strengthening professional education and will consist of four papers.

Paper 1: The concept of twinning: An overview of the twinning concept and application to professional education

This paper will outline the theoretical background to partnership working in global health and how twinning can strengthen professional education, regulation and association. The RCM will share how it developed and supported its twinning projects and draw on the experience of others and published literature to highlight important features of twinning relationships.

Paper 2: The RCM Global Midwifery Twinning Project 2012-2015: Professional midwifery association twinning in Cambodia, Nepal and Uganda

In March 2015 the RCM’s three-year Global Midwifery Twinning Project will end. During the lifetime of the project seventy-five short-term (2-4 week) volunteer placements of UK midwives took place to strengthen the three pillars of professional midwifery: education, regulation and association (ICM, 2014). Educational project outputs include contributing to the development of national midwifery education standards, helping with curriculum design, midwifery faculty capacity building, development of assessment tools for the regulation of midwifery education providers, improving practice learning environments and supporting the development of mentorship and preceptorship.

The paper will specifically explore how these placements have supported the development of professional education in all three countries and share lessons learned from the recent project evaluation and plans for future work.

Paper 3: Virtual midwife and nurse teacher twinning: A case study of action research into students’ understanding of respectful maternity care in Northern Nigeria and the UK

The RCM is working with Women 4 Health on a UK Aid-funded project aimed at increasing female health workers in Northern Nigeria. Building on the RCM and others’ previous experience of twinning, the concept of tutor twin partnerships (TTPs) was introduced into the quality of teaching strategy to specifically target the role of female tutors in midwifery and nursing education. Sixteen midwifery TTPs have been established and there are plans to recruit five UK nurse educators to pair with Nigerian Counterparts in early 2015. The aim of TTPs between Nigerian and UK based female nurse and midwifery tutors is to build mutually supportive relationships that build upon the strengths of partners to improve clinical and classroom training, cultural understanding and confidence.
One of the tutor twin partnerships will present the action research undertaken to explore students’ understanding of respectful maternity care in both the UK and Northern Nigeria.

**Paper 4: The reciprocal nature of twinning: A case study from Cambodia and England**

Reciprocity is important in twinning relationships; through global partnerships the UK can learn a great deal about how to meet its own health needs, broaden the education of health professionals in the UK and build stronger relationships across the globe (Crisp, 2007). This case study from Cambodia will show how the RCM’s Global Midwifery Twinning Project is not only strengthening professional education in Cambodia but also in the UK.

Subsequent to separate volunteer placements in Cambodia in 2012 and 2013, a senior lecturer from the University of Salford and a Senior Midwife from the Royal Bolton Hospital collaborated to establish a longer-term link with Kampot, Cambodia. A partnership has been developed with the Regional Midwifery Training School in Kampot Province and the first reciprocal visit of student midwives from the University of Salford will take place in March 2015. Janine and Melissa will present their experience in Cambodia and explain how this has enhanced their understanding of global midwifery and the nature of partnership as well as enhancing their knowledge and practice in the UK.

**References**


**Key words:**
- twinning
- global health
- partnership
- professional associations
- action research.

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**Collaborative learning in practice: Developing new models of practice learning**

Maaike Pouwels, Head of the Department Practical Training for Nurses; Jettie Vreugdenhil, Clinical Educator, VUmc, Amsterdam, Netherlands; Charlene Lobo, Senior Lecturer, Academic Lead (Practice Education); Antony Arthur, Professor Nursing Sciences; Valerie Lattimer, Head of School; Rebekah Hill, Lecturer, University of East Anglia, Norwich, UK

**Overview**

The first Independent Inquiry of The Mid Staffordshire NHS Foundation Trust (Francis, 2010) raised questions about the quality of care provided by nurses and their competence and has resulted in closer scrutiny of pre-registration nurse education. A subsequent report by the RCN (Willis Commission, 2012) highlighted the significance of ‘learning to nurse’, and the importance of situating practice learning as central to developing a competent and compassionate nursing
workforce. Learning in practice has always been a vital and substantial component of nurse education in the UK, the organisation and provision of which relies on strong partnerships between practice education providers (PEP), and Higher Education Institutions. It is well acknowledged that the current model of mentorship based on a one-to-one mentor/mentee relationship has become challenging to sustain (Robinson et al, 2012), resulting in increased competing demands for qualified staff time.

The School of Health Sciences has been in a privileged position to develop a collaborative partnership with VU University Medical Centre Amsterdam (VUmc) to explore their model of practice learning and consider the transferability to a UK context. This symposium presents an opportunity to examine the challenges of practice learning in an international context, explore international collaboration and consider a new way of practice learning for pre-registration nurse education in the UK that directly addresses some of the challenges of practice education.

**Paper 1: Increasing the responsibilities of nurses in practice training**

This paper will present the VUmc model of practice learning and subsequent findings of comparison of the learning experiences.

Real life learning is the central goal of a special unit of a hospital ward that is run by nurses in training. They are responsible for all aspects of care, 24 hours a day, seven days a week. Patient safety is guaranteed because students are coached by certified nurses. The advantages of this system are:

1. We can accommodate more nurses in training.
2. The conditions of training closely resemble those of work, so that the nurses are better prepared for work once their training is finished.
3. By increasing the volume, the ratio trainees-nurses is more in balance (student safety).
4. Patient-based learning goals are taken as a focus instead of the socialisation processes.

We will present data that compare the learning climate in these learning circumstances with traditional wards in which certified nurses are in control and students follow the lead.

**Results:**

- we are able to accommodate more nurses in training
- the efficiency of learning for the nurses increases
- the certified nurses can focus on coaching and teaching
- the nurses in training are more satisfied with their training.

**Paper 2: Collaborative Learning in Practice (CLiP)**

This paper describes a model of practice learning developed collaboratively between the UEA School of Health Sciences, VUmc, Health Education East of England and our PEPs. It highlights the journey taken to explore whether aspects of the approach used at VUmc could enhance our own systems of supporting and assessing learning in practice. We refer to the project and model as Collaborative Learning in Practice (CLiP). Our experience from visiting VUmc identified two key differences between what was being delivered in Amsterdam and what we delivered in the UK. The Amsterdam model is distinct from the traditional mentorship model in both the way practice learning is organised and in the philosophy that underpins how students learn in practice. Thus adapting the Amsterdam model, organisationally, under the new CLiP model, rather than working individually with a mentor, students work collaboratively alongside other students under the guidance of a coach. Coaching underpins the philosophy of learning so that students are supported to take on greater responsibility for their learning and the learning environment embraces a culture of valuing student-focused solutions to care. These two distinct aspects of this model correlate very closely to the two themes of mentorship identified in the Jokelainen et al. (2011) systematic review of mentorship.

**Paper 3: CLiP evaluation**

This paper will describe a mixed methods research evaluation project conducted to explore the evidence establishing the proof of principle of CLiP and to compare the experiences of learners and other stakeholders involved in CLiP (Learning as usual (LAU) or CLiP).

We asked all students between January and February 2015 to complete evaluation questionnaires relating to their most recent placement. We then invited students to register their interest in taking part in a focus group to discuss their placements, following which five focus groups were conducted, consisting of students who experienced both or one of the models of practice learning (CLiP or LAU) with approximately eight student participants in each focus group.

To inform our knowledge of the experience of delivering the new model (and comparing it to LAU) we conducted a series of individual qualitative semi-structured interviews of other stakeholders (n=22 in total). We recruited: (1) 10
Sharing experience of nurse educational partnerships in Africa (UK with Zambia/Ethiopia)

Nita Muir, Principal Lecturer, International Lead Nursing and Midwifery, University of Brighton; Carol Greenway, Principal Lecturer, International Lead Nursing and Midwifery, De Montfort University; Project Lead for Nursing, Leicester-Gondar Link; Solomon Assesa, Gondar-Leicester Link Co-ordinator for the University of Gondar, Ethiopia; Esetu Haileleslassie Engeda, Head of Nursing Department, College of Medicine and Health Sciences, University of Gondar, Ethiopia; Jill Durrant, Senior Lecturer, University of Brighton, Project Lead for Brighton, Brighton Paediatric Course, UK; Eric Chisupa, Principal Tutor, University Teaching Hospital Schools of Nursing, Lusaka, Zambia, Project Lead for Lusaka, Brighton Paediatric Course; Suzanne Simmons, Senior Lecturer in Paediatrics, University of Brighton, UK; Alison Taylor, Senior Lecturer, University of Brighton, UK; Universe Mulenga, Registrar for General Nursing Council, Zambia; Priscar S. Mukonka, Principal Nursing Education Office, University Teaching Hospital Schools of Nursing, Lusaka, Zambia

The aim of this symposium is to discuss sustainable international nursing educational partnerships and the following objectives will be achieved through presentations and collaboration with the audience:
1. An exploration of international educational partnership models in the context of nurse education.
2. A sharing and reflection upon the processes, outcomes and impacts of two funded successful partnerships.
3. A discussion of a proposed framework for establishing sustainable international nurse education partnership.

Paper 1: Introduction

This symposium will address the internationalisation agenda currently impacting on Higher Education Institutes, particularly focusing on nursing faculties. It is proposed that there is a responsibility for nursing faculties to involve a global perspective within their scope of education, research and practice and as such be involved in developing research, health and nursing from a global perspective in the 21st century (Kulage et al., 2014).

The introduction of this symposium will debate this proposition and explore the dynamics of creating new international educational partnerships focusing on the approaches used by the teams in this symposium.

Paper 2:

The following presentation will then present an in-depth overview of the processes, outcomes and impacts of a UK funded successful partnership between De Montfort University, Leicester and the University of Gondar, Ethiopia. De Montfort University, in conjunction with the Leicester-Gondar Health Link, supported the College of Health and Medical Sciences, Gondar University to develop a postgraduate education nursing programme. The aim of the project was to develop a curriculum to advance clinical nursing in Gondar, Ethiopia and equip nurses to take on key roles within the hospital.
This was achieved, although expectations as to what was meant by ‘advanced practice’ varied between key groups. The financial support provided by the Nuffield Foundation has enabled the college to create a full MSc in Advanced Clinical Nursing. This has been completed in less than three years from concept to full hand-over by members of the Leicester-Gondar Link programme and De Montfort University School of Nursing and Gondar University School of Nursing. Eighteen nurses graduated with a range of skills in leadership, management, teaching, clinical audit and research. Several have taken senior roles in Gondar Hospital and University. It is suggested that the new skills and attitudes will contribute to an improvement of nursing care and clinical education in Gondar.

**Paper 3:**

The next presentation outlines the journey of the relationship between the University of Brighton and the Lusaka University teaching hospital Nursing Schools in Zambia, which was established in 2008 via the Brighton-Lusaka health link. Two original and innovative post qualifying/Advanced Diploma courses have subsequently been established in-country: critical care nursing and paediatric nursing. Financial support for these developments has been from the British Council, Tropical Health Education Trust and generous contributions by private donors. The critical care nursing course has produced three cohorts of students with specific nursing skills and knowledge to this clinical care and is wholly delivered by colleagues in Lusaka with political, professional and economic support from the Ministry of Health.

The Paediatric course (which is one of only three in South Africa) has had thirty-one students graduate and a second cohort commenced earlier this year. Eric Chisupa, the Principal Tutor for the Paediatric Nursing School, described the first cohort as ‘pioneers’.

**Paper 4:**

This final presentation will consider capacity building and will theorise the experiences and outcomes presented by both teams through a presentation of a theoretical framework that would support other educators in this field. The consequences of these projects have been the development of a new nursing workforce within country with the necessary skills, knowledge and expertise to respond to local health need. Building capacity is integral to any successful international project work and in order to engage in any project which requires capacity building a collaborative and sustainable approach is necessary (Drummond-Young et al., 2010; Davies, 2011). Using Davies’ paper alongside experiential knowledge, the symposium team will present a sustainable framework that could guide future project leaders in future capacity building projects. This seeks to address the lack of nursing literature that offers practical and structured theory to support this work (Ogilvie et al., 2003). The presentation will also consider the increase of skills and knowledge for all those involved in the following areas: communication, leadership, equity and diversity, personal and people development, project management, financial planning, capacity and capability. There will be an opportunity for questions and discussions following this final presentation.

**References**


**Key words:**

- capacity building
- global partnership nursing.
Future-proofing doctoral education in health care: An analysis of the PhD by published works

Tessa Watts, Associate Dean, College of Human and Health Sciences, Swansea University, UK; Tom Laws, Senior Lecturer, School of Nursing and Midwifery, University of South Australia, Australia; Ruth Davies, Associate Professor, College of Human and Health Sciences, Swansea University, UK

This symposium focuses on changes in doctoral education brought on by universities’ attempts to meet performance targets linked to funding. Specifically it brings together three interrelated papers to critically explore the benefits, challenges and quality assurance implications of the PhD by published works. The international perspective of research education in healthcare will highlight main features of this trend in doctoral education.

In terms of labour capital, it is widely acknowledged that doctoral education has a central role in the preparation of future scholars and leaders in research, policy, practice and education and in making important, original and substantial contributions to knowledge (McKenna, 2005; Rolfe and Davies, 2009). In healthcare practice and education, the rapid expansion of research and technology conjoined with the requirements for autonomous practitioners and advancing evidence-based practice support the need and demand for doctoral education (Cleary et al., 2011). In response, doctoral programmes for health professionals have proliferated internationally in recent decades.

Contemporary candidates may be provided with a number of educational options that culminate in a PhD qualification. In addition to the traditional genre of PhD by independent research, routes to doctoral qualification now include genres of taught and professional doctorates and the PhD by published works. Within each of these genres a diverse range of programmes exist. While there is a burgeoning international literature on doctoral programmes in general (Boud and Lee, 2009; Powell and Green, 2007; Park, 2005) and in nursing and healthcare specifically (Rolfe and Davies, 2009; Brown Benedict, 2008; Kirkman et al., 2007), the focus to date has primarily been limited to exploring traditional PhD and professional doctorates.

Published works are integral to the PhD award of many Northern European universities. Yet with the exception of a small body of work, mainly Australian, to date little attention has been afforded to this genre of PhD route. Nevertheless it has been argued that this route to the PhD award offers significant advantages to students, supervisors, institutions and also professional disciplines and practice (Pickering and Byrne, 2014; Jackson, 2013; Francis et al., 2009). Accordingly this symposium seeks to critically explore the doctoral route of PhD by published works in healthcare education.

The objectives of the symposium are to:
• critically explore the drivers for current and future challenges confronting doctoral level education in healthcare
• share reflections on the experiences of undertaking and supervising the PhD by published works in Australia and the UK
• discuss significant quality issues in thesis construction and assessment.

Paper 1: The PhD by published works as a route to doctoral qualification in healthcare education: Perspectives from the UK and Australia

In healthcare education there is a continuing drive for doctoral level preparation, not least because the body of knowledge must be enhanced to meet changing healthcare needs and growing complexity. Increasingly, doctoral preparedness is essential for senior healthcare education appointments. Doctoral education is in a transitional state. It has become a complex, contested space as alternate routes to doctoral qualification emerge internationally. One approach, the PhD by published work, enables the doctoral candidate to complete research preparation and produce an integrated, coherent, elegant thesis while simultaneously publishing papers (Francis et al., 2009). In doing so the student is able to hone writing for publication skills and confidence and build scholarly capacity with a potential for rapid impact. This paper initially considers the global drivers for doctoral education. Challenges confronting healthcare academics undertaking doctoral study are considered and the PhD by published works as an alternate route is critically examined. It will be argued that the PhD by published work has much to offer individuals and faculty globally and for healthcare academics is a viable alternative to the traditional PhD.

Paper 2: Seeing through student and supervisors eyes: Doing the PhD by published work

The genre of PhD by published work is well established in certain disciplines, universities and countries (Courtney et al., 2005; Niven and Grant, 2012). However, outside of parts of Northern Europe its uptake has been slow in healthcare. Nevertheless in Australia, and to a lesser extent the UK, opportunities to undertake a PhD by published work are increasing. Yet ambiguity surrounds the nature of the PhD by published work and its standing as compared with the traditional PhD (Jackson, 2013).
With careful consideration of the research undertaken and the demands of publishing the PhD by published work can offer a valuable alternative to the traditional PhD. To stimulate discussion and debate, in this paper we offer insights into some important considerations related to the process of undertaking and supervising students working towards the PhD by published work. Drawing on experiences from the UK and Australia we will draw out perceived benefits, challenges encountered and how the latter were addressed.

**Paper 3: The influence of the quality agenda**

The ascendance of the new public management mode of governance means quality assurance and enhancement are core concerns for higher education institutions around the world. In doctoral level healthcare education the permeating influence of the quality agenda is evident as the need for and value of internationally accepted quality standards are accepted (ORPHEOUS – ASME – WFME, 2012; McKenna et al., 2014). In nursing it would appear that many concerns about the quality of doctoral education expressed at the turn of the century (Kim et al., 2006) have, or at least are being addressed, as findings from the McKenna et al. (2014) international survey reveals.

It is accepted internationally that the processes and the product leading to the award of PhD by published works should be on a par with quality standards required for the traditional PhD. Indeed, this is reflected in many institutions’ policies and guidelines. However, the international landscape for the PhD by published work is rather precarious, for in practice there would seem to be considerable variance at local, national and international levels with regard to quality standards. In this paper we identify and discuss a number of issues and challenges regarding quality assurance in the PhD by published works.

**References**


**Key words:**

- doctorates
- publication
- quality assurance
- student experience
- assessment.
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NET2015
26th International Networking for Healthcare Education Conference
Tuesday 8–Thursday 10 September 2015
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